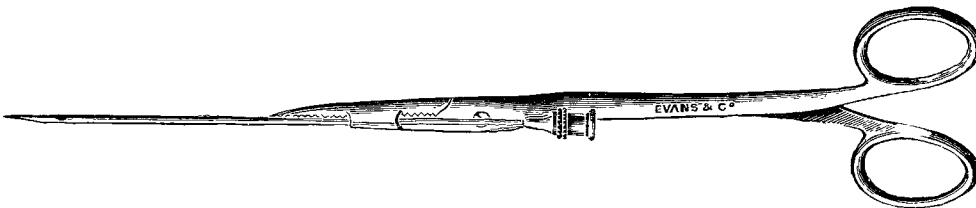


## New Inventions.

### A NEW FORCEPS.

Mr. Francis Woore has devised a new forceps for use in deep abdominal operations. He says: "In operating on cases

along the needle is the usual method of procedure when the abscess is deep-seated but it very often leads to failure. The forceps which I have devised has two grooved pieces of metal attached to each blade in such a way that when the blades are closed the two grooves make a little channel which encircles the needle without grasping it firmly; in that way the forceps can be run down the needle, using the needle as a director, and so be made to penetrate the deep abscess cavity. The blades can then be opened wide and withdrawn in the ordinary way. The illustration shows that there is a bend in the forceps in which the head of the needle can lie, so that when it is grasped the needle and the forceps are in a straight line. The instruments have been made for me by Messrs. Evans and Wormull of 31, Stamford-street, London, S.E."

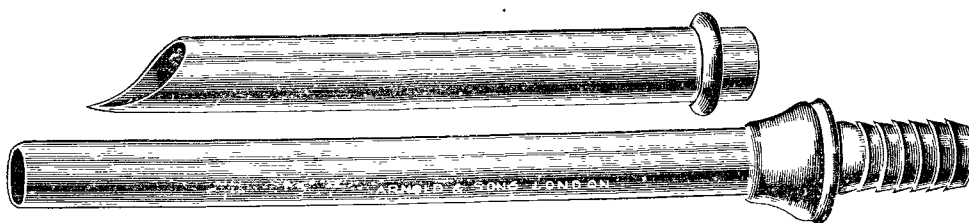


View of forceps in the position it should occupy when entering the abscess cavity.

of abscess of the liver I have found great difficulty when the abscess cavity has been discovered by means of the needle aspirator in removing the needle and enlarging the opening of the abscess. To run an ordinary pair of forceps

specimen specimens of his forceps in two sizes and we quite see that they possess the advantages which he claims for them. By their use a little mechanical difficulty that often occurs is obviated.

### NEW OVARIOTOMY TROCAR.



they are easier to manipulate, simpler, and easy to clean. I find it for these reasons a great improvement on the older and more complicated variety.

Harley-street, W.

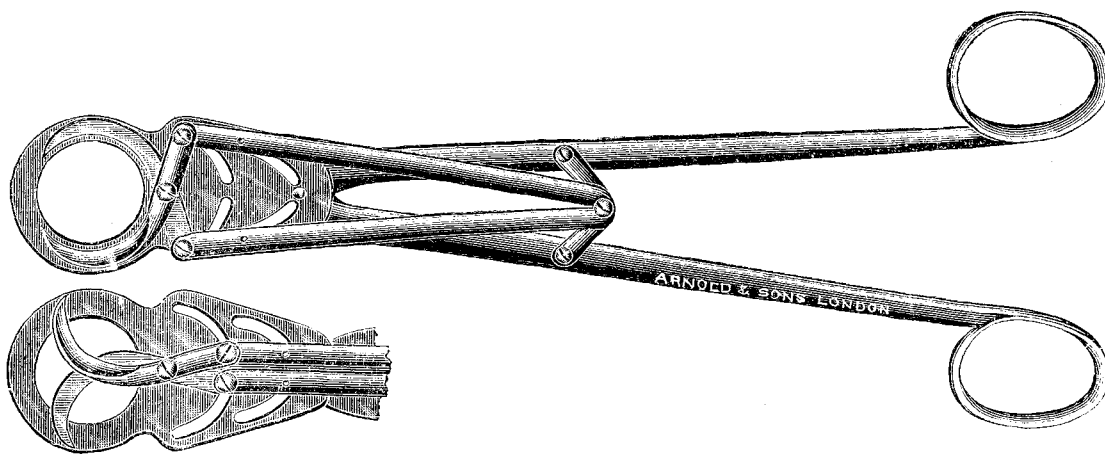
Messrs. Arnold and Sons of West Smithfield, London, E.C., have made for me the ovariotomy trocar shown in the illustration. It consists merely of two tubes, one of which is pointed like the ordinary Spencer Wells trocar and the other is blunt. They slide over one another just as in the old-fashioned trocar but there is no bayonet joint and the tubes are perfectly straight so that

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### THE TONSILLSECTOR.

In the removal of enlarged tonsils some surgeons advocate the use of the probe-pointed bistoury, but this procedure involves a great amount of skill and dexterity and is not unattended with the risk of accidentally wounding the internal carotid artery or the ascending pharyngeal branch of the external carotid. The guillotine, no doubt, is free from the danger of injuring these structures, but it requires the use of both hands to manipulate and usually the aid of an assistant to press the tonsil into the instrument from the

much or as little of its substance can be removed as is desired. There is no sudden thrust. If it seems necessary to make another cutting, the instrument (which is manipulated by one hand alone) being kept *in situ*, the blades can be quietly opened and again put into operation, or as often as desired. It can be applied with equal ease to either side. It is exceedingly simple in construction and can be taken to pieces for cleaning. The accompanying illustrations show the instrument open and closed. I am aware that attempts have been made before to employ the cutting action of



outside; the tonsil must be suddenly cut off with a quick, snapping movement, and if the aim be missed, or an insufficient portion excised, the guillotine must be removed from the mouth, opened, and reapplied, thereby disconcerting both operator and patient. The same objections apply to the tonsillotome, but they are completely avoided in my tonsillsector, the novel feature of which consists in the action of circular scissor blades, moving inside a circular guarding ring. Here, two cutting blades are at work at the same time; the operation can be done deliberately and quietly; the moment the blades bite, the tonsil is fixed and exactly as

scissor blades, which no doubt is the best, but the difficulty of completely guarding the action inside a protecting ring has never been successfully worked out before. It is an advantage to seize the tonsil with a small vulsellum after placing the instrument in position; this steadies the tonsil and the excised portion is thus prevented from dropping back into the pharynx and can be easily removed from the mouth. The instrument is made by Messrs. Arnold and Sons, of West Smithfield, London, E.C.

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Carrickfergus.