NEW INSTRUMENTS FOR USE IN LARYNGEAL SURGERY.*

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Fig. 1. Laryngeal bougie for endoscopic bouginage in cicatricial web stenosis of the larynx. Made in sizes 8 to 30 mm.

Fig. 2. Retrograde laryngeal bougies for dilatation of tracheal strictures as well as the larynx from below. Made in sizes from

10 to 30 mm. For use only after the larynx has been dilated thoroughly by endoscopic laryngeal bouginage.

Fig. 3. Laryngeal dilating and drainage tube. The soft rubber tube is adjusted over a small silver tube which holds it firmly in place. The introductory jointed post is attached to the small silver

inner tube. The post is brought out of the tracheal fistula and anchored to the neck to prevent the laryngeal tube from becoming dislodged.

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Fig. 4. Split cannula with obturator introduced from below, and used for passage of laryngeal tube. The obturator is removed as soon as the laryngeal cannula is in position, and then the rubber dilating drainage tube is introduced. The cannula is slotted for the passage of the introductory jointed post.

Fig. 5. Tracheotomy tube with slanting end. The slanting end is introduced into the trachea fistula in the same manner as the introduction of a slanting end bronchoscope into the larynx. As these tubes are of extra length, a slide has been added which makes it easy to obtain the correct length best tolerated by the patient. In the neck piece the loop holders for the bars of the outer tube

are made very large. This allows free movement of the cannula, and it can easily accommodate itself to the various degrees of the angle of the trachea. By loosening the set screw on the neck piece, the tube can be taken apart and is easily cleaned. All of these instruments are made by V. Mueller & Co.