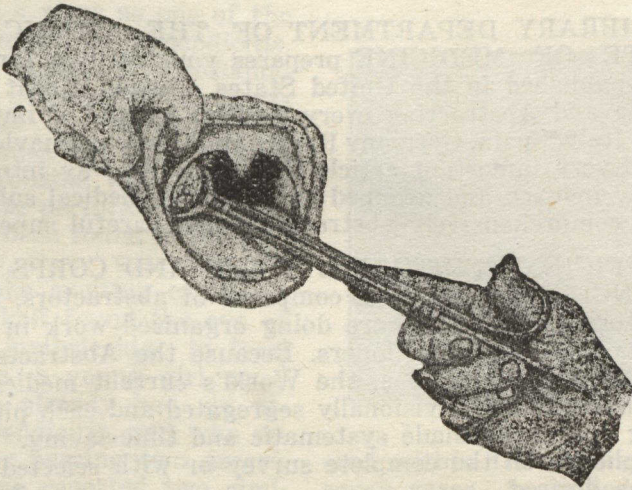


may thus be locked to retain the half rings, G, in the position shown in Figures 2, 3 and 4. It will be noted that when the half rings are opened out, as shown in Figure 1, that a completely unobstructed fenestrum is formed through which the tonsil to be removed may protrude when the device is positioned for use.

The device is used in the following manner: In the first place the instrument is opened, as shown in Figure 1, and by suitable

superior constrictor pharyngeal muscle and crushes the connecting tissues, thereby securing hemostasis. The knife is then rotated by means of its handle to remove the tonsil from the crushed stump.

This method is the most nearly bloodless of any I have seen and is very rapid, my ordinary time for removal of tonsils and adenoids in a child being less than a minute. So brief an anesthesia is required that there is the mini-



manipulation the tonsil to be removed is forced into or through the half rings, which are then folded together and locked (Fig 4). This procedure separates the tonsil from both the anterior and posterior faucial pillars and the

muscle of anesthetic used and consequently the least toxic effect. The method is so easy in ordinary cases that any family physician could do the complete enucleation, relieving him or the family of the necessity of employing a specialist.