

An Anti-Tuberculosis Association can be even more effective by insisting on the enforcement of local or municipal laws, such, for instance, as those requiring physicians to register all cases of tuberculosis, obliging cities to build and maintain tuberculosis hospitals and dispensaries, and forbidding spitting in public places. It is also possible for an Association to do good work along the line of urging ample appropriations for the maintenance of municipal hospitals, dispensaries, nurses, open air schools and the Health Department.

COÖPERATION.

One of the most important things for an Association to cultivate is hearty coöperation with the health authorities, relief agencies, and the various civic bodies. It should always bear in mind that each of these agencies is necessarily looking at the tuberculosis problem from a different point of view, which, while it may not coincide with the point of view of the Association, is nevertheless worthy of the most thoughtful consideration. Toleration is a valuable characteristic and the Association that possessess it will find it comparatively easy to coöperate with others.

New Instruments.

HOME-MADE PROBES.

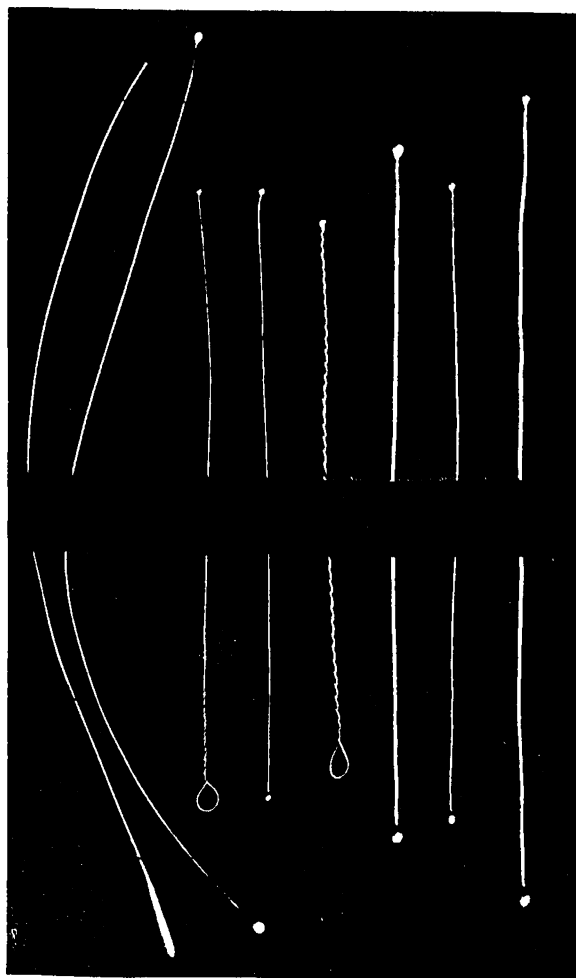
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Probes are always becoming lost or mislaid, and it is often impossible to procure one of suitable size, length or pliability for special explorations, or in some emergency.

If of a size pliable enough to follow a delicate sinus, the tips are apt to be so small as to engage in any slight irregularity of the passage, and so mislead as to its extent. Furthermore, the material is often so stiff that the probe refuses to follow the tortuous course in friable tissue, and a false passage is the result.

In an emergency a very serviceable probe for small sinuses may be made by tipping a strand of silkworm gut with a drop of paraffin, or by wrapping one end with a wisp of cotton and then dipping one or twice in collodion. When paraffin is used, the end of the gut should be scorched in the flame, which roughens it and makes the paraffin bead secure. Metal probes are naturally more satisfactory, and the writer having found it necessary, in several cases, to employ probes of greater length and flexibility



1. Silk worm gut tipped with cotton.
2. Same tipped with paraffin.
3. Silver wire with borax bead.
4. Copper wire probe.
- 5 and 6. Silver wire.

than could be bought, has manufactured them for his own use by a method so simple, that it may be generally useful. In the making, it is possible to vary the size of the beaded tip, according to the caliber of the sinus, so that a very flexible fine probe may be armed with a tip nearly as large as those on the heavy probes sold by the instrument makers, thus providing a flexible probe and at the same time minimizing the danger of the tip engaging or creating a false passage.

Silver or copper wires of suitable size, are most useful although silver is the better; as the smaller silver wires are easily fused in the common alcohol flame, while larger copper wire always requires the flame of a Bunsen burner. The copper wire also oxidizes and may become rough, while the silver wire comes from the flame bright and ready for use. However, any roughness is easily removed by a piece of fine emery paper, sand paper, or a whetstone, while the roughness of the copper may be obviated by dipping the hot wire in

powdered borax, and again heating in the flame. The borax bead of the chemical laboratory also makes an excellent tip.

