Clinical Notes, Suggestions, and New Instruments

METHOD OF REMOVING VARICOSE VEINS

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Varicose veins are the cause of the heaviest loss of A1 men that we encounter in the army. I was attached to the British Expeditionary Forces and was stationed in their Base Hospital No. 25 at Hardelot, France. It was at this hospital that all the "clean" surgery for the Boulogne area was done. In the beginning of the war a soldier who would report sick with varicose veins was usually sent to the base and later transferred to England for operation. As we all know, those poor men had gone through the worst of the war and were eager to keep out of all that they could in the future. It therefore became the duties of the medical officers to find a way to shorten every man's stay in the hospital.

These varicose vein cases were the first that any material speed was shown on. We devised a wire, preferably of silver, such as was used to wire bones, and on one end we put the base of an ordinary 0.303 rifle cartridge. We first filed the sides off and then bored the cap off and ran our silver through the hole and secured it with solder. This wire had to be quite pliable, but not too much so. The other end we beaded over a Bunsen burner. The wire in all was 40 inches long. We would put a tourniquet on the affected thigh and pick up the internal or external saphenous as the case happened to be, and then would make incision over it about 1 inch long, pick up the vein with hemostats, and tie off the lower end of it (distal end). Then we would pick

Wire with one end (A) beaded and the other (B) fitted with base of cartridge.

up the vein in the thigh by the same incision and tie off the upper end (proximal end). To open the vein up well we applied the hemostats to the edges and held them open while we inserted our wire. We then gently pushed the wire up and followed its course with our hand on the leg. This was usually done from the bottom, as in the pulling up on the wire we would take all the minor tributaries as well as the main vein. When the bead appeared at the higher incision we would grasp it well and have an assistant hold the foot firmly, and pull hard until our wire was entirely out and then we would have the vein gathered up on the wire in its entirety.

Very little if any hemorrhage resulted. We then put a stitch in each incision and an alcohol dressing over it. When our patients awaked they would be moving their legs around and would be greatly disappointed to find that they had no large bandages, no pain, and really no reason for asking to get to "Blighty." These patients were usually sent back to the lines in from ten to fourteen days.

A SIMPLE AND EASY METHOD OF BLOOD TRANSFUSION

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I have taken my idea of the main piece of my apparatus for blood transfusion from a 10 c.c. ampule, containing sodium citrate in salt solution, issued with a transfusion set to the American Expeditionary Forces in France.

This ampule I have enlarged fifty times, bringing it up to a capacity of 500 c.c. Such an ampule I found commonly used in France for preserving and administering prepared sterile salt solution. I have modified this ampule somewhat, and have added two rubber tubes about 6 inches long, with a glass mouth-piece in one tube and a needle in the other. The apparatus is then complete.

The ampule is made of thick glass, and both ends are drawn out into tubes. One end is left straight and the other

is bent into a U curve. The extreme ends are flared slightly, and half an inch from the ends are apparently constricted (Fig. 1 A), or the straight lower end may be bent into a right angle curve or even tapered at the extreme end.

One of the rubber tubes is fitted with a short glass tube, blown out in the middle portion to hold a bit of sterile cotton. This serves as a mouth-piece (Fig. 1 B).

Fig. 1.—A, the 500 c.c. ampule containing from 2 to 3.5 gm. of sodium citrate in 50 c.c. of salt solution. The upper end is curved; the lower end is straight; both ends are stoppered with small rubber stoppers, tied in place. B, glass mouth-piece filled with sterile cotton in the bulbous portion and fitted into a short piece of rubber tubing. C, a short needle of large caliber fitted into a short rubber tube and tied fast.

The other rubber tube is fitted with a short needle of large caliber. The needle is tied in the tube with linen, and a wire is kept in it (Fig. 1 C).

Thus equipped, 50 c.c. of salt solution with from 2 to 3.5 gm. of sodium citrate in solution are sucked up into the ampule and the ends stoppered with small rubber corks, tied in (Fig. 1 A).

The ampule, along with the rubber tubes with glass mouth-piece and needle, respectively, are rolled in a cloth and sterilized in a constant pressure autoclave, or the different parts of the apparatus, including the salt solution and citrate,

Fig. 2.—The parts A, B, and C assembled and ready for use. The citrate is let down to meet the blood. With the end B in the mouth and the end C in the vein, there is ample stretch between the two fixed points for shaking the ampule.

may all be simply boiled at the time of the operation, if time is not a factor and it is not desired to keep the apparatus ready sterile on hand or if an autoclave is not available.

By hanging the ampule by its bent upper end on a bandage around the neck, the operator will be given free use of both hands.