has had some unpleasantness with a medical gentleman who is using oxytuberculin with most excellent success in Santa Clara." I have never an unpleasantness with a medical gentleman in my life. "Oxytuberculin" is being used "with most excellent success" financially, we presume. However, I challenge Dr. Hirschfelder or anyone else to produce a resident of the town of Santa Clara who has been positively cured of tuberculosis by "oxytuberculin." I want the diagnosis and cure above the suspicion of a doubt. There have been a number of cases here in which the disease terminated by death. I understood that "oxytuberculin" had been tried in these cases.

In one case which I have seen, and in which it is averred Dr. Hirschfelder examined the sputum a number of times before finding the tubercle bacilli, and then but a "few," there is a grave doubt in the minds of several reputable practitioners as to whether or not there is or ever was tuberculosis. There is evidence of an old pleurisy, a heart lesion and an aneurysm in the vicinity of the left common carotid artery. There is no hectic, expectoration or other important symptom which proves the existence of tuberculosis. Oxytuberculin was tried for a time with the result that the patient lost many pounds of flesh according to her own statement. After a cessation from the use of "oxytuberculin" she regained some flesh. Treatment directed toward the amelioration of the symptoms due to the aneurysm has made the patient much more comfortable than she had been in weeks.

As to the county hospital cases, I must say that I do not think that a full-fledged case of tuberculosis could subsist on thirteen cents a day very long. I think the diet rather than the oxytuberculin cut short those cases. The marvelous results which seem to have been claimed, have in one instance at least occurred in a patient said not to have been "expected to live a week;" I would ask the Doctor if this was an "early stage case."

I wish to call attention to the fact that the case or cases about which I wrote were in my own town and not under Dr. Hirschfelder's immediate care. I do know something about these cases. More than that, I have read the Doctor's reports of cases, and I must say that I do not think very many medical men are likely to know much about his cases from his reports, as they seem to be made up mostly of assertion and very little data of positive value.

I agree with the learned Doctor that "there should be no mud-throwing in the temple of science." However, in the pseudo-temple of science in which he would seemingly enshrine himself and "oxytuberculin," he must be responsible for what takes place. He has invited criticism and "skeptical investigation" and must not be dissatisfied or angry if such criticism comes from "a small village some fifty miles from here," or from a fair-sized municipality like Paris, for instance, some thousands of miles from here. I would beg leave to observe that the country practitioner is quite as apt to be skeptic and think for himself as is the metropolitan practitioner. In fact, the "country doctor" does not seem quite so much given to fads as his more or less fortunate city brother. Yours respectfully,

E. H. SMITH, M.D.

State Board Examinations.

FRANKLIN, KY., Feb. 22, 1898.

To the Editor:—Will you be kind enough to publish the names of all the States that require all graduates to stand an examination before the State board before they can practice?

Yours truly, W. A. GUTHRIE, M.D.

ANSWER.—Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia and Washington. *Vide JOURNAL*, Vol. 22, p. 354.

Let us defeat the Antivivisection Bill!

NEW INSTRUMENTS.

A NEW RECTAL SPECULUM.

BY THOMAS CHARLES MARTIN, M.D.
CLEVELAND, OHIO.

The instrument which is the subject of the following description was briefly described in the July (1896) number of the *Cleveland Medical Gazette*. It is now being quite extensively and, I regret to say, defectively manufactured. The italicized paragraph points to the defective features of many of the

Figure 1.

specula to be found at the shops. If this feature is not made to operate precisely as designed the instrument can not be manipulated with one hand unaided.

Figure 2.

