AUTO-INJECTION DEVICE WITH NEEDLE PROTECTING CAP HAVING OUTER AND INNER SLEEVES

Injection Device

Background Technology

The present invention relates to an injection device of the type that receives a syringe, extends it, discharges its contents and then retracts it automatically. Devices of this general description are shown in WO 95/35126 and EP-A-0 516 473 and tend to employ a drive spring and some form of release mechanism that releases the syringe from the influence of the drive spring once its contents are supposed to have been discharged, to allow it to be retracted by a return spring.

Generally, the return spring is relatively weak, since its restoring force must be overcome by the drive spring, even while the drive spring is doing work on the various components of the injector device and the syringe during an injection cycle. This may give rise to a problem when the injection device is used with sealed hypodermic syringes, which typically have a hermetically sealed cover or "boot" that covers the hypodermic needle and maintains the sterility of the syringe contents. Naturally, it is necessary to maintain the sterility of the syringe contents up to the point of administration, which devices that are designed to be disposable, as many will be, means that the boot must be removed with the syringe inside the injection device.

Typically, the action required to remove the boot from the syringe is simply to pull the boot away from the syringe, which requires a force in excess of 20N. This is significantly greater than the restoring force of the return spring, so the syringe will be pulled out of the injection device as the boot is removed and, when the boot comes away, it will snap back into place. This is not the best way to handle the syringe. The shock could damage it, the needle could be damaged and there may be problems re-engaging the syringe with those components of the injection device designed to act upon it. Even in cases where there is no return spring, for example where the syringe is held in place by friction with components of the injection device, the problem will still arise of relocating the syringe onto those components of the injection device designed to act upon it.

Summary of the Invention

The injection devices of the present invention are designed to deal with these problems.

An injection device according to a first aspect of the invention comprises:

a housing adapted to receive a syringe having a discharge nozzle and having a boot that covers its discharge nozzle, so that the syringe is movable between a retracted position in which the discharge nozzle is contained within the housing and an extended position in

which the discharge nozzle extends from the housing through an exit aperture;

a releasable locking mechanism that retains the syringe in its retracted position; and

a housing closure member that can occupy a first position, in which it locates on the housing and prevents the locking mechanism from being released, and a second position, in which it does not prevent the locking mechanism from being released, the first position of the housing closure member being one in which it engages the boot, so that movement of the housing closure member to its second position results in removal of the boot from the syringe.

When the housing closure member is in its first position, it not only locates on the housing and engages the boot, but it also prevents the locking mechanism from being released. Thus, the syringe is locked into its retracted position and cannot be driven forwards . When the housing closure member is moved, it takes the boot with it, during which process the locking mechanism still prevents the syringe from moving. Afterwards, the locking mechanism can be released as required, allowing the syringe to be driven forwards when the device is used. Therefore, the syringe can move forwards only once the boot has been removed, not during its removal.

Preferably the device further comprises:

an actuator; and

a drive that is acted upon by the actuator and in turn acts upon the syringe to advance it from its retracted position to its extended position and discharge its contents through the discharge nozzle.

Preferably, when the housing closure member is in its first position, it closes the exit aperture to the discharge nozzle. For convenience, the closure member may be removable. In other words, the first position of the housing closure member is one in which it locates on the housing and the second position is one in which it does not. For example, the housing closure member could be a cap that locates onto the housing by means of a thread.

As discussed above, it is conventional for the housing to include means for biasing the syringe from its extended position to its retracted position, In such a case, a return mechanism is preferably present, activated when the drive has reached a nominal return position, to release the syringe from the action of the actuator, whereupon the biasing means restores the syringe to its retracted position.

The device may include a release mechanism operable to release the locking mechanism, thus allowing the syringe to be advanced by the actuator from its retracted position to its

extended position. In that case, the first position of the housing closure member is one in which it prevents the release mechanism from being operated. For example, the release mechanism may be a primary member movable between locking and releasing positions, the first position of the housing closure member being one in which it covers the primary member.

A particularly effective arrangement is one in which the locking position of the primary member is one in which it projects from the exit aperture and the releasing position is one in which it does not project from the exit aperture or projects from it to a lesser extent. This means that the primary member may be moved from its locking position to its releasing position by bringing the end of the injection device into contact with the skin at the injection site. Apart from anything else, this ensures that the injection device is optimally positioned relative to the injection site before the injection cycle can begin. A primary member in the form of a sleeve allows a relatively large area to contact the skin and allows the discharge nozzle of the syringe to be advanced and retracted within it. In the case of a hypodermic syringe, the sleeve will shroud the needle from view, which is a good idea for the squeamish, particularly those who have to administer to themselves.

