

by a Marcy stitch and safety pins. He distinctly describes suturing of the rectal tear and folding of the rectal mucosa closely together, thus showing that his operation in nowise approaches mine. In my operation for incomplete tears I show that approximation of the fascia layer to layer is the feature aimed at. Nowhere in his articles does he show that he attempts this, but enlarges on buried animal sutures. The absolute want of similarity between his and my operations makes his claims most extraordinary and unwarrantable.

I, as most surgeons of this day, make no claim of buried sutures, and as they have been in use so many years in this country and in Europe, it is unnecessary to mention the name of the man who first used them. Should Dr. Marcy lay claim to everything that buried animal sutures are used in he will have a self-invested interest in a large part of the world's surgery. The buried suture is the only thing common to his and my operation for incomplete tears, and in my new operation for complete laceration it does better.

If Dr. Marcy will carefully read my paper he will see his mistake. Respectfully,  
GEO. H. NOBLE.

#### Accomplishments of the Finsen Apparatus in Lupus.

BROOKLYN, Aug. 25, 1902.

Prof. N. R. Finsen has kindly given me photographs of one of his most interesting cases, showing the condition of the

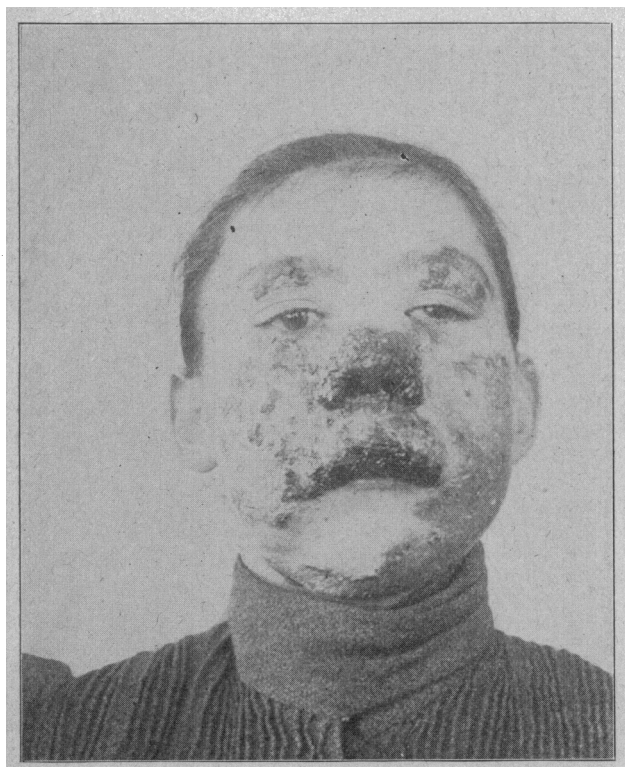


Figure 1.

patient before (Fig. 1) and after (Fig. 2) his use of the chemical rays of light, with the tube devised by him. Fig. 3 shows a Finsen tube in position, with a patient under treatment for lupus of the nose. This is a tube which I purchased when in Copenhagen, and which I am now using with a very satisfactory degree of success.

The method is being used successfully in Russia, Greece and Great Britain under the patronage of the governments of these countries, also by many private physicians all over Europe. In this country there are as yet very few men working in this department. I suppose there would be more if it were not for the expense of installation and maintenance. Fig. 4 shows the new lamp devised by Dr. Bang, one of Prof. Finsen's assistants. The beauty of this is that it does not require any carbons. This is the first of this make of lamp

that has reached this country, and it is certainly very ingenious in its construction. It will do excellent work but covers a smaller space than the light from the arc lamp. The amount of current consumed is so small in comparison with

