older children this is combined with bladder training exercises. Involvement of school staff leads to a supportive atmosphere and, with girls in particular, classmates of their own accord often become helpers too. Most children do well but, if not, urological abnormality or emotional disorder needs to be considered.

In the case of bed wetting, 10–20% of children respond completely to simple supportive measures directed towards relieving them of their fear of waking up wet. For those that do not respond use of an enuresis alarm is the most effective treatment. It need cause no emotional trauma, and it arrests bed wetting in over 80% of cases. Proper supervision is, however, essential; regular clinic visits give opportunities for counselling and for involving the social services, if necessary. The ready availability of psychiatric advice is indispensible in view of the incidence of emotional difficulties in children with enuresis.

Cure of this girl’s enuresis may not have been easy, but I believe that much of her unhappiness could have been avoided by wiser management and by advice to her teachers.

References

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A ‘new’ manoeuvre for removing foreign bodies from the nose

Sir,

I was impressed by the simplicity of a manoeuvre, described by Guazzo, for the removal of foreign bodies in the nose, and I was determined to attempt the procedure when the opportunity next arose. Only weeks after I had read the letter my 3 year old daughter dutifully obliged by inserting a plastic bead deep into her nostril.

The method is as follows: an explanation of the procedure is given to the child, age permitting. The patient’s unobstructed nostril is gently closed with finger pressure, a guaze swab is applied to the doctor’s mouth, which is then opposed to that of the patient. The doctor exhales through the patient’s mouth until resistance is felt—this is the epiglottis closing. Once this resistance has been perceived the doctor exhales briskly, providing outward air pressure; this moves the foreign body towards the exterior where it can be easily grasped with forceps. Often the foreign body will actually fly out unaided. The nostrils should be examined afterwards to determine that no further foreign bodies remain and the parent instructed to return should a bloody or offensive nasal discharge develop.

Since deciding to attempt the manoeuvre I have treated several patients. In each case the foreign body was removed in its entirety, with no evidence of trauma on examination of the nares afterwards, and with no further complications.

The biggest advantage of the manoeuvre is that practically no instrumentation is required. This avoids iatrogenic trauma, and especially in the hands of the inexperienced, the problem of inadvertently pushing the foreign body deeper into the nostril on attempted removal.

Reference

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