

ear. Temperature 98.8 degrees, pulse 80. Nitroglycerin every four hours during the day only.

April 11, 1904. Inflammation has disappeared. Temperature normal, pulse 74, full and regular.

Two years ago this same patient had an attack of facial erysipelas which not only involved the whole face, but spread to the neck and gradually extended down the back, stopping only at the buttocks. The remedies relied on at that time were quinin and the tincture of the chlorid of iron.

I ascribe no virtue to the ichthyol and zinc oxid ointment used locally except its soothing effect on the skin, and in one instance it did not even produce this effect, for the patient would rub it off as fast as it was put on. All these cases presented several features in common as the result of this internal treatment, viz., a reduction of temperature, moist skin, good appetite, steady pulse after the first day, absence of prostration, general feeling of comfort and a fairly rapid disappearance of the inflammatory process.

In view of the above facts I believe I am safe in concluding, either that nitroglycerin is a *sine qua non* in erysipelas, or that I had a marvelous and phenomenal run of good luck. To be sure, four cases are insufficient to establish a positive conclusion, but as the results were so uniform in every case where nitroglycerin was used I feel that I can conscientiously recommend it to the profession without further comment.

New Appliances.

A SANITARY POCKET CUSPIDOR.

J. W. TRASK, M.D.
CHICAGO.

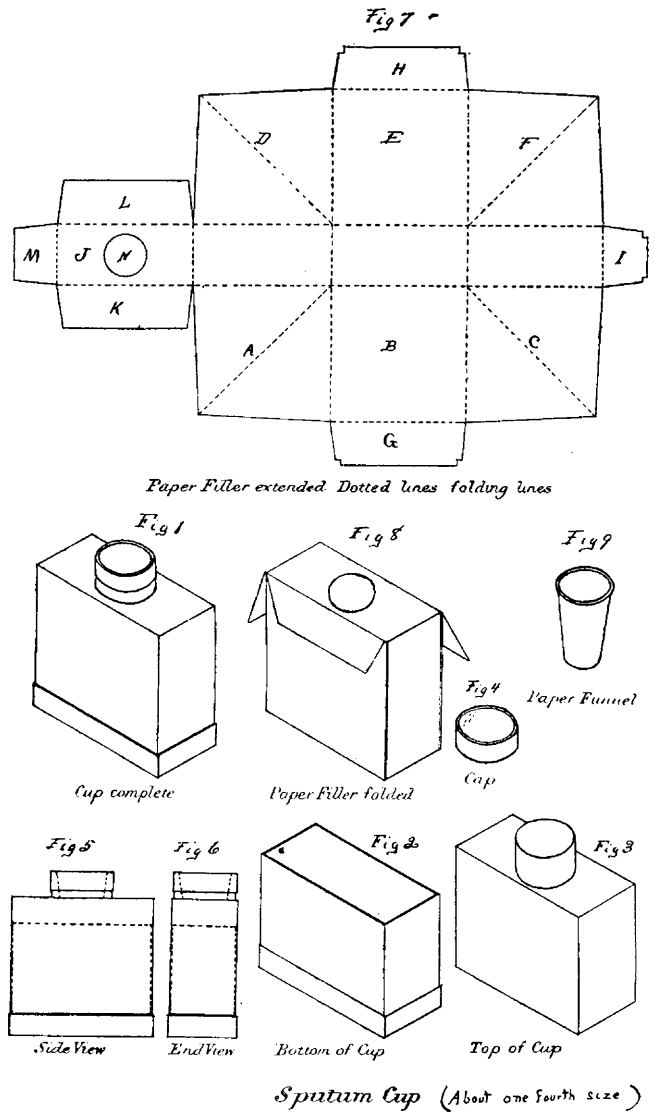
The cup I am about to describe was gotten up especially for use at the United States Public Health and Marine-Hospital Service Sanatorium for Consumptives at Fort Stanton, New Mexico. Many styles of cups had been in use at different times, but none was found very satisfactory. The hand cups were serviceable at the bedside, but the patients found them too clumsy for carrying about. They seemed to dislike the idea of always carrying a cup in the hand. The pocket flasks in use held so little that but a limited number of patients were able to use them and in addition they were continually getting out of order. Nor was there to be found on the market a cup or flask that seemed to meet the requirements any better than those already in use. What was needed was a cup that would go into the pocket and at the same time hold a large amount of sputum, a cup with a destructible filler which, when filled, could be pulled out and burned; a cup cheap in cost and with no small parts such as clamps, springs and hinges to become broken or lost. With these points in mind the following cup was devised:

