of blood by venesection would prove beneficial. But, by doing so, we would have to revive a lost art in surgery.

It is very essential that the bowels should be kept well relaxed, so as to determine, as much as possible, from the head in the way of revulsions. The kidneys should also be kept active, in order to modify the quantity of blood in the veins.

The action of the heart should be looked after and kept in moderation. If there is apparent congestion about the head, it would be well to apply cloths wrung out of cold water and hot applications to the lower extremities, etc.

Apoplexy is much more common now than formerly. During the census year of the United States, 1900, there were 50,766 deaths from the disease; 27,059 males and 23,707 females; the proportion of deaths from apoplexy and paralysis in 1,000 deaths from all causes was 50.8; whereas, in 1890, ten years before, the corresponding proportion was 37.6 per 1,000 from all causes. In fact, there are other diseases, aside from apoplexy, which are more common now than years ago and, apparently, more fatal. We might name, and very conspicuously so, pneumonia. During the winter and spring seasons we frequently notice in the weekly reports of mortality in cities that more people die from the effects of pneumonia than from the much-dreaded white plague, tuberculosis.

Fortunately, the latter disease is not so prevalent and fatal as formerly, this change taking place within the last decade. It has decreased from 12,146 deaths in 1890 to 10,688 in 1900 per 100,000 deaths from all causes. This happy result has been brought about by the use of preventive means and a better mode of treatment.

New Instruments.

A NEW TONSIL SCISSORS, FORCEPS AND TONGUE DEPRESSOR.

C. C. STEPHENSON,
LITTLE ROCK, ARK.

The operation for tonsillotomy with these instruments, and the advantages they possess, are briefly as follows: The forceps are made to seize the tonsil, when the handles are locked with

fixation ratchet; the tonsil is then drawn out, the beak of scissors is passed behind, and the gland cut off entirely, as in cutting with an ordinary scissors. The beak prevents the tonsil from slipping from between the blades of scissors, and so much of the tonsil can be removed as is desired. While holding it

with the forceps the tonsil is completely under control of the operator; thus there is no receding of the gland as in the ring of a tonsillotome.

The simplicity and ease in operating commend the scissors and forceps, while with them the removal of entire gland without trouble is a desideratum. The handle of the tongue de-

pressor is octagon, and curves outward, thus allowing an examination of the full-chested class of patients, without the end of

the handle coming in contact with the chest. The blade has three holes for the dorsum of tongue to project through, which prevents it from slipping from side to side while in use.

IMPROVED TENDON TUCKER.*

FRANK C. TODD, M.D.
MINNEAPOLIS.

I desire to show the Section a tendon tucker, which is an improvement over my instrument shown at the session last year. The principle of this instrument is the same, the only

difference being that the adjustment is made at the distal end of the instrument, where it is more easily handled. The operation was described in the *Ophthalmic Record*, February, 1902.

* Exhibited at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Ophthalmology.