The paper funnel, Figure 9, has the shape of the frustum of a hollow cone. It fits into the inside of the neck of the metallic top and its smaller end, which is its lower part when inserted, passes down into the paper filler through the circular hole N, into which it fits snugly. It has a flange at the top which flares over the top of the neck of the cup.

The patient carries the cup in the pocket. To use it he removes the metal cap and expectorates into the paper funnel, through which the sputum passes down into the paper filler proper. When the cup is filled, or better, partly filled, the metal cap is removed, the paper funnel removed and burned, the top of the cup is then removed and the filler extracted and burned, and a new filler and funnel inserted.

This cup will not become soiled with ordinary usage any more than will a patient's clothing or articles handled by him, such as coins, pocket knives and tools, and it can be much more easily washed or boiled, or both, than any of these. Then, too, one of its very important features, considering its efficiency, is its extreme cheapness of manufacture.

A description of this cup is offered in the belief that it possesses many valuable features not contained in any cup now manufactured.

I desire to thank Surgeon-General Walter Wyman and Dr. P. M. Carrington for placing at my disposal the facilities of the sanatorium for the making of models, and the latter also for suggestions regarding same.

A NEW TENACULUM FORCEPS.

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While in Paris last summer, I saw an instrument made by Collin, which struck me at once as being an excellent substitute for the pressure forceps, where this is used to grasp and hold the margins of delicate tissues, as the peritoneum, the pleura, the incised walls of viscerae, the bladder, stomach, intestines, etc. The instrument was a delicately made straight tenaculum forceps, similar to the Croenlein forceps, with five interdigitating teeth; two on one jaw, three on the other, and provided with French lock and ratchet clasp.

I brought some of them home, but found on using that the teeth projected and scratched the tissues. This led me to modify the instrument by providing it with two diverging teeth, $1\frac{1}{4}$ mm. in length on the upper jaw, and with a flat ovoid platform with two perforations on the under jaw. I also gave the instrument a slight curve with the concavity on the under side, which allows it to lie more closely to the abdomen or chest, thereby being less in one's way.

The advantages claimed for these forceps are:

First: The avoidance of crushing the tissues. The appearance of the margins of serous, mucous or muscular tissue after a few moment's application of the ordinary pressure forceps is that of bruised, bloodless and flattened tissue, which certainly invites sloughing and offers a tempting field for infection. This crushing is what we desire when we pinch a blood vessel, and does no harm when grasping tissue which is later to

be excised, such as the margins of a hernial sac, but not so when dealing with tissues that are to be placed in apposition for union.

This injury of the tissues is almost entirely avoided by the use of the marginal tenaculum forceps, which makes two harmless punctures.

Second: The lower and projecting jaw of the instrument, being blunt, can not possibly injure an intestine, so that it can be carried fearlessly to the bottom of an abdominal incision to bring up the peritoneum.

Third: As before mentioned, the slight curve of the instrument makes it less in the operator's way.

Fourth: It holds the margins of any tissue securely; it does not tear out with considerable traction, and can be allowed to remain on during the entire operation without danger of injuring the structures.

The muscle is compressed to a wafer-like thickness, the color is entirely expressed, and the tissue is made transparent where it has been held by the hemostats, while two tiny punctures mark the spot held by the tenaculum forceps. After several months of almost daily use I can safely testify to the decided merit of this instrument.

IMPROVED URINE TEST GLASSES AND HOLDER.

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The value of having the urine passed in two or three glasses, with or without washing the anterior urethra, is too well known to need emphasis. The glasses recommended allow the urine to be collected in several portions without being spilled; the importance of this is evident to every physician making many examinations daily, where offices or dispensaries soon have the urinous odor so offensive both to physician and patient. Those who come needing urinary examinations for shreds, pus, etc., frequently do not have micturition well under their control, and when the stream is once started it is stopped

with some difficulty and pain, or not at all until the bladder is emptied, and so the two-glass or three-glass test is obtained at the expense of a "broken technic" with the urine spilled.

This is obviated by the use of the glasses recommended, which are of a pyramidal shape and on a small base, to be passed into a grooved block to hold them together (See illustration). Their rims being square, allow close apposition and the patient can change the urinary stream from one glass to another without stopping or spilling it. Either two or three glasses may be used as desired, and the urine examined without transferring it to a cylindrical glass, as is necessary with Gerson's, which has a flat bottom instead of a pointed one, and, so far as I am aware, is the only other one obtainable. Another advantage of the glasses recommended is the flat surface, which does not magnify and distort the shreds, etc.