

moment they are required, and the tonsil comes away at once in the instrument without any twisting and pulling whatever. The hæmorrhage is only slight, and this is probably explained by the fact that the vessels, being first stretched and then cut across by scissors blades, have their lumens occluded much in the same way that the bore of a rubber drainage tube is closed by cutting it with a pair of scissors. The blade portion comes apart readily into three pieces—the blade itself, the bed in which it travels, and the spring (which controls the blade, holds the tonsil after removal, and locks the parts together). It is thus easily cleaned and sterilised. This instrument, which I have used in a large number of cases with perfectly satisfactory results, can be fitted with a handle giving either the Heath or the Mackenzie position.

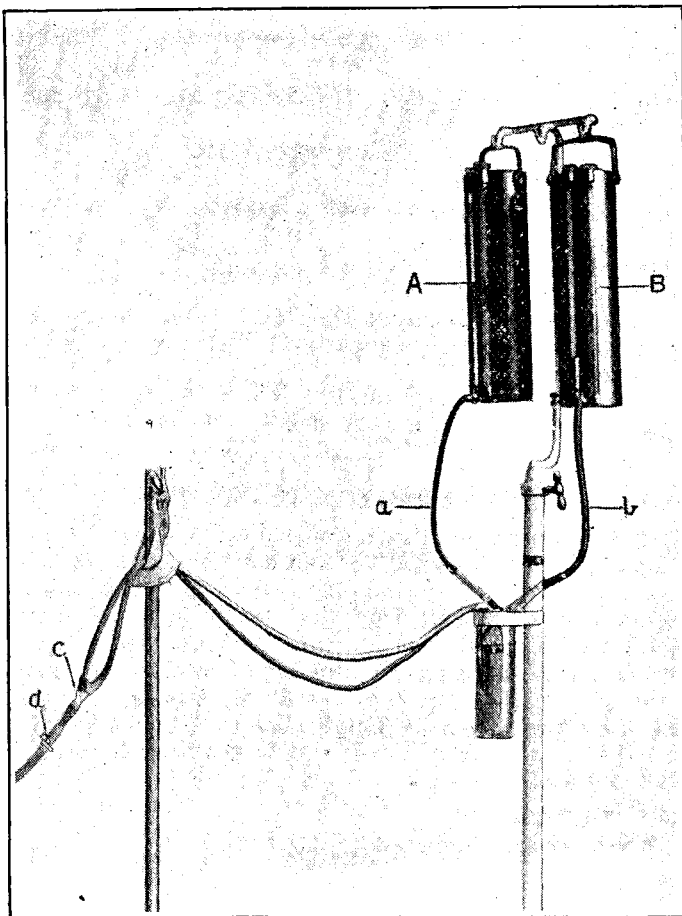
It has been made for me by Messrs. Mayer and Meltzer, of Great Portland-street, London, W.

Edinburgh.

K. G. HEARNE, M.B. Edin.

A SIMPLE APPARATUS FOR SALINE INFUSION DURING HEDONAL ANÆSTHESIA.

THE following is a description of a modification of Page's well-known apparatus for administering hedonal to enable normal saline to be substituted for the hedonal solution during the operation with a minimum of trouble to anæsthetist and patient. To the hedonal stand is added a second cylinder of the Page type, labelled "Saline." This is fitted with tubing and glass dropper. It is attached to the hedonal system by a Y-shaped glass tube (c). From the common limb of the Y a single tube connects with the cannula, so serving to convey fluid from either cylinder into the vein. On this common



A, Hedonal cylinder. B, Saline cylinder. a, b, Tubing and glass dropper attachments. c, Y connexion. d, "Two-way" tap.

tube is a two-way tap (d), with a side opening leading to the exterior. By adjusting the tap the stream from the cylinders may be temporarily diverted through this lateral opening. The object of this manœuvre will shortly be apparent. During the induction and early stages of anæsthesia the saline system is shut off by keeping the cylinder tap closed. When it is desired to substitute normal saline for the anæsthetic fluid the two-way tap (d) is adjusted so that the stream passes through the lateral opening, the hedonal cylinder tap is closed, and the saline cylinder tap is opened. By this means all the air previously present in the saline

system is expelled through the lateral opening of the two-way tap. When this has been accomplished, this tap has only to be readjusted and the saline is now flowing through the cannula into the vein. Should the patient require more of the anæsthetic at any period of the operation the process is simply reversed.

