and team, and work for a living, spending all the time possible in the open air.

He remained there eight years, and returned here a perfectly sound man, with full recovery of his average weight, and capacity for any amount of physical exertion without undue fatigue or shortness of breath. The stethoscope revealed a flat dulness, characteristic of chalky metamorphosis. Purchasing a farm in the country, he led an active life for twenty years.

In 1880, Mr. T. came into my office to be examined for membership in the Order of the Knights of Honor by my partner, Dr. B. J. Harlan, who is examining surgeon to the Order. I said nothing to Dr. Harlan about Mr. Tyler's medical history, as detailed above, but curiously awaited events. Dr. Harlan having made his usual examination, seemed not satisfied, but requested him to accompany him into an inner room, and strip himself for a more thorough and critical examination. Upon completing this he requested him to return next morning, as he was not quite ready to recommend him for membership. As soon as he left our office, Dr. Harlan explained to me that his difficulty in the case was an unaccountable opaqueness, so to speak, *in the top of his right lung*, and that if he had any history of phthisis, at any time, he would not hesitate to pronounce it a *dry cavity*.

I immediately recounted the previous history of the applicant, as imperfectly detailed above, he expressed himself perfectly satisfied, filled up his application, fully recommending him for membership. He was duly elected, and stands to-day a first-class risk of the Order. Permit me to say in conclusion, in all candor, that if this is really, as it seems to be, a case of *cured phthisis*, it is the only one that I am willing to report as such, out of a very large mixed practice of forty years. Yours very truly,

J. M. TOWLER, A.M., M.D.

Columbia, Tenn., July 16, 1886.

NEW INSTRUMENTS.

NEW IMPROVED COMBINED TROCAR AND CANULA AND ASPIRATING NEEDLE.

BY H. LANDIS GETZ, M.D.,

OF MARSHALLTOWN, IOWA.

I take pleasure in presenting and recommending to the profession a *New Improved Combined Trocar and Canula and Aspirating Needle*. The object of this instrument is to overcome the disadvantages of the common trocar and canula and common aspirating needle and yet to preserve the advantages and applicabilities of both, and at the same time combining the instruments in a neat and compact manner and at reasonable expense.

The advantages of the instrument will readily suggest themselves, and I will therefore give only a brief description and a few suggestions concerning its application.

With the instrument for general use there are four sizes of canulæ—the smallest of which is a part of

the aspirating needle and is not larger in diameter than a common hypodermic needle or small, old style, aspirating needle—in which the cutting point cannot be removed after having entered the cavity. The other three sizes of canula are used, in general, as required by the varying cavities to be evacuated.

A, button which screws on trocar rod F, which is used as a handle and also prevents the trocar from passing too far through the canula. To rod F are attached the three largest sizes of trocar tips. H, one of the tips as screwed on the rod F. C, handle portion of canula to which are attached by screw-joint the larger sizes of canula and the smaller or aspirating size J. E represents the outlet from handle portion of canula. I, a short piece of glass tubing through which fluid is seen to pass. G, a reversible bulb which may be used for exhausting or injecting. B, cap attaching to C, by screw joint into which is placed a small rubber disk, cut from rubber bandage material, through which pass the exploring trocar, or the larger trocar rod. 4, one of the openings, of which there are several in the end of each canula, to allow the fluid to pass, which will aid in determining the entrance of the sac. J, exploring canula with trocar needle passed through it. This needle is of the same length as the parts J and H combined, and when J is used the needle is entered in the opening in B, passed through the small rubber disk and then passed on through C and J until the needle point projects about $\frac{1}{8}$ inch beyond the canula.

The exploring trocar being too small in calibre to admit of grooving or perforating it, is flattened upon one side in such a manner that when it is passed through the exploring canula a groove is formed between the needle and canula.

To use the instrument for exploring place imperforate rubber disc in cap B and screw tightly on to C and attach canula F to C. Now enter exploring trocar at opening in B and pass it through until the point emerges about $\frac{1}{8}$ inch at end of canula F. The instrument is now ready for use. After having entered the sac withdraw the needle until the point of it has passed the outlet E. The bulb G or an aspirating pump may or may not be attached to E as pleases the operator.

The exploration being completed and a more rapid evacuation being desired, the instrument is withdrawn, the needle removed and the exploring canula J de-

tached from C. J without trocar tip attached is now passed through opening of same rubber disc in B, and passed through until A comes in contact with B. Now screw on J such sized trocar tip as you desire and slip over a corresponding size of canula and screw the same on to C.

The instrument may now be used in the same manner as when used for exploring. The sac having been evacuated, the trocar point is pushed forward into the canula just beyond the attachment with C—the instrument still in the cavity, the bulb is now reversed, the trocar is again withdrawn past E and the cavity injected. The manner of again evacuating will readily suggest itself.

Should it be desirable to leave a drainage-tube within the sac, detach the handle portion of canula C from the canula proper, leaving the canula still in the sac, and pass the tube through canula into sac and now withdraw canula, leaving the tube dipping into the sac. The instrument is novel, neat, compact, inexpensive, and complete.

