New Inventions.

A NEW GONORRHOEA SYRINGE.

THE syringe which the accompanying figure illustrates I have termed the "opposite current" gonorrhoea syringe. I claim for it the following advantages: There are opposite currents—a single forward current and several backward currents. The backward currents, which are facilitated by grooves on the pipe, are essential for thorough cleansing of the urethra, while the forward currents will irrigate thoroughly any infective material which may have been pushed forward by the instrument during introduction of the pipe into the organ. The pipes are made of vulcanite and so will not be liable to be affected by the chemicals used in the injections. They are made of different lengths. The suction-tube feeds the ball continuously, so that there is no need of introducing the pipe into the organ more than once to effect a thorough cleansing.

I believe this principle of opposite currents to be a novelty in syringes for the treatment of gonorrhoea. The makers are Messrs. Arnold and Sons.

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AN A.C.E. AND CHLOROFORM APPARATUS.

THIS apparatus has been introduced in order that A.C.E. may be used in throat and nose cases through a nasal tube, thus obviating the use of chloroform alone. The additional safety of A.C.E. has been proved by experience, mortality from its use standing midway between that of chloroform and ether. The following is an extract from a lecture by

Dr. Dudley Buxton: "I still feel bound in the light of our knowledge to say that chloroform should never be given unless there is some cogent reason for substituting it for ether or mixture." In operating upon the nose and mouth, where a tube must be used instead of a facepiece, it has formerly been absolutely necessary to use chloroform, the chloroform being administered by means of a Junker. If A.C.E. be administered by means of a Junker the ether

evaporates more rapidly than the chloroform. The patient, therefore, receives a large dose of chloroform at the end of the operation at a time when he can least withstand it. In this apparatus a reservoir is formed by a bulb which communicates with the bottle. By means of a tap small quantities are added during the operation. The advantages claimed are that the percentage of chloroform remains the same throughout. A nasal tube method of anaesthesia becomes as safe, as convenient, and as reliable as when a

facepiece is used, there being no need to use pure chloroform. Pure ether may be placed in the bulb and added to the A.C.E. mixture or chloroform should symptoms arise indicating any such proceeding. The anaesthetic never runs short. The apparatus can be immediately changed into an ordinary Junker. If chloroform is used in this apparatus a small quantity can always be retained in the reservoir or bottle without refilling. I have tried bulbs of various sizes and have found that one holding between one and a half and two ounces to be the most convenient. Another method of using the apparatus is to place pure ether in the bulb and A.C.E. in the bottle. The ether should then be added from time to time in small quantities, thus keeping the A.C.E. at the same strength. In over fifty cases in which I have used this apparatus only once have I had the slightest trouble. In this case a boy, aged twelve years, robust and with red hair, requiring an unusual amount of anaesthetic, came partially out of deep anaesthesia. I was using pure ether in the bulb so perhaps the amount of chloroform vapour he received was too small. The apparatus, I am confident from the number of times I have dropped it, is no more breakable than an ordinary Junker. The price of the apparatus (which can be obtained of Messrs. Maw, Son, and Thompson) is about the same as that of an ordinary Junker. The price of new bulbs can be counted in pence.

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A NEW CLINICAL THERMOMETER.

IN taking a patient's temperature difficulty is sometimes experienced in making the patient place the thermometer in the right position in the mouth and also in its retention there. These difficulties are greatly reduced by using a thermometer which has been made for me by Messrs. Down Bros. It has a double bend in it, as shown in Fig. 1, for which the following advantages are claimed: 1. That it is more comfortable to the patient. 2. That it naturally falls into a better position in the mouth. 3. That it is more easily retained in position. 4. That the tongue can lie right down on the bulb and there is no space left in the floor of the mouth for saliva to collect. 5. That the temperature is taken in a shorter time and is more accurate as the bulb is thoroughly covered by the tongue and is in complete contact with the mucous membrane of the tongue and mouth. It does not lie in a pool of saliva or in such a position that the air can pass freely over it. In order to demonstrate these qualities it is only necessary to place first the wrong end of the thermometer in one's own mouth and then the bulb end, when at once the great difference will be appreciated.

FIG. 1.

FIG. 2.

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