New Inventions.

RICHMOND'S PREPUCE DILATOR,

FOR THE TREATMENT OF PHIMOSIS WITHOUT OPERATION.

THE only method of treating phimosis, in common practice, is by operation. There are, however, a great many patients suffering from this malady who absolutely refuse to undergo any operation for its relief. Numbers of cases are constantly presenting themselves of men considerably advanced in years who have never been able to get their foreskins back, and have consequently suffered continually from discharges attributable solely to the irritation attendant on this condition. Yet many such patients will rather pass their lives with the inconvenience and risk which this state of things involves than submit to the knife. There can, however, be only one other possible means of treating phimosis, and that is by stretching the prepuce. But this method appears to be very seldom put into practice, for when it is tried it generally results in failure. I can see no reason, however, why the skin and mucous membrane surrounding the glans penis should not be as freely dilatable as in other parts of the body. The reason of the failure, I take it, is simply that no proper instrument has been invented for the purpose. Extemporised instruments, such as dressing forceps, aneurysm needles, or blunted hooks, are painful and inadequate dilators. An instrument proper for the purpose should (1) possess blades which could be introduced separately;

dilate it gradually in the same manner as a stricture of the urethra is dilated by repeatedly passing a catheter. If the instrument be used once or twice a week for about ten minutes at a time, the foreskin will in most cases go back in a month or six weeks. The larger blades are used to thoroughly stretch the tissues and complete the treatment. The foreskin may thus be dilated to any reasonable extent, and will after a time easily roll back over the corona. The instruments are made by Messrs. Arnold and Sons,

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A NEW FORM OF SUTURE.

I BEG to submit to the notice of the profession a form of suture which in my opinion would be useful, and might in certain cases and in certain situations supersede with advantage the ordinary means of approximating the edges of wounds. I am not aware that such a contrivance has been used before, although the age of the thread suture and the absence of recent attempts to modify its principles of fixation would seem to indicate that it has reached the stage when modification is unnecessary and impossible. Nevertheless, the suture is objectionable in ways which will immediately suggest themselves to anyone who reflects for an instant on its application. 1. It fails to approximate the walls of a wound in a desirable manner, only too often bringing into contact the limited superficial portions of the tissues corresponding to where the threads are inserted, and leaving the deep parts unapproximated. 2. There is a circular constriction, which frequently leads to ulceration and

strangulation of the tissues enclosed within it, and thus to uselessness of the suture; while this defect is not at all times caused by a too tight application, but is indirectly owing to the smallness of the body which bears the strain of the tissues. 3. The suture acts as a foreign body in the wound, and causes those conditions which are known to prevent early union. These not being imaginary objections, but based on experience, I wish to suggest the following form of suture as fulfilling indications not met by the ordinary interrupted suture, and being at the same time easy of application. These sutures may be very readily introduced by a torsion forceps, which is made to grasp the V-shaped bend, while the fingers of the left hand approximate the edges of the wound; after which, if the wound is not thoroughly closed, the wire may be clamped at the bend and the points brought closer together, with or without being held by a thread, or a piece of cork fastened on them. A piece of folded lint may then be applied under the bend to afford support to the wound. The sutures may be introduced either in the long axis of the wound, which is preferable; or across it, when a foreign body would of course be present. These sutures may be had of various thicknesses, sizes, and curves, with lancet points. They are made of silver, with hardened points, by Messrs. Arnold, of Smithfield.

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A NEW TRACHEOTOMY TUBE.

THOUGH gum elastic has, I believe, been used for tracheotomy tubes, hitherto all attempts have been failures. For the tube I now bring before the profession I cannot of course promise a success, but on theoretical grounds, as well as having received approval when a friendly criticism has been asked from distinguished members of the profession, I am induced to publish the results of my endeavours. I believe that of all tubes now in use, Mr. Durham's lobster tail, and the indiarubber tube of Mr. Marrant Baker have the most general popularity, the aluminium, the other silver, celluloid, vulcanite, &c., being found inferior in one or other respect. For the lobster tail, durability, the rectangular curve, its method of introduction, and its movable shield give it special advantages, but it is very costly, complicated, heavy, and prone to produce ulceration and irritation. The indiarubber tube is light,

(2) the blades must be of suitable size and shape to suit the case; and (3) it should be possible to open them parallel to one another or at any angle. The instrument which I have devised for this purpose consists of two rods, A B, connected together by means of two long screws, C D. At one extremity they are bent inwards and fixed to the blades, E E. These blades can be removed and may be of any size and shape. The rod, B, is of a tuning-fork shape with the screw-nut, M, sliding in the groove between the two branches of the fork. Through the nut, M, is passed the long screw, C, the end of which is received into a cup working on a hinge joint attached to the cylinder, K, which slides along the bar, A. The screw end may be detached from the socket by pressing a little spring. The blades are passed separately down between the foreskin and glans. Very small blades are used at first, and they are of course previously oiled to facilitate their passage. They are then attached to the rods, which are united by fixing the end of the screw, C, into the cup-joint, K. The other screw rod, which is fixed only to the bar A by a joint, can be pulled over into the groove of B. Gradual extension can then be applied by turning the nuts M and N. Since there is a joint at K the blades may be opened parallel to one another, or at any angle, and in fact the relative position of the blades may be altered in any direction. The idea is not to stretch the foreskin forcibly, and at one sitting, but to