tonsil, which is cut off by tightening the loop by means of a milled nut and screw thread. There are never more than a few drops of blood following the procedure. The operation will remove intramural or buried tonsils that will not come into the ring of the tonsillotome; it can be used to remove tonsils that offend by repeated inflammation, but are too small for tonsillotomy; it evulses the tonsil thoroughly from its bed, and on account of the practical absence of bleeding it can be employed as a preliminary to adenoid operations. The operation is therefore a very valuable one, but heretofore two factors have made it difficult and at times uncertain. The first of these was the tendency of Ingals' forceps to slip off from the tonsil seized. This occurs in small and soft tonsils and is an-

noying. To overcome this I have had the forceps constructed with three instead of two teeth to each blade, so that now these never loosen their grasp.

The second difficulty was more serious and compelled me to abandon the operation in one case. The wire loop instead of slipping over the forceps and under the tonsil became bent out of shape in the mouth by reason of muscular contractions of the tongue or lack of room. The wire would then encircle the forceps instead of the tonsil, necessitating the insertion of one or more new loops into the snare, and causing loss of time and embarrassment to the operator. For this reason I have constructed a steel snare guard which contains the wire loop in a groove. By means of this guard the loop can be slipped over the forceps and onto the tonsil rapidly and certainly, so that the operation can be performed without a halt. After the guard carrying the wire has been passed under the beak of the forceps the set screw which attaches it to the tube of the snare is loosened and the loop tightened over the tonsil. If this is not done the drawing in of the loop will thrust the snare guard back into the wall of the pharynx. While passing the guard over the forceps into the mouth the wire must be held in its groove by pressing it forward with the traveling

carriage of the snare. An Ingals' snare is used with No. 5 steel piano wire. The instrument has proved very satisfactory to me and to others.

If the operation with the tonsillotome would accomplish in all instances what can be achieved by écrasement the latter method would be too complicated to compete with it, but tonsillotomy is not suited for the removal of intramural tonsils, and its use must necessarily be restricted to ablation of enlargements which project beyond the pillars, while the snare is eminently fitted to enucleate tonsils which are buried between them. The objection to the cautery operations devised for buried tonsils is the danger of secondary hemorrhage, and the fact that they are not well applicable to children.

288 East Huron St.

PROSTATIC DILATING IRRIGATOR.

F. A. LEUSMAN, M.D.

CHICAGO.

The high price and expensive repairs of the Kollmann dilating irrigator led me to construct an irrigating prostatic dilator from the type of Leonard's uterine dilating irrigator. Adapting the instrument to the anatomy of the parts, confining the area of dilatation to the prostatic urethra and attaching separate shut-offs for the in-flow and out-flow, resulted in the production of this instrument, that in my hands has proven an efficient dilator—it dilates up to 45 F.—and irrigator. By carrying the amount of dilatation in the use of this instrument to a no higher degree than the patient can willingly or comfortably endure, we are enabled to express the mucus plugs and pus from out of the prostatic follicles, wash and clean the parts thoroughly with a 4 per cent. sterilized boric acid solution (95 F.) and then apply by means of Guyon's catheter, a few drops of a stimulating solution of 1 per cent. argent.

nitr.; 5 per cent. cupr. sulph., or 10 per cent. protargol solution to a clean mucosa free from pus. Treatment once in 5 to 7 days, with the strictest attention to asepsis, along such lines has given comfort and relief to chronic sufferers afflicted with prostatitis, chronic posterior gonorrheal urethritis and cystitis of non-tubercular or neoplastic origin. It would appear that an irrigating dilator, if necessary at all, is required only in chronic inflammation of the posterior urethra, never in acute conditions of any part, or even chronic conditions of the anterior urethra.

Societies.

COMING MEETINGS.

Rocky Mountain Inter-State Medical Association, Denver, Colo., Sept. 3-4, 1901.

American Association of Obstetricians and Gynecologists, Cleveland, Ohio, Sept. 10, 1901.

American Academy of Railway Surgeons, Chicago, Sept. 12-13, 1901.

Mississippi Valley Medical Association, Put-in-Bay, Sept. 12-14, 1901.

Conference of State and Provincial Boards of Health of North America, Niagara Falls, Sept. 13-14, 1901.

American Public Health Association, Buffalo, Sept. 16-20, 1901.

Medical Society of the Missouri Valley, St. Joseph, Mo., Sept. 19, 1901.

Medical Society of the State of Pennsylvania, Philadelphia, Sept. 24-26, 1901.

American Electro-Therapeutic Association, Buffalo, Sept. 24-26, 1901.

Hartford County (Conn.) Health Officers' Society.—At the annual meeting of this Society, held at Hartford, August