204 E. Main St., Marshalltown, Iowa, Sept. 1, 1886.

AMERICAN MEDICAL ASSOCIATION.

FORMED IN 1846.

Next annual meeting will be held June 7th, 8th, 9th, and 10th, 1887, in Chicago, Ill. President, E. H. Gregory, M.D., St. Louis, Mo. Permanent Secretary, W. B. Atkinson, M.D., Philadelphia, Penn. Assistant Secretary, J. Nevins Hyde, M.D., Chicago, Ill. Treasurer, Richard J. Duglison, M.D., Philadelphia, Penn. Librarian, C. H. A. Kleinschmidt, M.D., Washington, D. C. Chairman of Committee of Arrangements, Charles Gilman Smith, M.D., Chicago, Ill.

All membership dues should be sent direct to the Treasurer, RICHARD J. DUGLISON, M.D., lock box 1274, Philadelphia, Penn.

MISCELLANEOUS.

AMERICAN PUBLIC HEALTH ASSOCIATION—RAILROAD RATES.—The fare from Chicago to Toronto is \$14. Delegates to the Convention of the American Public Health Association who pay full fare in going to Toronto will be returned from Toronto at one-third fare. Please be particular to take a certificate from the agent of whom you purchase your ticket from Chicago to Toronto, which certificate should be signed by the Secretary of your meeting at Toronto, certifying that you had been in attendance upon the convention. Upon the presentation of the certificate, thus certified to, to the ticket agent at Toronto, he will furnish you with a ticket for the return journey at one-third fare. Geo. H. Daniels, 205 La Salle St., Chicago.

THE VOLTA PRIZE.—*Le Progrès Médical* (Aug. 7) reports that the French Minister of Education has just fixed the date of competition for the Volta Prize. It is of the value of £2000, and was instituted by a decree dated June 11, 1882, in favor of the author of

a discovery which shall render electricity economically useful in one of the following applications: As a source of heat, of light, of chemical action, of mechanical power as a means of transmission of despatches, or in the treatment of disease. The competition will remain open to June 30, 1887, and the prize will be awarded the following December. Scientists of all nations may compete. A commission, nominated by the Minister of Education, will be charged with the examination of the discovery specified by each competitor, with a view to determine if it fulfil the required conditions.—*Lancet*, August 14, 1886.

THE INTERNATIONAL MEDICAL CONGRESS to be held at Washington, in September, 1887, promises to be a great success. It is under the patronage of the President of the United States, the Secretary of State, the President of the Senate, and the Speaker of the House of Representatives. The president elect is Dr. N. S. Davis, Professor of the Principles and Practice of Medicine in Chicago College. The list of vice-presidents includes the following distinguished names: Mr. Richard Quain, Professor Annandale, Professor Burdon-Sanderson, Dr. Ricord of Paris, Grant Bey, Dr. Klein, Dr. Dujardin-Beaumetz, of Paris; Dr. Murrell, Professor von Hebra, of Vienna; Professor Unna, of Hamburg; Dr. C. D. F. Phillips, Professor von Mosengeil, of Bonn; Professor Sayre, of New York; the Baron H. Larrey, of Paris; Professor T. R. Fraser, of Edinburgh; the President of the American Medical Association, the Surgeon-General of the United States Army, and the Surgeon-General of the United States Navy.—*The Daily Telegraph*, (London.) August 20, 1886.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM SEPTEMBER 11, 1886, TO SEPTEMBER 17, 1886.

First Lieut. Philip G. Wales, Asst. Surgeon, resignation accepted by the President, to take effect Nov. 5, 1886. (S. O. 212, A. G. O., Sept. 11, 1886.)

First Lieut. F. V. Walker, Asst. Surgeon, assigned to temporary duty at Ft. Adams, R. I. (S. O. 131, Div. of the Atlantic, Sept. 8, 1886.)

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING SEPTEMBER 18, 1886.

Simons, M. H., P. A. Surgeon; E. Norfleet, P. A. Surgeon, detached from the "Alert" and placed on waiting orders. Bogert, E. S., Medical Inspector, ordered to Navy Yard, New York, Sept. 28, 1886.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDED SEPTEMBER 18, 1886.

Austin, H. W., Surgeon, granted leave of absence for thirty days. Sept. 16, 1886.

Goldsborough, C. B., Surgeon, promoted and appointed Surgeon from Oct. 1, 1886. Sept. 9, 1886.

Vemans, H. W., P. A. Surgeon, granted leave of absence for ten days. Sept. 16, 1886.

Bevan, A. D., P. A. Surgeon, promoted and appointed P. A. Surgeon from Sept. 1, 1886. Sept. 7, 1886. Granted leave of absence for thirty days. Sept. 7, 1886.

Glennan, A. H., P. A. Surgeon, promoted and appointed P. A. Surgeon from Sept. 1, 1886. Sept. 7, 1886.

Norman, Seaton, Asst. Surgeon, to proceed to Vineyard Haven, Mass., for temporary duty. Sept. 9, 1886.