

mother takes less of it to make her confinement comfortable, so that the child is rarely but slightly anesthetized as compared with ether, and speedily, in most cases, responds to changed circumstances and begins to breathe. Even in the heavier cases of anesthesia of instrumental cases, the time being short, there is usually little difficulty in bringing about respiration in the child, if the chloroform is laid aside and the cord is not cut. I remember but one child over which I worked many minutes before respiration was established. This mother was a particularly nervous woman and required considerable anesthesia and it was continued a much longer time than usual. When I hear of a stillbirth, the child being alive before, I always inquire if the mother did not take ether at the confinement, and this is generally answered in the affirmative.

4. Ether, by its greater stimulation of the circulation, I believe, is much more liable than chloroform to be followed by hemorrhage.

Without trying to exhaust the subject, I think these four points are greatly on the side of chloroform. And then if it is true that it is safer for the mother it becomes almost imperative that the accoucheur should give it, and give it instead of ether in confinement cases; for, if judiciously administered it is a most glorious blessing to this feature of suffering humanity. To be sure, etherization is a home invention, and the writer entered Harvard only a few years after its first application, and has witnessed the continuous prejudice in its favor ever since. Yet, from my own judgment and experience, I am strongly in favor of chloroform instead of ether in confinement cases, and from its easy application I believe no woman should be left to suffer much without it, and certainly we can not hesitate to use it when we would be slow to begin with ether.

E. CHENERY, M.D.

NEW INSTRUMENTS.

NEW AND COMPACT CASE FOR A COMPLETE SET OF OPHTHALMIC INSTRUMENTS WITH STERILIZING TRAY.

BY S. D. RISLEY, M.D.

Attending Surgeon Wills Eye Hospital Philadelphia; Professor Diseases of the Eye in the Philadelphia Polyclinic and College for graduates in medicine.

Much annoyance is frequently experienced in transporting either a broad and unwieldy instrument case which will not fit into any convenient sized bag, or by the necessity of carrying about numerous smaller boxes containing instruments. I have avoided this for a long time by a number of smaller boxes containing a complete set of instruments for any of the more usual operations.

One of these contained a cataract set, another the instruments required for iridectomy, while a third contained a complete set for tenotomy, advancement, etc. Miscellaneous instruments were mingled in a fourth.

This plan requires an unnecessary multiplication of many instruments, *e.g.*, specula, lid elevators, forceps, scissors, etc., needed in almost all operations upon the eye. Then too it is not always possible to anticipate every requirement, so that in operating away from the office, it became necessary to carry a large bag, containing numerous instruments, boxes, a sterilizing tray, dressings, etc. To avoid these several inconveniences and annoyances, I have had constructed by Wall & Ochs, a small sterilizing apparatus, and a series of small trays, into which all the necessary instruments for any ophthalmic operation are carefully fitted with ample room for a considerable additional supply of knives, keratomes, etc. Each of the trays is readily withdrawn and replaced like the drawers of a desk, or bureau. The instruments are held firmly in place in each tray, by a readily adjusted binder. The entire case is so compact, that it will fit in a small sized hand bag, and still leave

room for necessary dressings. With it the surgeon goes to his patient, confident that he has at hand every possible instrumental requirement.

The accompanying cut illustrates the general appearance of the case when open. The drawers or trays are represented as partially open. When pressed home and the front closed, and clasped under the flat leather handle at the top, the outside dimensions of the case are, $4\frac{1}{2}$ inches wide, $6\frac{1}{2}$ inches long and 6 inches high. The case may be purchased of the manufacturers, with or without these instruments, or orders for any portion of them will be received.

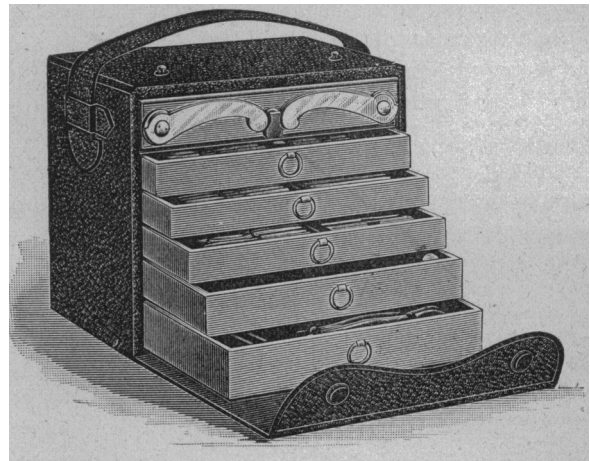
The following is a list of the instruments which have been carefully selected for filling the trays:

Speculum: Knapp's aseptic; lid elevator.