The accompanying figure illustrates the apparatus in use. It has been found very satisfactory in practice at Great Ormond-street, and has been made for me by the Holborn Surgical Instrument Company, Thavies Inn, Holborn-circus, London, E.C.

T. TWISTINGTON HIGGINS, M.B., B.Ch. Vict.,
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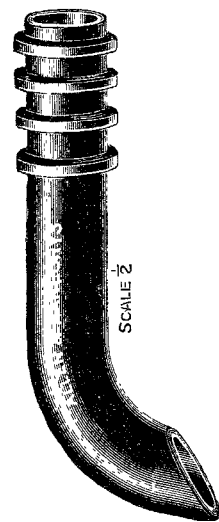
A NEW COLOSTOMY TUBE.

A NOT uncommon result of the operation of colostomy performed either with or without the aid of a Paul's tube for cases of acute intestinal obstruction is that the colostomy fails to act for a period varying from a few hours to several days, and in a few cases may even fail to act at all. The various remedies—e.g., eserine, pituitary extract, &c.—commonly employed usually have little or no effect, and even the removal of the Paul's tube often yields the same negative result. Dilatation of the colostomy by means of a finger inserted into the bowel usually gives temporary relief, but in a certain number of cases the abdomen becomes more and more distended, the patient suffers increasing pain, and finally dies. This failure of the colostomy to act may to a small extent be due to paralysis of the distended intestine, but I think it is mainly due to an obstruction produced by a kinking of the bowel just as it leaves the abdominal cavity. To overcome this difficulty I have recently been using a curved colostomy tube which is introduced into the interior of the bowel, and when in position extends beyond the site of the kink and prevents any obstruction at that point. It is used in the following way. After the wound has been sutured and the projecting loop of intestine isolated by gauze, a

purse-string suture is inserted into a portion of the intestinal wall and an opening made in the centre of the bowel wall thus enclosed. The curved end of the tube is then inserted into the opening and pushed into the lumen of the proximal limb of the loop of intestine until the whole of the curved portion has passed through the abdominal wall. Care should be taken to rotate the tube so that the internal or proximal orifice faces the direction of the flow of intestinal contents. The purse-string suture is next tied tightly over one or more of the four flanges provided for the purpose, and a curved glass junction with rubber tubing is fixed to the outer or distal orifice of the tube. The rubber tubing can subsequently be led into a receptacle at the side of the bed. Gas and liquid faeces usually escape at once, but should this not occur, the introduction of two or three ounces of glycerine through the tube into the bowel will produce an evacuation of intestinal contents within a few minutes. The colostomy tube is removed about the fourth or fifth day when the purse-string suture sloughs out. The tube is made of rubber to minimise the possibility of pressure ulceration of the bowel within the abdominal cavity. The internal diameter measures half an inch, and is sufficiently large for the passage of the liquid contents of the intestine in cases of acute obstruction.

Messrs. Allen and Hanburys, Limited, of Wigmore-street, London, W., have made the tube for me.

St. Thomas's Hospital, S.E. B. C. MAYBURY, F.R.C.S. Eng.



ROYAL DEVON AND EXETER HOSPITAL.—At the meeting of the governors of the Royal Devon and Exeter Hospital which was held last week it was decided to erect a new wing to provide accommodation for the nursing staff. The approximate cost of the scheme was stated to be £5900, but it is hoped that the expenditure will be reduced by a modification of the plans