A simple form of locking mechanism comprises a latch member that is located within the housing and is biased into a position in which it engages a locking surface, the release mechanism acting to move it from that position into a position in which it no longer engages the locking surface. When combined with the movable primary member as just described, the following arrangement can be obtained. The primary member includes a latch opening through which the latch member projects before it engages the locking surface, the primary member acting as a cam and the latch member as a cam follower, so that movement of the primary member from its locking position to its releasing position causes the latch member to disengage from the locking surface. The latch member may include a ramped surface against which a surface of the primary member acts to disengage it from the locking surface.

The injection device may further comprise:

a trigger movable from a rest position, in which it causes the drive to be retained in a position corresponding to the retracted position of the syringe, to an active position, in which it no longer causes the drive to be so retained, thus allowing it to be advanced by the actuator and in turn to advance the syringe from its retracted position to its extended position and discharge its contents through the discharge nozzle; and

an interlock member movable between a locking position, at which it prevents movement of the trigger from its rest position to its active position, and a releasing

position, at which it allows movement of the trigger from its rest position to its active position, the trigger thereafter being retained in its active position.

Such a device provides a visual indication that it is either ready to use or has been used. If it is ready for use, the trigger will be in its rest position. If it has been used, the trigger will be in its active position. These positions can be discriminated by the user. Moreover, the device incorporates the mechanism for achieving this result into a safety interlock mechanism, in the interests of simplicity. The trigger may comprise a locking member that, in the rest position of the trigger, engages a locking surface of the drive and, in the active position, does not.

The interlock member may comprises a primary member, the locking position of the interlock member being one in which the primary member projects from the exit aperture and the releasing position being one in which the primary member does not project from the exit aperture or projects from it to a lesser extent. This means that the interlock member may be moved from its locking position to its releasing position by bringing the end of the injection device into contact with the skin at the injection site. Apart from anything else, this ensures that the injection device is optimally positioned relative to the injection site before the injection cycle can begin. A primary member in the form of a sleeve allows a relatively large area to contact the skin and allows the discharge nozzle of the syringe to be advanced and retracted within it. In the case of a hypodermic syringe, the sleeve will shroud the needle from view, which is a good idea for the squeamish, particularly those who have to administer to themselves.

The locking of the trigger in its rest position may be achieved as follows. The trigger and the interlock member include a projection and an aperture, the projection being in register with the aperture when the interlock member is in its releasing position, but not otherwise. This allows the trigger to move from its rest position to its active position by movement of the projection into the aperture. The projection may be on the trigger and the aperture is in the interlock member.

The retention of the trigger in its active position may be achieved as follows. The trigger and another component of the device include a latching projection and a corresponding latching surface against which the latching projection latches when the trigger is in its active position. The latching projection may be on the trigger. This other component of the device is preferably the interlock member.

Brief Description of the Drawings

The invention will now be described by way of example with reference to the

accompanying drawings, in which:

Figure 1 shows the end of in injection device before a cap is affixed to it;

Figure 2 shows it once the cap has been affixed;

Figure 3 shows in section a device with the cap affixed;

Figure 4 shows in section a device after the cap has been removed; and

Figure 5 is an enlarged cut-out from figure 4.

Figure 6 shows in sectional schematic how an injection device may be further modified;

Figure 7 is a cut-away view of such a modified injection device; and

Figure 8 shows in section a preferred injection device.

Detailed Description

Fig. 1 shows the end of an injection device housing 112 and a cap 111. Other parts of the device will be described in greater detail below, but it will be seen that the cap 111 includes a thread 113 that cooperates with a corresponding thread 115 on the end of the housing. The end of the housing 112 has an exit aperture 128, from which the end of a sleeve 119 can be seen to emerge. The cap 111 has a central boss 121 that fits within the sleeve 119 when the cap 111 is installed on the housing 112, as can be seen in fig. 2.

