

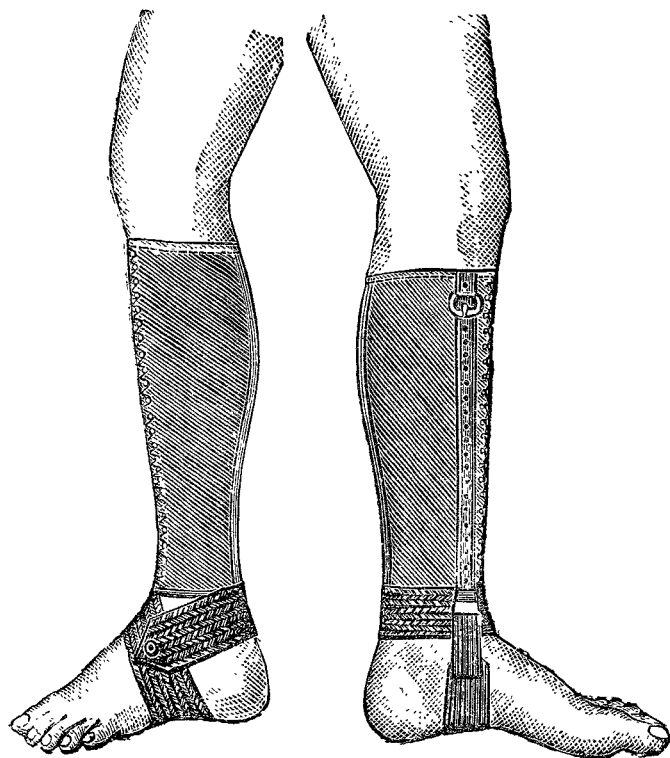
## New Inventions.

### GAITER SUPPORT FOR FLATFOOT AND TALIPES VALGUS.

THIS support is one which I have used occasionally for some years in cases of flatfoot and talipes valgus. It consists of a gaiter of black kid reaching from the tubercle of the tibia to the malleoli, and lacing in front. Running the entire length of the inner side of the gaiter, and sewn into it, is a steel bar, from one-half to three-quarters of an inch in width. To the upper part of this bar a buckle is attached; a piece of webbing passes round the ankle to the outer side, where one end is buttoned to the main band, and is continued under the hollow of the sole to the inner side, where a piece of stout black elastic is attached to it, and to the other end of the elastic a black kid strap, which is then buckled at the top of the gaiter. By this strap the elastic and webbing can be drawn up to the required pitch and altered at will. The advantages of this support are—(1) it can be fitted to any leg, and will keep its place however thin the leg may be; (2) the boots can be changed or slippers worn with-

FIG. 1.

FIG. 2.



out interfering with it; (3) it is neat, and on casual observation looks like a high French boot; and (4) in suitable cases it is very comfortable to the patient, the elastic acting as an artificial calcaneo-scapoid ligament. The cases in which it will, I think, be found specially useful are those of flatfoot combined with a valgus condition, such as we find in delicate or rachitic children. It is also useful in some older patients, but in many the surgical sole answers all requirements. Cases of valgus depending on spasm of the peronei I find do better with the inner part of the sole and heel of the boot raised, the above appliance and also the surgical sole appearing in some cases to increase the spasm. The support has been made for me by Messrs. Ferris and Co. of Bristol.

