

base of the proximal phalanx of the little toe. Dressings and sutures can be removed after 10 days and walking recommenced. Fig. 1 shows the toe before operation, and Fig. 2 after healing of the wound.

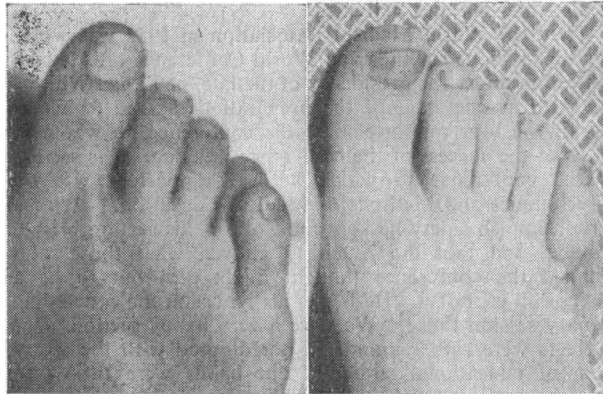


FIG. 1

FIG. 2

The action of the flexor tendons, the shortened toe, and the elongation of the skin contribute to the short convalescence and permanent result.—I am, etc.,

London W.1.

EDMUND HAMBLBY.

### Sweetened Dummies

SIR,—Since many of the 6-ml. baby-feeders referred to by Dr. Elizabeth M. Sefton and Mr. J. Fletcher (August 18, p. 481) are sold by this company, we feel we should make some comments.

To give babies vitamin supplements, such as orange juice and rose-hip syrup, has long been accepted practice. Our miniature feeder has been developed expressly as a means of introducing babies to this type of fluid, and not as a substitute for a dummy. Our advertisements have warned mothers not to leave the feeder for the baby to suck unattended. True, on our earlier packages we also mentioned that boiled water, honey, and medicines could be given in the feeder, but in October, 1961, the British Dental Association drew our attention to the danger of caries resulting from the improper use of the feeder. We at once removed all reference to honey from our packages. At the same time we asked the British Dental Association whether there was any difference between the effects of giving sugar in materials such as orange juice in the miniature feeders and those of giving them by spoon. We are still without a direct answer. But there is indeed evidence that too frequent administration of fruit juices by spoon over long periods is also damaging to the teeth. We wish to emphasize that we have always regarded and recommended our feeder as a means of giving fruit supplements and medicines which have themselves enjoyed medical acceptance, and never as a substitute for the dummy. We have never mentioned treacle or syrup, and we took steps to remove mention of honey from our packaging and advertising immediately the danger to primary dentition was brought to our notice. We have a deep sense of our responsibility to give sound advice to mothers, and we will gladly bring to the public notice any hazards resulting from the misuse of products of this nature.—I am, etc.,

Barnet, Herts.

R. MAXWELL SAVAGE,  
Chief Chemist,  
S. Maw Son and Sons Limited.

SIR,—I would like to add to the warning which is implicit in the letter from Dr. Elizabeth M. Sefton and Mr. Jeffrey Fletcher (August 18, p. 481).

The popularity of rose-hip syrup has probably diminished with the succession of elegant vitamin products now on the market, but it is, however, still available. It has a low pH and its acid qualities are similar to those described in the letter to which I refer. It is not, however, essential to administer it on a dummy for damage to occur. Young children to whom it has been given regularly on a spoon will show erosion and caries of the upper incisor teeth; those who have sucked it from a dummy have a similar condition more localized to the molar areas.—I am, etc.,

Sunderland.

R. E. JOWETT.

### A Medical Liaison Service ?

SIR,—Whilst agreeing with Dr. R. L. J. Derham's remarks on medical liaison (September 1, p. 607), I am surprised by his suggestion about medical superintendents, which implies that their number is far greater than is actually the case. As he probably knows, it is only in the former large municipal hospitals that any vestiges of these positions remain, and even these diminish year by year as the incumbents die or retire. In the former voluntary hospitals, which are equally large, this post was never instituted. Whether there is in fact a case for resuscitating old posts and creating new ones is, of course, quite another matter and one which was gone into in the Bradbeer report—a report which has disappeared into the limbo of forgotten things.—I am, etc.,

Chadwell Heath Hospital,  
Romford, Essex.

I. M. LIBRACH.

### POINTS FROM LETTERS

#### Ritual Bathing

Dr. R. MCL. ARCHIBALD (National Coal Board (Durham Division) Medical Service) writes: I wish to support Dr. W. K. Dunscombe's plea for showers in place of baths in hospitals (September 1, p. 608). In some medical treatment centres in industry it is the practice to provide a tiled shower cubicle with rails at a suitable height and a stool on which the patient can sit if need be. There is a thermometer near the mixing valve so that the water temperature can be regulated before the patient enters the shower. Such showers are used to bath injured workmen and a similar idea would seem capable of use in hospitals.

#### Diabetes Mellitus in Infancy

Dr. G. V. BOYLE (Glasgow S.2) writes: It is obvious that many conditions are missed or late diagnosed due to inability to obtain a specimen of urine in young children. May I suggest a way I have used with success to obtain a sample of urine? Plastic pants are put on the infant without a napkin (or diaper). The urine which collects is drained into a dish and transferred to a bottle, which is given to the doctor.

#### Estimated Date of Delivery

Mr. C. K. VARTAN (London, S.E.18) writes: Your correspondent Dr. A. N. Sargant (August 11, p. 415) asks for information about the accuracy of the calculation of the expected date of delivery based upon deducting three months and adding seven days to the first day of the last menstrual period. I investigated this point in 1,000 consecutive cases and found it to be accurate in 3.5% of cases. 546 patients were late and 419 were early. Had we added ten days to the first day of the last menstrual period we should have reversed these last two figures, and that is now my practice.