of the Sommerlad pen has a surface similar to a rat-tail rasp. The convex surface of the handle fits snugly to the concave undersurface of the nail, which can then be adequately prepared.

Use of screen bar to assist in below-knee amputation

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The routine technique for below-knee amputation involves laying the limb flat on the theatre table and manoeuvring it as required by a sec-

Figure 1 Screen bar in place.

Figure 2 Position of leg.

Figure 3 Surgeon is operating without assistance.

ond assistant. We use a screen bar, commonly used by the anaesthetic team, and hence freely available to all surgical theatres, to support the lower limb (Fig. 1). The lower limb is held in a stable position, with the hip and knee flexed and posterior part of knee lying over screen bar (Fig. 2). This provides an excellent support for the limb, allowing the surgeon to operate comfortably and independently, with greater circumferential view of the operating field (Fig. 3).

Forced expiration for chest tube removal – the other uses of a syringe

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The incidence of pneumothorax following chest tube removal can be high. The British Thoracic Society recommends that the chest tube should be removed briskly while the patient performs the Valsalva's manoeuvre or during expiration. Sometimes, it can be difficult for patients to comprehend the steps involved in producing this effect. We have devised a novel technique; after taking a deep breath, the patient is asked to blow through the tip of a syringe allowing the plunger to move backwards through the barrel. This technique produces enough positive intrathoracic pressure and decreases the chances of a pneumothorax forming significantly.

COMMENT ON

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The spouted stoma

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I was surprised at the article and only comment because it was invited by the editor. In paediatric practice, colostomies are frequently spouted and have been for many years; this is not a new technique. Can I describe the same technique for the jejunum and put my name to it?

Interestingly, in sick premature babies, the bowel may not tolerate eversion at the time of surgery and one can leave the small or large bowel to evert itself to form a nice spout fixing only the bowel to the fascia a centimetre or so from its distal end.

An interesting question in relation to spouted urostomies is why the skin grows up to the top of the spout, a phenomenon not seen with the intestine.