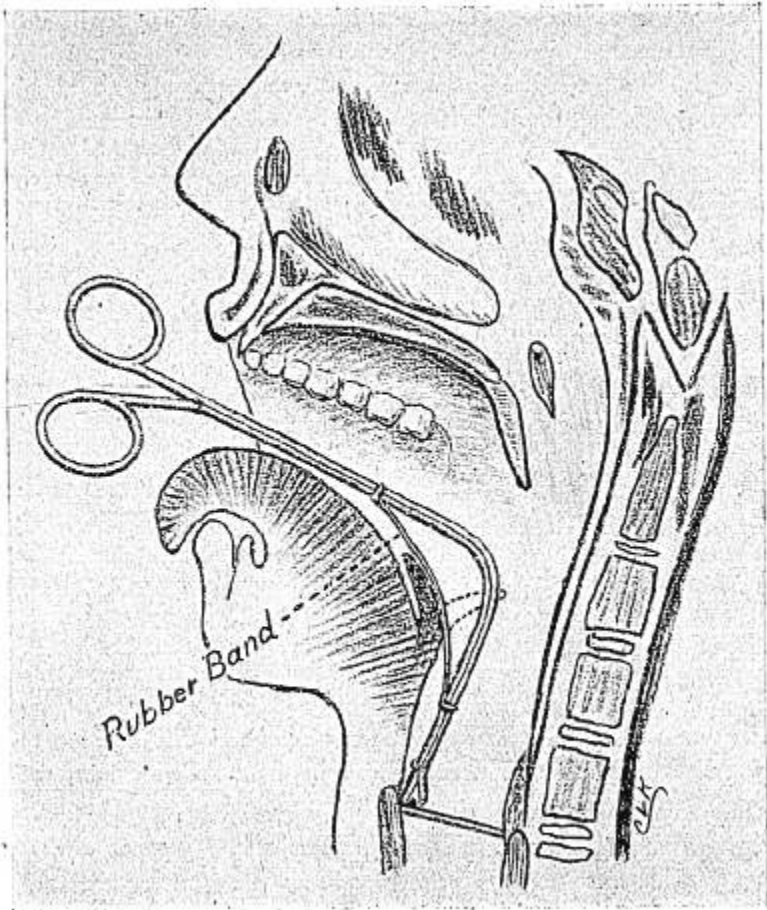


NEW INSTRUMENTS.*

BY LOUIS OSTROM, M. D., ROCK ISLAND, ILL.

SIMPLE EPIGLOTTIS RETRACTOR.

In operating on the anterior portion of the vocal cords, or adjacent parts, the anatomical structures at times interfere with exact

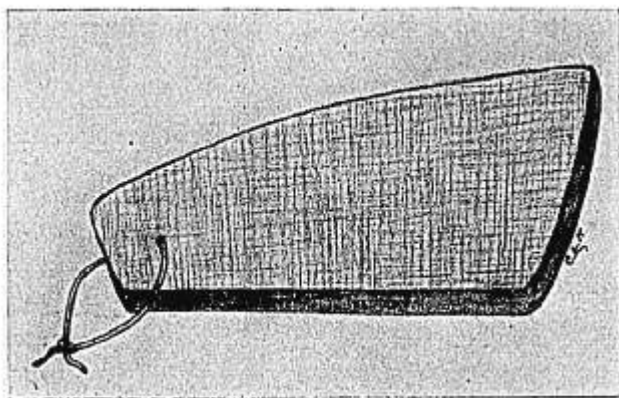


Simple Epiglottis Retractor.

manipulations. This is especially true as regards the epiglottis, which sometimes is very troublesome, overhanging the glottis,

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and obstructing a perfect view in the laryngoscope. In a few cases, a clear view of the anterior end of the vocal cords cannot be obtained by any method, unless the epiglottis is held forward by some form of probe, even though we have a patient very tolerant to laryngeal manipulations and pull forward the tongue and place head and neck in the most favorable position. In such cases, which, of course, are rare, one needs another hand in order to do accurate work. A very simple contrivance will do away with the difficulty, and in no way interfere with any manipulation. It is an ordinary small rubber band fastened by a slip-knot at each end to the laryngeal instrument, so that an end is on each side of the angle. The action of the rubber band can be modified by



Method of Extracting Bernays' Sponge from the Nose.

using a short one or a long one, thick or thin; and by the use of a slip-knot each end can be moved to any desirable location to vary the retracting action. It does not in any way interfere with the movement of any form of forceps, curettes or applicators, nor does it slip if properly attached.

