New Instruments.

A CONVENIENT FORM OF ETHER CONE.¹

BY J. B. BLAKE, M.D.

THIS cone is not intended to be a perfected inhaler, nor is it free from all the objections that may be urged against almost all existing forms of etherizers. It is intended as a substitute for the towel and sponge on one hand, and for the clumsier and larger forms of more complicated inhalers on the other. It has been found to give satisfactory results, better than those obtained by other forms.

It consists of a hollow truncated cone of tin, five or six inches high, tapering from a long diameter of four inches at the base to about three-fourths of an inch at the top. The cone is flattened laterally, and its apertures are ovoidal. Into this fits a shorter cone of wire, which is edged with tin at its base.

1. Outer cone.
2. Inner wire cone.
3. Cotton waste, supported by inner wire cone.

The ether-bearing medium is clean waste cotton, which does not shrink as it becomes wet. The cotton is piled loosely on the wire cone, and thrust into the tin cone, where it is held by the pressure of the wire against the inner edge of the outer cone.

An ordinary rubber mouth-piece fits over the base of the cone, making a comfortable and air-tight joint around the mouth.

The cotton waste is made so loose, that the patient breathes through the cone with perfect ease — taking long, sudden breaths without any sensation of lack of air. The ether may be poured on from either end of the cone.

The advantages which this form of cone possesses are safety and comfort to the patient; cleanliness, lightness and readiness of construction to the physician. It is economical in its consumption of ether, and is itself inexpensive. All the air that enters the patient's lungs passes through the ether-laden waste; and no ether is evaporated from the sides of the cone, as is the case with the towel or sponge. The writer has etherized a patient, and continued complete anesthesia for two hours with less than two hundred grammes of ether; and, as a rule, anesthesia is produced easily in from six to nine minutes. The cone can be made by any tinsmith, and costs from seventy-five cents to one dollar and a quarter.

¹ Read, by invitation, before the Obstetric Society of Boston, October 13, 1894.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

REGULAR Meeting, October 13, 1894, the President, DR. CHARLES M. GREEN, in the chair.

DR. J. G. BLAKE showed a child with congenital amputation of both arms, that he had exhibited before the Society six years ago.

DR. F. W. DRAPER showed the uterus and appendages from a colored woman of thirty-four years, who had died of aneurism. The specimen showed multiple fibroid tumors, areolar hyperplasia, ovaritis and double salpingitis as well as cystitis.

DR. J. G. BLAKE reported

CASES FROM THE UTERINE WARD OF THE CITY HOSPITAL.¹

DR. M. F. GAVIN in commenting on the case of extra-uterine pregnancy operated on by him, said that there was very free oozing at the time of the operation which could not be controlled, and on this account he put in a drainage-tube. On removing the drainage-tube there was a smart hemorrhage which, however, was controlled by pressure. The wound was entirely healed before she left the hospital and she has done well since.

DR. J. G. BLAKE thought that this was one of the cases that would have recovered without operation and in former times would have passed as hematocele. He would not, however, have dared risk the case without operation.

DR. GAVIN said the patient was continually losing blood, was in constant pain and an operation was, he believed, demanded.

DR. EDW. REYNOLDS said that when he first saw the case he advised waiting as her condition was so poor. The majority of cases with limited hemorrhage get well of themselves. He believed it a mistake to insert an aspirator in these cases, as there is little to be gained, and it involves an added danger of sepsis or in some cases of mechanical injury. In pelvic surgery the less the aspirator is used the better.

DR. G. HAVEN would agree with Dr. Reynolds as to the dangers of the aspirator. Ruptured tubal pregnancies within the folds of the broad ligament take care of themselves. Those that rupture outside are the dangerous ones. In the last two years he has seen but one case of vesico-vaginal fistula and that only a minute hole which would admit only a probe.

DR. D. W. CHEEVER said that about twenty-five years ago Dr. Hodges collected and published forty cases of vesico-vaginal fistula that he had operated on. This illustrates the difference in frequency of the affection then and now. He thought that the good success in Dr. Blake's case was partly due to the position required of the patient, lying on the face. This is a very painful one when long continued, as he had found in treating a man with an extensive burn of the back.

In a case of imperforate vagina he had treated some years ago he incised the hymen and let out a cupful of grumous fluid. To avoid contraction constant stretching by a glass speculum was needed. The patient afterwards married and gave birth to a living child. There is one place where an aspirator never does any harm, that is in tapping the bladder.

¹ See page 609 of the Journal.