100 c.c. Boil, filter and add 4 c.c. Unna's polychrome methylene-blue (Gruebler) and keep in test-tubes. When required for use, melt, pour a small quantity on a microscope slide, spread into a thin film and allow to cool and set.

Take a drop of the material to be examined on a cover-glass and mix with the same quantity of a 3 per cent. solution of sodium citrate and invert on the hardened jelly. After several minutes the leukocytes and organisms take up the stain rather suddenly and the slide is ready for study with the oil immersion lens. The activity may last for an hour or more but finally the color fades and they die away. The accompanying sketch shows the bodies as I have seen them when working with the jellies myself.

AN AUTOMATIC LIGATURE-PASSING FORCEPS

E. PIERRE MALLETT, M.D., NEW YORK

This instrument is designed for the passing of ligatures through any structure desired to be ligated and removed, but particularly for those situated deeply in the pelvis where it is difficult to use the needle or one of the ordinary ligature-passing devices.

Fig. 1.—Automatic ligature-passing forceps, with ligature laid in the groove in the lower blade and the ends fastened in the catch of the handle. This illustration shows the forceps for use in the left hand.

Fig. 2.—Forceps with the ends of the ligature held by the fingers.

The great advantage and the additional factor for safety from crushing the tissues of any structure before ligating, as suggested and practiced by Dr. Murphy, become evident to us all. In this instrument I have successfully combined the crushing and ligature-passing features, so that with one application of the forceps the pedicle is crushed and the ligature passed and left in position to tie.

The *modus operandi* is simple. A ligature is laid in the groove in the lower blade and the ends fastened in the catch of the handle, or held by the fingers of the right hand as the forceps is grasped for use, just like any other pair of forceps. The pedicle, broad ligament or whatever structure is to be ligated, is held with the left hand. The open forceps is then applied in the same manner as any other forceps, crushing the tissues within its grasp. The forceps is held momentarily for the crushing effect, then opened and withdrawn. The ligature will now be seen lying in the crushed groove, having been automatically caught from the lower blade and pulled through the tissues by the needle in the upper blade.

In withdrawing the instrument if the wrist is slightly rotated outward, thus bringing the point of the needle upward, the ligature slips through the needle and is easily released.

If a double ligature is required, the loop is cut and the needle released.

Its advantages are:

1. The ease, accuracy and rapidity by which ligatures can be passed, at the same time crushing the tissues, reducing the size of the pedicle, and thereby minimizing the dangers of hemorrhage and the slipping of the ligature.

2. The fact that the operator is enabled to pass his ligature, unassisted, with one hand, while controlling the mass to be removed with the other.

244 West Seventy-Third Street.

NEW IRIS-SCISSORS

FREDERICK FRISCH, M.D., ATLANTIC CITY, N. J.

For all eye operations in which scissors are used, it is desirable to have the hand in such a position that it may be steadied by resting the little finger, or both the fourth and the fifth finger, on the temple or other parts of the face. This is most necessary in iridectomy, and de Wecker had this idea in mind when he invented his iris-scissors. With the ordinary scissors the hand is suspended in mid-air, without a support, and in an awkward position. In order to obviate this, I have bent the scissor-handles in such a manner that the hand can hold the scissors in a natural position, as we hold a pen.

New scissors for use in eye operations.

The principal advantages of these scissors are (1) that it is always possible and convenient to support the hand, as we do with all other instruments, while using them for delicate operations, and (2) that the handles can be shorter without ever obstructing the field of operation.

It will be found not only that these scissors are the most convenient for iridectomy, but also that with them conjunctival incisions, tenotomies, enucleations, all lid operations, etc., can be done with greater ease and precision.

707 Pacific Avenue.

AN UNUSUAL TYPE OF HYDROCELE

J. BENTLEY SQUIER, M.D., NEW YORK CITY

Charles A. Parker¹ recently reported a case of hydrocele of interest in view of its unusual pathology. Having recently operated on a patient who presented a similar history with a like pathologic condition, and because of the comparative rarity of this form of hydrocele, I make the following report:

Patient.—A boy, aged 8, had fallen while skating; next morning a painless translucent swelling, irreducible to pressure, was present in the left side of the scrotum. The cord was possibly a little thicker than its fellow. The inguinal ring seemed closed and no impulse was present on coughing. The condition was regarded as an acute hydrocele.

Operation and Results.—February 1, under general anesthesia, operation for radical cure of the hydrocele was undertaken. The sac was found to be distended with bloody serum and at its summit to contain a small process of protruding omentum. As in Dr. Parker's case, the omentum was adherent at this point. The omental protrusion was deeply injected, and evidence of recent hemorrhage was present. The operation was completed by radical cure of the congenital inguinal hernia. The process of omentum accompanying the cord enveloped it in a cobweb covering scarcely increasing its size. Before operation an accurate diagnosis of hernia was not possible.

49 East Forty-Ninth Street.

1. Parker, Charles A.: An Unusual Type of Hydrocele, THE JOURNAL A. M. A., Feb. 15, 1913, p. 514.