THE G. E. BARNES DRUM MEMBRANE KNIFE AND SPATULA.

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There are certain objectionable points in the construction of myringotomes which have been on the market to date. The length of the blades is greater than advisable for incising the thin membrana tympani or even the posterosuperior meatal wall. The curves of the blades, whether convex or sickle shaped, are not only not required but actually unadapted to their work in such a small canal: during incision of the membrane, particularly from above downward, the long convex blade may cut the meatal wall; and during incision of the membrane either upward or downward the sickle shaped blade, because its curved back touches the meatal wall and thus prevents proper placing of the point, begins the incision too far from the margin of the membrane and tends to carry it beyond the desired spot at the terminal end. Furthermore, with a curved blade the operator cannot accurately estimate where its point is and, therefore, he may possibly insert the blade through the membrane farther than intended and do injury, particularly to the incudostapedial articulation.

To avoid these objections and to get an instrument that is adapted to its purpose as nearly as possible I have had made and wish to introduce the myringotome illustrated. The blade is straight, 1 mm. wide, 5 mm. long on its cutting edge, the point being formed by removing, in a somewhat oval line, the last 2 mm. on the back. It is thin, highly tempered and inflexible, and well sharpened.

The advantages of this blade scarcely need mention. Its short, straight cutting edge is long enough to execute the desired incisions and will not injure the meatal walls and its point, it being in line with the shank and the cutting edge, can be accurately placed wherever desired and its position in

the middle ear during the act of cutting can be quite accurately estimated. The blade is made for its work.

The shank next to the blade, for 2.5 cm., is very slightly less than 1 mm. in diameter and for its other 5 cm. it gradually increases up to 2 mm. in diameter at the bayonet offset. The total length of the blade and shank is, therefore, 8 cm. or a little more.

The shank, unlike that of most myringotomes, is long enough to permit its use through an electrically lighted otoscope as well as through an ordinary ear speculum.

The bayonet offset is made with a distance of about 12 mm. between the adjacent surfaces of the shank and handle. This offset entirely removes the fingers from the line of vision.

The handle is 7.5 or 8 cm. long and about 4.5 mm. in diameter. It is hexagonal so that it can be held when desired without rotation and yet it can be easily and smoothly rotated between the thumb and index finger in describing the necessary arc with the bayonet handle in making a curved incision in the membrane.

The spatula differs from the myringotome only in the blade. This is 1 mm. wide and 5 mm. long and its end is quite thin but not sharp, the corners being merely smoothed off.

I introduce this spatula for the purpose of gently inserting it and drawing it the length of the incision when the lips of the incision become adherent, according to my ideas set forth in my article on the treatment of otitis media without irrigations or wicks in this journal, March, 1922. Its end should be passed in merely far enough to accomplish this and not the slightest unnecessary spreading of the lips should be made in order to avoid the entrance of fresh infection and the disturbance of the anatomical parts.

In order that these twin instruments may have some distinguishing feature when their blades are wrapped in cotton I suggest that the handle of the spatula be made somewhat flattened from side to side instead of round.

The illustrations show the whole instruments in half size and the blades in full size. They appeared in the March number of this journal.