Fig. 3 shows an injection device 110 in more detail. The housing 112 contains a hypodermic syringe 114 of conventional type, including a syringe body 116 terminating at one end in a hypodermic needle 118 and at the other in a flange 120. The conventional plunger that would normally be used to discharge the contents of the syringe 114 manually has been removed and replaced with a drive element 134 that terminates in a bung 122. The bung 122 constrains a drug 124 to be administered within the syringe body 116. Whilst the syringe illustrated is of hypodermic type, this need not necessarily be so. Transcutaneous or ballistic dermal and subcutaneous syringes may also be used with the injection device of the present invention. As illustrated, the housing includes a return spring 126 that biases the syringe 114 from an extended position in which the needle 118 extends from an aperture 128 in the housing 112 to a retracted position in which the discharge nozzle 118 is contained within the housing 112. The return spring 126 acts on the syringe 114 via a syringe carrier 127.

At the other end of the housing is an actuator, which here takes the form of a compression drive spring 130. Drive from the drive spring 130 is transmitted via a multi-component drive to the syringe 114 to advance it from its retracted position to its extended position and discharge its contents through the needle 118. The drive accomplishes this task by acting directly on the drug 124 and the syringe 114. Hydrostatic forces acting through the

drug 124 and, to a lesser extent, static friction between the bung 122 and the syringe body 116 initially ensure that they advance together, until the return spring 126 bottoms out or the syringe body 116 meets some other obstruction (not shown) that retards its motion.

The multi-component drive between the drive spring 130 and the syringe 114 consists of three principal components. A drive sleeve 131 takes drive from the drive spring 130 and transmits it to flexible latch arms 133 on a first drive element 132. This in turn transmits drive via flexible latch arms 135 to a second drive element, the drive element 134 already mentioned.

The first drive element 132 includes a hollow stem 140, the inner cavity of which forms a collection chamber 142 in communication with a vent 144 that extends from the collection chamber through the end of the stem 140. The second drive element 134 includes a blind bore 146 that is open at one end to receive the stem 140 and closed at the other. As can be seen, the bore 146 and the stem 140 defining a fluid reservoir 148, within which a damping fluid is contained.

A trigger (not shown) is provided that, when operated, serves to decouple the drive sleeve 131 from the housing 112, allowing it to move relative to the housing 112 under the influence of the drive spring 130. The operation of the device is then as follows.

Initially, the drive spring 130 moves the drive sleeve 131, the drive sleeve 131 moves the first drive element 32 and the first drive element 132 moves the second drive element 134, in each case by acting through the flexible latch arms 133, 135. The second drive element 134 moves and, by virtue of static friction and hydrostatic forces acting through the drug 124 to be administered, moves the syringe body 116 against the action of the return spring 126. The return spring 126 compresses and the hypodermic needle 118 emerges from the exit aperture 128 of the housing 112. This continues until the return spring 126 bottoms out or the syringe body 116 meets some other obstruction (not shown) that retards its motion. Because the static friction between the second drive element 134 and the syringe body 116 and the hydrostatic forces acting through the drug 124 to be administered are not sufficient to resist the full drive force developed by the drive spring 130, at this point the second drive element 134 begins to move within the syringe body 116 and the drug 124 begins to be discharged. Dynamic friction between the second drive element 134 and the syringe body 116 and hydrostatic forces acting through the drug 124 to be administered are, however, sufficient to retain the return spring 126 in its compressed state, so the hypodermic needle 118 remains extended.

Before the second drive element 134 reaches the end of its travel within the syringe body 116, so before the contents of the syringe have fully discharged, the flexible latch arms 135 linking the first and second drive elements 132, 134 reach a constriction 137 within the housing 112. The constriction 137 moves the flexible latch arms 135 inwards from the position shown to a position at which they no longer couple the first drive element 132 to the second drive element 134, aided by the bevelled surfaces on the constriction 137. Once this happens, the first drive element 132 acts no longer on the second drive element 134, allowing the first drive element 132 to move relative to the second drive element 134.

Because the damping fluid is contained within a reservoir 148 defined between the end of the first drive element 132 and the blind bore 146 in the second drive element 134, the volume of the reservoir 146 will tend to decrease as the first drive element 132 moves relative to the second drive element 134 when the former is acted upon by the drive spring 130. As the reservoir 148 collapses, damping fluid is forced through the vent 144 into the collection chamber 142. Thus, once the flexible latch arms 135 have been released, the force exerted by the drive spring 130 does work on the damping fluid, causing it to flow though the constriction formed by the vent 144, and also acts hydrostatically through the fluid and through friction between the first and second drive elements 132, 134, thence via the second drive element 134. Losses associated with the flow of the damping fluid do not attenuate the force acting on the body of the syringe to a great extent. Thus, the return spring 126 remains compressed and the hypodermic needle remains extended.