The cup consists of a metal case, Figure 1—those in use were made of tin—into which a paper filler fits. The sputum is contained in the filler and does not come into contact with the metal. The cup consists of a body and a mouthpiece. The outside dimensions of the body are 3¼ inches high, 3¼ inches wide and 1½ inches thick. The cup is as large as it can be made and still slip into an ordinary coat pocket. It was made this size so that it might contain the largest possible amount of sputum for a pocket cup and thus be used by a larger number of patients, by those expectorating large amounts as well as by those raising less. Smaller sizes could, of course, be made for use by those expectorating but little. The cup is made up of three pieces, the bottom, Figure 2, into which the paper filler, Figure 8, fits, the top, Figure 3, which telescopes over the bottom and its contained filler to within half an inch of the extreme base, and of a cap, Figure 4, which fits over the neck projecting from the top.

The bottom of the cup, Figure 2, is 2½ inches deep, 3¼ inches long and 1½ inches thick at base. There is a half-inch wide strip of tin soldered around the base, so that the top will slip down to it and no farther, and so that when the cup is together the outside will be smooth.

The top, Figure 3, is 2¾ inches high, 3¼ inches long and 1½ inches thick. It telescopes over the bottom down to the strip of tin. From the top of it extends a neck, which is tapered on its inner surface. This is best shown in sectional drawings, Figures 5 and 6. The top fits well over the bottom and the two are held firmly together by the adhesion of their metallic surfaces.

The cap, Figure 4, is a simple affair and fits over the neck of the top.



Sputum Cup (About one fourth size)

The paper filler consists of a filler proper and a paper funnel. The filler consists of a piece of water-proof paper cut and stamped as shown in Figure 7. It folds at the dotted lines. The corner squares A and C fold in and up against the side B. The corner squares D and F fold in and up against the side E. The flaps G, H and I then fold down, and flap I clinches flaps G and H at the small notches in their corners, thus holding the folded corner squares A, C, D and F up against the sides B and E. The filler is then inserted into the metallic bottom and the flap J is folded over the top of the filler and the side flaps K, L and M, which are an inch wide, are folded over the dotted lines as shown in Figure 8, and extend down inside of the cup bottom for one-fourth of an inch, thus holding the paper filler top in place. The filler folded is shown in Figure 9. N is a circular hole in the top of the filler.

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.

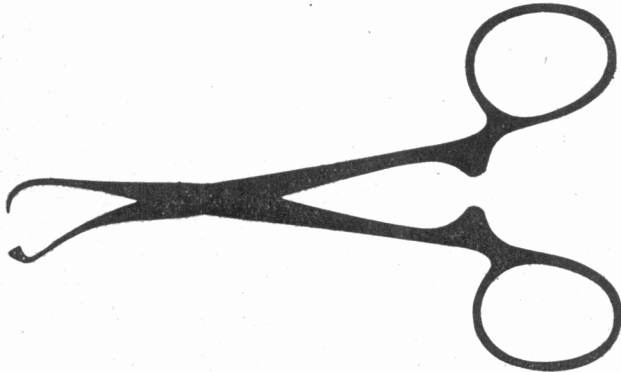
A description of this cup is offered in the belief that it possesses many valuable features not contained in any cup now manufactured.

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.

OLIVER C. SMITH, M.D.
HARTFORD, CONN.

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 moments' 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.

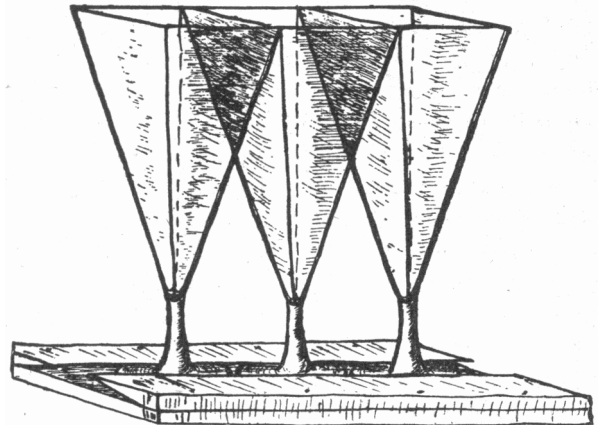
Fourth: It holds the margins of any tissue securely; it does not tear out with considerable traction, and can be allowed to remain on during the entire operation without danger of injuring the structures.

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.

E. G. BALLENGER, M.D.
ATLANTA, GA.

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.