

passing diagonally in and upward through the inner third of the external and through the internal sphincter, about one half of the distance back through the anal canal. With the index finger in the anus as a guide, the incision upward is completed, care being taken to avoid cutting through into the anus. The few fibers just under the anal lining, remaining in continuity, are cared for at the finish of the operation by a gentle bivalve dilation. Before or after the sphinctot-

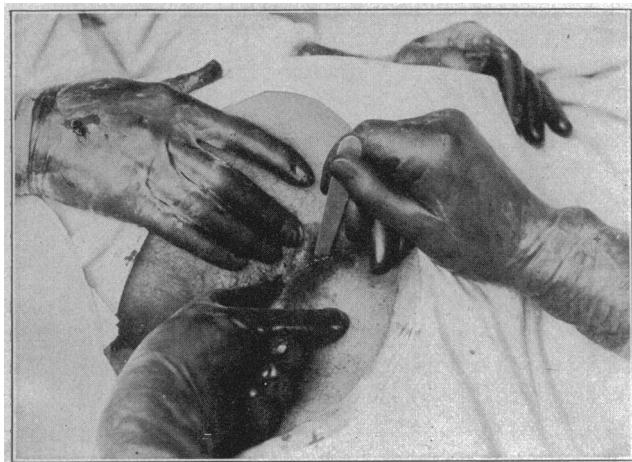


Fig. 2.—Right lateral position, point of entrance, and knife control with left index finger.

omy is performed, all anal diseased tissue is treated, such as excision of indurated areas of the ulcer and cauterization with silver in 5 per cent. solution. Acute or recent fissures require no local repair other than application of silver, and the sphinctotomy. Through the puncture wound in the skin any blood may drain away, and if careful asepsis has been preserved there need be no fear of infection; but if infection should ensue, by simply opening down through the area, the

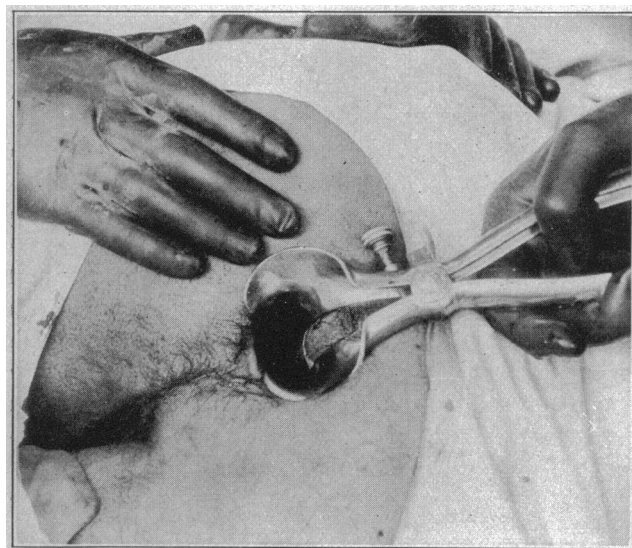


Fig. 3.—Gentle bivalve dilation following sphinctotomy; extent of dilation determined by direct vision; posterior anal lining should not be torn.

abscess is drained with healing expected as in the open operation. In my own experience I have had no infection in more than fifty of these cases.

CONCLUSIONS

Sphinctotomy is an aseptic procedure. It is easily and quickly done. It demonstrates the possibility of improving the aseptic technic in rectal surgery. The results have been satisfactory so far, and warrant a further trial of the method.

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A HYPODERMIC NEEDLE STERILIZER AND SOLUTION BOILER

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This device, for the rapid sterilization of hypodermic syringes, hypodermic needles and the water in which hypodermic tablets may be dissolved, also provides a sterile, non-corrosive receptacle in which solutions of hypodermic tablets may be made. It consists of a metal case in which a silver trough $1\frac{3}{4}$ inches long of 5 c.c. capacity is permanently mounted at the top immediately above the burner of a removable alcohol lamp. The burner is so constructed that the fuel chamber is perfectly vented, and instead of overflowing when it becomes heated, the alcohol vapor is passed into the flame and consumed. The device is $2\frac{1}{2}$ inches high, 2 inches wide and 1 inch thick, and weighs 5 ounces. The lamp holds 15 c.c. of denatured alcohol, and will burn for one hour. The heat is so intense that it will bring the 5 c.c. of water in the trough, including a hypodermic needle, to the boiling point in one minute. The flame is protected from drafts by the container.

The hypodermic needle is placed in the trough filled with water and the lamp is lighted. As soon as the water boils, the barrel of the hypodermic syringe may be sterilized by repeatedly rinsing it with boiling water from the trough. The sterile needle is then attached to the syringe by means of dressing forceps. The syringe is then filled with boiling water, the lamp extinguished, and the remaining water in the trough discarded.

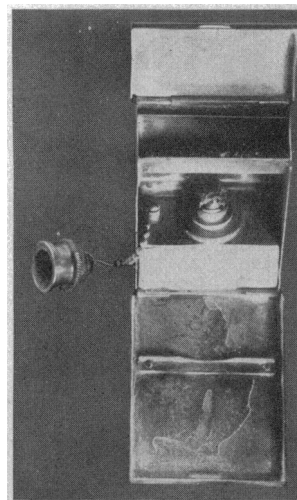


Fig. 1.—Hypodermic needle sterilizer and solution boiler.

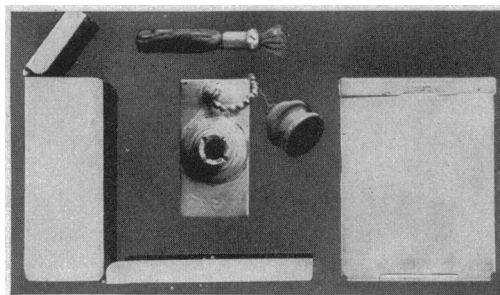


Fig. 2.—Various parts of apparatus.

The hypodermic tablet is then placed in the sterile silver trough and the hot water expelled from the syringe to dissolve the tablet, after which the solution is picked up by the syringe.

A Case of Vitiligo Treated with Pituitary Gland Substance.
—DR. ROYCE B. JOSSELYN, Portland, Maine, writes: A robust man, aged 40, referred to me in August, 1921, had always been well, except for a nervous breakdown several years previously. Physical examination was negative. Irregular areas of vitiligo were present on the backs of both forearms and wrists, and the back and side of the neck. The patient said that these areas first appeared about two years before and were growing larger and more noticeable. Pituitary gland (entire), desiccated, was prescribed in tablet form. The patient was again seen recently after more than a year's interval, and the areas of vitiligo had entirely disappeared. No abnormality of the thyroid could be demonstrated in this case, although mild exophthalmic goiter frequently coexists.