

SATOUS (C.E.)

Modification of
Cohen's laryngeal forceps

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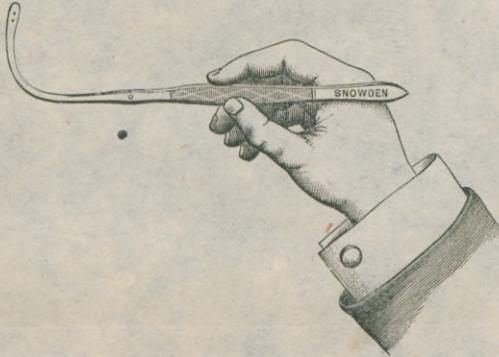
MODIFICATION
OF
COHEN'S LARYNGEAL FORCEPS,
MAKING THEM ADAPTABLE FOR POST-NASAL, PHARYNGEAL, AND
LARYNGEAL APPLICATIONS.

BY CHARLES E. SAJOUS, M. D.

Instructor on Laryngology and Rhinology in the Summer and Post-Graduate Courses, Jefferson Medical College, etc.

The spring, slide and catch, and general conformation of Dr. Cohen's valuable instrument having been preserved, the only modification, as shown in the cuts below, is in the shape of the curve, which, instead of a right-angle, assumes that of the arc of a circle, with retrocession of the tip towards the centre.

In the posterior nares, this peculiar curve renders it available for applications to the turbinate mucous membrane, mouth of the eustachian tubes, pharyngeal vault, etc., the position of the tip being regulated by that of the handle. In simple curves, that is to say those in which the axis of the tip is at right-angles with that of the handle, the tip does not reach the inferior turbinated bones, or the floor of the posterior nares, the depression of the lower jaw not permitting sufficient depression of the handle.



For the pharynx, it takes the place of the straight forceps when held horizontally, directing the tip toward the pharyngeal wall, and enables the operator to medicate in one application the whole tract from the vault to the beginning of the œsophagus.



For the larynx, the curve following a line passing over the tongue and the posterior surface of the epiglottis to the middle of the vocal bands, it preserves the advantages of right-angle instruments, without involving their difficult manipulation.

The instrument is smaller and lighter than Dr. Cohen's.

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MODIFICATION

OF

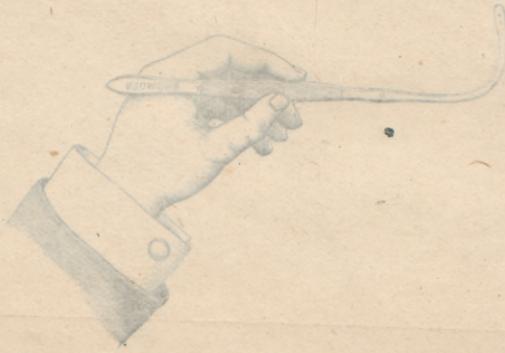
COHEN'S LARYNGEAL FORCEPS

MAKING THEM ADAPTABLE FOR POST-NASAL, PHARYNGEAL, AND LARYNGEAL APPLICATIONS.

BY CHARLES E. SALTER, M. D.

Instructor in Laryngology and Rhinology in the Summer and Post-Graduate Courses, Jefferson Medical College, etc.

The spring, slide and catch, and general conformation of Dr. Cohen's valuable instrument having been preserved, the only modification, as shown in the cuts below, is in the shape of the curve, which, instead of a right-angle, assumes that of the arc of a circle, with retrocession of the tip towards the center. In the posterior nares, this peculiar curve renders it available for applications to the turbinate mucous membrane, mouth of the eustachian tubes, pharyngeal vault, etc., the position of the tip being regulated by that of the handle. In simple curves, that is to say those in which the axis of the tip is at right-angles with that of the handle, the tip does not reach the interior unobstructed bones, or the floor of the posterior nares, the depression of the lower jaw not permitting sufficient depression of the handle.



For the pharynx, it takes the place of the straight forceps when held horizontally, directing the tip toward the pharyngeal wall, and enables the operator to introduce in one application the whole force from the root to the beginning of the oesophagus.



For the larynx, the curve following a line passing over the tongue and the posterior surface of the epiglottis to the middle of the vocal bands, it preserves the advantages of right-angle instruments, without involving their difficult manipulation. The instrument is smaller and lighter than Dr. Cohen's.

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