

SEC. 13. The secretary of each county society shall keep a roster of its members, and a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. He shall furnish an official report containing such information, upon blanks supplied him for the purpose, to the Secretary of this Association, thirty days in advance of each annual session, and at the same time that the dues accruing from the annual assessment are sent in. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

#### CHAPTER XIII.—AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session, after the amendment has laid upon the table for one day.

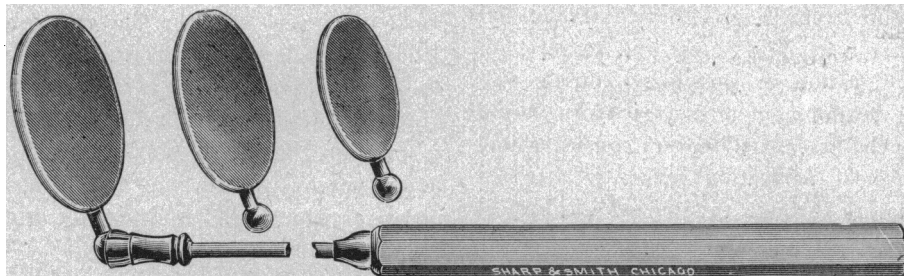
### New Instrument.

#### A NEW ASEPTIC THROAT MIRROR.

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In presenting this aseptic throat mirror, made out of polished metal, it seems like a return to the time of flourishing Pompeii, when highly polished brass was used for hand-mirrors. The instrument is manufactured from German silver, highly nickel-plated. The handle is universal, is made out of steel, and the joint between the mirror and the handle is



a spring ball and socket, allowing mirrors of different sizes to be used. Being of solid metal, it can be rendered thoroughly aseptic by carbolicizing or boiling without any deteriorating effect upon its polished surface. The mirror being nickel-plated, no acid will attack or corrode it provided the mirror is quickly cleansed after using.

Moist chromic acid, to the surface of the nickel-plate, has absolutely no effect. A metal throat mirror was first used by Dr. von Stein, of Moscow, in his clinic and private practice, his instrument being of polished steel. The steel was afterward nickel-plated, but neither of these proved a success. While in London this summer I had a set of instruments made after the pattern I suggested, making the mirror out of solid German silver highly polished and nickel-plated. I have been using the set in my office the last two months and have found the mirror satisfactory in every respect.

The advantages of this throat mirror over the ordinary one of glass are many. Besides those above mentioned, the ball and socket joint is of distinct benefit as the mirror is easily adjustable to any position or angle; there is no rim of metal to interfere with a perfect image being obtained from any part of its surface.

Mirrors are made with the plain or the concave surface. The latter mirror will be used more extensively by dentists. The expense of repolishing and nickeling these mirrors will be slight, and one set should last for many years.

In using the instrument the fingers must be kept away from the surface, and soft chamois skin should be used in polishing the surface before warming. When the mirror is to be used it should be adjusted to the proper angle, then dipped into hot water for a moment and the water allowed to run off and the instrument used before wiping it.

I believe this will be a valuable instrument not only for nose and throat specialists, but also for dentists. With it there can be no possible excuse for not having an absolute aseptic mirror.

**Clinical Thermometry.**—A trained nurse was recently talking in confidence about the ways of medical men and remarked among other things that nothing could exceed their carelessness in the use of the clinical thermometer. If one comes to think of it and to observe the ways of the average practitioner, one is compelled to acknowledge that the accusation has more truth than fiction in it. In the first place the sins of uncleanness have to be mentioned. Thermometers ought to be washed after removal from the mouth, or rectum, or elsewhere. That all doctors acknowledge. But how many cleanse their instruments in soap and warm water, with a final rinse in running, cold water and an hour's sojourn in 1-500 bichlorid? If this is said to be impossible, and the patient (best plan of all) is not able to provide his own, the doctor could at least carry two or three thermometers in his satchel or pocket, and not use the same one on two patients (except in emergency) on the same trip. Then there are the errors of observation. The thermometer is sometimes not shaken down before using. Or, believing the fond statement of the seller, the doctor thinks he has a "one minute" thermometer, and wonders again and again why so many of his patients have a subnormal temperature. As a matter of fact, for all mouth temperatures five minutes at least is required when the general American type of thermometer is used; and if the patient has recently been out in the cold, or has eaten ice-cream or drunk cold water, or is having a chill, the temperature of the mouth, as indicated by the instrument,

will continue to rise for ten or twelve minutes after the thermometer is put under the tongue. Axillary temperatures are still more unreliable. In case the patient has no rectal inflammation or congestion, rectal temperatures are most desirable. Far above all other indications, however, in clinical thermometry is the indication to use one's common sense in interpreting results.—*Pediatrics*.

**Drug Eruptions.**—There is scarcely any medicine which is not liable at some time to induce a cutaneous eruption, Bernard states in the *Gazette des Hôp*. Such eruptions assume all kinds of manifestations and generalization, but they can usually be differentiated by the absence of general symptoms commensurate to the severity of the cutaneous affections. Mercurial eruptions may be febrile and even malignant. Calomel is the most active in this respect. Fournier always tests the susceptibility of the patient to calomel before instituting vigorous treatment with it. Potassium iodid is liable to induce a multiple eruption exhibiting almost all the elementary cutaneous lesions. It may cause acne (especially in dyspeptics and persons inclined to acne), boils, pseudo-carbuncles, purpura, edema, vegetating pemphigus and primary or secondary gangrene, bunches resembling syphilitic gummata, ophthalmic zona, etc. Antipyrin may run the whole gamut of drug eruptions, but has one peculiar variety, the "stationary erythematopigmented eruption" with persisting brown patches. Gaucher has observed a fatal case of hemorrhagic copaiba erythema.