

use of the ordinary incandescent illumination found in the hospital, at the same time permitting the finished picture to be projected to full size.

The method consists in substituting a two-color filter, red and green (Wratten gelatin, Nos. 28 and 40), for the ordinary Kodacolor taking filter, and a similar combination (Wratten gelatin, Nos. 23B and 69) for the ordinary Kodacolor projection filter. Two equal segments of red and green are mounted between discs of celluloid or optical glass of such a size that they will drop into Kodacolor filter holders, or into any holder made to slip over a lens with a speed of at least  $f\ 2$ .

With this filter combination the pictures may be taken in one-third the usual amount of light for Kodacolor (the exposure factor is eight times instead of twenty-four) and projected with three times the brilliance. Two 500-watt spot lamps concentrated on the field of operation are sufficient.

The colored surgical pictures which the writer has obtained with this method have been highly satisfactory. The various shades of reds, yellows, and greens are more brilliant than those obtained with Kodacolor, although blues will not be reproduced and will show as greens. Blue, however, is a color infrequently met with in the operating room. The color rendition is identical with that of the technicolor process found on the professional screen.

Surgical motion pictures have been found valuable for instruction, for presentation before groups, and for personal records. It is hoped that the addition of color will further promote their use.

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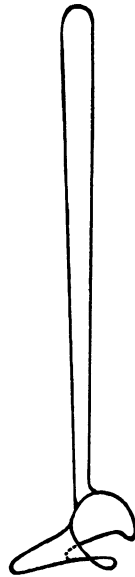
### A NEW INSTRUMENT FOR EXPOSING URETHRAL CARUNCLE

By H. H. PARSONS, M. D.  
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WHILE the removal of a urethral caruncle would seem to be a simple procedure, it sometimes is a very difficult one, especially when the sessile base extends into the urethra for some distance, such conformation accounting, no doubt, for their tendency to recur due to incomplete removal.

In order that the tumor and its base may be adequately exposed and the surrounding tissues protected from the spark of the high frequency electrode, the instrument here depicted was devised. For lack of a better name I have called it the "carunclescope."

The instrument is made of hard rubber, except the handle which is metallic, and is essentially the size and shape of a common ear speculum with a handle attached. The small end is solid and rounded, and is to be inserted into the urethra. The base is hollow and the side opposite the handle is occupied by a slot into which the caruncle and its base are manipulated for complete exposure. Should the growth be too large to fit into the slot it may be treated one-half at a time.



Carunclescope

In using the instrument the handle is held pointing upward, as the caruncle is usually situated on the posterior part of the urethra, thus allowing it to nest in the slot, which is three-eighths of an inch across at the base of the speculum.

After the tumor is exposed it may be treated according to the accepted technique, using either the monopolar or bipolar current, as preference may indicate.

The removal of these growths by the high frequency current is to be preferred to excision, as the scar left is soft and pliable and there is less danger of leaving a strictured urethra.

The instrument is subject to improvement in that it could be electrically lighted. It may also be sheathed in metal, leaving sufficient dielectric exposed about the slot so that sparking would not occur. In this case the handle would serve as a binding post and the spectrum itself as the indifferent electrode.

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### IODIN DOUCHES IN THE TREATMENT OF TRICHOMONAS VAGINALIS\*

By HERVEY K. GRAHAM, M. D.  
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THE treatment of *Trichomonas vaginalis* in our hands has been satisfactory only so long as the patient has remained under treatment. With the discontinuance of treatment, the vaginal discharge and irritation have returned together with the demonstration of the organism in the smear. Various medicated tampons, mercurochrome, powdered boric acid, bisodal, alkaline and permanganate douches have been used with only temporary satisfactory results.

The substitution of weak iodine douches for the douches formerly used has brought results which are most gratifying inasmuch as they are permanent. The lesions of the mucous membrane clear rapidly and prompt relief from the vaginal irritation and discharge is experienced. Repeated examination of the vaginal smear shows the organism to be permanently eradicated.

Our present method for the treatment of *Trichomonas vaginalis* follows that advocated by Davis with the substitution of an iodine douche for the alkaline douche. Our procedure may be outlined as follows: Two or three times a week the mucous membrane is washed with green soap and water, dried, painted with five per cent mercurochrome, and the vagina packed with alkaline powder containing bismuth salicylate; on alternate days the patient uses a douche consisting of one dram of tincture of iodine to one quart of water.

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\* From the Rees-Stealy Clinic, San Diego.