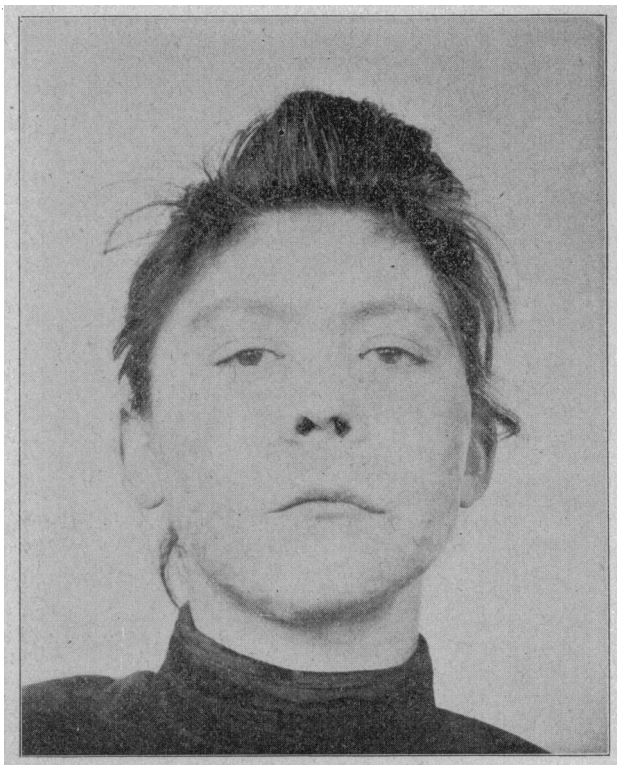


Figure 2.

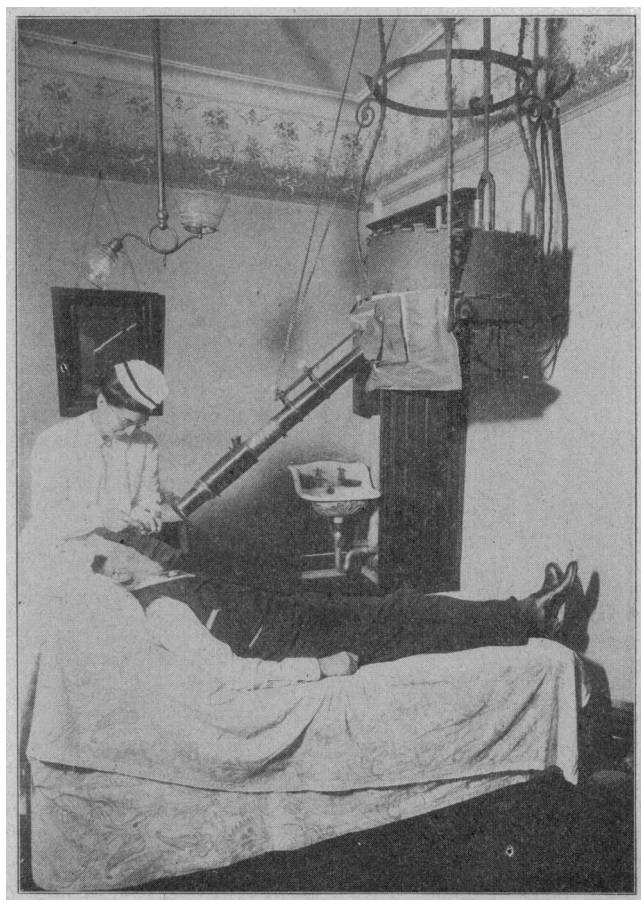


Figure 3.

the older lamp as to make it a question whether in time it may not replace the older Finsen apparatus.

I trust these photographs may prove interesting, and induce more of the profession to undertake the trial of this interesting

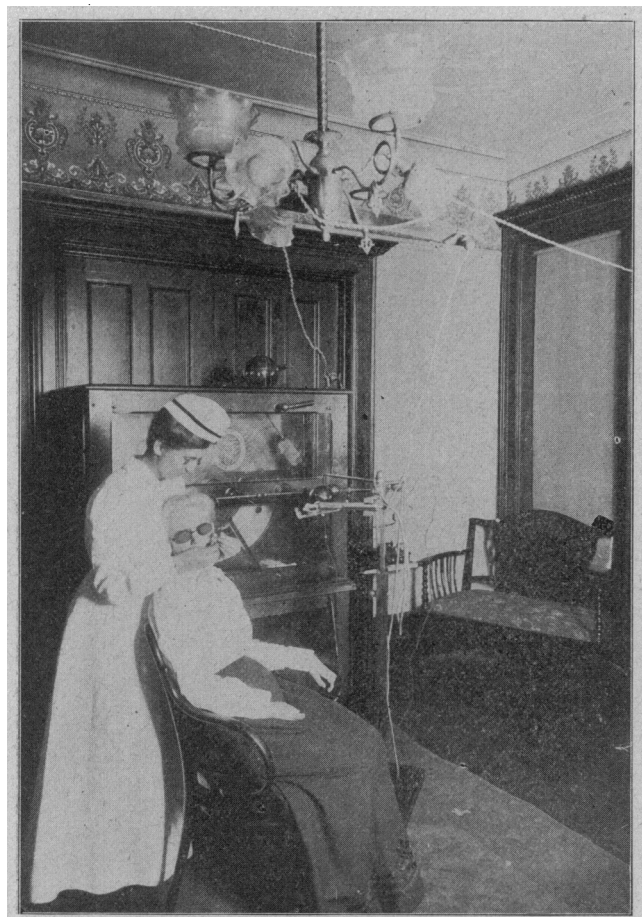


Figure 4.

method of treatment of a class of diseases heretofore considered incurable.