Forceps: Fixation, broad serrated grip; Stevens' fixation; tenotomy, fine rat tooth; iris; Knapp's capsule; Prince's advancement; cilia; Snyder's needle forceps; Knapp's roller forceps for trachoma.

Scissors: Spring, McClure's very small for operations in the anterior chamber, iridectomy, etc.; Knapp's iris; Stevens' tenotomy; angular; enucleation, curved on the flat; straight, one probe point.

Knives: 3 cataract, hollow ground; 1 Weber's canaliculus, probe point; 1 Beer's; 1 bistoury; 1 scalpel, small; 3 angular keratomes; 2 capsule knives, Risley's, secondary cataract, dissection, etc.; 1 paracentesis; 1 cystotome and spoon.



Miscellaneous: aluminum spatula; needles, assorted in case; Desmarre's clamps; set of Bowman's probe silver Nos. 1 to 8; Risley's special lachrymal syringe, 2 canulas; Risley's canaliculus dilator; 2 fine silver lachrymal probes; 2 strabismus hooks; Stevens' strabismus hooks; Stevens' divulsor; Stevens' advancement hook; iris hooks, sharp and blunt; Knapp's silver spatula and probe; tortoise-shell spatula; tortoise-shell spoon; fine grooved director; foreign body spud; double hook; wire cataract loop.

These instruments have all been selected with special care, and are so constructed as to meet the writer's views of desirability in form and size.

Attention is called especially to the cataract knives, which are hollow-ground, the radius of curvature being 32 mm. Particular attention has been given to securing a suitably shaped point. A serious practical defect in many of the Graefe knives, as found in the market is the finely drawn long point. While this favors the easy puncturing of the cornea at the commencement of the incision, it often embarrasses the surgeon in making the counter puncture. Since the fine, almost needle point can not be readily followed in its course across the anterior chamber and at the corneal limbus, the counter puncture is almost certainly made further back than is intended. The large Annel's syringe I have found extremely cumbersome and unnecessarily large. The one included in the case is smaller,

has a circular flange at the upper part of the barrel, and a thumb ring for the control of the piston, so that the syringe can be filled and emptied readily with one hand. Another special feature is the small sterilizing tray with lamp constructed after the Andrew's model. This can be omitted if so desired, and an additional tray for larger miscellaneous instruments substituted.

This case has now been in use for almost two years, and has proved a great convenience. The instrument trays are constructed of white mahogany, and are very light though strong and durable. The outer box of the sterilizing tray is of nickel plated copper, while the inner tray and instrument rack are of aluminium. The knives have metal handles, and all the instruments are so constructed as to secure as far as possible ready sterilization. Special instruments have in each case been procured from the manufacturers selected by the surgeon who devised them. The others have been manufactured by J. H. Gemrig & Son, of Philadelphia, to whom and to Messrs. Wall & Ochs, opticians of Philadelphia, I am indebted for many courtesies in meeting my many demands in order to secure the instruments in exactly the form desired, and a neat, compact and convenient case for their suitable care.

PUBLIC HEALTH.

New York State Board of Health.—At the January meeting of this board there was some discussion over a novel question referred to the board in the matter of compelling the discharge of a popular principal in one of the public schools of Cazenovia on account of his being a consumptive and likely to inoculate the scholars with the disease. The local board of health was ordered to make a thorough investigation as to whether the health of the children was endangered, and to report to the State board.

