

## New Instruments.

### NEW INSTRUMENTS FOR THE REMOVAL OF THE FAUCIAL TONSILS.

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The methods of tonsillotomy that have been in use in the past having proven unsatisfactory and incomplete, it seems an opportune time to present, not a new operation, but a new method of operation. We are fast coming to realize that enlarged or diseased conditions of the tonsil are a detriment to the economy and nearly all of us agree at the present time that, when a diseased condition of a gland exists, the entire gland should be extirpated.

For the past five or six years it has been my custom to remove the entire tonsil when diseased or chronically enlarged. For this purpose I have devised instruments which make the operation complete. It is almost universally conceded that if any procedure is adopted at all, it is to the end of destroying the gland, whether this be by a shrinking process, by cautery or by operative means. For the first method little is claimed and the only time it is used is when the patient or his friends interfere with our plans. The second method is divided into a variety of procedures, from puncture of the crypts and even burning between the crypts, to complete removal of the gland itself and at times part of the anterior pillar. This form of treatment has some very warm advocates and some very happy

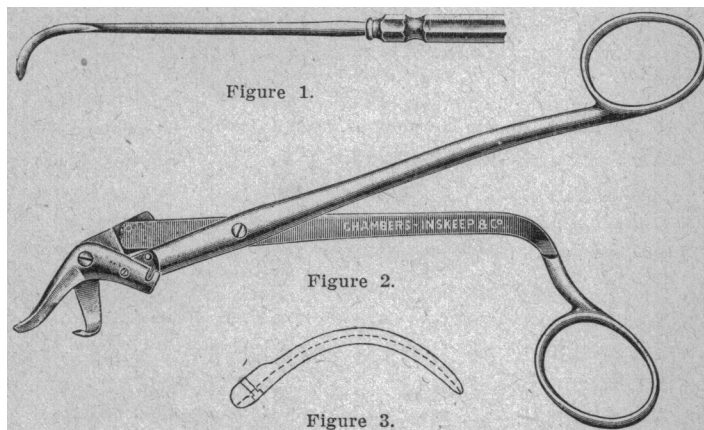


Fig. 1.—The curved knife. Fig. 2.—The scissors. Fig. 3 shows the curvature of the cutting edge and is full size.

results have been attained by its use. Some also prefer the use of the scalpel and think they obtain fine results by the complete dissection of the gland. All of these operations have friends, and it is not with any idea to tear down, but rather with the thought of giving one more method to consider, that I have sought to bring to notice a scissors, which seem, after considerable use, to be superior to all the former methods, both in the completeness of the operation and the ease with which the operation is performed, both for the patient and the surgeon.

I prepare the patient in the usual way, using applications of cocain alternately with full strength solution of adrenalin, sometimes injecting a weak solution of cocain into the tonsil itself, or if the use of cocain is not desired, the tissue may be frozen with ethyl chlorid spray. General anesthesia is seldom required. The pillars of the palate are then separated from the tonsil with the knife shown in Figure 1. This knife is simply a double-edged bistoury curved on the flat and with a dull point. The radius of the curve is 1 cm., and the cutting edge is 2 cm. in length. The instrument in all is 28 cm. long and has an octagonal handle so it may be turned in the fingers easily. It is double-edged, so it serves for either tonsil. In separating the pillars care should be exercised not to destroy the muscular layers of the pillar. After the tonsil is thus separated from the palatal pillars, it is grasped with a fixation forceps and the gland removed with the scissors, cutting from

above downward. Great care must be taken to remove all the gland. Unless the operator be observing, a part of the upper portion may be missed. If such be the case it can easily be removed by a subsequent snip of the scissors.

It is not so rapid an operation as tonsillotomy performed by the tonsillotome, but it is far superior, as in the case of operation by the tonsillotome the entire gland can not possibly be removed. In the latter, the operator can remove all or part as he may desire. The right tonsil should be removed while holding the scissors in the left hand, but if the operator be not ambidexterous, it can be done while they are held in the left, although in this position he must work over the grasping forceps. Figure 2 shows the scissors. They are made in two sizes, for adult and children, and are made rights and lefts.

The advantages of the scissors are:

1. They allow of the removal of every part of the gland, or any portion of it, as the operator may choose.
2. They are bent on the long axis so that when fitted into place the handles are horizontal.
3. They are made with a double joint so that the cutting edges can be thrown wide apart, with little movement of the handles, allowing the operation being done in cases where the jaws can not be widely separated.
4. The blades are curved enough to make it unnecessary to turn the scissors on their long axis, in cutting the lower portion of the gland.
5. They enable you to remove small diseased tonsils which are impossible to remove with the tonsillotome.
6. You are enabled to remove the entire gland with no injury to the pillars.
7. There is not the soreness following the operation that is so common in the use of the galvano-cautery, and ear complications are not so liable to occur.

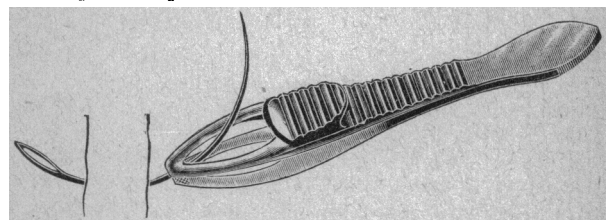
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### A NEEDLE EXTRACTOR.

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The difficulty of extracting a needle after it has been inserted into dense tissues, especially if threaded with heavy suture material, is one with which every surgeon is familiar. Inasmuch as it is often impossible to let go with the needle holder before getting a hold of the point of the needle with something, one mostly resorts to extract the needle with a pair of hemostatic forceps, or if it is a fine needle a pair of ordinary tissue forceps is used. Neither of these instruments are well adapted for the purpose; the hemostatics are unhandy, and often crush the needle, while the tissue forceps slip and nearly always spoil the point of the needle.



In offering the present needle extractor I have added no distinctly new instrument to the already great number, but have merely tried to modify a pair of heavy tissue forceps to the special use of a needle extractor.

The instrument is a pair of heavy tissue forceps, 4½ inches long, having a large eyehole in the side of each blade through which the point of the needle passes. The tips of the forceps are lined with soft corrugated copper, and on the sides of the blades are placed thumb supporters in order that the instrument may be held more firmly.

### Rapid Granulation of Wounds Exposed to Sunlight.—

O. Bernhard has been making a practice lately of exposing slowly-healing wounds to intense sunlight. Granulation is visibly promoted and the healing of tuberculous cavities after evacuation has been favorably influenced.—*Corr. f. Schw. Aerz.*