surgery hours or that self-referral to hospital would hasten treatment; in several instances the patient was unable to contact the family doctor (7·9%) or on doing so was directed to hospital (3·2%). It is unlikely that any emergency service can be organized to be ideal to all concerned, but there does seem to be a disturbing trend in the receiving of "acute" cases. This may be peculiar to the Glasgow Western Area, though the general impression is that it may be a widespread urban problem.

The most satisfactory method of emergency admission is where the patient has been referred by his own family doctor and full discussion on a doctor-to-doctor basis has taken place between the general practitioner and the hospital junior physician. This kind of referral, however, is slowly decreasing (see Chart). This transfer of decision regarding referral of patients to hospital out of the family doctor's hands into the patient's is to be regretted when one considers what should be the role of the family doctor and the function of the hospital in the community.

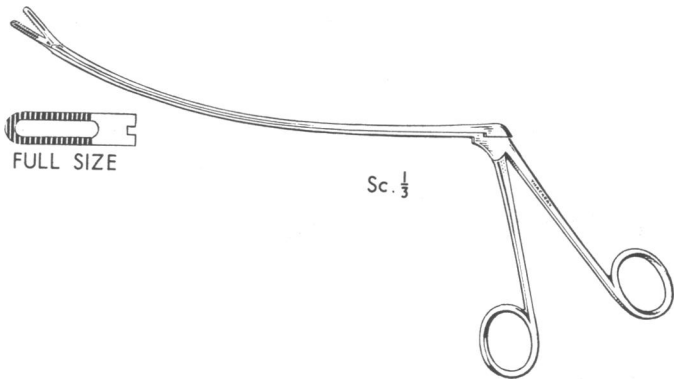
I wish to thank Dr. J. D. Olav Kerr, consultant physician in charge of wards, for his encouragement and helpful advice in the preparation of this paper. I am grateful to Miss M. Galbraith, the unit secretary, for her help with the case records.

New Appliances

New Endarterectomy Forceps

Mr. PETER MARTIN, consultant surgeon, Chelmsford Hospital, Essex, writes: During the operation of endarterectomy the sequestrum is loosened by some form of stripper and a suitable instrument for its extraction is necessary. Desjardins's forceps have been used by many but the jaws on this instrument are not strong enough for this purpose, and if the sequestrum is adherent over a small segment it cannot be removed.

Because of this Messrs. Thackray were asked to make an instrument on the same lines as Desjardins's forceps but with a different hinge mechanism and also with a suitable curve in the shaft. This they have done (see Fig.), and for the past two years we have been using this instrument and find it of great value for the purpose for which it was designed. The grip on the sequestrum is strong and, furthermore, it will readily avulse an attached portion of the diseased intima at the proximal end of the artery being treated. The use of this instrument has facilitated the whole operation considerably.



Arterial Sling Tourniquet : New Method of Clamping Vessels

Mr. D. C. DUNN, lately of St. Albans City Hospital, now at the Department of Surgery, Addenbrooke's Hospital, Cambridge CB2 2AH, writes: The vascular clamps at present in general use are very satisfactory for normal vessels but are traumatic to arteriosclerotic arteries. As most arterial surgery is carried out on such diseased vessels there is a need for a more gentle method of temporary vascular occlusion. Clamps have been devised to overcome these difficulties, but usually they are difficult to manufacture and are expensive. This note describes a device which is very simple, gentle to arteriosclerotic arteries, easy to use, and inexpensive to manufacture.

During direct arterial surgery it is standard practice to pass

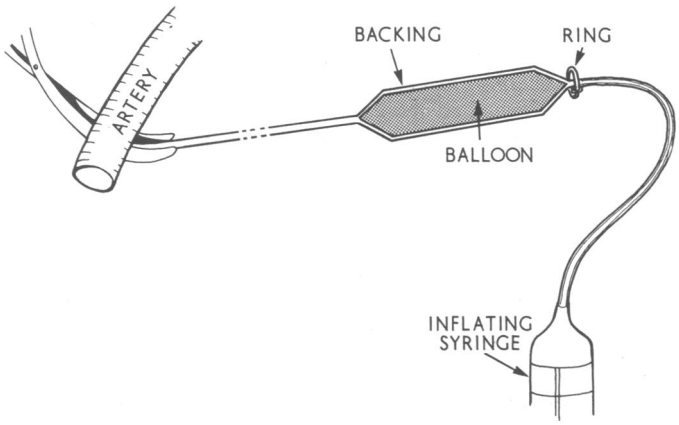


FIG. 1.—Construction of the tourniquet and the method of applying it round an artery.

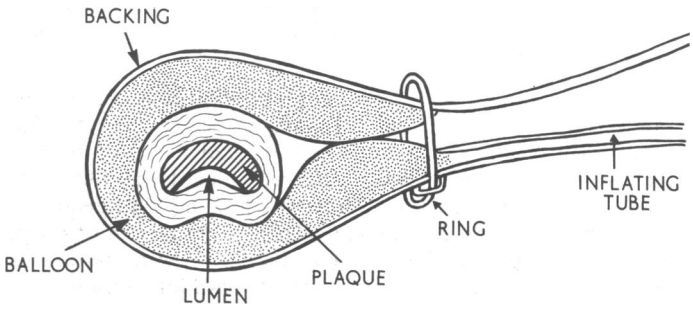


FIG. 2.—Tourniquet applied round an arteriosclerotic artery. Inflation pushes the soft part of the arterial wall into the hard plaque, occluding the lumen.