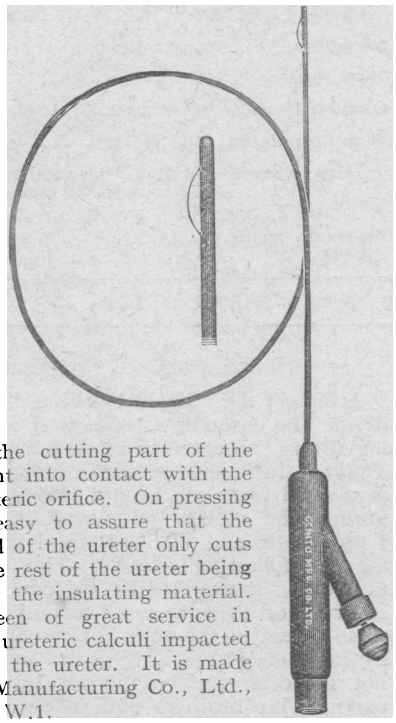
Preparations and Appliances

A URETERIC MEATOTOME

Mr. H. P. WINSBURY-WHITE, F.R.C.S. (London, W.1), writes:



The electrode shown in the figure has been constructed for use with a high-frequency cutting current, and is employed trans-cystoscopically. After the instrument has been passed through the cystoscope, and its tip inserted into the ureteric orifice, a button is pressed at the outer end; a loop of wire, 1/2 cm. in length, is thus made to project laterally for about 2 mm. near the point of the instrument. This loop is the cutting part of the electrode, and is brought into contact with the upper margin of the ureteric orifice. On pressing the foot switch it is easy to assure that the resulting slit in the wall of the ureter only cuts the portion required, the rest of the ureter being adequately protected by the insulating material. The instrument has been of great service in assisting the passage of ureteric calculi impacted in the pelvic portion of the ureter. It is made by the Genito-Urinary Manufacturing Co., Ltd., 28A, Devonshire Street, W.1.

TREATMENT OF PERSISTENT EPISTAXIS

Mr. A. TUMARKIN, F.R.C.S.Ed. (Liverpool), writes:

Epistaxis, though very alarming to both patient and onlookers, is rarely serious, and usually easily controlled and cured; on the other hand, desperately dangerous and even fatal cases have been reported. The following, although never alarming, was quite the most obstinate case I have ever encountered.

Mrs. M. H. began with epistaxis in 1899, as a girl of 14 years, and trailed round endlessly from private doctors to hospitals and back again. She was naturally cauterized endless times, and was given various lubricants. Later, "bits of bone were snipped off," and early in 1931 her septum was resected; this gave her freedom for a month, but then the condition recurred. Her nose used to fill with sanguineous crusts, and she bled regularly two or three times a week, and every few weeks had a really big loss. Both sides bled, but the left was worse by far. I saw her early in February, 1932, and after removing the crusts found the septum generally engorged and velvety, but with no outstanding vessels worth cauterizing. In despair I decided to use radium, and in all she had the following applications.

February, 1932.—One 3 mg. needle, 8 mm. screenage, left nostril, twenty-four hours.

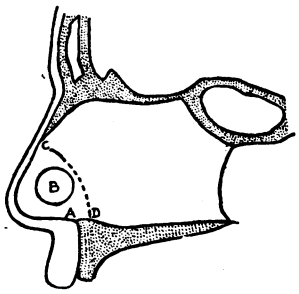
July, 1932.—Three 1 mg. needles, 8 mm. screenage, right nostril, forty hours.

November, 1932.—Two 1 mg. needles, 8 mm. screenage, left nostril, forty-eight hours.

June, 1933.—Two 1 mg. needles, 6 mm. screenage, left nostril, forty-eight hours.

