



of perspex shavings dissolved in chloroform. Waterproofing the label is essential to prevent its becoming wet and torn, as many syringes are not absolutely dry when used.

The strip is then warmed until it softens, and bent round a syringe or any tube of a size equal to the syringe it is intended to label (test-tubes are very satisfactory). Very little heat is required, the perspex being rapidly flamed back and forth in a small bunsen flame. After bending round the tube it is plunged into cold water and it immediately becomes hard again. The clip can now be polished if required or used right away. Coloured perspex strips might be preferred by some, and are prepared in exactly the same way. The tensile strength of the perspex is considerable, and makes the ring a strong and effective spring clip.

A refinement of these clips may be obtained by chamfering, and then polishing, two edges, thus converting the cross section of the perspex from being square to convex. This has the effect of creating a convex lens in front of the printing and magnifies it considerably. The clips shown in the photograph were treated in this fashion.

These clips were demonstrated on October 4 at a meeting of the Society of Anaesthetists of the South-west Metropolitan Region, where they created much interest and received high praise.—I am, etc.,

East Grinstead, Sussex.

A. A. MASON.

### "Et al., ettc."

SIR,—While agreeing with Professor J. W. Howie's conclusion (October 18, p. 883), which is that "*et al.*" is nonsense, I can hardly congratulate him on the analogy he has chosen to prove his point. Surely "*etc.*" stands, as it always stood, for *et cetera*, which was, and remains, plural. There can thus be no need for doubling the c any more than for doubling the l of "*et al.*" which means *et alia* or *et alii*. Incidentally, this is a valid reason for supporting Professor Howie's contention, accepted now by most editors, that "*et al.*" should never be used when there is only a single co-author. On the other hand, the abbreviation "p." stands for a singular word, "page," and the use of "pp." for more than one page is logical as well as traditional, though typographically unpleasant to some people.

The choice would appear to be between, on the one hand, the italics of "*et al.*" with economy of space, and, on the other, the saving in setting of "and others" at some typographical extravagance.—I am, etc.,

London, N.W.3.

A. L. BACHARACH.

### Scalpel for Removal of Sutures

SIR,—Patients have a quite morbid apprehension of "having the stitches taken out." There is no doubt that when sutures have begun to cut into a wound the pressure of the blade of a pair of scissors under the suture does cause tension and pain.

Some years ago I was faced with a small nervous child whose eyebrow I had stitched up under an anaesthetic, and the removal of the stitches was approached with considerable caution by both of us. By using a scalpel blade No. 11 I found that I could slide the tip underneath the suture, and before any tension was felt the suture was cut.

Since then I have never used a pair of scissors to remove stitches, and no patient has ever felt one coming out.

Surgery of any kind always involves some pain to the patient, and it is our duty never to become hardened, but where possible we must use forethought to minimize pain. I should like to see scissors entirely replaced by a scalpel in the tray for removing sutures, especially in hospital, where it is so often done by dressers and junior nurses who are gaining experience.—I am, etc.,

Great Dunmow, Essex.

GEOFFREY BARBER.

## POINTS FROM LETTERS

### Isoniazid Treatment in Advanced Pulmonary Tuberculosis

Dr. T. DONOVAN (Cork) writes: I have been using this drug since late April. The patients were inmates of St. Joseph's Sanatorium, Cork, and were mainly of the advanced incurable or acute moribund types. All the cases treated were pulmonary, 85 in number. The average age was 37. The average duration of the disease was four years. The dosage given was: First week, 100 mg. twice daily; second week, 200 mg. twice daily; third week, 300 mg. twice daily. The dose of 600 mg. per day was continued. In all cases, except six, appetite improved, weight increased, cough and sputum were diminished, temperature, when present, became normal, and there was a remarkable feeling of well-being. In eight cases cough and sputum ceased and have not recurred. In 15 cases the treatment was discontinued after two months, and, of these, eight had a recurrence of cough and sputum. There were four acute and moribund cases for whom the expectation of life was estimated to be about two months. All four revived in a most dramatic fashion and now look and feel well. One patient, aged 70, improved temporarily, then developed tuberculous toxæmia and died. Seven patients, after six weeks, developed peripheral neuritis, starting with numbness and tingling of the hands and feet, progressing, in two cases, to severe burning feelings and pain. No motor paralysis was evident. The average age of these seven cases was 45, and the average duration of illness four and a half years. Treatment was discontinued, and the dose in all other cases was reduced from 600 to 300 mg. per day. No other cases of neuritis have since occurred. After five to six days neuritis has in all cases improved; and two of the cases have resumed treatment without, so far (three weeks), recurrence of neuritic symptoms. All those who discontinued treatment and who had recurrence of symptoms have recommenced, and improvement is evident in most cases. It was noticed that patients improved more rapidly and intensely at the 600 mg. per day level.

### Flying Squad Unit for Abortions

Dr. MARY A. FOLEY (London, N.W.6) writes: I would like to see a mobile ambulance unit which would take blood, sterile instruments, and anaesthesia to the home of the patient who is aborting. The general practitioner would then be relieved of the difficulty encountered in trying to get such a patient accepted by a hospital and the valuable beds could be used for waiting-list cases. Of course there are a few cases of abortion which will require hospitalization, but they are very few. I am ignorant of the economics involved, but surely the money saved from the beds would pay for the service. I suggest that the unit should be run on the same lines as a maternity hospital flying squad which could give the patient at home the treatment which she would receive in hospital. The patient needs very little nursing care after a dilatation and curettage and in the majority of cases would be much happier at home. I would be most interested to read the comments of yourself and your readers.

### Dupuytren's Contracture

Dr. ERICH GEIRINGER (Edinburgh) writes: That a hereditary disposition plays a part in the aetiology of Dupuytren's contracture is by now well established. The following case concerns female twins, aged 28 years. One of them developed about two years ago a linear thickening and contracture of the palmar aponeurosis opposite the base of the right ring finger. The overlying skin is involved in the characteristic puckered fashion, but there is as yet little interference with the mobility of the finger. She is right-handed. Her left-handed sister has now developed a coarse, nodular thickening of the palmar fascia of the left hand in exactly the same anatomical position. Examination for other mirror phenomena was not possible. In neither case is there a history of prolonged or excessive pressure on the palms. Twinship, mirror phenomenon, early onset, and female sex must be an extremely unusual combination in this disorder.