The New York City Board of Health.—The following is a New Year's sentiment supplied to the *Herald* by the stock-broker president, C. G. Wilson, of that board. But, as usual, medical men have done all the important work. It may be taken as another argument why a medical man should be eligible to that presidency. If he actually believes what he says below, there are a host of his fellow-citizens who can not follow him: "The closing year has seen the lowest death rate New York has ever had. The year has been remarkable for a decrease in contagious diseases. We hope to attain the same degree of efficiency under Greater New York as in the New York of the year 1896. Every year has seen some little improvement; the coming year will see more. *In this department politics have never had a place, and will not have in Greater New York.* With the increase in population and territory there will be an expansion of organization. It is just as easy for the Health Department to care for three millions of people as for one and a half millions. Our methods will be the same in the future as in the year just ended." Whatever else is false in the above, it is certainly true that the last quarter of the year has had a very low rate of mortality. Twice during the quarter the rate fell below 15.2 per mille, and the average rate for the quarter should not exceed 16.75, which is a phenomenal showing for that section.

Death Rate by Sexes in New York.—In 1894 the tables of the Bureau of Vital Statistics recorded among men 56.91 per cent. of deaths from pneumonia, as against 43.09 per cent. among women, and in the following year 57.57 per cent. of men and 42.43 per cent. among women. Another year shows 2,759 deaths among males from pneumonia and 2,230 deaths among females. A similar proportion also exists in the deaths from consumption. During the past year there were 1,750 deaths from nervous diseases among men and but 1,460 deaths among women. Another popular notion which these statistics discredit is that

women are more likely to become insane than men. Last year there were some 162 deaths from insanity among men and only 90 deaths among women. There is also a similar proportion in the case of deaths from suicide, which may be classed as the result of acute nervous disorders. There were 190 deaths from suicide among men last year, and but 49 deaths among women. Among the stronger, sturdier sex there were 1,023 deaths from heart failure last year, as against 955 among women. Women are also freer from diseases of contagion than men, although they are exposed to such dangers in about an equal degree with men. In the case of typhoid fever, for example, there were last year 201 deaths males, and 51 deaths females, and about the same proportion occurs in similar diseases. The contrast in the death rate among men and women is especially noticeable in the diseases which are for the most part self-inflicted by over-eating and drinking. The popular notion that most women suffer from eating too much candy and all the jokes based upon this theory, are quite without foundation. There is, for example, little or no gout among New York women. The vital statistics do not record this, because gout is seldom fatal. The very rare cases which have occurred for several years have been in almost every instance inherited from fathers. The immense contrast in the suffering from over-indulgence in alcohol between men and women is familiar to all. The statistics show that during 1895, 276 deaths occurred in New York from alcoholism, of which 219 were men and 57 women. Indigestion with all its accompanying ills is also much less common among women. There is also a very marked difference in the number of deaths from apoplexy, which may be classed as a result of this form of over-indulgence.

Disposal of Excreta in Rural Communities—The Dry Earth System.—In the *Dietetic and Hygienic Gazette*, December, Dr. Bashmore points out that no danger to health exists in rural sections that can for a moment compare with that which inheres in the dirty privy-excavation and the foul cesspool. These nuisances contaminate the ground-water, which is about the only drinking-water that is available. For the reason that the changes that take place in the ground water are *out of sight*, the conjectures of our sanitarians may at times be overdrawn while the rural dweller may ignore the perils that await himself and family simply because they are not visible. The earth-closet for excreta and the deep driving of wells are points of vast importance, but it is safe to say that in the country not one person in a hundred knows what the words mean. If we could get village dwellers to understand the sanitary value of this method of excreta disposal, it would be a great step in progress. Some of the State Boards of Health are working in the right direction and issue circulars containing instructions for the making of earth-closets. The material to be used in the receptacle may be either ashes or dry earth. In summer dry earth can be taken directly from a garden bed and for use in winter may be stored in barrels. Ashes are perhaps better if the closet is in the house, for the ashes are lighter and more absorbent. Experience has shown that an ash closet if properly used, is absolutely inodorous; hard coal ashes are the right kind to use and should be sifted through a fine sieve; there is no better way than this to dispose of the winter's ashes. The disposal of the contents of the closet is perhaps the stumbling block to many. This material, whether ashes or earth has been used, may be placed on a corner of the garden bed and covered with a little earth or it may be buried a few inches under the soil; or lastly, it may be kept in a dry place, covered with earth and carted away at some suitable time by the farmer for use as fertilizer; of course the agent of disposal in all cases is the nitrifying bacteria. To be sure, if too much ash is used, nitrification is delayed, but with the mixture of a little earth the results are all that one could desire. Another way of using the earth closet, especially for schools or large dwellings, is to have the privy constructed with what Prof. Coore calls a dry catch,