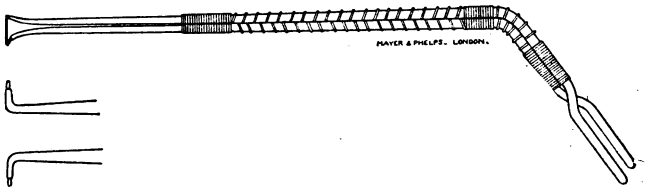
The patient was very enthusiastic about the results. Almost at once the left side dried up, and she insisted that I should go on to the right. I deferred this until July, fearing a delayed reaction in the cartilage. After the July treatment the right side stopped bleeding but the left recommenced, and so in November I gave another treatment as indicated. This again stopped the bleeding, but in June, 1933, as there were occasional trivial losses, I gave her a final treatment. Since then she has had no further haemorrhage. The nose, however, is still liable to fill up with crusts, and in this connexion I would draw attention to a lotion which I have found to be by far the best application: fel bovinum 2 per cent., sodii bicarb. 5 per cent., glycerin 20 per cent., aqua ad 100 per cent.

The classical treatment of epistaxis—namely, the application of the cautery or of caustics to the "bleeding area"—has always seemed to me open to objections. Faced with a bleeding patient, one's first thought is to arrest haemorrhage; this done, one looks at "Kiesselbach's area" and wonders where to begin. I have so often seen these patients with scars, crusts, ulceration, and even perforation in the area of Little (or Kiesselbach), that some time ago I began to wonder whether some more rational and less destructive line of treatment could be evolved. The more so as this crusting is so irritating, and, especially in children, sets up the habit of nose-picking, which in its turn produces the dreaded epistaxis once more. Little's area is supplied (see diagram) from above and behind by the septal branches of the spheno-palatine artery and from below by the septal branch of the coronary artery. Possibly also the descending or anterior palatine may send a branch up through Stenson's foramen, but this is of no importance. It seems to me far preferable to attack these vessels, and this has proved eminently satisfactory. Often it is possible to make out a largish vessel entering from above or behind, but certainly in a very considerable proportion of cases one can discover a distinct vessel or leash of vessels below. Usually these run across the floor of the vestibule in a ridge actually in the muco-cutaneous junction, but sometimes one or more vessels run parallel about 1/4 inch posteriorly. They are especially distinct in the cases where a horizontal spur is present.



A, Site for cauterizing septal branch of coronary in floor of vestibule. B, Kiesselbach's area. C–D, Trench for obstructing branches of spheno-palatine.

Treatment should be directed in the first instance to these latter vessels. I have found the chromic bead surprisingly efficacious. It is quite painless; even children tolerate it without cocaine. If this is insufficient to control the haemorrhage, one attacks the postero-superior vessels at a later date. For this I use a special cautery point and produce a more or less continuous trench, as in the diagram.



This is placed well away from the area where "spontaneous" perforation of the septum is liable to occur. It heals rapidly, and does not form troublesome crusts. This line of treatment has enabled me, almost entirely, to dispense with the old method of treating this very troublesome condition.

THE "DAVON" SUPER-MICROSCOPE

F. Davidson and Co. (143–149, Great Portland Street, W.1) announce the construction of a new microscope for the rapid examination of uncovered slides at a fixed magnification of × 1,000 (Bacteriological Outfit No. D.9). The apparatus, which comprises a horizontally mounted microscope, employing eyepiece, "collector," and primary *and* secondary objective, enables full magnification to be obtained with a 1/6 inch instead of a 1/12 inch lens. It is compact, easy to operate, and gives excellent results with stained blood or pus smears.

APPLE POWDER

"Aploma" is stated by the vendors to be a specially prepared apple powder, which they recommend for treatment of diarrhoea and in particular of diarrhoea in children. Analyses have shown that aploma has a high pectin content, and to this its astringent properties are ascribed. The preparation was produced at the instigation of the Children's Clinic of Munich University, and several of the staff of this clinic have published articles recording its beneficial therapeutic effects. It is marketed in England by Messrs. Coates and Cooper, Ltd., 94, Clerkenwell Road, E.C.1.