

sterilized cotton may be used for each puncture area, provided the control is punctured or wiped first.

So far we have been successful with this test, and we are hoping that it may prove of advantage to the clinician, particularly in the examination of children.

A NEW NEEDLE FOR SUTURING PURPOSES

WILLIAM C. SPEIDEL, A.B., M.D., SEATTLE

The instrument illustrated herewith is self explanatory. The advantages of a double pointed needle are obvious. Among them may be mentioned:

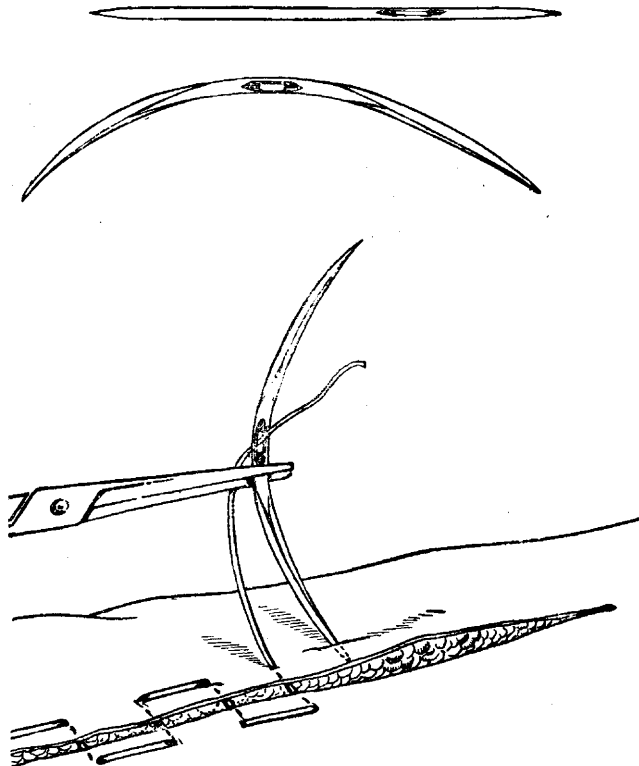
1. Time is saved, in that it is only necessary to seize the needle once on inserting it and once on withdrawal and reinsertion.

2. Action is facilitated in the angles which are so frequently encountered in deep suturing, as the gallbladder, and pelvic and general abdominal work whenever a curved needle is indicated.

3. In intestinal suturing where a purse string stitch is desirable, it finds particular service; for example, in a Czerny-Lembert it can be worked with clocklike precision, requiring an easy to and fro movement, through and right back again, a straight form of needle being employed here.

4. The difficulty in utilizing short ends of suture is reduced to a minimum, and proves a saving of catgut or other material.

5. It is simple. It may be seized at either end and suturing continued without inconvenience or interruption.



Needle for suturing: above, straight needle, showing the eye toward one end; in the middle, curved needle, showing eye in the center; below, needle in the act of being reinserted.

An objection that may be offered is the danger of glove-puncture. But here let me emphasize the importance and good practice of keeping the hands out of a wound as much as possible, the needle being properly handled only with forceps.

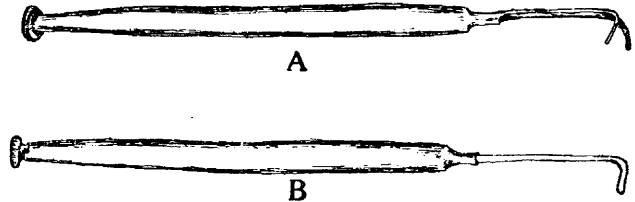
The fact that we have an additional point to attend to is more than offset by the evident and practical advantages already set forth.

519 Cobb Building.

INSTRUMENT FOR REMOVING FOREIGN BODIES FROM THE NOSE

CHARLES H. CARGILE, M.D., BENTONVILLE, ARK.

This instrument is helpful in removing foreign bodies from the nose. It is composed of two parts or shafts. One is smaller so as to pass through the other hollow one and rotate within it. The distal extremity of each terminates in a very delicate hook very like a strabismus hook. These are so adjusted that when closed they lie in lateral apposition with a combined thickness not greater than that of a strabismus hook.



Instrument for removing foreign bodies from the nose: a, open; b, closed.

The proximal end of the smaller shaft projects slightly beyond that of the larger hollow one, and terminates in an enlargement to be grasped by the fingers during rotation.

In using, the hooks are carefully slipped closed (rotated into lateral apposition) along the septum or lateral wall of the nasal passage until beyond the foreign body. Then the whole instrument is slightly rotated until behind it. This done, the hooks or tines are separated in proportion to the size of the body to be withdrawn along with the instrument.

The only objection is the cost of the instrument, which is greater because it is necessarily hand made.

Therapeutics

"COLDS"

"Colds," also called by various other names, such as coryza, acute rhinitis and acute nasopharyngitis, are without doubt the most common and least severe of all infections. As a rule, "colds" occur in epidemics, almost always being contracted by one person from another. Perhaps the commonest way of spreading is by sneezing, in which manner the agents of the infection are disseminated into the surrounding atmosphere. Aside from this, experiments have demonstrated that there are organisms residing in the nasopharyngeal passages which may produce the infection in others by inoculation.

Tunncliff,¹ in the acute and chronic forms of rhinitis, isolated an anaerobic gram-negative bacillus, which she named the *Bacillus rhinitis*. In a large percentage of cases this organism was found in pure culture. It was also found in about 90 per cent. of the cases of chronic rhinitis in which there was a mucoid discharge. That this organism was the etiologic factor in acute rhinitis was shown by the production of the condition after experimental inoculation and by recovering the organism in pure form from those infected by the inoculation. Kruse,² working along the same lines, was able to demonstrate that when the secretions from the discharge in cases of acute rhinitis were taken and diluted even as much as twenty times, and then filtered, the filtrate inoculated into the noses of healthy people produced typical cases of acute rhinitis. As a result

1. Tunncliff: Jour. Infect. Dis., 1913, xiii, 283.

2. Kruse: München. med. Wchnschr., 1914, lxi, 1547.