must have observed during the last few years the constantly widening horizon which the Bier treatment is attaining, and its extension to the problem of pulmonary tuberculosis in one way or another can only be a question of time. Having borne the burden of the day, I desire at any rate to establish the priority of this operation for the purpose described, though for my own part opportunities for the elaboration of this idea have for the time being disappeared.

Indeed, it has often been a matter of regret that when time and opportunity afforded, ligation of a venous trunk as a curative measure in an artificially produced tuberculosis was not first tried on an encapsulated organ, such as the testicle or kidney, in which the immediate difficulties are not so great and where we might have gone a step or two at least on our way.

A NEW TONSILLAR SCISSORS.*

CULLEN F. WELTY, M.D.
SAN FRANCISCO.

The difficulties I have encountered in the radical removal of the tonsil are many and, in order of frequency, may be enumerated thus:

1. Difficulty in removing the whole of the tonsillar mass.
2. Wounding the pillars, which has happened to me twice.
3. Wounding the uvula, which has happened to me once.
4. Difficulty of controlling severe hemorrhage by ligation and tampon, which I have not had to resort to. In

A new tonsillar scissors.

several instances I have had to use the tonsillar forceps to control hemorrhage. The cases where the tonsil has not been entirely removed are the ones that have given me trouble from hemorrhage, and I believe the remaining tonsillar tissue is largely responsible for the hemorrhage.

By the use of the U-shaped scissors (see illustration) three of these difficulties can be eliminated and the remaining one, that of hemorrhage, very much lessened. However, any one attempting radical removal of the tonsil should be prepared to do any of the various surgical procedures for the relief of dangerous hemorrhage.

The tonsil should be grasped by an angular mouse-tooth forceps just as it emerges from the upper fold of the mucous membrane and drawn well into the mouth,

* Read in the Section on Laryngology and Otology of the American Medical Association, at the Fifty-eighth Annual Session, held at Atlantic City, June, 1907.

and the mucous membrane be cut at this place just after it severs its connection with the tonsil. From this point blunt or sharp instruments are inserted to sever adhesions and mucous membrane from the anterior and posterior pillars. The mucous membrane sacrificed need be only that part that is already adherent to the tonsil. Tension should be continued on the tonsillar tissue and the scissors applied so that the flat surface rests against the posterior pillar. They should be pressed well within the cavity, as they can do no harm, and the whole of the tonsillar mass removed. It is always necessary to see that the entire tonsillar tissue has been thoroughly removed. If not, the remaining part can be grasped and made taut by the forceps and the scissors applied with pressure. The result is a nice clean surface. This can be repeated as often as necessary. This instrument is especially devised for buried and adherent tonsils. Large tonsils will have to be taken away in parts. This operation can be done with cocaine or general anesthesia. The parts can not be sufficiently cocaineized to make it an absolutely painless operation.

2510 Washington Street.

A MINIATURE DARK ROOM FOR THE VON FLEISHEL HEMOGLOBINOMETER.

L. S. PETERS, M.D.
Pathologist, New Mexico Cottage Sanatorium.
SILVER CITY, N. M.

Being without a dark room in which to use the hemoglobinometer, I devised a simple box that makes a satisfactory substitute. Nothing new is claimed for it, as I suppose there are any number of ways of overcoming this difficulty, but the suggestion is given for the benefit of many physicians who are also without dark rooms.

Miniature dark room for the von Fleishel hemoglobinometer: X, side view; Y, view from above; A, cone-shaped opening for taking reading; B, chimney; C, instrument in position; D, candle for illuminating.

The box is made of tin and is ten inches long, six inches high and seven inches wide. In the cover is a chimney (B) to carry off the heat and smoke from the candle (D) which is used for illuminating purposes. In one end is placed the hemoglobinometer (C), the milled head of the setscrew projecting through the end of the box, permitting adjustment from without. In front of this at the other end of the box the candle is placed.

The reading is made by looking through a cone-shaped opening (A) in the cover. The illustration (X giving a sectional view from the side and Y a sectional view from above) will make clear anything the description has failed to bring out.

Value of the Roentgen Ray.—W. B. Cutts, in the *Providence Medical Journal*, states that the Roentgen ray, as a therapeutic agent, is not a panacea nor a miracle worker, but in the hands of a competent, properly trained, experienced operator it is, for certain well-defined diseases and conditions, one of the most valuable therapeutic agents we possess.