METHOD OF FIXING PATIENTS FOR OPERATIONS UNDER ANÆSTHESIA IN THE SITTING POSTURE.

By Dundas Grant, M.A., M.D., F.R.C.S. Eng.

For many of the shorter operations on the mouth, throat, nose and ear it is very desirable to have the patient in the position in relation to light, attitude, &c., in which examinations are habitually made. At the same time the sitting posture has many inconveniences for the administration of anæsthetics, and in it chloroform is practically inadmissible. Ether, however, as Dr. Silk has said, may be given with comparative security, and nitrous oxide without any anxiety whatever. Several years ago I demonstrated at the Central London Throat and Ear Hospital the possibility of removal of tonsils or adenoids, or even both, during the administration of nitrous oxide, and my colleagues were not slow in adopting a practice which in that institution has now become a matter of daily routine. Hitherto one great difficulty has been the tendency of the patient to slip off the chair at the moment when the anæsthesia becomes complete, and to have recovered consciousness by the time he is "collected" and propped up again. To prevent this accident the following simple method of fixation is recommended. A short jack-towel with the seam unstitched is placed round the back of the patient's neck like a priest's stole, with the ends hanging down in front. Each of these ends has firmly attached to it about two feet of soft, thick cord or thin rope. He is then seated on a chair which has a very narrow, high back, on the posterior surface of which, and at about the height of the patient's head, there is a stout upright hook. The middle of the jack-towel is raised off the patient's neck, lifted over the back of the chair and laid on the hook. The two ends are then brought backwards under the armpits and round the back of the chair. The ropes are then crossed over the hook and tied in a bow. The patient is thus simply, securely and "unalarmingly" fixed so that he cannot slip down. A band may be placed round the forehead to keep the head fixed, but this is most effectively and pleasantly done by the hands of someone standing behind. At the same time the patient can be instantly released by the simple pulling of the ends of the ropes forming the bow.

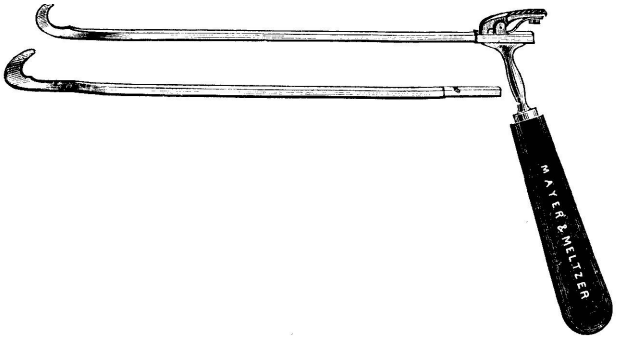
A NASAL SEPTUM KNIFE.

By George W. Major, M.D., Montreal.

The knives, as illustrated, are intended for the removal of cartilaginous and bony crests or spurs from the nasal septum. These outgrowths for the most part offer much less difficulty to removal by the septum knives than by either saw or drill. The operation is almost instantaneous, and

https://doi.org/10.1017/S1755146300149716 Published online by Cambridge University Press

under cocaine, absolutely painless. The view is, furthermore, unobstructed by bleeding. The hooked knife is introduced through a speculum into the nasal chamber to be operated upon, passed well behind the posterior

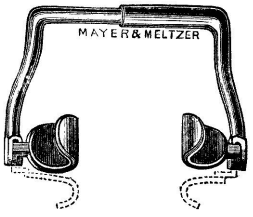


extremity of the crest or spur, and, hugging the flattened side of the knife closely to the septum, the growth is removed with neatness and dispatch. A number of blades are necessary to meet the varying conditions found in nasal deformities. The universal handle, fitted with a spring catch, will be found both strong and convenient. The above instrument has been made to my designs by Messrs. Mayer and Meltzer, London.

MOUTH GAG.

By John Bark, F.R.C.S., Hon. Surgeon to the Liverpool Hospital for Diseases of the Throat.

Having for some years used the gag well shown in the accompanying cut, I take this opportunity of recommending it to all surgeons who are in the habit of frequently performing operations on the mouth and throat. In the removal of hypertrophied faucial or pharyngeal tonsils,



either with or without an anæsthetic, but especially with nitrous oxide gas, it is simply perfect.

The following are some of its advantages :—

1. It is easily placed in position, is self retentive, and is easily removed.

2. It gives a full view of the parts without impeding the passage of the tonsillotome or other instrument.

3. It requires no special assistant to keep it in place,

https://doi.org/10.1017/S1755146300149716 Published online by Cambridge University Press