

The Individual Communion Cup.

PHILADELPHIA, Nov. 9, 1900.

To the Editor:—In THE JOURNAL for November 3, a brief reference is made (p. 1150) to a "Sanitary Substitute for the Individual Communion Cup," which the *Lancet* suggests, namely, "intinction," or "the ancient custom of dipping the bread in the wine." With regard to the ecclesiastical or sanitary reasons for the revival of this method of celebrating the Lord's supper I have nothing to say here, pro or con. But the reason for advocating the change that the *Lancet* gives, namely, that individual communion cups are not practicable, is valid or not, according to the point of view; that is, whether from the dogmatic and ecclesiastical, or from the purely sanitary.

If the *Lancet* means that according to the doctrine and ritual of the Church of England (presumably, because the state church), individual communion cups are impracticable, then I have nothing to say; the advocates of this sanitary reform do not urge any body of the Christian church to relinquish any beliefs that it considers vital and dear to its spiritual serenity and moral conduct, and holding which, it believes would be jeopardized by substituting individual for commonly-used communion cups. But if the *Lancet* means that individual communion cups are not practicable from a sanitary standpoint, then it is either ignorantly or wilfully, certainly wofully, mistaken. Of course, there are very few churches in England that use individual communion cups; and these are "dissenting" churches. Perhaps the *Lancet* thinks that sanitary progress among dissenters is unknowable, or unworthy of notice. Yet, surely that great journal can hardly be so stupidly agnostic of American literature on the subject, not to know that in these United States there are hundred of churches and hundreds of thousands of communicants demonstrating that individual cups are not only practicable, but practical; clean, safe, convenient, satisfactory.

The "dissenters" here outnumber the sister denomination of the Church of England by so many millions that the *Lancet* could hardly have failed to know, even with a manifest sectarian bias, that sanitary advancement in this matter is ahead here, even if the editor of that journal believes that in England the state church ought to live up to its traditions as a sanitary leader, and adopt intinction instead of having many mouths of questionable cleanness and health using a single chalice. Sincerely yours,

HOWARD S. ANDERS, M.D.

Marriages.

THOMAS J. TALBOTT, M.D., to Miss Bessie Olivia Fisher, both of Baltimore, October 31.

JAMES L. PHILLIPS, M.D., New York City, to Miss Marion Ewing Hamilton, Baltimore, Md., October 30.

LOUIS H. BIRMINGHAM, M.D., Boston, to Miss Jennie R. Marsh, at Sutton, Mass., November 1.

MARTIN L. DALTON, M.D., Willis, Va., to Miss Lula M. Lester, Floyd, Va., October 30.

JOHN W. COFFIN, M.D., Beaver Falls, Pa., to Miss Gertrude M. Jolly at Coraopolis, Pa., October 31.

S. WHITFIELD HARTT, M.D., Port Angeles, Wash., to Miss Bertha Dayton, Lisbon, O. October 31.

W. KEELING WOOD, M.D., Centreville, Va., to Miss Elda Belle Vanderlip, of Indian Lake, Mich.

O. WELLINGTON ARCHIBALD, M.D., St. Paul, Minn., to Miss Emily Kennedy, of Jamestown, N. D., at St. Paul, Minn., October 30.

PAUL WILLIAMSON HOWLE, M.D., Mt. Carbon, W. Va., to Miss Adeline Green, Richmond, Va., November 1.

ALBERT F. MILLER, M.D., Auburn, N. Y., to Miss Alice L. Lovell, of Syracuse, N. Y., November 1.

Deaths and Obituaries.

JOHN BERRYMAN, M.D., Edinburgh, 1861, at St. John, N. B., November 4, aged 72. After a trip to Australia he studied in

Edinburgh, and was assistant to, and lived with, Sir James Y. Simpson. On the outbreak of the Civil War he was put in charge of a hospital in West Philadelphia. Soon after the close of the war he moved to New Brunswick and settled in St. John. In 1886 he was returned to the House of Assembly from St. John.

AUGUSTUS D. MERROW, M.D., Bowdoin College, 1854, for thirty-three years a practitioner at Freedom, N. H., twice state representative and twice state senator, at his home, October 16, aged 73.

STANLEY MAC C. STUART, M.D., first lieutenant and assistant surgeon, assigned to 11th Cavalry, U. S. V., at Santa Cruz, Luzon, November 6, from fracture of the skull, caused by a fall from his horse.

REMUS ROBINSON, M.D., College of Physicians and Surgeons, Baltimore, 1881, from paralysis after several years, at his residence in North Windham, October 29.

M. LAFAYETTE, GORDON, M.D., College of Physicians and Surgeons, for twenty-eight years a missionary in Japan, at Auburndale, Mass., November 4, aged 57.

