

clamp (Fig. 2) both blades of which can be inserted inside the mouth pressing outward against each fossa is sometimes preferable, as it requires less room and does not make so much pressure when unsupported as two, and does not clamp the external tissues overlying the tonsillar fossae, therefore being less likely to produce necrosis, etc. The parts to press against the tonsillar fossae are preferably covered with gauze, a few layers of which may be tied on the tips with any suture material or cord.

The ring on the handles of each variety is easily adjusted to give any desired pressure. A springy tension is less painful than the steady pressure of a stiff instrument, is more effective and not so likely to produce untoward pressure, necrosis or other undesirable sequelae. After the bleeding has ceased, I usually loosen the ring on the handles, doing away with all pressure on the tissues but leaving the instrument in place. The gauze tampon tends to remain in the fossa and may be left there for half an hour or longer. The patient can expectorate with the instrument in place and is not seriously inconvenienced by its presence. When such a clamp is removed the outer part should be loosened first; next the inner blade should be moved away from one fossa toward the opposite fossa and then out of the mouth. If drawn directly forward out of the fossa it is more likely to disturb the tissues and start a fresh hemorrhage.

165 East Market Street.

NEW SCLERAL TREPHINE

HARRY S. GRADLE, M.D., CHICAGO

Elliot's trephining operation has proved of wonderful service in glaucoma and is now one of the recognized procedures

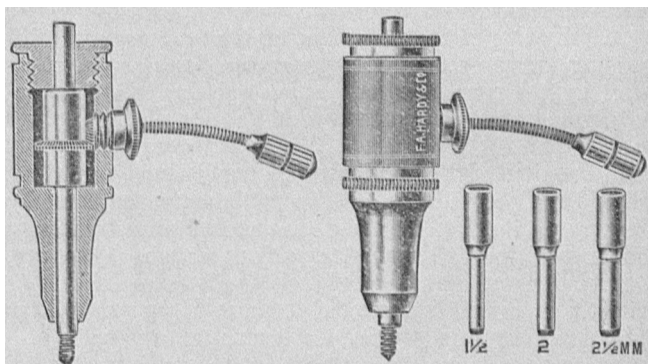


Fig. 1.—Cross-section of trephine. Fig. 2.—Trephine, with knives.

in combating that disease. The technic is simple and the results are equally satisfactory compared with those following iridectomy. Moreover, there is but a minimum of optical disfigurement. The main objections are mechanical and can be attributed to the trephine itself. The hand trephine is difficult to steady and keep in the original incision while applying proper downward pressure and rotary motion. The watch-spring type of corneal trephine cannot be controlled accurately, and the small set-screws, for adjusting the cutting points, are apt to catch the conjunctival flap and badly lacerate it.

Therefore I devised the trephine herewith illustrated: A shaft, rotating freely within a rigid housing, is actuated by a flexible shaft at right angles to the main shaft and connected with it by a simple rack-and-pinion bearing. (Fig. 1). The free end of the flexible shaft terminates in a small knurled head that is rotated between the operator's thumb and forefinger. The lower end of the main shaft is threaded and onto this are screwed the cutting edges of the trephine. There are three of

these cylindrical knives, with the relative diameters of 1.5, 2 and 2.5 mm. (Fig. 2).

The use of the instrument is extremely simple. After the conjunctival flap has been dissected free, the trephine is held by the rigid housing in one hand and lowered onto the eye until the proper site for the cutting has been determined. Slight pressure is then brought to bear. Rotary motion is imparted to the cutting edge by gently turning the knurled end of the flexible shaft between the thumb and forefinger of the free hand. This obviates the possibility of any vibratory motion being transmitted to the cutting portion of the instrument.

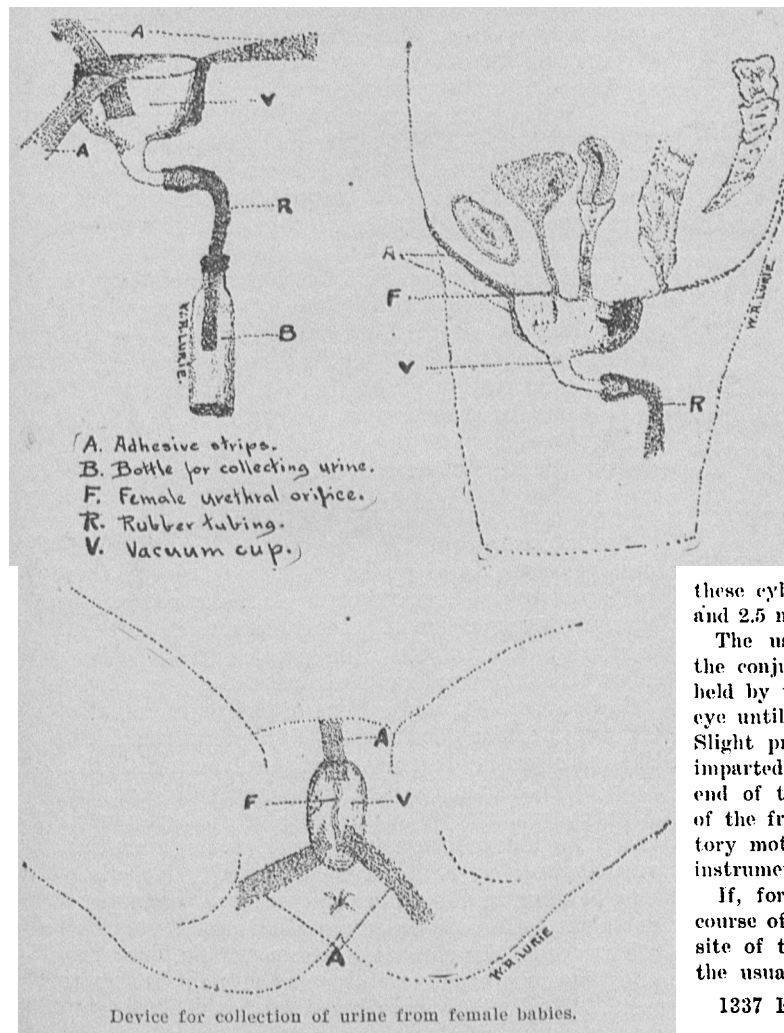
If, for any reason, the operator wishes to interrupt the course of the operation, the trephine is easily returned to the site of the original incision and the trephining continues in the usual manner.

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COLLECTION OF URINE FROM FEMALE BABIES

WILLIAM A. LURIE, M.D., CHICAGO

Having experienced some difficulty in the collection of urine from female baby patients, I decided that if I had any success



Device for collection of urine from female babies.