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## New Instruments.

### COMBINATION SURGICAL INSTRUMENT.

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PHILADELPHIA.

#### THE OBJECTS OF THE INSTRUMENT.

The purpose of this instrument is to combine such surgical instruments together that are ordinarily used by the physician,

one is likely to have with him at all times and in this respect not like the pocket case which sooner or later is apt to be at home when the emergency occurs.

By the use of a small and a large form of this field instrument one is able to do most any little operation. After several years' experience with it, in the army, in practice, on expeditions, here and there, it has proved itself useful, for there are many times when you can use at least one part of the instrument. It is true that it would be about as difficult to pick up something and cut it off by the use of forceps and scissors, as for a dog to catch his own tail. But by borrowing another man's instrument, as might be done by a hospital corps man in the army, one could readily overcome this difficulty, providing he had but one instrument, and he would hardly need more than two for minor surgery.

The instrument consisting of but two pieces is not likely to become lost. The parts lock together and can be carried in the pocket or in a chamois case on the belt.

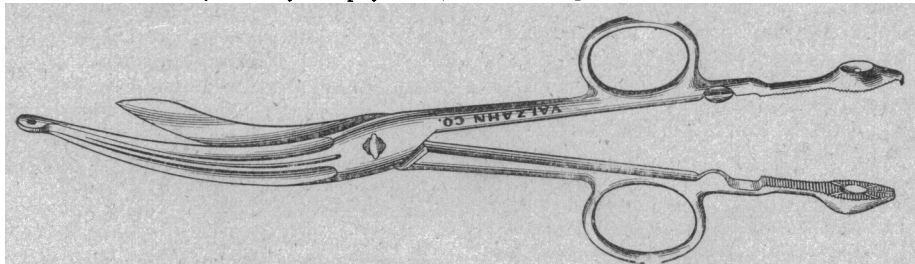
The special use for this instrument seems to be where you can not carry a full case of instruments and where it will do any small thing that may be required of it at that time.

#### THE USES OF THE INSTRUMENT.

Although the ingenuity of the operator will suggest many little uses to which he can from time to time put this instrument, the following are mentioned as some of the more important ones. As scissors it will give a straight or curved cut, and will work as a bandage scissors, and as scissors curved on the flat or vertical. The grooved director ends near the eyed probe end, which in a way may be used as a dry dissector. The knife blade has a curved belly and can be used as a bistoury as well as a scalpel; and when the instrument is wet with blood the loop of the scissors blade fits the third finger of the right hand and gives one a good grasp on the instrument. The knife in this position is held securely and is well balanced and in a good position for cutting. This blade alone held in this manner would enable a man to somewhat protect himself on the field. When the instrument is partly closed, the belly of the scalpel projects somewhat like the sharp edge of a hernia knife. The sharp point and edge are completely protected when the instrument is closed, and when open and the hemostat end of the instrument is being used, are out of the way of the wrist.

There is a long clamp between the handles of the scissors. The hemostat is handy to pick up cut dressings—cut with the scissors. This is readily done with one hand and the other hand does not have to be used to hold a pair of spring forceps. The loops of the instrument stay on the fingers when the hemostat portion is used as a dressing forceps. Needles of various kinds may be held by the hemostat, and in the concavity of the instrument a shot will rest when the needle hole running across the hemostat is used as a shot threader. A funnel-shaped opening facilitates the centering of the silkworm gut or other material. The needle, however, does not wobble on account of this enlargement. Between the two rat teeth on the upper blade a needle can be held firmly as would be desirable in teasing out fibers under the microscope.

A sharp and dull curette, one side sharp, the other blunt;



nurse, medical student and others that may from time to time need a few surgical tools. So far as possible the great danger of a combination instrument, that is to say one instrument interfering with the effectiveness of another, has been overcome. The instrument is not intended to supplant ordinary instruments as in the surgeon's pocket case, but it is intended to be used where one instrument at a time is desired. It is meant particularly for emergencies, as it is an instrument that

rests on the top of the hemostat so as not to interfere with a ligature. On the under side is a file arrangement, useful in vaccination. It can readily be cleaned. There are practically no hollow corners, so the instrument may readily be sterilized.

There were some difficulties in producing this instrument, such as the making of a satisfactory lock, and a pair of hemostats that would work nicely. In offering this instrument for trial by the profession I do so not stating that it will do every-