After a time, the second drive element 134 completes its travel within the syringe body 116 and can go no further. At this point, the contents of the syringe 114 are completely discharged and the force exerted by the drive spring 130 acts to retain the second drive element 134 in its terminal position and to continue to cause the damping fluid to flow though the vent 144, allowing the first drive element 132 to continue its movement.

Before the reservoir 148 of fluid is exhausted, the flexible latch arms 133 linking the drive sleeve 131 with the first drive element 132 reach another constriction 139 within the housing 112. The constriction 139 moves the flexible latch arms 133 inwards from the position shown to a position at which they no longer couple the drive sleeve 131 to the first drive element 132, aided by the bevelled surfaces on the constriction 139. Once this happens, the drive sleeve 131 acts no longer on the first drive element 132, allowing them to move relative each other. At this point, of course, the syringe 114 is released, because the forces developed by the drive spring 130 are no longer being transmitted to the syringe 114, and the only force acting on the syringe will be the return force from the return spring 126. Thus, the syringe 114 is now returned to its retracted position and the injection cycle

is complete.

All this takes place, of course, only once the cap 111 has been removed from the end of the housing 112. As can be seen from fig. 3, the end of the syringe is sealed with a boot 123. The central boss 121 of the cap that fits within the sleeve 119 when the cap 111 is installed on the housing 112, is hollow at the end and the lip 125 of the hollow end is bevelled on its leading edge 157, but not its trailing edge. Thus, as the cap 111 is installed, the leading edge 157 of the lip 125 rides over a shoulder 159 on the boot 123. However, as the cap 111 is removed, the trailing edge of the lip 125 will not ride over the shoulder 159, which means that the boot 123 is pulled off the syringe 114 as the cap 111 is removed.

Meanwhile, as can best be seen in figs. 4 and 5, the syringe carrier 127, with respect to which the syringe 114 cannot move, is prevented from movement by a resilient latch member 161 that is located within the housing 112 and is biased into a position in which it engages a locking surface 163 of a syringe carrier 127. Before engaging the locking surface 163, the latch member 161 also extends thorough a latch opening 165 in the sleeve 119, the end of which projects from the exit aperture 128. The latch member 161 includes a ramped surface 167 against which an edge 171 of the latch opening 165 acts in the manner of a cam acting on a cam follower. Thus, movement of the sleeve 119 in a direction into the housing 112, or in other words depression of the projecting end of the sleeve, brings the edge 171 of the latch opening 165 into contact with the ramped surface 167 of the latch member 161 and further depression causes the latch member 161 to move outwards and thus to disengage from the locking surface 163. The sleeve 119 may be depressed by bringing the end of the injection device into contact with the skin at an injection site. Once the latch member 161 has disengaged from the locking surface 163, the syringe carrier 127 is free to move as required under the influence of the actuator and drive.

Figs. 6 and 7 show the device may be further modified. Although figs. 6 and 7 differ from figs. 4 and 5 in some details, the principles now discussed are applicable to the device shown in figs. 4 and 5. As can be seen, the device includes a trigger 300 having a button 302 at one end and a pair of lugs 304 that cooperate with pins (not shown) on the inside of the housing 112 to allow the trigger to pivot about an axis through the two lugs 304. The main body portion of the trigger 300, to which both the button 302 and the lugs 304 are affixed, forms a locking member 306. In the position shown, the end of the locking member 306 remote from the button 302 engages the end of the drive sleeve 131, against which the drive spring 130 acts and which in turn acts upon the multi-component drive previously discussed. This prevents the drive sleeve 131 from moving under the influence of the drive spring 130. When the button 302 is depressed, the trigger 300 pivots about the

lugs 304, which lifts the end of the locking member 306 from its engagement with the drive sleeve 131, now allowing the drive sleeve 131 to move under the influence of the drive spring 130.