W. J. PENNY, F.R.C.S. Eng.

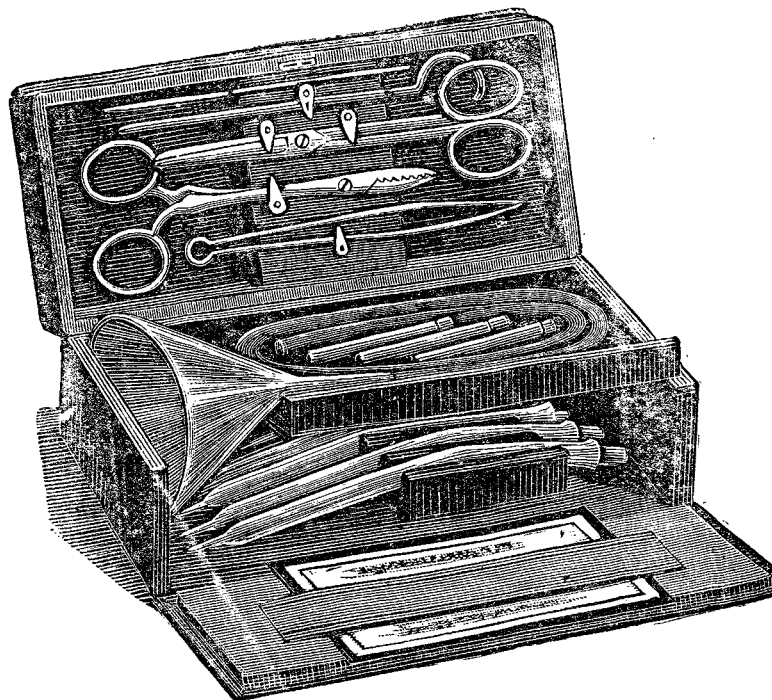
Clifton

### NEW TRANSFUSION APPARATUS.

THE apology for introducing this new transfusion apparatus to the profession is that if ever transfusion is to become a widely used means of saving life (threatened by hæmorrhage) and alleviating the supervening distressing symptoms of certain toxic conditions of the blood—e.g., diabetes, uræmia, and certain poisons—the apparatus for its performance must be simple, compact,

and ready at hand. The many transfusion apparatus at present known to the profession, such as Professor Annandale's and Dr. Herbert Spencer's, are in themselves most excellent, but they are rarely ready at hand in an emergency, both on account of their size and complicated mechanism. A practitioner cannot be expected always to go about with a Spencer's transfusion apparatus, and should the necessity for transfusion be indicated the patient is possibly dead before the apparatus can be obtained. The advantages claimed for this apparatus by Dr. L. J. G. Carré, who suggested it, are: 1. Its absolute simplicity. Transfusion can be quite readily performed absolutely single-handed. He informs us that he has done so in a case of excessive collapse after severe post-partum hæmorrhage. 2. Its compactness. Everything that can possibly be required for the safe and successful performance of the operation is immediately at hand. 3. The small size of the complete case, so that it is possible that it may serve as one of the invariable contents of the practitioner's midwifery bag or the surgeon's operating bag. A transfusion apparatus is always required on an emergency, and generally when the practitioner is least prepared. In this apparatus he may always feel that he has with him often the last resource which will enable him to save life. Spencer's transfusion bottle is essentially a hospital apparatus, this is an apparatus rather adapted for the use of the private practitioner.

The case, which measures  $2\frac{1}{2}$  in. by  $3\frac{1}{2}$  in. by  $7\frac{1}{2}$  in., is lined with a special leather, which will wash, so that the whole apparatus can be kept aseptic. Comprised in the case are all the instruments necessary for the performance of saline infusion—a metal-handled scalpel, a combined director and



aneurysm needle, a pair of scissors, a pair of Spencer Wells forceps, a pair of dressing forceps, and silk. The case also contains six small glass tubes, each holding a drachm of pure chloride of sodium. In addition, there is a small celluloid funnel, attached to which is a piece of flexible rubber tube, which does not kink or collapse, this, again, ending in a glass cannula bent at an angle of  $30^\circ$ , bulbous at one end, over which the rubber tube fits tightly, tapering at the other, so that a vein is easily entered. The cannulas are supplied in three sizes. The apparatus is a very neat one, and should find a place amongst the instruments kept ready for emergencies in hospitals and in the midwifery bag of many practitioners. An advantage is undoubtedly possessed by having all the instruments together; the majority, however, are contained in every surgeon's dressing case, and greater call would probably be made for a small bag containing the celluloid funnel and its tubes and the chloride of sodium tubes. The apparatus is made by Messrs. C. Wright and Co., 108, New Bond-street, W.