New Appliances

REMPLOY CHAIRBATH

Dr. H. HALL-TOMKIN, of Exeter, writes: Bathing is a subject which has received considerable attention in recent years, and the hygiene of the procedure has been in question on many occasions. In addition an appreciable number of people have found it impossible to enter or leave the conventional bath, and the hazards of slipping and sustaining injury are well known. Several attempts to overcome these criticisms have been made, and out of them a bathing-chair (see illustration) has been developed.

It consists of a rigidly constructed frame on which is a split seat and back support. On the side is mounted a unit which feeds back shower, a removable hand shower in front, and a third assembly below the seat with its jets directed downward. All are mounted on ball-and-socket joints, making the direction of flow a matter of individual choice. The three units are independently controlled by stopcocks, and all of these are readily accessible and can be mounted on either side of the frame.

The taps can have lever controls as an available alternative, to help those who cannot rotate their hands. An independent footrest is available and can be placed wherever the sitter wishes.

The following advantages are claimed for this apparatus: (1) It is more hygienic and the criticism of bathing in a mild solution of sewage in an ordinary bath is overcome. (2) The difficulties of entering and leaving a bath are eliminated.

(3) Several can be used in series, with a common source of thermostatically controlled heated water, and beyond having a drained floor no other plumbing services are necessary. (4) One nurse can attend to several bathers simultaneously—a partition between sitters being all that is necessary to ensure privacy.

(5) Besides being of great use in hospitals, the disabled and the aged may derive great benefit and comfort from such an apparatus. In addition, many normal people may decide that this is the best answer to their bathing problems. (6) The apparatus normally stands in a conventional shower tray, but there is no reason why this, like the multiple units, cannot be stood on a drained floor. A mixer tap is normally adequate but a thermostatically controlled valve is better, especially where it is necessary to supply a number with warm water. (7) The overall dimensions are so much smaller than those of a bath that building-space is considerably reduced and the bathing-chair can be installed where a normal-sized bath is impossible—for example, flats, chalets, caravans, etc. The economy of space in hospitals, old people's homes, schools, etc., is obvious. (8) The frame is designed so that the sitter has two hand supports.

The Remploy chairbath is shortly to be marketed by Remploy Limited, 415 Edgware Road, London N.W.2 (Patent application 45394), and is made with plastic-covered or chromium-plated frame.

REFERENCE


A RADIIUM OVOID INTRODUCER

Mr. MAURICE SUTTON, Department of Radiotherapy, Hammersmith Hospital, London, writes: The use of radium in the treatment of carcinoma of the cervix is well established.1 The usual method consists in inserting a radium tube into the cervical canal and placing two radium ovoids on either side of the cervix, one in each lateral fornix. The ovoids are separated by a spacer or washer. It is essential, if the cervix is to receive an adequate dose of radiation, that the ovoids be placed in the correct position. There is a tendency for the ovoids to become displaced either when packing is introduced posteriorly to minimize the dose to the rectum or during the actual insertion. The introducer illustrated in Figs. 1 and 2 was designed to facilitate the insertion of the ovoids and eliminate the possibility of their being displaced.

Each limb of the introducer terminates by a rod of square cross-section which fits into a hole of similar cross-section drilled in the ovoid (Fig. 1). The string of the ovoid fits into a groove at the other end of the introducer. Each limb, fitted with an ovoid, is introduced separately. With each ovoid in the lateral fornix the limbs are linked (Fig. 2). By gentle pressure on the handles the ovoids are separated and a spacer or washer can be inserted between them. The introducer is then lifted forwards and packing can be introduced behind without any possibility of displacement. After sufficient packing has been introduced below, the ovoid strings are released from the groove and the limbs unlinked by pressing the handles together. The limbs can then be withdrawn, leaving the ovoids in position.

The introducer was kindly made for me by Down Bros. and Mayer and Phelps Ltd., 32 New Cavendish Street, London W.1.

REFERENCE


Correction.—The obstetrical towel clips (September 14, p. 676) should have been described as consisting of flat strips of metal each 2.5 cm. in width, not “2 cm. in diameter.”