

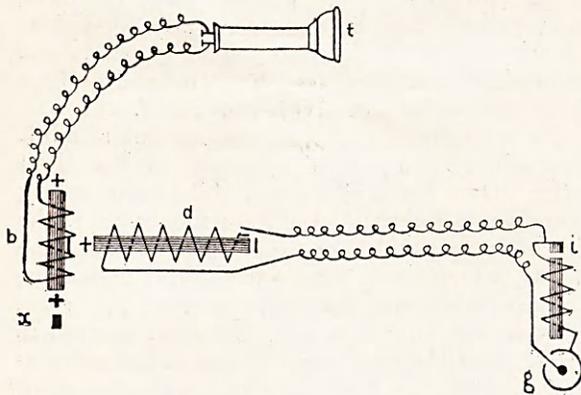
thickening left over the seat of the original aneurism. I have seen the man frequently since, and there is now no trace of any tumour, and he is capable of carrying out his previous calling without any discomfort and of course without a right radial pulse, the aneurism being completely cured.

Remarks.—The choice of ligating the brachial rather than excision of the aneurism, I think, was certainly justified by the result, and this course was adopted chiefly owing to the unhealthy condition of the parts locally and especially probably the ligatures would not have held on the radial artery for the same reason, and some large branches were given off from the radial in close proximity to the aneurism. There was no loss of sensation in the operated arm, and the man has perfectly regained power and strength of the right arm which had previously become considerably diminished.

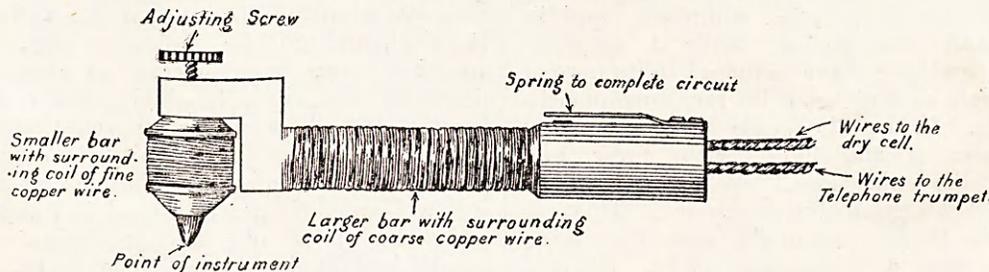
DR. MARTIN JANSSON'S SIDEROPHONE.

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THE essential part of this instrument, called by its inventor the 'inductor,' is shown in the



accompanying drawing, and the various parts of



the whole apparatus are illustrated in the diagram.

The inductor consists of two iron bars, united by a frame of ebonite and so placed that the smaller bar *b* (see diagram) is at right angles to the larger bar *d*. The latter is surrounded by a coil of medium copper wire, which is con-

nected with a small dry-cell element *g*, fitted with an interruptor *i*.

The smaller bar is enclosed in a long coil of very thin copper wire, which is connected with a telephone trumpet *t*.

When the primary circuit is closed, the enclosed iron bar *d* becomes magnetised, and in its turn it magnetises the smaller bar *b*. Secondary currents are thus induced in the fine coil around *b*. It will be observed that the prolonged axis of *d* cuts *b* at its middle; two secondary currents of equal strength and running in opposite directions are thus induced in the fine coil surrounding *b*; these meet in the telephone trumpet and so long as they are equal in strength, produce no action there. When, however, the point of the inductor is approached to any small mass of iron *x* an alteration in the magnetic force of that half of the bar occurs, leading to an intensification of the induced current on the same side; the overbalance of current will at once manifest itself by a noise heard in the ear-trumpet.

The instrument can be most accurately adjusted before use by means of the small screw shown in the drawing, since this screw contains a tiny piece of iron.

The whole instrument, inductor, cell, and all fits into a very handy box and in no way suffers by transportation. The cost is £3-18-0.

I was enabled to try it on several small iron splinters, and the sound produced was unmistakeable. Professor Widmark has recently tested it in 23 cases of iron fragments imbedded in the eye-ball, and in 18 it gave positive results. In 5 the deeply imbedded bodies were too tiny to work the instrument. It is therefore not sufficiently sensitive for all cases met with in ophthalmic practice, and cannot at present entirely replace the sideroscope. Its portability and the ease with which it can be used render it a very valuable instrument in a large percentage of cases.

In the general surgical wards of the hospital, where very minute fragments of metal are seldom if ever in question, the instrument has proved most valuable.

The inventor has kindly undertaken to supervise the construction of the instrument for any medical man who wishes to obtain it.

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