A MODIFIED TONSIL SNARE.

BY JOHN R. NOYES, M. D., BROCKTON, MASS.

In these times of scientific and artistic surgery it is a dull day, indeed, in which no new operation or new instrument for performing old operations is presented for the judgment of the surgical world. New instruments and modifications of old ones are being brought out so fast that the original models, like text-books, are soon consigned to the scrap heap.

Just to keep the ball a-rolling, I beg leave to add one more idea, one that I believe will prove to be a distinct advantage to all physicians who attempt to operate upon the pharyngeal tonsil. I have

always felt that the tonsillotome was a cumbersome and inefficient instrument, and, in trying to find something better, experimented with the various snares on the market, but found objectionable features in them all.

About a year ago I had my old Farlow snare remodeled. I had a hole bored through the base of one of the finger rings. Into this a rod for carrying the wire was inserted and held in place by a set screw. This rod was made long enough for the distal end to present through the tip of the canula, but instead of the regular canula I had the tips used on the Kratzmuller snare fitted. These are made in three or four different sizes. I have been using this snare during the last year with great satisfaction. It was only a few days ago that Boettcher's modification of the old Farlow snare came to my attention. His only essential departure from the old model was the use of the automatic thumb release, which allowed free use of the left hand.. This was a distinct improvement, but

with the rod for the wire and the ring tip added, we have, to my mind, a snare far superior to any yet presented. The proper sized tip is selected, and the wire loop is fitted into the groove in the tip, taking care that the loop is short enough to cut the tonsil completely off when it is drawn home. The tonsil is seized with the forceps, which are then locked. The tip of the snare is then passed over the forceps and forced down over the tonsil, at the same time making gentle traction with the forceps. Then the wire loop can be carried in the grooved tip well down to the base of the tonsil and placed in position to remove the whole of the gland much more readily than is possible with either the unguarded wire loop or the tonsillotome. Where necessary, adhesions between tonsil and pillars should be broken up, either with the finger or with instruments devised for that purpose. The wire loop can be very quickly pushed back into the groove in the tip and readjusted ready for the second tonsil.

For valuable assistance I am indebted to Mr. H. M. Lord, in charge of the surgical instrument department of the Globe Optical Company.

October, 1908.

Examination and Measurement of the Frontal Sinuses of Fifty-Nine Subjects. M. THIERRY DE MARTEL. *Ann. des mal. de l'oreille, du larynx, du nez et du pharynx*, April, 1905.*

The author has made two groups: the first, in which the sinuses were so small that they were difficult to find in the cadaver, and the second, when the development was of a larger size. In the latter group the height oscillated between 75 and 10 millimetres and the depth was nearly always between 12 and 18 millimetres.

The sinuses ought to be classed according to whether they are small or large. The deformity following a trepanning would be less in proportion to the shallowness of the sinus. In the group of the small sinuses, the author has never found a case of sinusitis.

SCHEPPEGRELL.