

own, it was traced to the sore thumb of the nurse; and in a second instance it was also traced to the nurse, who had been dressing an old ulcer. Then, again, the obstetrician might get the poison from the fetid lochial discharge of a patient already confined, although it was doing the woman herself no harm. He felt much interested in Dr. Hunter's cases, and felt sure they all owed him thanks for it.

Dr. A. Macdonald wished simply to indorse Dr. Simpson's remarks. The contribution was valuable, and one much needed in science. There was always a certain amount of reluctance in furnishing such cases; and although the practitioner was honored by his brethren, yet the popular amount of credit was not in proportion to his deserts. No member would deny the view of puerperal fever advocated this evening. The only question was the bearing of antiseptic measures on these cases; whether by the diligent use of antiseptic agents such organic fever-poisons could be destroyed. He would fain believe such was the case. It might be true, as Dr. Hunter had said, that the epidermis of the hand might be so impregnated that so much poison might lurk in its deeper layers as to cause puerperal septicæmia even after a three-weeks' holiday on the part of the medical attendant. He did not, however, think that their present knowledge warranted this. Probably, if the cases were examined, some hidden relationship between them and other causes might be traced different from what Dr. Hunter had shown. Then they knew that carbolic acid caused desquamation of the cuticle; and most of them would demur to the case of pyæmia where the pulmonary mucus membrane was supposed to be the absorbing medium. It was more probably a scratch in some accessible part. These were the doubts that occurred to him; and if it were true that these poisonous influences—bacteria, etc.,—were so subtle that no carbolic acid could kill them, then no obstetrician nor surgeon could, after a sinking wound, go to cases for weeks.

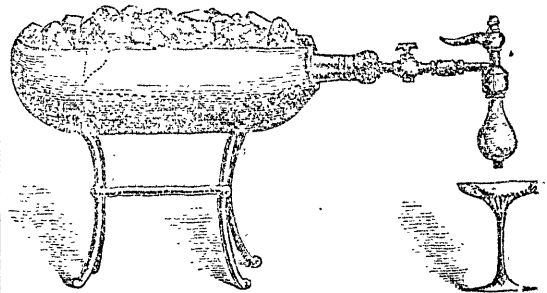
—*Ext. from Monthly Abstract of Medical Science.*

WARKER'S IMPROVED SYPHON.

MR. THOMAS WARKER, of New York city, has devised an apparatus for the administration of sparkling wines, which promises to be of the greatest utility to physicians. It is well known, whenever wines charged with carbonic acid gas are prescribed for our patients, that after the bottle containing it has been opened and the first dose is taken, that most, if not all of the sparkle disappears, and, as far as any good to be obtained from the gas itself is concerned, it is virtually inert. The French contrivance of introducing a faucet with stop-cock through the cork, although apparently sound in theory, was found radically defective in practice. The wine was discharged with a spurt, and with considerable force, but contained little or no gas after the first glass was drawn. Mr. Warker, after a careful study of this phenomena, discovered that the object aimed at in this and all other similar contrivances—namely, the discharge of the wine under pressure—was the real cause of the loss of the gas in the glass. This

theory, it seems to us, is abundantly substantiated by the ordinary method of obtaining the wine from the bottles. The operation of removing the cork is the signal for the discharge of the extra and supernatant pressure; the wine is then simply poured in the glass, and, if not allowed to stand too long, retains its accustomed sparkle. If, however, the entire contents of the bottle are not used within a reasonable time after being opened, we have also a loss of the carbonic acid which it contains. In this instance the gas escapes from the liquid because there is not sufficient pressure above to prevent it.

It is necessary to appreciate these facts in order to understand the principles upon which his contrivance is based. His objects are, first, to maintain the pressure in the bottle, or the ordinary syphon, as the case may be; and secondly, to discharge given quantities without subjecting them at the moment of their discharge to any pressure whatever.



The apparatus, as seen in the cut, consists of a bottle of champagne, the cork of which is perforated for the reception of a tube connected with an extra or receiving chamber. When a small quantity of wine is to be drawn, a direct communication is opened between the chamber and the bottle by means of a valve, and, when a sufficient quantity of wine has escaped in the small receptacle, the valve is closed. The bottle and the extra chamber are then entirely independent of each other, and the pressure in each is relatively the same, and can be so maintained as long as desired. When the wine in the chamber is required, the opening of a compound valve relieves the pressure of the supernatant gas, and the wine thus relieved gently flows into the glass, containing even more gas than when poured from a freshly-opened bottle. As can easily be seen, this operation can be repeated with the same result until the bottle itself is exhausted. The practical application



of this principle enables the physician to prescribe sparkling wines not only from syphons, but from the original bottles, and still preserve the sparkle until the entire contents are used. Aside from this, means are now afforded, by attaching this supplementary chamber to the nozzle of the ordinary syphon apparatus, of charging still wines, brandies, and even noxious draughts with gas, and administering them to our patients ad libitum. The