Solcotrans (R) for emergency autotransfusion

Sir

The place of autotransfusion in emergency and elective surgery is well established (Beal, 1986; Bhattacharyya, 1975; Nicholls *et al.* 1986; Davis, 1979), but the procedure is seldom used. Cross-matched blood is readily available in developed countries and the equipment for autotransfusion is usually not available. Solcotrans (R) is a reasonably cheap, ready-to-use, disposable and sterile hand-held autotransfusion unit. It was used effectively in three patients each presenting with severe haemorrhagic shock from multiple trauma. The simplest way to aspirate free blood from a serious cavity is through the gaps between the fingers of the hand holding the suction unit. This prevents inappropriate salvage of blood clots or damage to soft tissues. Further design modifications of Solcotrans (R) unit might involve preloading each unit with a suitable anticoagulant, i.e. 3.8% Sodium Citrate or Heparin coating of the inner chamber. Incorporation of a multi-perforated golf-ball-shaped suction end might facilitate aspiration of free blood from a mixture of blood clots and soft tissue in a serious cavity.

Fig. 1 From Manufacturer's booklet on 'Solcotrans (R)'.

All three patients were transferred to Royal Adelaide Hospital, Adelaide, Australia, after their initial surgery and they made good recoveries.

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- Manufacturer of Solcotrans (R): Solco Basle Ltd, Birsfelden-Basle, Switzerland. Australian agent: N. Stenning & Co. Pty. Ltd. Cost per Socotrans (R) unit, approximately A\$48.00 as at July 1986.

The modified axial view: an alternative radiograph in shoulder injuries

Sir

Posterior dislocation of the shoulder is an uncommon injury and less than 4% of all shoulder dislocations are of this type (McLaughlin, 1952). However, this injury is often missed at initial presentation. The reasons for this are twofold. Firstly, examination of the patient is often inadequate. If sought, however, the subtle physical signs can be diagnostic (Kessel, 1982; Paton, 1979). Secondly, too much reliance may be made upon the standard radiographs, which, in this condition, may be unhelpful. The antero-posterior (A.P.) radiograph may have a near normal appearance and the standard supero-inferior axial view is often impossible to perform because of the difficulty in abducting the arm. The trans-thoracic view is unhelpful or may actually mislead as this projection does not clearly demonstrate the relationship between the glenoid and the humeral head.

In an effort to improve the diagnosis of this condition, we have used the modified axial view (Wallace & Hellier, 1983). To perform this view, the trunk is rotated through 30° towards the injured side. The patient sits with his back to the X-ray table with his arm in a sling and his elbow on the table top. The cassette is placed horizontally behind the arm and the X-ray tube angled 30° from the vertical. The result is a slightly magnified view of the gleno-humeral joint. Figure 1 shows the view obtained in a case of posterior dislocation and Fig. 2 the post-reduction view.

It seemed to us that the value of the modified axial view was not widely appreciated.