New Instruments.

AN IMPROVED EAR-SPOUT.

EDWARD J. FORSTER, M. D., CHARLESTOWN, MASS.

THE annexed cuts represent both the common ear-spout as sold by the instrument dealers and as improved by me. As ordinarily made its *raison d'être* is difficult to discover, for it does not in the least obviate the use of the basin unless the patient wears a rubber suit.

The basin has the disadvantage of often being in the way of the syringe, and as usually made, unless it is held steadily and in a horizontal plane, its contents are apt to be spilled.

By adding to the common spout a shield in front and having a tin tube and the necessary length of rubber tubing attached to its lower extremity we have an instrument by which the ear can be syringed without danger

of wetting the clothes. The patient holds it readily to the ear and the rubber tubing conducts the water to a receptacle placed in any convenient position.

The spouts can be obtained of Messrs. Leach & Green, 1 Hamilton Place, Boston.

22 MONUMENT SQUARE, February 12, 1881.

AN IMPROVED POCKET-CASE.

BY FRANCIS H. BROWN, M. D.

MANY of the pocket-cases furnished by surgical instrument makers are clumsy, some have instruments too small to be easily handled, some are lumbered up with appliances which are obsolete or have been supplanted by more convenient patterns, and most of them are sadly wanting in just what the surgeon needs in his every-day work. One of our neighbors carries only a lancet; he borrows a knitting needle when he needs a probe; a gum elastic male catheter is in his carriage; and scissors, needle, and sewing silk are to be found in every lady's work-basket. To those, however, who wish to be provided with their own individual tools, a well appointed case is at once a comfort and a necessity.

I believe the combination which is here offered, and which has been put up by one of our instrument makers, will more nearly meet the needs of the average medical practitioner than any other in the market.

The case itself is known as the cigar-case pattern; it has a metal skeleton to give it firmness and prevent the warping and distortion so soon experienced in cases made entirely of leather.

The first knife (in a turtle shell handle) is a small amputating knife, with a blade, from pivot to point, of about ten cm. (nearly four inches). With this a country physician, at a distance from his home, can, in an emergency, and with a borrowed back-saw, do any amputation, except of the thigh. Three double knives, in handles 10.5 cm. (about four and one fourth inches) long, are thus combined; scalpel and Newman's can-

ulated needle; gum lancet and tenotome; probe and sharp-pointed curved bistouries. Tiemann's shorter bullet forceps, the best possible form for dealing with bullets, serves admirably for impacted foreign bodies in the ear, and for the general purposes of dressing forceps. A slide catch dissecting, artery, and needle forceps is of general utility, a hard-rubber porte caustique, sixteen cm. (six and one half inches) long, with Tiemann's combined trocar and canula, scissors, female catheter, director and aneurism needle (in one) two probes, Evans's lancet, surgeon's needles, silk, and adhesive plaster complete the list. A subcutaneous syringe, made to correspond in size and shape to the common stylographic pen, can be introduced.

The special points claimed are the case, the amputating knife, and the bullet and dressing forceps.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

A. T. CABOT, SECRETARY.

JANUARY 3, 1881. DR. DRIVER read a paper upon Relaxation of the Pubic Ligaments. He recounted several cases of this condition which had occurred in his practice, and in which his attention had been called to the relaxation by the symptoms. The patients at times felt the slipping of the bones upon each other, and the insecurity of the gait was always marked.

Believing that laxity of the pubic ligaments after child-bed was a more common condition than is generally supposed, Dr. Driver examined sixty successive cases of midwifery with reference to this point.

A slight degree of relaxation was found in a considerable proportion of the cases, and in one or two of them the laxity was quite marked.

DR. F. H. DAVENPORT said that the theory that relaxation was caused by the pressure exerted by an unusually large head in its passage was disproved by many observations. A most striking fact in opposition to this view is that an extreme degree of laxity has been observed after an abortion at four months. He asked Dr. Driver's experience upon this point.

DR. DRIVER said that in some of the hardest of his labors there had been no separation, while in some easy labors there had been much.

JANUARY 17, 1881. DR. MORRILL reported a case of severe laryngeal spasm in an infant relieved by an incision into a mass of suppurating cervical glands.

DR. T. B. CURTIS suggested that the alarming symptoms of glottic spasm, occurring in paroxysms and terminating in a deep, prolonged inspiration, described by Dr. Morrill, and so successfully relieved by his timely and efficacious surgical intervention, were perhaps amenable to another interpretation, as regarded their pathological physiology, than that brought forward by the reader. Instead of a direct irritation of the recurrent nerves occasioning laryngeal spasm, Dr. Curtis would rather be disposed to attribute the disturbances observed in this case to an irritation of the superior laryngeal nerves, exerted by the pressure of the enlarged glands, and causing reflex disturbances of the respiratory movements. Such is the accepted explanation of the symptoms which characterize *laryngismus stridulus* or "spasm of the glottis," a neurosis