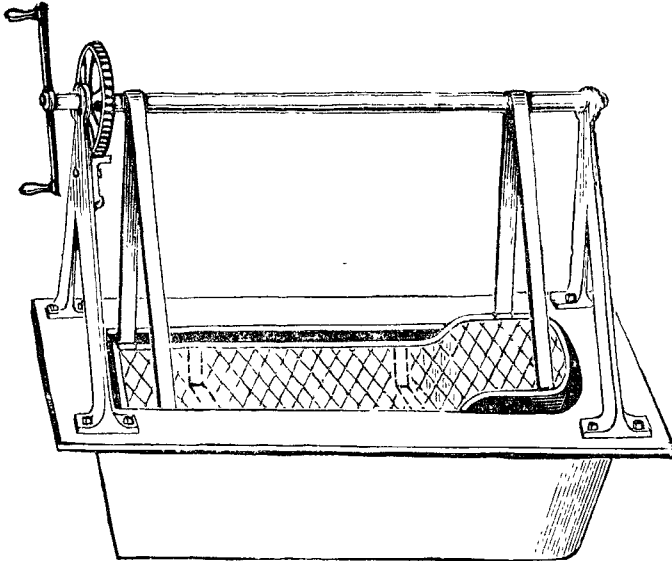


of the top of the bath and lowered at will by means of the handles attached to the revolving bar. A rack-and-pinion arrangement makes it impossible for the net to "go down with a run," and the bent crossbars (shown through the net in the engraving) keep the net three inches from the bottom of the bath tub when at its lowest. In use, when the patient is brought alongside the bath, the net is raised, the patient comfortably placed thereon, and gently lowered into the water prepared for him beneath. Bathing over, the net is raised again to the level of the top of the bath, the patient rubbed dry, and prepared for bed. Nurses and others who have single-handed attempted to lift a helpless person from the bottom of a bath will be able to appreciate the usefulness of this contrivance. The advantages of the lift in cases of pro-

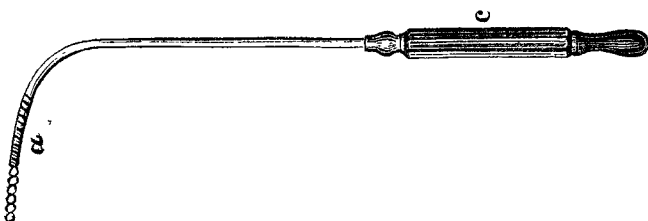


longed immersion are many, not the least of which is that the patient is supported in mid-water, his weight being equally distributed, and no portion of his body being allowed to come in contact with the bottom of the tub. Should the patient be delirious or maniacal, the limbs can easily be secured to the net, and all dangerous struggling is obviated. There is sufficient space between the edge of the net and the side of the bath to prevent injury to the fingers should the bather grasp the rods. The apparatus can be made to fit any size or shape of bath, and can be fixed to an ordinary bath in a few minutes. It is also to be noticed that the net and revolving bar can be removed in a moment, so that in a private house the bath may not be monopolised by the invalid. The machine should, I think, prove of great value both in the private house and in the public institution. It is manufactured by Mr. J. Ward, 246, Tottenham-court-road, London, W.

S. A. K. STRAHAN, M.D.

COTTON-WOOL HOLDER FOR THE APPLICATION OF LACTIC ACID TO THE LARYNX.

THIS holder is very similar to the ordinary laryngeal probe. The end (a) is screw shaped, and made of silver. The stem is rather thick, so that it does not easily bend. The handle (c) is made of wood, and can be screwed off, so that we can thoroughly disinfect the stem in boiling water or some strong antiseptic. The whole of the holder can also be made of aluminium. The advantages of this holder



are—(1) that the cotton-wool can be screwed on and off very easily; (2) that we can regulate the thickness and length of the cotton-wool to suit each individual case (we can thus carefully localise the application of the acid, and also get at those diseased parts which lie in the vertical plane); (3) that we can easily disinfect the holder; and (4) that it

is very simple and cheap. The ordinary camel's-hair brush is much too large! and the stem too flexible, so that the application of the acid cannot be properly localised or energetically enough carried out. The cotton-wool holder of Heryng has the great disadvantage that part of the cotton-wool is covered by the metal sheath, so that we cannot easily get at those parts which lie in the vertical plane. It is also often very difficult to remove the cotton-wool from the loop after use. The holder is made by Messrs. Down Brothers, St. Thomas's-street, London.