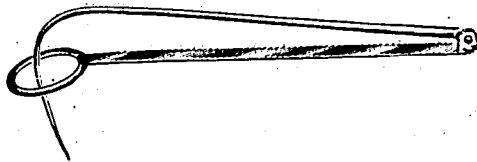
METHOD OF EXTRACTING BERNAYS' SPONGE FROM THE NOSE.

About the only objection against the compressed cotton (Bernays's) nasal sponges is the difficulty in removing them from any part of the nasal cavity excepting the anterior portion. If the nasal tissues have swollen, as is usually the case, it is not easy to see the packing, and the tissues are tender and sore, so that it is

quite painful to remove it, and portions may be left in the nose and produce subsequent trouble. Personally, I now use these sponges in nearly all my intranasal operations, submucous resection of septum, middle or inferior turbinectomies, spurs, etc., and find that after-treatment is reduced to a minimum with less liability to infection than when I used gauze. By running a strong thread through one end of the sponge, it can be placed anywhere in the nose, and as many as one likes may be used; and no matter how much the tissues swell up, all that is necessary is to catch hold of the knot and pull out the whole packing with the least amount of pain or injury. The sponge may be covered with rubber tissue, paraffin, or any other material if it is so desired, to protect the nasal mucosa.

LOCALIZER OF SUPERIOR OBLIQUE IN THE KILLIAN OPERATION.

I have seen four cases where diplopia was constant after the Killian operation (performed by some of the best European rhinologists), where the entire floor of the frontal sinus had been re-

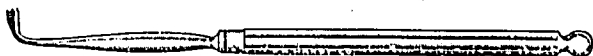


Localizer of Superior Oblique in the Killian Operation.

moved. I have also seen very many where there was no diplopia after the operation. As long as there is any danger of diplopia after this very useful operation, when the pulley of the superior oblique is separated from its bony attachment, any method by which the pulley is made more safe is worth adoption. With this little instrument the exact location of the pulley can be found, and with no loss of time. The pulley can easily be felt by the index finger, and the ring of the localizer is then pushed in over it, so that the pulley is felt inside the ring. The needle or finder is then brought over the edge of the frontal bony wall and falls on the floor of the frontal sinus, exactly in the center of the ring, or over the attachment of the pulley. A mark can then be made, and this portion of the bone saved. The instrument can be quickly adjusted to suit any case. It is made by F. A. Hardy & Co., Chicago.

POSTERIOR SUBMUCOUS ELEVATOR.

In an experience of over one hundred and thirty (130) submucous resections of the septum, I have found this instrument almost invaluable. Elevation of the mucous membrane of the septum is usually very easy with Freer's elevators, but I have rather often punched a hole in one side of the mucous membrane in going around corners and angles, when pushing backwards. I have seen many other surgeons do the same thing. I feel safer pulling than pushing, especially over the maxillary crest, so when I have elevated all the mucous membrane that separates easily with

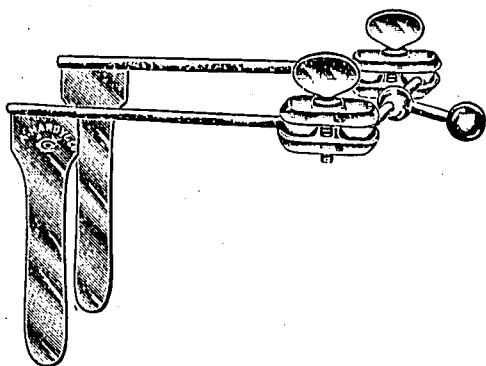


Posterior Submucous Elevator.

