is also saturated sodium chloride but with a different shade. Carbolic acid injections are tinted pink. May I suggest that the time has come when the pharmaceutical authorities might give us a standard range of colourings for commonly used injection agents, such as morphine, atropine, "omnopon," pentothal, procaine, saline, "amethocaine," "ethamolin," etc.? Further, the practice of etching instead of labelling the contents of an ampoule would be another adjunct to accuracy.

These measures would avoid costly incidents to patients, occasionally to surgeons, and also smears on the good names of hospitals, nursing staffs, and the medical profession individually and collectively.—I am, etc.,

London, W.1. HAROLD DODD.

Sprained Ankle

SIR,—Thirty years ago practitioners knew how to treat sprained ankles. To-day they do not, and their ignorance instead of being corrected by hospitals is spreading into them. Nowadays reliance is placed on crepe bandages and "elastoplast" dressings, sometimes supplemented after an interval by inclusion in plaster-of-Paris. Our fathers strapped the ankle with zinc oxide adhesive plaster in a position to relax the injured ligament and made their patients walk. A cure resulted in a fortnight or less. A great amount of national effort is being wasted by the inefficient methods employed by the present generation of doctors in treating this very curable injury.—I am, etc.,

Birmingham. FAUSET WELSH.

Foreign Body in the Ear

SIR,—Dr. C. J. Gordon Taylor's case (Jan. 10, p. 76) of a foreign body in the vagina for 41 years reminds me of a case that has interest, perhaps, for E.N.T. colleagues.

A lady of 50 years came to me to have a piece of "slate pencil" removed from her left ear; she had pushed it in while at school at the age of 7, and was afraid to tell her mother until several years later, when she was laughed at for her pains. In the long period until she came to me she had no pain (only a slight occasional tickling sensation), no discharge, no tinnitus, and no noticeable impairment of hearing. I scoffed also, particularly when I saw a meatus filled apparently with nothing more serious than wax. Failure to clear this with hydrogen peroxide instillations, followed by syringing, made me less sceptical. Eventually I had to dissolve the wax with ether, and then could clearly see and feel a small metal-like foreign body lying anteroposteriorly across the meatus. One side lay against the drum and at first adhered to it, but as the solvent worked it became loose, until the body lay free in its bed. No attempt, however, could be made to remove it, as the slightest touch caused great pain. Fifteen minutes later, after a local anaesthetic had time to act, removal with aural forceps was easy enough. The body was cylindrical, a little over 1/8 in. (0.32 cm.) long, and somewhat less than this in diameter. For the benefit of those who may not have heard of slate pencils, these were pieces of flint-like stone used in a former generation for writing on slates, before lead pencils and copy-books came into general use. Following removal, except for hyperaemia of the drum, I could see no abnormality. Hearing was approximately normal.

The points of interest in this case, to my mind, are the absence of pain, of discharge, of tinnitus, or of any notable impairment of hearing. All these would be chiefly due to the lack of sepsis, and this in turn to the comparative cleanness and inertness of the foreign body.—I am, etc.,

Sligo. SEAN O'BEIRN.

POINTS FROM LETTERS

Doctors' Wives and the Service

A doctor's wife writes: Before long the position of wives of doctors within the National Health Service must be made clear. Cannot the B.M.A. organize to represent us and state our views speedily and forcefully to the Minister of Health? Until now doctors' wives have gladly helped in the domestic side of their husbands' practices, sharing the building and maintenance of an efficient service to the patients. Now we are to continue to answer bells at all hours of the day and night and to clean and heat surgeries and waiting-rooms, for the State Clinics will not come into being for many years. Perhaps Mr. Bevan, with one of his kindly gestures, will provide each house with a capable receptionist-cum-charlady to replace the doctor's wife, with whom he will have no contract. This is an important item which so far has been neglected, and steps should be taken without delay to avoid the creation of an army of unwilling women workers for Mr. Bevan's Service.

