TONSIL HÆMOSTATIC FORCEPS.*

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WE must agree, I think, that the hæmostatic forceps in common use, during the operation of enucleation of the tonsils, are not all that could be desired for dealing with hæmorrhage. They interfere with access to the part in question, and, being formed as they are, they crush the tissue in such a way as to be the cause, I maintain, of ligatures "slipping" after tying. The usual forceps frequently are the cause of difficulty in engaging the tissues in the ligature.

In an endeavour to overcome, in a measure at any rate, these difficulties, I, with the help of Mr Charles Heath, arrived at the hæmostatic forceps now demonstrated. They were made for me while I was in London two years ago.

1. The instrument has the Heath Nasal Forceps handle. This handle removes the great obstruction met with in the usual straight forceps, *i.e.*, the hand of the operator is moved out of the line of vision.

2. The engaging blades at a distance of 1 cm. from their tips are wide apart, and they rapidly curve in to their tips, the terminal 3 to 4 mm. being almost in the form of a circle. The easy engaging of the tissues in the ligature when "tying off" their long axis is an obvious advantage, and is due to the slipping of the ligature off this part of the instrument.

3. The tips have an engaging area of 1 to 2 mm. in breadth and 4 mm. in a vertical direction. It will be readily seen that when the tissue is seized with the forceps it is crushed only at the point of engagement, so that when the ligature is tied it is at this area of crushed tissue. A bulged uncrushed portion of the tissue lies outside and round the ligature. This helps considerably towards maintaining the ligature where it has been tied.

4. The vessels of the tonsillar bed, for the most part, are vertical, and so more of the vessel than the bleeding point is picked up with the forceps, the long axis of the engaging ends being in a vertical direction.

5. The advantage of being able to separate the pillars of the

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fauces by dilating the blades, and of obtaining a good view of the tonsillar bed between the engaging ends, helps considerably in discovering and picking up the bleeding points.

6. The instrument is so made that when operating with the patient in the sitting position, the point of balance is placed so that it rests on the lower incisor teeth without dragging on the tissues.

7. The instrument is made of "rustless" steel.

During the last eighteen months the forceps have been used by me in all tonsil enucleation operations (totalling over 200 private cases), all of which have been performed under "block analgesia," some in the sitting and others in the lying position. The instrument was designed for operating with the patient in the sitting position.

I am indebted to Mr Charles Heath for generously allowing me to use his design of the nasal forceps handle and for his suggestions and supervision of the instrument during its manufacture.

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