From the history and clinical findings of the case it was possible to say that the fungus was first inoculated into the skin. Later the organism involved the subcutaneous fatty tissue and produced nodules akin to those seen in the peritoneum. The culture studies suggested that pathogenicity of the fungus mainly depended on the presence of the periodic-acid-Schiff-positive material.—I am, etc.,

Pathology School,
Grant Medical College,
Bombay 8, India.

S. MUKERJI.

REFERENCES

- ¹ Mukerji, S., Gore, S. B., Mansukhani, S. H., and Kini, V. M., *Indian J. Child Hlth*, 1962, 11, 502.
- ² ——— and Gadgil, R. K., *Indian J. Microbiol.*, in press.

New Way to Syringe Ears

SIR,—The large clumsy "classical" bladder syringe, which on many counts represents a real hazard to the patient's eardrum, is now obsolete in modern practice. It has been replaced by the more elegant silver eustachian cannula attached to a Higginson syringe. This system is most effective for removing from the outer ear epidermal debris and wax which has been previously softened by drops of olive oil, Cerumol, Coloxyl paediatric drops, or some personally favoured formulation. However, the modifications mentioned in this article have improved the procedure, reduced its price, and made it particularly handy for the lone operator.

The first step was to replace the eustachian cannula with a $3\frac{1}{2}$ in. (9 cm.) piece of semi-flexible polypropylene or nylon tubing ($\frac{1}{8}$ in.—3 mm. O.D.) which has a 30° bend about 1 in. (2.5 cm.) from its rounded tip. This allows easy access to small and tortuous meatuses and enables the washing fluid to be directed at the posterior wall of the outer ear.

The second improvement was to place a piece of nylon filter-tubing—taken from the drip-chamber of a disposable intravenous set—over the intake of the Higginson syringe. This filter, which is tied on with thread and its free end fused in a match flame, permits a continuous recirculation of the warm washing solution (chlorhexidine in normal saline at 37° C.).

Final additions were a 10 in. (25 cm.) plastic kidney dish, which is deeper and cheaper than its stainless steel forebears, and a plastic suction cup and hook. The last keeps the intake of the Higginson syringe beneath the surface of the syringing fluid during operations.¹

My thanks are due to Messrs. H. Millar and P. Freeman, of Melbourne, for surgical comment and clinical trial, to Mr. R. Stansen for manufacturing my ideas, and to Mr. H. G. Berkshire for the photographs.

—I am, etc.,

J. B. DAWSON.

Baker Medical Research Institute,
Melbourne, Australia.

¹ The equipment is available in Australia as a kit from A. E. Stansen and Company Pty. Ltd., 500 Spencer Street, West Melbourne, Victoria. Price £A.1 5s.

FIG. 1.—The complete apparatus ready for use.

FIG. 2.—The additions to otherwise standard articles required in the making of this apparatus.

Disappearing Plastic Cannula

SIR,—Following the report of a number of cases of "Disappearing Catheters," a similar hazard involving the Braunüle (Armour) disposable plastic cannula is described.

A man aged 39 underwent an upper abdominal laparotomy resulting in cholecystectomy and exploration of the common duct. After induction with thiopentone a Braunüle (Armour) disposable plastic cannula (size 1, Luer) was introduced into a large cephalic vein just above the wrist. This was to be used initially with its rubber diaphragm for intermittent intravenous injections and later as a cannula for a drip if this was required. As this type of cannula is rather difficult to insert, the technique of lubricating the puncture site with a small quantity of sterile K.Y. jelly was used.

The cannula was introduced, the needle portion withdrawn, diaphragm fitted, and the whole unit secured with a piece of slotted Elastoplast. During the operation a number of injections were given via the cannula uneventfully, but transfusion was not required. At the end of the operation the cannula was removed and found to be in the condition shown in the upper picture of Fig. 1 (below it is shown an identical unit complete with needle before use). The terminal 2 cm. of the cannula were almost completely detached.

The reports of Moncrief¹ and Taylor and Rutherford² stress the dangers of inert polyethylene tubing emboli, following the fracture of catheters in the venous system, and a number of cases are correlated by Bennett.³ In a case-report Udwadia and Edwards⁴ show the difficulty of demonstrating fragments of catheter by plain x-ray. Moore⁵ suggests that the Braunüle is immune from these dangers.

Fig. 2 shows a plain x-ray of the units photographed in Fig. 1. It will be clear that it would be almost impossible by this means to identify the terminal portion of the cannula had it fractured in a vein, though a fragment of polyvinyl chloride catheter remaining in the arm has been so located.⁶ The use of

FIG. 1

FIG. 2.—X-ray of units in Fig. 1. (Exp. 80 mA 0.1 sec., 55 kV 36 in. F.F.D.)