Clinical Notes, Suggestions, and New Instruments

A WATER-COOLED RETRACTOR FOR USE WITH A CAUTERY IN THE MOUTH*

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Adequate protection of the lips and cheeks is essential in the treatment of malignancy in the mouth with a cautery. Protection is especially needed when heat is applied for a long time. The water-cooled retractor herein illustrated

Fig. 1.—Water-cooled retractor in place; wooden spatula protecting tongue preparatory to cauterization of epithelioma, alveolar margin and cheek.

Fig. 2.—Water-cooled retractor, anterior view.

Fig. 3.—Water-cooled retractor, lateral view.

fulfills requirements, at the same time giving good exposure in the cauterization of growths on the alveolar margin.

The portion of the retractor coming in contact with lips and cheek consists of two layers of metal with a space

* From the Mayo Clinic.

between for the passage of water. The water passes in and out at the distal end of the handle of the retractor.

Soldering irons or an electric cautery may be used with this retractor, thus eliminating the necessity of a water-cooled jacket on the cautery handle. In this way a better view is obtained of the growth and the point of the cautery.

A wooden spatula is also used to protect the tongue in cauterizing growths of the jaws and cheeks.

A NEW SPINAL CURVATURE BRACE

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In attempting to carry the principles of the Abbott rotation method for the treatment of scoliosis beyond the plaster jacket wearing period, I have found it practically impossible to derive satisfaction either for the patient or for myself from celluloid jackets or the spine braces now in use. For nearly two years I have been using and gradually improving the brace illustrated herewith. This brace gives definite control of the shoulders and hips and rotation pressure on the ribs.

Fig. 1.—Patient without brace and with brace applied; this was one of the first braces made.

The brace offers several desirable features. It is infinitely adjustable for position or growth. Any part of the brace may be modified or even exchanged without sacrificing the brace as a whole. There is no constriction of the chest. Finally, with a firm grip on the shoulders and the pelvis, in the exact position desired, any degree of positive rotation pressure on the ribs may be obtained.

The brace is not offered as a substitute for plaster-of-Paris jackets applied as described (the Abbott method). I still use and shall continue to use the plaster jacket as the desirable treatment for most scoliosis patients before applying the brace. On the other hand, I believe that my brace is preferable in almost any case to a jacket applied in suspension. This is because this brace controls the pelvis and the shoulders in such a way that extension of the trunk with or without flexion of the spine and with true rotation pressure on the ribs may be obtained.

The brace is not recommended for advanced fixed scoliosis except when the plaster-of-Paris jacket is contraindicated or for any other reason cannot be used. Even in advanced cases, however, this brace will give a corrective tendency and a