Fig. 7 shows the exit aperture 128 in the end of the housing 112, from which the end of the sleeve 119 can again be seen to emerge. As is shown in fig. 6, the sleeve 119 is coupled to a button lock 310 which moves together with the sleeve 119. The trigger includes a stop pin 312 and the button lock 310 includes an stop aperture 314 which, as shown in fig. 6, are out of register. They can, however, be brought into register by inward movement of the sleeve 119, which results in a corresponding movement of the button lock 310. Whilst the stop pin 312 and the stop aperture 314 are out of register, the button 302 may not be depressed; once they are in register, it may. The trigger 300 also includes a flexible, barbed latching projection 316 and the button lock 310 also includes a latching surface 318 with which the latching projection 316 engages when the button is depressed. Once the latching projection 316 has latched with the latching surface 318, the trigger 300 is permanently retained with the button 302 in its depressed position.

Thus, movement of the sleeve 119 in a direction into the housing 112, or in other words depression of the projecting end of the sleeve, brings the stop pin 312 into register with the stop aperture 314, allowing the trigger button 302 to be depressed, whereupon it is retained in its depressed position by the latching projection 316 and the latching surface 318. The sleeve 119 may be depressed by bringing the end of the injection device into contact with the skin at an injection site which, apart from anything else, ensures it is properly positioned before the injection cycle begins.

The use of the sleeve 119 both the release and lock the trigger 300 and to allow the syringe carrier 127 to move, together with a boot-removing cap 111 that prevents the sleeve 119 from being depressed results in an integrated injection device of elegant design.

Figure 8 shows a preferred injection device 210 to which the improvements described above with reference to Figures 6 and 7 are applied. Again, a housing 212 contains a hypodermic syringe 214. The syringe 214 is again of conventional type, including a syringe body 216 terminating at one end in a hypodermic needle 218 and at the other in a flange 220, and a rubber bung 222 that constraints a drug 224 to be administered within the syringe body 216. The conventional plunger that would normally be connected to the bung 222 and used to discharge the contents of the syringe 214 manually, has been removed and replaced with a multi-component drive element as will be described below. Whilst the

syringe illustrated is again of hypodermic type, this need not necessarily be so. As illustrated, the housing includes a return spring 226 that biases the syringe 214 from an extended position in which the needle 218 extends from aperture 228 in the housing 212, to a retracted position in which the hypodermic needle 218 is contained within the housing 212. The return spring 226 acts on the syringe 214 via a sleeve 227.

At the other end of the housing is a compression drive spring 230. Drive from the drive spring 230 this transmitted via the multi-component drive to the syringe 214 to advance it from its retracted position to its extended position and discharge its contents through the needle 218. The drive accomplishes this task by acting directly on the drug 224 and the syringe 214. Hydrostatic forces acting through the drug 224 and, to a lesser extent, static friction between the bung 222 and the syringe body 216 initially ensure that they advance together, until the return spring 226 bottoms out or the syringe body 216 meets some other obstruction that retards its motion.

The multi component drive between the drive spring 230 and the syringe 214 again consists of three principal components. The drive sleeve 231 takes drive from the drive spring 230 and transmits it to flexible latch arms 233 on a first drive element 232. These elements are shown in detail "A". The first drive element 232 in turn transmits drive via flexible latch arms 235 to a second drive element 234. These elements are shown in detail "B". As before, the first drive element 232 includes a hollow stem 240, the inner cavity of which forms a collection chamber 242. The second drive element 234 includes a blind for 246 that is open at one end to receive the stem 240 and closed at the other. As can be seen, the bore 246 and the stem 240 define a fluid reservoir 248, within which a damping fluid is contained.

A trigger as described above with reference to figures 6 and 7 is provided in the middle of the housing 212. The trigger, one operated, serves to decouple the drive sleeve 231 from the housing 212 allowing it to move relative to the housing 212 under the influence of the drive spring 230. The operation of the device is then as follows.

Initially, the drive spring 230 moves the drive sleeve 231, the drive sleeve 231 moves the first drive element 232 and the first drive element 232 moves the second drive element

234, in each case by acting through the flexible matching arms 233, 235. The second drive element 234 moves and, by virtue of static friction and hydrostatic forces acting through the drug 224 to be administered, moves the syringe body 216 against the action of the return spring 226. The return spring 226 compresses and the hypodermic needle 218 emerges from the exit aperture 228 of the housing 212. This continues until the return spring 226 bottoms out or the syringe body 216 meets some other obstruction that retards its motion. Because the static friction between the bung 222 and the syringe body 216 and the hydrostatic forces acting through the drug 224 to be administered are not sufficient to resist the full drive force developed by the drive spring 230, at this point the second drive element 234 begins to move within the syringe body 216 and the drug 224 begins to be discharged. Dynamic friction between the bung 222 and the syringe body 216 and hydrostatic forces acting through the drug 224 to be administered are, however, sufficient to retain the return spring 226 in its compressed state, so the hypodermic needle 218 remains extended.

