In the case which is here reported, the upper limb fitted accurately into the defect. The compression of the upper intercostal spaces and the fusion of the fourth and fifth ribs seem to indicate that pressure was present. The absence, however, of arm, forearm, or hand deformities, and muscle and brest changes, the presence of the scaphoid scapula, the double central canal of the cord, the patent ductus arteriosus, the fact that there seemed to be no attempt at development of the seventh and eighth ribs and the hereditary syphilitic taint, lead one to believe that the condition was due to an inherent defective development.

337 North Grand Avenue.

A VISCERAL DEPRESSOR

DAVID HADDEN, M.D., OAKLAND, CAL.

The illustration represents a device intended to take the place of the tablespoon or the trowel in the closure of the abdomen. The rubber web keeps the bowel from bulging to the side of the instrument and getting in the way, which occurs with the smooth metal depressor. Further, there is the greater advantage of being able to withdraw the instrument through a much smaller opening.

Used in the pelvis, being opened after insertion, it serves as an excellent retractor to hold the bowel back from the pelvic organs without force or the irritation of gauze. There is weight enough to have it retain its position. For this purpose, however, I am having made an instrument with only one bend, and that at right angles.

The rubber webs are replaceable, withstand boiling, and are moderate in price.

VISCERAL DEPRESSOR FOR USE IN CLOSING LAPAROTOMY WOUNDS

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Assistant Surgeon, Lebanon Hospital

The device illustrated is a simple cloth triangle with a hem on the two long sides to permit the introduction of the blades of a curved dressing forceps. The base of the triangle is 3 1/2 inches and the sides 5 inches. At the apex is sewn a piece of tape, 10 inches in length. This tape is to be fastened to one of the finger-rings of the handle, so that the triangle will not slip from the blades. The purpose of the instrument is readily understood from the drawing.

When an abdominal wound is ready to be closed, the instrument (forceps blades adjusted into triangle) is inserted, the points of the blades carried within the peritoneal cavity and brought against the under surface of the parietal peritoneum. The blades are now separated as widely as possible. This puts the cloth diaphragm on the stretch, and while retaining the viscerum, permits of easy suture of the peritoneum, and the danger of piercing or suturetting intestine or omentum in the wound is obviated. The suture of the peritoneum is carried down to the lock of the forceps and the forceps withdrawn, leaving the diaphragm within the peritoneum. The diaphragm is now withdrawn through the small opening and one suture placed in the opening. The instrument entire may be withdrawn if the operator so wishes. The device has been found very useful and much superior to the clumsy gauze pad used for the same purpose. One triangle is to be sterilized with each set of taped pads.

223 West One Hundred and Thirteenth Street.

A SUCTION HAND-VALVE FOR CLEARING THE OPERATIVE FIELD

EUGENE S. KILGORE, M.D., SAN FRANCISCO

The hand-valve here described, which is in use in the Students' Infirmary of the University of California, has proved a convenient addition to the suction apparatus for clearing blood or other fluid from the operative field, especially in throat operations.

Negative air pressure is secured by use of the ordinary filter-pump or ejector attached to a water faucet (Fig. 1). The carbouy (b) is added to the system to give greater duration to the suction when it is being drawn on, air being pumped out of it for several minutes before operation begins. The mercury manometer, which hangs on the wall of the operating-

Fig. 1.—Blades of ordinary curved dressing forceps inserted into base on sides of cloth triangle and tape tied to finger-ring.

Fig. 2.—Visceral retainer inserted in abdominal wound.