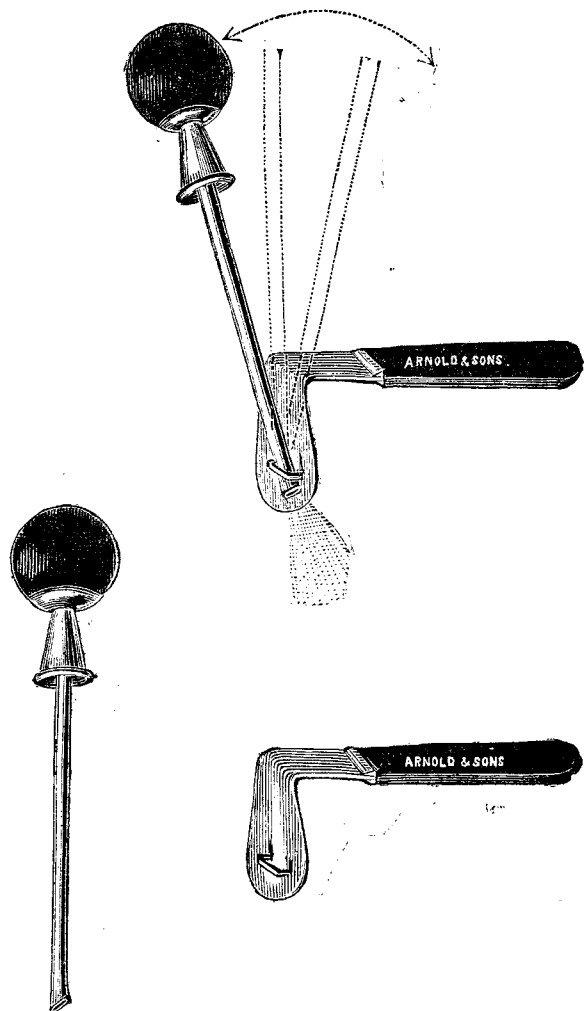
ADOLF BRONNER, M.D.,

Bradford.

Surgeon to the Bradford Eye and Ear Hospital.

AN IMPROVED INSUFFLATOR WITH ADJUSTABLE TONGUE DEPRESSOR.

THE original insufflator of Dr. Osborne has two great disadvantages: one, that the powder has to be blown into the patient's mouth by the operator—an unpleasant and in certain cases (e.g., diphtheria) a risky thing to do. The improved Osborne insufflator, introduced to the profession by Mr. Alexander Duke, does away with this danger and unpleasantness by replacing the use of the operator's mouth by an indiarubber ball. But in both of these the left hand of the operator, whilst holding such instrument, gets into the line of vision; so, at my suggestion, Messrs. Arnold and Sons, of West Smithfield, have made for me the insufflator which is depicted in the engraving, and which,



by a species of evolution which it has gone through, is, I think, as perfect as such an instrument can possibly be. The tongue-depressing part is separate from the insufflator proper, which runs through a metal loop or bridge on the upper surface of the depressor, and, there being plenty of "play," by the slightest movement of the hand the powder can be ejected to all points of the fauces. Moreover, the handle of the depressor, which is of roughened ebony, being made at right angles, not only is more handy to hold, but—and this is its especial advantage—the left hand is well out of the line of vision. Again, the tongue-depressor can be used as a separate instrument for ordinary inspection of the fauces.

W. L'HEUREUX BLENKARNE, M.R.C.S., L.S.A.

Humberstone-road, Leicester.