

tion, dyspnoea, cough, night sweats, and a peculiar grunting respiration. The left side was bulged and measured more than the right, while expansion was very deficient; vocal fremitus absent; heart dislocated to the right of sternum; pulse 160; respiration 60; temperature 103 F. (mid-day); percussion dull all over. Chloroform was administered by throwing a handkerchief loosely over the child's face and dropping a little on a fold taken up between the finger and thumb. The aspirator was then used, and about thirty ounces of healthy white pus, as thick as cream, rapidly withdrawn. There was no cough nor trouble of any kind after the operation. The little fellow laid down quietly, and rested much better than usual all that night. On the 22nd the sack was again filled, and with the assistance of the child's father and aunt I aspirated and withdrew about thirty-two ounces. On the 28th the effusion had again filled the sack, and again I operated, withdrawing about twenty-four ounces. The operation was not again required. The small quantity which must have been left in the sack was absorbed, and there was an uninterrupted return to health. The child to-day is strong and fat and rosy, with square shoulders and symmetrical sides. The heart is in its normal position, and auscultation and percussion normal over both lungs. He is a living exemplification of the value of the aspirator in such cases. The instrument used was J. Reynders & Co.'s improved aspirator (303 Fourth avenue, N. Y.), and it worked most admirably. The child was held in the arms of a nurse in a semi-recumbent position. The needle was introduced between the mammary and axillary lines, nearer the former than the latter, in the fifth interspace. A few drops of blood followed the withdrawal of the needle; a folded towel was laid over the puncture, and in a very short time the little patient did not even complain of smarting. At each operation the last few ounces of pus withdrawn were streaked with blood, which was due, I think, to a slight pricking of the pleura pulmonalis, but was attended with no ill effect. The treatment after the first aspiration was emulsion of cod-liver oil, syrup ferri iodid., and gentle aperients and anodynes, as necessity required, with wine, milk, fruit, beef tea, and solid food as soon as the stomach would take it. The recovery in this case was most satisfactory, and in the light of

it, it is to be regretted that the aspirator was not used in the former case. Should a similar, or even a more desperate, case again come under my observation, I should aspirate without any hesitation. I also consider that an earlier operation in the second case would have been better practice by hastening the recovery.

The above has been hastily written from a few notes roughly taken in the midst of a busy country practice, and contains nothing new; but it may prove interesting to some of your readers as a good illustration of how safely, even in unpractised hands, the aspirator may be made to assist nature, and often save life, in cases of empyema. It may also serve to call the attention of some brother practitioner in the country to the value of the aspirator, and induce him to procure one and use it for the benefit of suffering humanity and for the saving of life.

GRAND PRÉ, N.S.,

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ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMORS.

BY WILLIAM SCOTT, M.D., Woodstock, Ontario.

The difficulty I have found in adjusting the more commonly used ecraseurs, and, in particular, in removing the porte-chaine while preserving the relation of the ecraseur to the tumor, led me to the invention of the instrument presented. The idea being partially suggested by Gooch's double canula.

THE ACCOMPANYING ENGRAVING REPRESENTS THE INSTRUMENT.

Fig 1. The chain sufficiently long to encircle the pedicle, and to which the wires (7-7) are attached. The chain, as represented in engraving, is not a proper one for the purpose intended; it should be so constructed as to give free motion in every direction.

Fig 2-2. The canula, which presents a curve at the upper end and flattened at the lower, and gauged to show when they are in place.

Fig 3. The slide to firmly bind the canula while operating;

Fig 4. The rod attached to slide to adjust and fix it in position.

Fig 5. Screw to attach the canula to the body of the instrument.

Fig 6-6. Drums and ratchets on which the wires are attached and wound.