lates the passage of food from the stomach into the duodenum is of a chemical rather than a mechanical order. The reflex follows the entrance of the acid chyme into the duodenum. He was able to cause an alkaline solution in the stomach of a dog to be retained indefinitely by instilling diluted gastric juice or hydrochloric acid into the duodenum. The stomach emptied itself at once, if, instead of the acid, an alkaline solution was instilled. This mechanism is evidently designed to prevent the passage of too large amounts of gastric juice into the intestines, as its acidity would inhibit the action of the pancreatic juice. The ingestion of food has a similar inhibiting action on the evacuating movements of the stomach. They occur even during fasting, but cease after the ingestion of food for an interval long enough to allow it to undergo the necessary modifications. Application of irritants to the surface of the stomach induces an enormous secretion of mucus, free from pepsin, destined to protect the walls of the stomach and aid in the elimination of the irritating substance or render it harmless by a coating of mucus. The ingestion of meat stimulates exclusively the pepsin cells to activity.

New Instruments.

NEW PILE CLAMP.

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I wish to briefly describe a new pile clamp that I have had made and used with great satisfaction. This instrument is lighter and neater than those commonly used, and yet is strong enough to withstand all the pressure required. Being made with smooth, tapering jaws, it is adapted not only to pile

operations, but to any place where a clamp may be needed in abdominal or pelvic cases. The opposing edges of the jaws are notched to secure good holding qualities. The cut shows the method of using it in the continuous suture operation for piles. For cautery operations it is simply perfect.

AN IMPROVED METHOD OF ATTACHING A METALLIC SOUND TO A FILIFORM BOUGIE.

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In the treatment of tight strictures it is frequently desirable to pass a metallic sound, catheter, or lithotomy staff attached to a flexible filiform guide rather than employ tunneled instruments or Bang's whalebone bougie.

The device now employed for attaching a filiform guide to any urethral instrument is the one used in Guyon's sound and

in Maisonneuve's urethratome. A metallic tip threaded onto the end of the filiform is screwed into the end of the sound. This method of attachment is insecure and unsafe. Cases are on record in which filiforms have become detached in the bladder necessitating surgical operation.

To obviate this danger I had the tip of a sound cut off and bored through so that after a filiform has been passed through

the tip it may again be screwed onto the end of the sound. Only the best imported filiforms with large heads should be employed and the sounds should be of the Otis or Ultzmann curve.

A NEW ADENOID CURETTE.

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The accompanying illustration shows a new adenoid curette, constructed on different principles from other sharp or dull curettes used in adenectomy. The main shaft of the instrument is 14 centimeters long, attached to a pistol grip. Upon the shaft rests a slide with two rings for the index and second fingers. To the slide is attached a second shaft, by means of which the blade can be moved 45 degrees forward and backward when traction is made upon the rings. The blades, two in number, resemble the Gottstein blade in general conformation. The dull blade has no cutting edge; the horizontal portion is round and the size of a No. 16 piano wire.

The knife blade resembles the blade of the Gottstein curette very closely, excepting the knife, which is only 2 millimeters wide. The fenestra of each blade is 16 millimeters transversely

and 20 millimeters longitudinally. The dull blade is to be used on soft growths and especially in children of but a few years; the knife blade is for tough and highly organized adenoid tissue. The cardinal feature of the instrument is that the shaft can be maintained at the same relative position, and the blade brought against the choanæ and then

swept over the vault, embracing the largest growths; by greater traction on the rings the blade is brought against the pharyngeal wall and by an upward movement of the hand the cutting edge is carried as low as desired. The procedure may be repeated as often as necessary without removing the instrument from the nasopharynx. The instrument is aseptic, and the blades are interchangeable.