CLINTON W. SIEGER, M.D., University of Pennsylvania, 1875, from dropsy, after an illness of several years, at his home, Siegfrieds, Pa., October 27, aged 47.

WILLIAM A. CLAPP, M.D., Jefferson Medical College, 1847, who had practiced medicine more than half a century in New Albany, Ind., November 7, aged 78.

GEORGE M. DEWEY, M.D., Jefferson Medical College, 1883, at Keytesville, Mo., where he had resided for fifty-four years, November 5, aged 81.

JOSHUA N. SPEED, M.D., College of Physicians and Surgeons, Keokuk, Ia., 1860, the oldest practitioner in Rushville, Ill., November 6, aged 66.

EDWARD V. NEWTON, M.D., New York University, 1875, coroner of Norfolk, Va., at that place, November 3, after a lingering illness.

STANHOPE C. SMITH, M.D., Tulane University, 1850, was found dead in his house, Lacey's Springs, Ala., October 30, aged 80.

C. W. RILEY, M.D., Fort Wayne College of Medicine, 1896, from concussion of the brain, in a runaway accident, November 1.

VINCENT SULLIVAN, M.R.C.S., England, of Kingston, Ontario, at Las Vegas, N. M., November 4, from tuberculosis, aged 32.

A. T. ROBINSON, M.D., Albany Medical College, 1895, from apoplexy, at his home, Mansfield, Mass., November 4, aged 34.

THOMAS WHEELER, M.D., Medical College of Evansville, Ind., 1854, at Bloomfield, Ind., October 31, aged 79.

HIRAM GREENTREE, M.D., University of Maryland, 1855, from dysentery in Baltimore, October 28, aged 78.

JAMES P. CLEAVER, M.D., University of Pennsylvania, 1894, at Lakewood, N. J., November 8, of tuberculosis.

CHARLES NORMAN HAMPER, M.D., Edinburgh, at Meeker, Colo. October 29, of heart disease, aged 32.

JAMES H. LOWE, M.D., Tulane University, 1858, at his home, Knight's Ferry, Cal., October 16, aged 64.

T. E. STAPLES, M.D., Missouri Medical College, 1848, at his home, Nelson, Mo., October 27, aged 70.

LEVIN W. MAGRUDER, M.D., Tulane University, 1867, at his home, Woodville, Miss., October 30.

FRANK H. WILY, M.D., Jefferson Medical College, 1887, at Centreport, Pa., aged 37.

New Instruments.

Grooved Director for Vaginal Hysterectomy. Uterine Elevating Forceps.*

E. D. FERGUSON, M.D.

TROY, N.Y.

Though simplicity and fewness of instruments in operative work is the pride of many surgeons, there can be no question concerning the help that most operators find in special devices to meet special indications. The two instruments which I

* Read at the Meeting of the New York County Medical Association, October 15, 1900.

present have been tested in actual work and have been found helpful.

The first which I show is a director intended to be passed behind the broad ligament in vaginal hysterectomy, thereby bringing at once into the operative field, and in full view of the operator, the lateral tissues to be incised.

Having opened freely into the pouch of Douglas and having freed the bladder from the uterus, the left index finger of the operator is passed behind the broad ligament and made to appear above that structure at the side of the uterus, the peritoneum having been incised previously at the corresponding vesical fold, or the opening being made on the end of the finger which shows above the broad ligament.

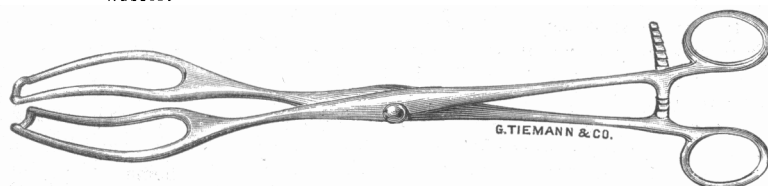
Having made sure that no tissue aside from that belonging to the broad ligament is included by the finger and having sufficiently separated the parts, the director is passed along the palmar surface of the finger until its tip appears well below the broad ligament, when the finger can be withdrawn. The instrument is curved so as to allow of its use when the broad ligament will not permit free descent of the uterus, though in most cases in actual use the director can be advanced until the broad ligament lies on the convex portion.

