

speak as much as is desirable during an operation.

The personal prophylaxis of the surgeon and his assistants cannot be underrated, and they should carefully avoid auto-infection in every possible way. One should never allow his hands to come in contact with pus or septic wounds, and they should also be protected by rubber gloves when making rectal or vaginal examinations as well as those in the mouth and nasal cavities. The nails and skin should be kept in excellent condition, a thing which is practically impossible when the routine use of sublimate is made. Most antiseptic solutions rapidly deteriorate the skin and nails, thus rendering them extremely difficult to clean, and it is to avoid this unfortunate state of affairs that I have resorted since 1901 to the use of mercury cyanide, combined with an alkaline salt.

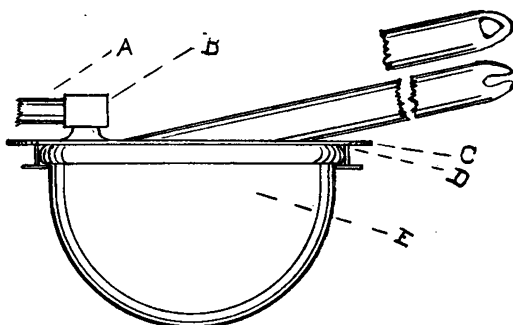
New Instrument.

A COLON EVACUATOR.

BY GUY G. FERNALD, A.M., M.D., CONCORD JUNCTION, MASS.

A SUCCESSFUL application of the principle of negative pressure has been made to the problem of evacuating a distended colon through an artificial anus. The number of patients suffering from the annoyance incident to this unfortunate disability is very small, of course, yet in these cases the lack of evacuating and controlling muscular apparatus in that portion of the intestine leading through the parietal structures of the body sometimes occasions great distress from distention of the colon and calls for a means of relief not readily secured.

The apparatus devised consists of a receiver and an efficient double-action air-pump which may be clamped to a chair in which the patient is seated. A suitable rubber tube leads to the receiver illustrated. An essential part of the latter is the metal tube which, when introduced through the external opening of the intestine, enables negative pressure to be exerted upon any substance with which the beak may be in contact.



(About one fourth actual size.)

- A. Tube leading to air pump.
B. Valve.
C. Circular brass plate.
D. Sheet of rubber cemented to the brass plate.
E. Glass receiver.

It is obvious that great harm may result from the injudicious or unskillful use of such an in-

strument, the comparatively insensitive intestinal wall giving little or no warning when harmful negative pressure is being exerted thereon. This appliance should never be intrusted to a patient, and cases for its use should be selected. It is not adapted in its present form for the removal of scybala.

Clinical Department.

SOME OBSERVATIONS ON THE CUTANEOUS TUBERCULAR REACTION.

BY FRANCIS H. WILLIAMS, M.D.,

For the House Officers of the I. Medical Service, Boston City Hospital.

It seems desirable to report the following observations, because, although few in number, they are unlike those of many observers. The reactions were obtained by my house officers, Drs. Manary, Bernstein, Ayer, Tuttle, Mudge and Coughlin, and the technic was essentially similar in all cases.

The skin, having been first cleansed, was stretched between two fingers and two small holes bored just deep enough to draw serum, by means of an instrument designed for the purpose; in one was placed a small drop of old tuberculin (full strength) obtained from Dr. Baldwin at Saranac, the other was left free as control. At first separate dressings were applied, later no dressing was used, but care was taken to have the tuberculin dry before the loose sleeve of the night gown was pulled down over it. With this method reactions were never obtained in the control puncture.

The reaction, as is well-known, consists of an erythema with slight induration about the inoculated spot; it was found that it usually set in twenty-four hours after application, increased up to thirty-six or forty-eight hours, and then gradually disappeared.

The cases observed were those ordinarily met with in hospital wards. The usual methods for diagnosis were employed, including sputum analyses, and in certain instances autopsies and fluoroscopic examinations, so that the diagnosis may be looked upon as substantially correct. A list of the reactions grouped according to diseases is as follows:

	PROBABLY TUBERCULAR.		PROBABLY NOT TUBERCULAR.	
	Pos.	Neg.	Pos.	Neg.
Pulmonary tuberculosis,	10	4		
Tubercular meningitis,	1			
Cardiac disease,			2	3
Rheumatism (all forms),	1		7	3
Typhoid,	1		1	6
Appendicitis,			1	
Bronchitis,	1		1	
Pneumonia,	1		3	
Senility,	1			
Nephritis (tubercular?),	1			
Cancer of stomach (probably tubercular?),	1	1		
House officers,			5	
	18	5	20	12