

the students did the same thing. Nothing more was thought of this until about three days after, when Dr. H. complained of a sore throat, the parts being highly inflamed, dark in color, and covered with diphtheritic patches. He continued very ill for eight days, and some part of the time fears were entertained as to the result. The student, a day or two later, was taken in a similar manner, though not so severely, and was a week-sick. As the rubber bulb would not draw sufficiently to be effective, another means was thought of, as it was evident that the expulsion of the secretions would for a long time require external aid.

The aspirator came next to our minds, and on trying it we found that we had all we could desire. The needle was removed and a small rubber tube, about eighteen inches in length, was attached. Whenever the secretions collected so as to be troublesome, the tube was inserted through the wound into the trachea, the bottle exhausted, the stop-cock turned so as to open the entrance, and powerful and effectual suction was at once accomplished. As soon as the bottle became filled with air, it was again exhausted, the stop-cocks shut, and the apparatus thus prepared kept at hand ready for use. For several days and nights this contrivance was kept in almost constant demand, and most undoubtedly saved the patient's life.

This is not worthy of the appellation of a "new discovery," but it certainly is a new application of a most useful instrument, and one that should never be forgotten for cases requiring this kind of treatment. Valuable lives have been sacrificed by the act of sucking secretions out of diseased throats; and notwithstanding all the cautions against the practice given by our best authors, ambitious and impulsive young practitioners will occasionally risk their lives by performing it. In a late number of the *Brit. Med. Four.* there is a cut showing the construction of an instrument for use in such cases, consisting of two rubber tubes connected by a hollow glass bulb for receiving the matter as it is sucked out, and to one end is a mouth-piece attached for the operator. But all this is useless, as long as we admit the germ theory of contagion; the air from the diseased parts, no more than the secretions, should pass into the mouth and throat of another. With the aspirator used as I have pointed out, all danger of contagion is avoided; by the use of a large bottle a more powerful suc-

tion can be exercised than can be by the mouth; and by regulating the stop-cock, it can be made to act powerfully or feebly, can be suddenly started and stopped, and the whole apparatus kept ready for instant use. Better than turning the stop-cock every time one wishes it to act, while sucking out collections of mucus, is to compress the tube between the thumb and finger with which it is held; for the suddenness with which it can thus be made to act renders it far more efficient in picking up partially hardened and isolated portions. The aspirator, then, should be one of the instruments of the laryngotomist, and of every one who attends cases in which matter has to be removed from the larynx and windpipe by external force.

Yours truly,

THOS. R. DUPUIS.

Kingston, Nov. 17, 1884.

[A writer in the *London Lancet*, Nov. 8th, 1884, after claiming to have used the aspirator in this way during the past nine years alludes to the defects in the apparatus owing to the air being drawn into the trachea by the side of the suction tube, and recommends the addition of a piece of wash-leather about 6 x 6 to the tube. A piece of vulcanite tube is passed through a small hole in the centre of the wash-leather, which is tied firmly. The suction tube is then passed through this and into the trachea. The wash-leather is moistened and spread over the neck of the patient, and effectually prevents the entrance of air alongside the tube. ED. LANCET.]

PROFESSIONAL ADVERTISING.

To the Editor of the CANADA LANCET.

SIR,—Under the above caption a recent number of the *LANCET* refers to an ex-president of the Nova Scotia Medical Society who occupies half a page in announcing his "Private Infirmary," in Belcher's Farmer's Almanac. It also states that, "this same gentleman issued a circular on the eve of his departure for Europe in which he modestly states that he expects to visit the larger special hospitals of England, France and Germany, and to bring back 'increased stores of knowledge' together with 'new surgical apparatus.'" And now the town of Amherst, N.S., scores another on this count. A medical man who practiced in a village in that section of country and achieved considera-