

cle, a joint, or an important bone.' It is not certain that the removal of any of these will prevent further infection. Even with carcinoma, which the best pathologists consider local in its origin, the removal of the tumor does not always prevent constitutional infection or even a local recurrence. He would not object to giving this patient small doses of mercury and potash, for they might have a tonic effect.

DR. BURNETT said that although he had not before stated it, as a matter of fact, the boy was put under constitutional treatment as soon as he came to the clinic. He took mercury and potash thrice daily for a long time. After the doctor had exhausted all the resources of pathology and therapeutics, he was driven to believe that the boy was suffering from tubercular disease.

DR. D. S. LAMB then presented the following specimens:

LIVER OF STILL-BORN INFANT SHOWING TWO TUMORS; a small one involving left margin, the other occupying a large part of right lobe. These tumors were yellowish white and firm, presenting a marked contrast to the darker and softer normal structure. Spleen was enlarged. Blood effused under scalp and also over right cerebral hemisphere; this hemorrhage was probably the cause of death. Lungs airless; remaining viscera normal. Tumors of the liver in the newborn are of the greatest rarity. The tumors in this case suggested sarcoma, but the microscopical examination has not yet been completed. Had this child lived for several months, the period of their origin would have been doubtful—possibly would have been considered as post natal.

SMALL INTESTINE AND MESENTERY OF AN INFANT BORN AT EIGHT MONTHS, WHICH LIVED TWO DAYS.

There was double hare-lip and cleft palate, and it was said that the infant was unable to take any nourishment. The intestines were normal, but mesenteric glands markedly enlarged. The possible relation of this condition to tabes mesenterica is an interesting question. It does not seem possible in this case that the glands could have been infected from the intestine. The subject of disease in the foetus and new-born infants is of such obvious value that it need not be enlarged upon. It is very desirable that the investigations now being made in this direction should be continued.

A PORTION OF LUNG FROM A MONKEY SHOWING TUBERCULAR CAVITIES.

This was a young female, and the mate died of same disease about a week previously. It seems that not only do many monkeys in captivity die of this disease, but they die from a relatively small amount of disease.

DOUBLE PANOPHTHALMITIS FROM A KITTEN about a month old at death. The disease of a week or ten days duration. Killed with chloroform and eyes enucleated and placed in alcohol. There is a large exudation in the posterior chamber and opacity and staphyloma of the cornea.

NEW INSTRUMENTS.

A POST-NASAL SNARE APPLICATOR.

BY E. FLETCHER INGALS, M.D.

The post-nasal snare applicator, to which reference was made in THE JOURNAL of December 5, was designed to facilitate the application of a wire loop over tumors in the post-nasal space, and to retain the wire in position until it could be tightened. In using it a catheter is passed through the nose, the end being drawn out through the mouth. Through this are passed both ends of a wire about three feet long, which are brought out at the nostril. The applicator is then attached to the loop, and the catheter and wires are drawn through the nose, the wire loop being drawn back into the mouth. As the loop passes under the edge of the soft palate the blades of the applicator are opened, thus spreading out the loop over the tumor. The wire loop is then carried by the applicator directly to the base of the growth in the vault of the pharynx, where it is held while an assistant passes the ends of the wire, projecting from

the nose, through the tube of a snare, which glides along the wires to the back part of the nares. The wires are then fixed to the snare, and by it the loop is drawn tight about the tumor. The sliding blades of the applicator are then loosened and the instrument disengaged by a slight movement. In the cut, B and D show the sliding blades which retain the wire C in the notches at D. A, is a cam, which tightens the sliding blades over the notch at D, and which, when turned sideways, allows the blades to be drawn back by the thumb pieces at B, thus releasing the wire at the notches D.

The instrument works perfectly, and fully accomplishes the object for which it was designed. It is especially useful when the tumor is large; a condition which sometimes makes it extremely difficult to apply the wire loop.

For small tumors it is not so essential, but it will be found to greatly facilitate the operation, and to relieve the patient of most of the discomfort incident to the introduction of the fingers behind the palate.

64 State St., Chicago, Dec. 12, 1885.

DOMESTIC CORRESPONDENCE

MALARIAL FEVER AND YELLOW FEVER.

Dear Sir:—In THE JOURNAL of December 5 is an article by Dr. de Mello, of Rio de Janeiro, which is designed to show the identity of yellow fever and acute malaria, and which coincides with the ideas I have always entertained in reference to that subject.

I was practicing medicine, from 1839 to 1846, in-