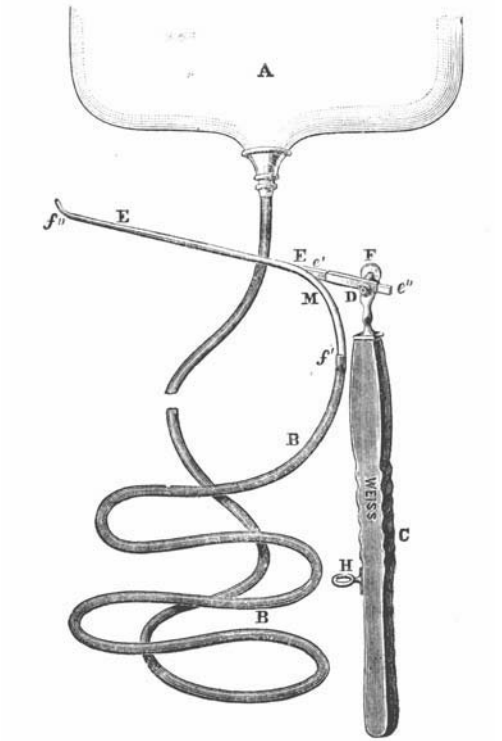
A NEW INTRA-TYMPANIC SYRINGE.

By W. MILLIGAN, M.D.,
Assistant Surgeon to the Manchester Ear Institution.

THE importance of thoroughly cleansing the middle ear of all purulent secretion in cases of suppurative catarrh is admitted and insisted on by every aural surgeon. The difficulties of doing so are at times, however, very great. In those cases where the perforation is small or situated high up upon the surface of the drum-head, the ordinary practice of syringing along the external auditory meatus is quite ineffectual. Although by this means purulent secretion which has escaped from the middle ear into the



external auditory meatus is washed out, very little of the fluid passes through the perforation into the tympanic cavity to cleanse the surface of he diseased mucous membrane—the *fons et origo mali.* Washing out the middle ear by means of the Eustachian catheter is no doubt a reliable plan, but is unfortunately a method of procedure frequently resented by the patient. Intra-tympanic syringes for passing along the external auditory meatus and through the perforation have been designed by

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Hartmann, Blake, Politzer, and Pritchard, and have been found of much service. In my hands, however, these syringes have proved somewhat difficult to manipulate, and have seemed to me, from the position in which they must necessarily be held, to partially obstruct the view.

The accompanying woodcut represents a form of intra-tympanic syringe made for me by Messrs. Weiss.

A is a small reservoir, which is suspended by means of a pulley arrangement attached to the wall in such a way that it can be raised or lowered according to will, and thus the pressure of the outflowing fluid regulated. B is a fine rubber tube, attached at one end to the reservoir, and at the other to the curved portion of the syringe (f^1). C is the handle of the instrument. D is a rectangular socket with screw attached, and fixed to the handle C at the proper aural angle. E is the silver syringe. The portion of the syringe between e' and e'' is solid, and fits into the socket D, where it is kept fixed by the screw F. From f' to f'' the gradually tapering silver syringe runs. The rubber tubing from the reservoir runs through the eyelet H to become attached to the syringe at the point f'.

Method of using.—The syringe is held in such a way that the operator's right index finger lies in the curve of the instrument, viz., at the point M, and the little finger of the right hand against the handle, just below the eyelet H. By holding the instrument in this way the third or fourth finger of the right hand can be made to press upon the rubber tube, and so control the flow of the fluid. Under proper illumination the syringe is passed along the external auditory meatus through the perforation. By releasing the pressure of the third finger the fluid from the reservoir flows through the system of tubes, and so into the middle ear. In this way the operator not only sees exactly what he is doing, but, by raising or lowering the reservoir, is enabled to have a strong or weak ingoing current according to the requirements of the case. In those cases where we have to deal with small perforations or where the perforation lies in Shrapnell's membrane, and where cholesteatomatous masses so frequently become locked up in the folds of the tympanic mucous membrane occupying this portion of the cavity of the middle ear, the instrument will, I trust, be found useful.

In the accompanying diagram the rubber tube should have been represented as passing through the ring H.

SPECIAL THROAT HOSPITALS.

FROM the list of special hospitals given in our last issue, omission was inadvertently made of the Dublin Throat Hospital.

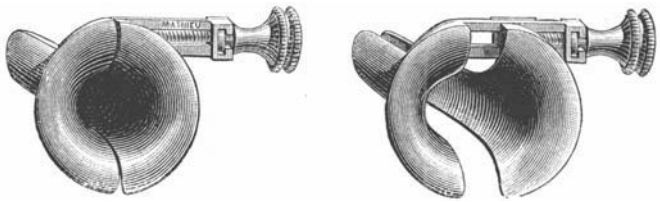
This hospital, which is situated in Hume Street, Dublin, has accommodation for 10 in-patients, and an annual attendance of 5000 out-patients.

The medical officers are—Sir Philip Smyly, Drs. Kendal Franks, F. A. Pope and J. D. Hillis. Assistant Surgeon, Dr. J. H. Scott. Dental Surgeon, Mr. A. W. Baker.

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A NEW NASAL SPECULUM.

THE following illustration of the speculum devised by Dr. Moure, of



Bordeaux, will be understood by reference to the description of the instrument given in the October number of this Journal (page 503).

THERAPEUTICS, INSTRUMENTS, AND DIPHTHERIA.

Kahn (München).—*New Preparation of Myrrh.* "Münchener Med. Woch.," 1892, No. 31.

THE author has applied unguentum myrrhæ in nasal eczema, and myrrholin capsules in tuberculosis with good results. *Michael.*

Ziem (Danzig).—*External Application of Cantharadine in Diseases of the Nose and Throat.* "Monats. für Ohrenheilk.," 1892, No. 6.

THE author recommends the application of cantharadine plaster and collodium cantharadatum in cases of chronic purulent conditions.

Michael.

Scheppegrell, W.—*A simple Bottle Inhaler.* "Medical News," August 20, 1892.

THIS inhaler consists of a pint flask, closed by a rubber stopper having two perforations. Through one of the perforations is passed a funnel tube to within a quarter of an inch of the bottom of the flask. Into the other perforation is passed another glass tube, one extremity of which extends an inch into the flask, the other extremity being bent at an angle convenient for application. When in use the flask is filled one-third with water and the medicament is poured through the funnel tube in the proportion required. The patient then inhales through the bent glass tube. When it is desired that the mucous membrane of the nose and naso-pharynx should also be treated, a rubber tube with nose-piece may be attached to the glass tube, and the inhalations made through the nostril to which the nose piece of the inhaler is applied. The inhaler is made by Messrs Eimer & Amend, of New York. *W. Milligan.*

Clasen (Hamburg).—*Electrolytic Operations in Medical Practice.* "Deutsche Med. Zeit.," 1892, No. 93.

DESCRIPTION and illustration of the apparatus. Must be seen in the original. *Michael.*

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