NEW LARYNGEAL INSTRUMENTS.

BY SETH SCOTT BISHOP, B.S., M.D., CHICAGO.

Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College and in the Post-Graduate Medical School.

The accompanying cuts illustrate four instruments which the writer has devised because he was unable to find similar ones that would render satisfactory service.

Fig. 1 shows a lateral biting forceps of extra length and strength, with which it is possible to remove laryngeal growths that are situated too low down to reach with the forceps commonly found in the market. With this we have removed growths, for example, located

Fig. 1.—Bishop's Long, Lateral, Laryngeal Forceps with Biting Edges.

below the anterior commissure of the vocal cords, which it was impossible to take out with the various other instruments generally employed for that purpose.

Fig. 2.—Bishop's Laryngeal Cautery Electrode.

Fig. 2 is a laryngeal, cautery electrode of special length, patterned after the forceps shown in Fig. 1. It is long enough to reach neoplasms which are situated below the vocal cords.

Fig. 3 shows a laryngeal applicator for introducing medicaments into the larynx by means of a cotton pledget twisted on the spiral

extremity. The handle is so constructed as to give one a firm grasp and to prevent it from rotating or being easily displaced while in use.

Fig. 3.—Bishop's Medium Laryngeal Applicator.

Fig. 4 is an especially-useful applicator in cases presenting an unusual distance to the vocal bands, and where it is necessary to apply medicated cotton pledgets below them.

The handle is made of a different pattern from the one shown in Fig. 3, not only to enable one to distinguish it from other instruments of a similar appearance, but in order to afford an unusually firm grip upon it, for in using applicators between and below the vocal cords, the spasm of the laryngeal muscles requires this advantageous feature.

Fig. 4.—Bishop's Long Laryngeal Applicator.

All of these instruments are made to incorporate certain principles that are requisite to success. They are firm and strong. They are made sufficiently long in the horizontal line to avoid interference with the patient's hands as he draws upon his tongue during an operation, and their vertical length is sufficient to reach the parts aimed at with facility.

The biting edges of the forceps should be kept sharp by protecting them from contact with each other when not in use. This can be done by twisting a thick piece of cotton between the blades and leaving it there until they are to be used. Instrument dealers overlook this important point, hence we find some of them worn dull before they have been employed by the surgeon.

The applicators are provided with extremities so prepared as to render it impossible for the cotton to become disengaged and lost during a treatment, if it is properly twisted on the holder.

These instruments were made by Truax, Greene & Co.

103 State Street.