New Instruments

NEW NASAL SNARE.

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This is one of a series of instruments designed for nose and throat work, the special feature of each being the "pistol grip" handle, which allows the operator an unobstructed view of the field of operation and an easy natural position which does not cramp the hand or fingers. The nasal snare shown here is very light, being made from nickled tubular brass, is well reinforced, exceedingly strong and durable, and I believe embodies several features that will make it a valuable instrument.

1. The direct draft decreases resistance, and with the index and middle fingers in the rings the operator gets a purchase which makes a much more powerful snare than any with which I am familiar.

2. The double carriage avoids binding when traction is made, at the same time reinforces the whole instrument so there is no springing even when considerable force is exerted.

3. When greater force is needed the large thumb screw (follower) is easily operated by the free hand.

4. The piston (wire rod) that passes through the cannula or barrel is adjusted by another smaller follower set inside a slot on top of the carriage so it can be made any length desired by simply turning the thumb screw (follower), at the same time it is held securely in place, thus avoiding slipping or flying back or out. At the distal end of this rod there are two small eyes where either end of the wire after being cut the length desired may be threaded and bent so as to lay close to the rod, then drawn just inside the barrel (cannula). This method of threading is a feature that saves much trouble and is common to one or more snares now in use. After being used the piston can be very readily pushed back to be rethreaded if desired.

5. It has no nuts to work loose, no wires to protrude or slip and its general simplicity of construction will, I believe, appeal to the busy and practical operator.

A NEW INSTRUMENT FOR THE CURE OF HYDROCELE.

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The cure of hydrocele by injection with carbolic acid has obvious advantages over the cutting operations. Its serious defects have been (1) uncertainty of a cure, (2) unintentional injection of the acid into the scrotal tissues. Recurrence re-

sults from failure to destroy the serous surface, and this in turn from incomplete removal of the albuminous hydrocele fluid, an adherent layer of which protects the serous surface from the caustic effect of the acid.

These defects are remedied by the following method with the instrument herewith pictured, whose distinctive feature is the window in the cannula.

METHOD OF USE.

The distended scrotum is transfixed from above downward; after withdrawal of trocar and escape of fluid, the lower end of the cannula is closed by the cap and the sac is distended with warm salt solution injected through the upper end. Removal of the cap allows the solution to escape; and this flushing of the sac is repeated until the escaping water shows only a trace of albumin by the nitric acid test. The cap being replaced, an ounce or more (according to capacity of sac) of carbolic acid—pure or 95 per cent.—is injected, the scrotum thoroughly manipulated to secure contact throughout, and the acid allowed to escape; residual acid is neutralized by injection of alcohol; after escape of latter the cannula is withdrawn and punctures are sealed. Confinement to the house is unnecessary. The fluid which refills the sac in the next few days will be absorbed, but is better removed by a simple puncture.

This method, employed in 17 cases without recurrence, seems to offer all of the good and none of the evil features of the various cutting operations for simple hydrocele.

A SIMPLE NEEDLE-HOLDER.

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The multiplicity of needle-holding devices attests the lack of an instrument that meets the requirements of the busy surgeon. Most of them, if so constructed that they will hold a needle securely, are complicated and clumsy, requiring an unnecessary loss of time in locking and unlocking. A great deal of ingenuity has been expended on the construction of a jaw that would hold any needle and with this have gone complicated-locking mechanisms, so that when in actual use the average needle-holder was about as unhandy as it was possible to make a useful article.

The different patterns of needles are as varied as are the needle-holders, so that the technic of wound suture is anything but satisfactory to the majority of operators.

It has been my object to simplify both needles and needle-holders and to limit the kind used to a few effective styles of needles, and to devise a needle-holder with which these may be handled with the utmost ease and facility.

A few years ago it occurred to me that if I had a needle-holder that would fit naturally in the hand, so that the hand could be used in an unconstrained position, I could handle any needle dexterously without recourse to catching devices, thus rendering the instrument simple, efficient and time-saving. I therefore turned my attention to arranging a handle to different styles of jaws already in use, and finally adopted the style shown in the illustration. I have used this instrument for several months and it has greatly facilitated the application of the needle and suture. The handle fits nicely in the hand, and with the hand in a natural position the shaft of the needle-holder is parallel with the forearm; in fact, is a direct continuation of it. With a full curved needle in use a mere rotation of the forearm sends the needle through the tissues, and when the hand is relaxed the holder flies open and is ready to grasp the needle as it emerges and to repeat the process with no loss of time caused by the locking and unlocking of catches.