This two bladed speculum is designed especially for use on the rectum. The form and dimensions of the blades have been planned with a particular consideration for the dimensions and form of the parts upon which they are to be used. The blades proper are two inches (5 cm.) in length, they are very shallow and their edges are given a pronounced inward turn; their acorn-like initial extremity contributes to the instrument's

facility for introduction, while at the same time especially qualifies it to be self-retaining. The intumed edges of the blades permit of easy rotation when in the bowel. The shallowness of the blades provides for the greatest possible exposure of the walls of the rectum when the blades are separated. The length of the blades has been determined by a consideration for the depth of the neck or lower contracted fixed part of the rectum. The blades are set at the ends of long outreaching and descending arms, a feature which gives much satisfaction when the instrument is in use. The length and curves of

Figure 3.

these arms afford four positive advantages; lying close along the surface of the nates, as they do, these parts are held aside; the blades are buried in the anus, no part of the blades or arms

Figure 4.

projecting above the surface to obstruct the field of vision and operation. These out-stretched arms permit approach to the exposed proximal wall of the rectum as well as to the distal; the great distance at which the blades are set from the joint provides for the simultaneous exposure of almost as great a surface of proximal wall as of the distal.

The easily working collar-button joint is a feature which

commends itself to those who appreciate the value of an aseptic instrument.

I feel sure that the quick lever-screw lock in the handle will also find favor. The perfectly constructed instrument will be locked when the lever is at one or the other of the two positions shown in Figs. 2 and 3. By such a provision the speculum may be locked and unlocked, opened and closed with one unaided hand. (Instruments defective in this particular may be corrected by filing a bit off the screw end.)

Designedly the speculum lacks a spring. My experience convinces me of the disadvantage of a spring between the handles of instruments designed to be used about the anus. The blades of that instrument which is provided with a spring are often rushed together with such force as to grasp and damage the mucous membrane. The sphincters and provide the only spring this speculum requires—the anus will not pinch itself. The speculum, which is springless, is not capable of any movement independent of the exercise of the operator's will, while the converse is true of the spring speculum.

The handles of this instrument are of such length that the pressure of the surgeon's grip is at the same distance from the fulcrum as are the blades; thus, in his sense of touch he may have at one and the same time an intelligent appreciation of the force he applies and of the resistance supplied by the sphincters.

With this speculum introduced to the rectum and rotated 45 degrees the surgeon may, aided by a proctoscopic mirror and proper posture of the patient, survey at a glance the whole of the interior of the rectum and a part of the sigmoid flexure.

The use of bivalvular, trivalvular, fenestrated tubular, or of specula of forms other than that of the complete cylinder provoke pain, therefore the above described rectal speculum is designed to be used only on the anesthetized subject.

1077 Prospect Street.

ASSOCIATION NEWS.

Section on Obstetrics and Diseases of Women.—All the members of the Section on Obstetrics and Diseases of Women of the AMERICAN MEDICAL ASSOCIATION who intend to participate in the Section dinner at the meeting of the ASSOCIATION in Denver, will please signify their intention by writing to Dr. E. C. Rivers, Chairman of the Section Dinners, Denver, Colo.

Section on State Medicine.—Members desiring to read papers in the Section on State Medicine are requested to send the title of their paper as early as possible to Dr. Arthur R. Reynolds, Room 2, City Hall, Secretary of the Section. Following is a list of papers already promised:

Maritime and Interstate Quarantine, by G. B. Thornton, President of Board of Health of Memphis, Tenn.

Isolation in a Great City, How Best Accomplished, by Samuel P. Duffield, Health Officer of Detroit, Mich.

The Relation of the Courts to Administration of Sanitary Laws, by William P. Munn, Health Commissioner, Denver.

Maritime Quarantine, by A. H. Doty, Quarantine Officer, Port of New York.

The Difference in Sanitary Quality Between Water and Ice from the Same Source, by Adolph Gehrmann, Superintendent City Laboratory, Chicago.

The Control of Diphtheria, by William K. Jaques, Chicago.

Concerning the Importance of Bacteriology in Preventive Medicine, by Franklin Staples, Winona, Minn.

Recent Investigation of the Action of Alcohol on all Growth, by I. D. Crothers, Hartford, Conn.

The Necessity for Mountain Sanitariums for the Treatment of Poor Consumptives, by J. H. Kellogg, Battle Creek, Mich.

Cold and Respiratory Diseases, by Charles H. Shepard, Brooklyn, N. Y.

The Treatment of Syphilis by the General Practitioner, by Harvey P. Jack, Canastota, N. Y.

The Great Need of Central Resting and Recreation Places in the Large American Cities, by Thomas H. Manley, New York City.