

**The Yellow Fever in Port Limon, Costa Rica, in 1900.  
Reply to Surgeon-General Wyman, of the U. S.**

**Marine-Hospital Service.**

NEW ORLEANS, La., March 23, 1901.

To the Editor:—In reply to Surgeon-General Wyman's communication in THE JOURNAL of March 16 I will simply state that the fact that the representatives of the U. S. Marine-Hospital Service did not agree in the diagnosis of the representative of the Louisiana State Board of Health is no proof that Limon was not infected as early as July 17, 1900. The proof that the resident medical inspector of the Louisiana board was correct is that a few weeks later the natural evolution of the infection was so patent that it forced itself on the representatives of the service. EDMOND SOUCHON, M.D.

President, Louisiana State Board of Health.

## Married.

SHERMAN A. ALLEN, M.D., Inogene, Iowa, to Mrs. Isabel Linton, of Shenandoah, Iowa, March 13.

H. STEPHEN HILL, M.D., Seattle, Wash., to Miss Marie F. La Barraque, of San Francisco, at Seattle, March 4.

CARL JOHNSON HOLMAN, M.D., St. Clair, Minn., to Eudora Madge Timmerman, M.D., of Mankato, Minn., March 14.

## Deaths and Obituaries.

**William F. Channing, M.D.**, University of Pennsylvania, Philadelphia, 1844, died in the Perry Hospital, Boston, March 19, aged 81. He lived in Providence, R. I., for a time after his graduation, and lately returned to Boston, after a residence for sixteen years in Pasadena, Cal. He published some of the first books on medical electricity, and was rather an inventor than a practitioner. The alarm telegraph, the hand receiver on the telephone and the marine railway were among his inventions.

**Sherman A. Yule, M.D.**, Omaha Medical College, 1897, acting assistant surgeon, U. S. army, died from nephritis, in the Philippine Islands, March 4, aged 33. At the outbreak of the Spanish-American War he enlisted in the Funston Rifles and went to San Francisco. There he obtained his discharge in order to serve as an acting-assistant surgeon. He was on duty two years in Honolulu, and then was ordered to the Philippines.

**James W. H. Lovejoy, M.D.**, Jefferson Medical College, Philadelphia, 1851, died at his home in Washington, D. C., March 18, aged 76. He served several times as president of the local medical society, was a member of the AMERICAN MEDICAL ASSOCIATION, one of the incorporators of the Garfield Hospital, and had been dean of the faculty of the Medical Department of Georgetown University.

**Walter W. Medill, M.D.**, Medical College of Indiana, Indianapolis, 1889, a resident of Denver, Colo., for ten years, and a member of the AMERICAN MEDICAL ASSOCIATION, died at his home in Denver, March 14, from pneumonia, after an illness of one week.

**George C. Venable, M.D.**, University of Pennsylvania, Philadelphia, 1850, for 40 years a practitioner of Charlotte County, Va., and for the past ten years a resident of Lynchburg, died at his home in that city, March 14, aged 73.

**John K. Clark, M.D.**, Missouri Medical College, St. Louis, 1882, a member of the AMERICAN MEDICAL ASSOCIATION, and for many years a resident of Chillicothe, Mo., died at his home in Denver, Colo., March 9.

**Rufus D. Sperry, M.D.**, Albany Medical College, who practiced for many years at Red Oak, Iowa, died at the home of his son in Omaha, after a ten years' illness from paralysis, March 11, aged 81.

**George C. Chapman, M.D.**, Vanderbilt University, Nashville, Tenn., was struck by a falling telephone pole and killed

during the cyclone that devastated Birmingham, Ala., March 25.

**Stephen F. Gano, M.D.**, Transylvania University, Lexington, Ky., for many years a leading physician of Scott County, died at his home in Georgetown, March 23, aged 94.

**William Watson, M.D.**, College of Physicians and Surgeons, Baltimore, Ind., 1886, died at his home in Allegheny, Pa., March 16, after a prolonged illness.

**Jacob J. Smith, M.D.**, Jefferson Medical College, 1864, a well-known physician of La Crosse, Wis., dropped dead from heart disease, March 16, aged 63.

**Charles L. Stoddard, M.D.**, Pennsylvania Medical College, Philadelphia, 1860, formerly of La Crosse, Wis., died at Colton, Cal., March 16, aged 65.

**Henry Worthington, M.D.**, College of Physicians and Surgeons, New York, 1874, died at his residence in Los Angeles, Cal., March 12, aged 49.

**J. Frederick Hedgcock, M.D.**, Southern Medical College, Atlanta, Ga., 1895, died from pneumonia, at his home in Lake City, Fla., March 13.

**Charles H. Bowen, M.D.**, Columbian University, Washington, D. C., 1862, died at his home in Washington, D. C., March 12.

## New Instrument.

### An Effective Electric Trephine.

S. S. BISHOP, B.S., M.D.

CHICAGO.

The accompanying cut shows the exact size of two electric tubular saws, or trephines, the smaller of which is the one in common use in surgery of the nose and its connecting cavities. This instrument is capable of rendering excellent service where little work is to be done; but it has several serious faults which the writer has overcome in devising the larger trephine.



In removing a large and long spur from the nasal septum, it is necessary to trephine through the center of the spur, then above and below the center in lines parallel with the first section, if the small trephine is employed. If the spur is longer than the tube of the trephine, the instrument ceases to cut as soon as it penetrates the distance of its own length, for the portion of the spur that enters the tube fails to pass out of the counter-opening as fast as it enters the tube, and it prevents the saw from entering further. This necessitates withdrawing the trephine, removing the cut portion of the spur and readjusting the trephine for proceeding with the cutting. Meanwhile the field of operation is likely to become covered with blood, and more time is lost in removing this in order to see what tissues one is attacking.

The large trephine has a counter-opening as capacious as can be made without sacrificing the strength of the tube, so as to allow the contents to pass out as fast as they enter. It is much longer than the average spur, so that it would operate more satisfactorily than the small trephine, generally, even if the counter-opening were smaller. Its generous diameter renders it necessary to drive the instrument through the tissues fewer times in order to remove a given amount of growth.

In operating on the maxillary antrum the large trephine gives better results than the other. By passing the large instrument once into the antrum a canal of good size is obtained. Formerly I have passed the small one twice, and more times in some cases, before obtaining a sufficient opening for free drainage and efficient treatment. The large trephine is well adapted for opening the frontal sinus and the mastoid antrum.