Under all circumstances, a Bunsen flame is preferable, as the greater heat gives a smoother bead, but for smaller wire the alcohol flame is sufficient.

Larger probes may be made by twisting together strands of smaller wire, and then forming a bead on one extremity. A loop may also be left on the folded end for the insertion of a strand of silk or other material which it may be desired to introduce into the sinus, or as a guide to indicate the direction of the passage.

Probes made in this manner are also useful in "stirring up" indolent granulations; the twists of the wire acting as a mild curet when pushed back and forth.

The wire should be held upright in the flame until a sufficient bead has collected. A few trials enable one to estimate the size of bead which a given wire will hold, as if allowed to become too large, the melted metal will drop from the wire.

The photograph shows various probes made by the methods described.

Reports of Societies.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Meeting of Wednesday, March 4, 1914 at 8 P. M. The President, Dr. James C. Wilson, in the chair.

THREE CASES OF WIRING WITH ELECTROLYSIS FOR AORTIC ANEURYSM. ONE HERETOFORE IN PART REPORTED.

DR. H. A. HARE: Three additional cases of wiring with electrolysis for aneurysm of the thoracic aorta are reported and a patient exhibited illustrating the beneficial effects of this procedure more than four years after the first operation and more than two years after his second wiring which was resorted to because he had a return of very severe pain and a marked bulging near the site of the original sac. The great gain is arrest of the lesion and relief of pain.

To my conclusions in an article published by me in the *Journal of the American Medical Association* of April 13, 1912, I would now add that after having performed this operation twenty-five times I can see no reason for changing the views then expressed. I desire, however, to emphasize once more the fact that only especially prepared wire can be used and that silver wire, because it does not coil, is an unsuitable agent.

DISCUSSION.

DR. GEORGE W. NORRIS: I should like to ask Dr. Hare whether the wire introduced into an aneurysm is ever absorbed? I have an impression

that in one case of which I have knowledge no wire was found at autopsy.

DR. THOMAS MCCRAE: I agree with Dr. Hare regarding the absence of danger in wiring, if properly done. Regarding the curious course taken by the wire, I have a specimen in which two loops passed through the aortic orifice and down to the lower end of the ventricle. I have seen one case of anatomical cure of abdominal aneurysm after wiring. The patient died from a second aneurysm which was also wired but without the result of the first occasion. I would ask Dr. Hare whether he has any theory upon the relief of pain by the wiring and electrolysis. The question is certainly not one of coagulation.

DR. JAMES TYSON: On March 27, 1911, I presented to the Section on Medicine of the College an aneurysm which had been twice wired in my wards at the University Hospital, wherein, too, one piece of wire had passed through the aortic orifice down into the apex of the ventricle by two loops.

DR. ROBERT N. WILLSON, JR.: Dr. Hare has encouraged me to mention the unfavorable results of a series of wirings done by us at the Philadelphia Hospital. Of six large aneurysmal sacs four were thoracic; two, abdominal. Five of the patients died within three days after wiring. In all cases the procedure was carried out practically as outlined by Dr. Hare. All showed marked relief from pain immediately following operation. One of the patients went back to work and lived for several months. Not one was benefited permanently. While there was immediate relief from pain, almost without exception, the wiring seemed active in hastening the end. During fourteen years I have seen many times for a colleague a patient with a large slowly growing aneurysm under the upper piece of the sternum, and who during this entire time has been living with reasonable comfort.

DR. HARE, closing: Answering the inquiry whether or not the wire is at times absorbed I would say that it is. I have known of one other case already reported in which at autopsy no wire could be found. I do not know whether, finding a tiny point of the wire protruding, the man had for amusement, pulled it out; or, it had undergone some process of absorption. I am inclined to think that in some cases the wire may have been partly destroyed by the electrolytic process, particularly, if by any mishap, the negative instead of the positive pole were used. The most notable effect in my series of 25 cases of wiring is the relief of pain. The wire used must have temper so that if handled it will spring into the air. I do not see how coagulation can fail to occur if there has been no mistake in the use of the poles. I attribute the relief from pain to the sedative influence of the galvanic current (although I have not much confidence in electro-therapeutics), and to the removal of the strain upon the sac by the clotting. In cases unimproved or in which there is recurrence of pain it is often found that there is more than one aneurysm. The question at issue is whether we shall operate, or allow a man to live in pain. Of course there must be care in the selection of cases. In two cases seen within the last two months operation would have been unjustifiable. In one the sac was filled with a laminated clot. In the other case there was a history of pain and bulging in the third inter-