Before the second drive element 234 reaches the end of its travel within the syringe body 216, so before the contents of the syringe have fully discharged, the flexible latch arms 235 linking the first and second drive elements 232, 234 reach a constriction 237. The constriction 237 is formed by a component 262 that is initially free to move relative to all other components, but that is constrained between the syringe flange 220 and additional flexible arms 247 on the second drive element 234. These additional flexible arms 247 overlie the flexible arms 235 on the first drive element 232, by means of which drive is transmitted to the second drive element 234. Figure 3 illustrates the injection device 210 at the position where the additional flexible arms 247 are just making contact with the constriction 237 in the component 262.

The constriction 237 moves the additional flexible arms 247 inwards, aided by the bevelled surfaces on both, and the additional flexible arms 247 in turn move the flexible arms 235, by means of which drive is transmitted from the first drive element 232 to the second drive element 234, inwards from the position shown to a position at which they no longer couple the first and second drive elements together. Once this happens, the first drive element 232 acts no longer on the second drive element 234, allowing the first drive element 232 to move relative to the second drive element 234.

Because the damping fluid is contained within a reservoir 248 defined between the end of the first drive element 232 and the blind bore 246 in the second drive element 234, the volume of the reservoir 248 will tend to decrease as the first drive element 232 moves relative to the second drive element 234 when the former is acted upon by the drive spring 230. As the reservoir 248 collapses, damping fluid is forced into the collection chamber 242. Thus, once the flexible latch arms 235 have been released, the force exerted by the drive spring 230 does work on the damping fluid, causing it to flow into the collection chamber 242, and also acts hydrostatically through the fluid and through friction between the first and second drive elements 232, 234, thence via the second drive element 234. Losses associated with the flow of the damping fluid do not attenuate the force acting on the body of the syringe to a great extent. Thus, the return spring 226 remains compressed and the hypodermic needle remains extended.

After a time, the second drive element 234 completes its travel within the syringe body 216 and can go no further. At this point, the contents of the syringe 214 are completely discharged and the force exerted by the drive spring 230 acts to retain the second drive element 234 in its terminal position and to continue to cause the damping fluid to flow into the collection chamber 142, allowing the first drive element 232 to continue its movement.

A flange 270 on the rear of the second drive element 234 normally retains the flexible arms 233 in engagement with the drive sleeve 231. However, before the reservoir 248 of damping fluid is exhausted, the flexible latch arms 233 linking the drive sleeve 231 with the first drive element 232 move sufficiently far forward relative to the second drive element 234 that the flange 270 is brought to register with a rebate 272 in the flexible arms 233, whereupon it ceases to be effective in retaining the flexible arms 233 in engagement with the drive sleeve 231. Now, the drive sleeve 231 moves the flexible latch arms 233 inwards from the position shown to a position at which they no longer couple the drive sleeve 231 to the first drive element 232, aided by the bevelled latching surfaces 274 on the flexible arms 233. Once this happens, the drive sleeve 231 acts no longer on the first drive element 232, allowing them to move relative to each other. At this point, of course, the syringe 214 is released, because the forces developed by the drive spring 230 are no longer being transmitted to the syringe 214, and the only force acting on the syringe will be the

return force from the return spring 226. Thus, the syringe 214 now returns to its retracted position and the injection cycle is complete.

Claims

1. An injection device comprising:

a housing adapted to receive a syringe having a discharge nozzle and having a boot that covers its discharge nozzle, so that the syringe is movable between a retracted position in which the discharge nozzle is contained within the housing and an extended position in which the discharge nozzle extends from the housing through an exit aperture;

a releasable locking mechanism that retains the syringe in its retracted position; and

a housing closure member that can occupy a first position, in which it locates on the housing and prevents the locking mechanism from being released, and a second position, in which it does not prevent the locking mechanism from being released, the first position of the housing closure member being one in which it engages the boot, so that movement of the housing closure member to its second position results in removal of the boot from the syringe.

2. An injection device according to claim 1 in which the first position of the housing closure member is one in which it closes the exit aperture to the discharge nozzle, and the second position is one in which it does not.