Having thus brought the broad ligament well into view, the groove in the director enables the operator to ligate securely in sections the uterine connections on the selected side,



that side being the one more readily secured by the finger. The method of ligation will be that in which the operator is most facile, the writer preferring the cobbler's stitch made with a strong kangaroo tendon. The separation of the uterus can go hand in hand with the ligation, which when completed allows the uterus, now freed on one side, to be turned out of the vagina, thus affording opportunity for the ligation of the opposite broad ligament and excision of the uterus. Of course, it is understood that at the lower portion of each broad ligament care is taken to avoid the ureter, but it seems to the writer that if the director emerges close to the uterus at its cervical portion, and the sewing is done along the line of the groove, the ureter will necessarily lie to the outside and remain unharmed.

The reintroduction of forcible and moderately protracted compression as a means to control hemorrhage, notably in the use of the angiotribe, would seem to lessen materially the occasion for the device which I present, and the convenience and even utility of the angiotribe is freely conceded by the writer.



There is one condition for the safe use of the angiotribe which should be kept in view, and that is that the stump should have no rude handling after the incision, otherwise the vessels may be re-opened. Should we be unable to include all the parts we wish to excise in the grasp of the angiotribe, the traction and manipulation necessary to bring other and higher parts into view may result in embarrassing or even serious hemorrhage. At present it is believed that most operators will feel a sense of security in interrupted but locked suturing of the broad ligament, and in particular where the condition of the organs is such as to render it desirable to attack the ovaries after the removal of the uterus.

The other instrument is intended to aid in bringing the uterus into the operation field in ventral suspension of the uterus.

It is only occasionally that the operator will feel the urgent need of such a device, though in many cases he will find it a convenience.

In cases where the uterus is somewhat rigid in its retroflexed form, and the pelvic tissues do not allow it to remain forward

with slight support, this device will be found a convenience. If added to these obstacles to easy operating, we have to deal with a thick layer of abdominal fat in a patient subject to ether retching, the difficulties of the operation become great without some device like the uterine elevating forceps.

The method of application is simple, one blade being applied behind the uterus on the palmar surface of the requisite number of fingers, the other blade being placed in front of the uterus, when on locking and compressing the uterus, that organ is completely under the control of the operator, who proceeds to place the anterior stitch, passing it through the fundus of the uterus between the blades of the forceps. As soon as this stitch is made to include both lateral walls and the uterus, the forceps can be removed, as the uterus is now under control.

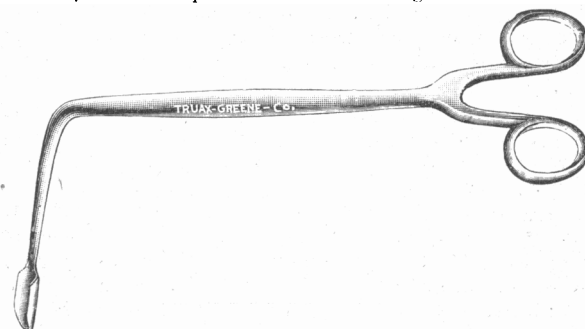
It is possible that the shape of the blades would have been modified if the author could have been at the side of the instrument-maker, for the shape is not entirely satisfactory to him, though Tiemann & Co. have done exceedingly well from the rather poor drawings which were furnished. In actual work, however, the instrument has never failed to fill all requirements and that without any detectable abrasion on the uterus.

Epiglottis Retractor.

SETH SCOTT BISHOP, M.D.

CHICAGO.

The accompanying figure illustrates an epiglottis retractor designed for use in cases in which it is impossible to obtain a good view of the interior of the larynx without holding the epiglottis upward and forward. The spade-like blade which rests on the posterior or under surface of the epiglottis is sufficiently wide to produce a certain degree of a flattening



BISHOP'S EPIGLOTTIS RETRACTOR.

effect on an omega-shaped epiglottis, thus facilitating laryngoscopy in two ways. A firm control over the retractor is given by the employment of the double-ring handle, such as is used in the biting forceps.

Books and Pamphlets.

Acknowledgment of all books received will be made in this column, and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interests of our readers.

BOOKS.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A New and Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches with their Pronunciation, Derivation, and Definition, Including Much Collateral Information of an Encyclopedic Character. By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician in the University of Pennsylvania Hospital. Together with New and Elaborate Tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Diplococci, Micrococci, Streptococci, Ptomaines and Leukomains, Weights and Measures; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. With Numerous Illustrations and 24 Colored Plates. Leather. Pp. 770. Price, \$4.50. Plain, \$5.00. Index. Philadelphia and London: W. B. Saunders & Co. 1900.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D., F.R.C.P., Physician and Special Lecturer on Clinical Medicine at Charing Cross Hospital. Revised and Enlarged by H. Montague Murray, M.D., F.R.C.P., Physician to Out-Patients, and Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital. Ninth American Revised from the Ninth English Edition by Walton Martin, Ph.D., M.D., Assistant Demonstrator of Anatomy,