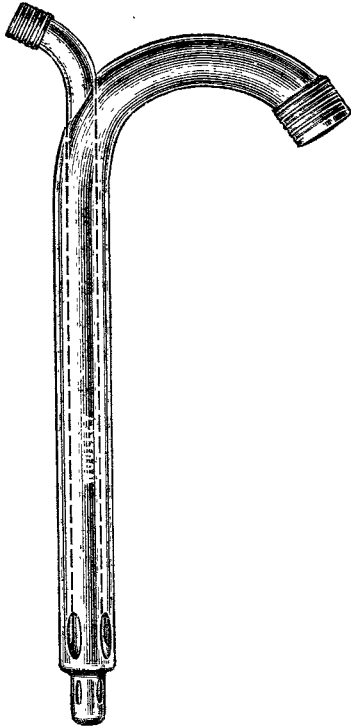


This risk can be obviated to a large extent by introducing along the side of the tube through which the fluid enters a second tube of larger bore to allow of its ready escape. In order to obviate the necessity of introducing two tubes, and also of further aiding the escape of the fluid by syphonage, I have designed the irrigator here figured and have to thank Messrs. James Woolley, Sons and Co., Limited, of Manchester, for its careful execution. It is on the principle of the "double-channel" catheter and is made of plated copper. The nozzles are fluted for the ready attachment of rubber tubes; to the smaller nozzle is attached a tube leading from the reservoir of the fluid to be used for irrigation (usually warm sterile saline solution), while to the larger is fixed a tube about two feet long, the end of which hangs over a receptacle placed on the floor beneath. I usually interrupt this latter tube by a small section of glass tubing so as to recognise when the escaping fluid becomes clear. The fluid entering at the small nozzle passes along the inner tube and escapes by a terminal aperture and lateral openings



into the cavity, whence it passes by lateral holes into the outer tube, carrying with it the septic material; it then ascends the outer tube and enters the exit drainage tube. Once it has passed down this for a distance equal to the length of the irrigator syphon action is established and the fluid is "sucked" out of the cavity as fast as it enters, any tendency towards lateral diffusion being thereby effectually counteracted. If the cavity to be flushed is close beneath the wound the syphon action will probably not come into play, the fluid escaping more readily by the side of the irrigator, as in the method of flushing usually adopted, but wherever there is any resistance to such free escape the syphon would at once be started. The cross section of the entrance and exit tubes and the size of the terminal and lateral apertures have been carefully calculated so as to insure a freer exit than entrance. The end of the instrument and other parts have been well rounded off, so that the irrigator can be pushed safely into any part of the peritoneal cavity without danger of injury to the viscera. It is very conveniently held in the palm of the hand, the forefinger passing beneath the smaller nozzle, the other fingers beneath the horizontal portion of the outer tube. A feature of its use most appreciated by nurses is the almost entire absence of mess as compared with the methods at present in use for abdominal irrigation—the fluid passes directly from the 'douche reservoir' through the cavity to be irrigated and thence into the receptacle below the operating table, without escaping at the wound and flooding the field of operation.

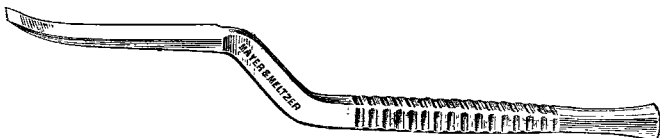
Messrs. Woolley, Sons and Co., Limited, supply the instrument in two sizes.

Manchester.

ARTHUR H. BURGESS, F.R.C.S. Eng.

#### A NEW CHISEL FOR MASTOID OPERATIONS.

THE accompanying illustration represents a chisel which has been made for me by Messrs. Mayer and Meltzer, Great Portland-street, London, W. I use it for chiselling away the posterior meatal wall in mastoid operations. The cutting



edge being turned forward allows the bone to be cut away horizontally and parallel to the facial canal, whilst the angled handle keeps the fingers holding the instrument out of the line of vision.

W. S. KERR, M.B., C.M. Edin., F.R.C.S. Edin.,

Honorary Surgeon, Ear and Throat Department,  
Sheffield. Sheffield Royal Infirmary.

## Looking Back.

FROM

THE LANCET, SATURDAY, Feb. 27th, 1830.

COLLEGE OF PHYSICIANS.

Feb. 8 and 22.

BRAIN FEVER—IONIAN ISLANDS.

THE first evening meeting of the College of Physicians took place on Monday the 8th of February, and the attendance was very numerous. Amongst the visitors were, the Duke of Wellington, the Lord Chancellor, the Lord Chief Justice of the Court of King's Bench, and the Chief Justice of the Court of Common Pleas, &c. &c.

Sir HENRY HALFORD, in his address to the assembly, offered his congratulations on the benefits likely to be derived by this body, and medical men in general, from the statistical reports of the various forms of disease, and methods of treatment in foreign countries; and he expressed his sense of the obligation under which the public lay to the Secretary of State for Foreign Affairs, and the Secretary for the Colonies, for the assistance rendered by them in the furtherance of their inquiries.

The PRESIDENT then read a paper on the disease commonly called *brain fever*. The dissertation was replete with learned observation and classical lore, to the merits of which the noble Duke was constantly nodding assent.

On the 22d, the College held its second meeting, which was well attended. In the course of the conversazione, attention was suddenly arrested by the appearance of a woman with a naked infant in her arms, who, by its cries and gestures, seemed not at all pleased with the honour of the *fellowship* bestowed on it. On approaching the child, we found it to be a case of *nævus maternus*. The back, in particular, was covered with brown spots, on which a kind of light down was visible; but there was nothing to render the case more curious than others of a similar nature.

Sir HENRY HALFORD briefly addressed the meeting, saying that some despatches had been received, in answer to the queries put by the College, in pursuance of the plan mentioned by him on the former evening; and these would now be read by the registrar.

Two papers were accordingly read, one from the Medical Committee of Malta, the other from Corfu; containing details respecting the whole of the Ionian Islands, with the exception of Cerigo. The particulars regarded the population, soil, climate, disease and mode of treatment, number of deaths, &c. &c. of the places to which the papers referred. In Malta, we learn, the longest lives are about 98 years, whilst the inhabitants of the Ionian Islands sometimes reach 110. The most common diseases in the latter islands are, dysentery, diarrhoea, intermittent fevers, dropsy, consumption, &c. among adults; and marasmus and convulsions among children. In Malta, the men are about five feet six inches in height; in Ionia, well-made and approaching to tallness. The medical men of Malta are principally educated in Italy, but there is an university in the island, in which there are five medical professors. In Corfu and the other islands there are very few regular practitioners, and the treatment of diseases is consequently entrusted to the quacks, and old wives, whom experience, however, has taught the use of very proper remedies, at the same time that they employ *spells*, in which their superstitious patients place great faith. They have also instruments of their own invention for many of the operations of surgery, such as hernia, &c.; and, although somewhat rude and different from those used by ourselves, they become very useful from the manual dexterity which the operators acquire.

THE MIDDLESEX HOSPITAL.—After holding the office for six years Mr. John Murray has resigned the deanship of the Medical School. Dr. H. Campbell Thomson has been elected in his place.