3. An injection device according to claim 1 or claim 2 in which the first position of the housing closure member is one in which it locates on the housing and the second position is one in which it does not.

4. An injection device according to any preceding claim in which the housing closure member is a cap that locates onto the housing.

5. An injection device according to any preceding claim further comprising:

an actuator; and

a drive that is acted upon by the actuator and in turn acts upon the syringe to advance it from its retracted position to its extended position and discharge its contents through the discharge nozzle.

6. An injection device according to claim 5 in which the housing includes means for biasing the syringe from its extended position to its retracted position, further comprising:

a return mechanism, activated when the drive has reached a nominal return position, to release the syringe from the action of the actuator, whereupon the biasing means restores the syringe to its retracted position.

7. An injection device according to claim 5 or claim 6 further comprising a release mechanism operable to release the locking mechanism, thus allowing the syringe to be advanced by the actuator from its retracted position to its extended position, and in which the first position of the housing closure member is one in which it prevents the release mechanism from being operated.

8. An injection device according to claim 7 in which the release mechanism is a primary member movable between locking and releasing positions and in which the first position of the housing closure member is one in which it covers the primary member.

9. An injection device according to claim 8 in which the locking position of the primary member is one in which it projects from the exit aperture and the releasing position is one in which it does not project from the exit aperture or projects from it to a lesser extent.

10. An injection device according to claim 9 or claim 10 in which the primary member is a sleeve.

11. An injection device according to any preceding claim in which the locking mechanism comprises a latch member that is located within the housing and is biased into a position in which it engages a locking surface and the release mechanism acts to move it from that position into a position in which it no longer engages the locking surface.

12. An injection device according to claim 9 or claim 10 in which the locking mechanism comprises a latch member that is located within the housing and is biased into a position in which it engages a locking surface, and the primary member includes a latch opening through which the latch member projects before it engages the locking surface, the primary member acting as a cam and the latch member as a cam follower, so that movement of the primary member from its locking position to its releasing position causes the latch member to disengage from the locking surface.

13. An injection device according to claim 12 in which the latch member includes a ramped surface against which a surface of the primary member acts to disengage it from the locking surface.

14. An injection device according to any one of claims 5-10 further comprising:

a trigger movable from a rest position, in which it causes the drive to be retained in a position corresponding to the retracted position of the syringe, to an active position, in

which it no longer causes the drive to be so retained, thus allowing it to be advanced by the actuator and in turn to advance the syringe from its retracted position to its extended position and discharge its contents through the discharge nozzle; and

an interlock member movable between a locking position, at which it prevents movement of the trigger from its rest position to its active position, and a releasing position, at which it allows movement of the trigger from its rest position to its active position, the trigger thereafter being retained in its active position.

15. An injection device according to any one of claims 8-10 further comprising:

a trigger movable from a rest position, in which it causes the drive to be retained in a position corresponding to the retracted position of the syringe, to an operative position, in which it no longer causes the drive to be so retained, thus allowing it to be advanced by the actuator and in turn to advance the syringe from its retracted position to its extended position and discharge its contents through the discharge nozzle; and

an interlock member comprising the primary member, the interlock member being movable between a locking position, at which it prevents movement of the trigger from its rest position to its active position and the primary member projects from the exit aperture, and a releasing position, at which it allows movement of the trigger from its rest position to its active position and the primary member does not project from the exit aperture or projects from it to a lesser extent, the trigger thereafter being retained in its active position.

16. An injection device according to claim 14 or claim 15, in which the trigger comprises a locking member that, in the rest position of the trigger, engages a locking surface of the drive and, in the active position, does not.

17. An injection device according to any one of claims 14-16 in which the trigger and the interlock member include a projection and an aperture, the projection being in register with the aperture when the interlock member is in its releasing position, but not otherwise, thus allowing the trigger to move from its rest position to its active position by movement of the projection into the aperture.

18. An injection device according to claim 17 in which the projection is on the trigger and the aperture is in the interlock member.

19. An injection device according to any one of claims 14-18 in which the trigger and another component of the device include a latching projection and a corresponding latching surface against which the latching projection latches when the trigger is in its active position.

20. An injection device according to claim 19 in which the latching projection is on the trigger.

21. An injection device according to claim 19 or claim 20 in which the said other component of the device is the interlock member.