

ment, without a formal intervening statement or label. Labelling his disease cluster would make discussion easier and most patients would be happier to know what ailed them even if they only had siz436. At present we still attach the label of an accurately (but not, I hope, obsessively) defined disease to the ill patient, and thus make a good diagnosis.

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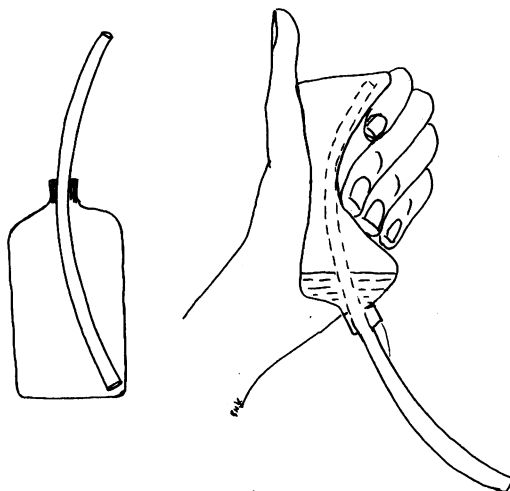
A pharyngeal aspirator

B. H. YOUNG, M.B., Ch.B., M.R.C.G.P.

Hamilton, New Zealand

ANY GENERAL PRACTITIONER may be called upon to deal with an unconscious patient and on these uncommon occasions, perhaps at the roadside or in a farm paddock, a suction apparatus might be necessary. A simple, cheap, and portable sucker is here described, which can be operated with one hand, and is independent of electricity, water supply, or car intake manifold. Anaesthetists and obstetricians might find it useful as an emergency alternative to wall suction.

It is made of a plastic squeeze bottle sold in hardware shops as a garden spray, holding about 9 fl oz (270 ml) and eight inches (20.32 cm) of plastic tubing. It gives 8–24 mm Hg suction and sits comfortably in the hand.



The tubing passes through a rubber cork or airtight collar made by winding around the tubing enough cellulose tape to fit neatly into the neck of the bottle. The inner tip extends nearly to the base of the bottle.

In use, the unit is turned upside down and squeezed, driving air out, and the nozzle is placed at the suction site. On release the tube acts as a sucker, any fluid spilling over into the bottle. On squeezing again, only air is driven out, and suction can be continued, with repeated cycles of squeezing and releasing, until the bottle is full of aspirate, taking about seven seconds. It may then be emptied by turning upright and squeezing. The cost of the spray is 22 cents (11p) and the tubing 3 cents (1½p).

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