Fully Salaried Service

Dr. D. V. MILWARD (Slough, Bucks) writes: Mr. Bevan's bland assurances that nothing could be further from his mind than a fully salaried Service carry little conviction. The Government's plans to destroy the usefulness of the House of Lords, to abolish University M.P.s, to muzzle the Press, and to nationalize the steel industry at this critical time leave no doubts in the minds of any but the most ostrich-headed that they do intend to control our "most reactionary profession" for political rather than humanitarian reasons. All this accomplished, the Party could go on its totalitarian way rejoicing and untouched by criticism. . . .

Working Conditions in N.H.S.

Dr. J. E. KENNEDY (Glasgow) writes: There is no evidence that the Association has interested itself in working conditions for practitioners. Twenty-four hours a day is wrong and yet Representatives advocate it. Introduction of the N.H.S. in the summer will upset holidays, and persons joining the new "panels" will be less numerous at this season. . . .

Reduced Wages, More Work

Dr. D. W. REID (London, N.11) writes: With reference to diminishing capitation fee for the increasing numbers on one's list, what branch of the community would submit to reduced wages for more work and increased responsibility? . . .

Individual Freedom

Dr. THOMAS NELSON (London, W.4) writes: Once the practitioners part with their capital and its control they are bound to become State slaves whether they like it or not. Every evil thing will then be added unto them, and, kick as they may, they must be hounded into any form of compulsion the State may determine; so that the retention by the doctor of his goodwill remains the one essential goal in the fight. It is his only escape from chains to freedom. . . .

Combined Diphtheria and Whooping-cough Immunization

Dr. H. W. SWANN (Richmond, Surrey) writes: Since the introduction of the combined diphtheria and whooping-cough immunization it is well known that local reactions after injections occur more frequently than after diphtheria immunization alone. Having tried to avoid these reactions by different techniques I have come to the conclusion that the following method seems to give the least reaction and is also suitable when it is necessary to do a great number of injections during a session.

First of all I insist that the shoulder of the child is completely bare before the child enters the doctor's room. An all-glass 1 c.cm. syringe with a metal cap and with a No. 15 (1 inch) needle is most suitable. When filling my syringe with the immunizing fluid I pierce the rubber cap very superficially, only enough to introduce the bevel of the needle into the bottle. This almost completely obviates the possibility of some of the immunizing fluid clinging to the outside of the needle and being injected into the superficial layers of the arm, because if this happens it definitely produces some reaction. Having filled the syringe I grasp the child's arm from the axilla with my left hand, and gripping the arm all round with my fingers I cause the belly of the deltoid muscle to bulge upwards. I hold the syringe almost vertically between the thumb and the index finger of the right hand, steadying it with the first phalanx of the middle finger from underneath, pierce the skin and the subcutaneous tissues vertically with a quick stab and insert the needle until the cap touches the skin. Having got the syringe into that position I change the position of my fingers and press the piston down with my index finger, inject, and withdraw the needle quickly. In this way I am perfectly sure that the immunizing fluid has been injected completely intramuscularly. I have positive proof that superficial or even deep subcutaneous injections of the combined diphtheria and whooping-cough antigens often produce very severe local reactions, including a formation of a sterile abscess.

The Local Hospital and the G.P.

Dr. E. G. SIBLEY (Forest Row, Sussex) writes: I am sure it is not always realized by the authorities concerned or by the general public that the responsibility for maintaining or raising the standard of general medical practice in a locality rests to a large extent with the local hospital. This responsibility should be considered second in importance only to the treatment of the patient actually in the hospital itself. Consultants whose work brings them into contact with doctors who do, and with those who do not, look after their own patients in hospital find, I think, that the standard of work is higher among the former than the latter. It follows, therefore, that any development which tends to limit the opportunities for the G.P. to look after his own patients in the local hospital must tend to lower the standard of general practice in the locality. I believe that, in their efforts to simplify administration and even in some cases to make advances towards slick efficiency, some local hospital authorities have in the past failed in their task of maintaining the standard of general practice.