Freer's dull elevator, I use this right-angle elevator almost exclusively, and find that I can do faster and safer work than ever before, and that there is much less laceration or traumatism, especially at the anterior end of the crest, where the toughest adhesions are usually found. Also at points where previous cautery or sawing operations have formed firm adhesions, it is very helpful in elevating from behind as well as from in front. It is an ordinary dental burnisher bent at right angles, which can be further modified into an acute or obtuse angle.

SELF-RETAINING NASAL RETRACTOR.

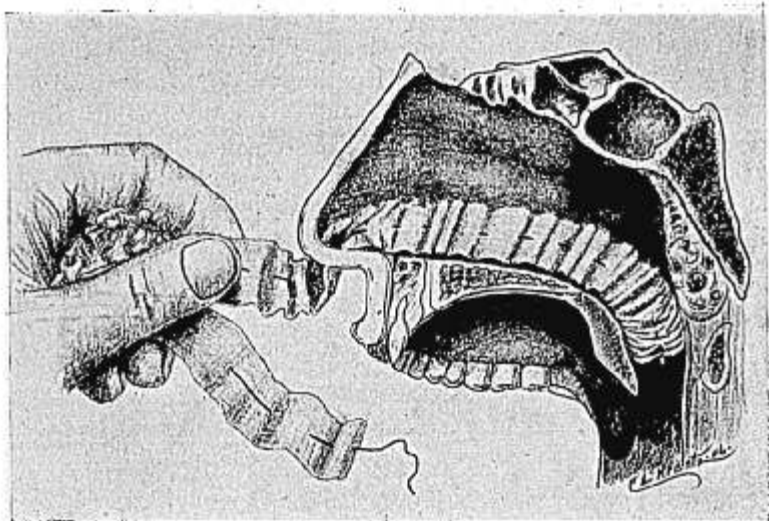
The self-retaining retractor shown herewith is universal in its movements, and is more easily managed than an assistant. The



Self-Retaining Nasal Retractor.

head band should be wide, so that it can be applied firmly to the patient's head. The arms and blades are pliable, so that any posi-

tion can be obtained with one or both blades independent of each other. By bending the blades, they can be used as a simple speculum, or deeper as retractors. No matter how the patient moves, the blades are always in the same position, and easily bent away so as not to be in the way if not needed. It does away with the disagreeable shifts produced at times when the assistant changes position or moves his body. It combines all the features of the different specula, with the additional substitution for the retracting assistant, giving us more room about the patient. It is made by F. A. Hardy & Co. and Von Mueller & Co., both of Chicago.



Simple Nasal and Post-Nasal Packing.

SIMPLE NASAL AND POST-NASAL PACKING.

Severe hemorrhage from the nose or post-nasal space is not uncommon. Packing the post-nasal space is easy if you have a tractable patient, but even then the gauze pad is not always easily adjusted, and it takes time and some apparatus, and bleeding interferes with accurate work. In packing through the nostrils it is still easier if the bleeding is not in the post-nasal space, but the great difficulty is that if gauze strips or anything else of the kind is used, it is very apt to fall down into the pharynx during gagging or hawking, and defeat its purpose. Furthermore, it cannot

be packed very firm. Compressed cotton sponges (Bernays) are not suitable for post-nasal packing. In some cases of severe post-nasal hemorrhage, one of them in a haemophilic, all manner of packing had been used, with no avail, until I used the method to be described, which is so simple that it can always be used if we can get a string and a piece of cloth. It may also be used in any blind cavity. By tying one end of a string, preferably strong black silk, to one end of a gauze strip, and taking long stitches (basting or drawstring) through the gauze or strips, the gauze, with knot attached, is packed through the nostril into the nose or post-nasal space, and the string pulled on at times to pack from behind, until enough has been accomplished. The gauze may be treated with any kind of medication. If it is desired to pack the entire nasal cavity from post-nasal space forward, several such basted gauze strips of any desired length or width can be used and can be packed as firmly behind, by pulling on the basting string, as by packing from in front, with no inconvenience on account of any hemorrhage that may be present. The packing is easily and quickly removed by simply pulling out the gauze and letting the string slip through it, and, if necessary, it only takes a moment to repack the nasal cavity.

People's National Bank.
