

The remedy for No. 1 is obvious. No. 2: beds should be separated by glass screens so that the patient can obtain peace and quiet and yet the nurses can see what is happening. No. 3: I have no doubt that this is due to the serious shortage of nurses. This can only be remedied by better pay and an energetic recruitment drive.

I am sure many will agree that these reforms are urgent.—I am, etc.,

K. H. SOUTHALL.

Syringe Sterilization

SIR,—For some time now I too have been using the plastic, disposable, pre-sterilized syringes Dr. C. L. Zoob mentions (June 16, p. 1695).

They are an absolute godsend, particularly on night calls. The syringe is instantly available for an injection.

No more waiting for saucupans to boil, no more getting fingers scalded when grabbing the hot syringe, with the final infuriating wait while the glass cools sufficiently for the plunger to work freely inside. All this, while relatives wait silently, sometimes with hostility, for the doctor to "do something."—I am, etc.,

London N.16.

A. HASENSEN.

Anaesthesia and Analgesia

SIR,—It is distressing that anyone should be confused by the terms analgesia and anaesthesia (June 9, p. 1624). Surely there is no confusion. Analgesia means the lack of appreciation of the sense of pain. Anaesthesia means the lack of appreciation of other or all senses. Thus: local analgesia means an insensibility to pain but retaining senses of touch, pressure, etc. Local anaesthesia means insensibility to all the senses in that part. General analgesia means unawareness of pain. General anaesthesia means unawareness of all senses—that is, unconsciousness. I only wish the dentists used local anaesthesia and that vibration sense were abolished as well as pain.—I am, etc.,

Woking, Surrey.

D. HUGHES.

A Neglected Lotion

SIR,—I too am surprised to read that lot. sod. sulphate has been withdrawn from the *National Formulary*.

I have been in the habit of using a hypertonic solution of sod. sulphate for many years, finding nothing more suitable for the cleaning of superficial ulcers.

It has been found particularly useful as a compress for cleaning "gravel rashes" after minor road injuries. It can continue to be used till wounds are healed, with minimum scarring.—I am, etc.,

Thornton Heath, Surrey.

S. G. HAMILTON.

Carpal-tunnel Syndrome

SIR,—I thought it might be of some interest that I have seen three cases of the carpal-tunnel syndrome due to rubella in the last fortnight. All of these patients, who were young women between 20 and 30, gave the typical history of nocturnal paraesthesiae and pain, worse in the right upper limb with stiffness of the fingers and numbness for the first hour on waking and intermittent paraesthesiae during the day. They dated their symptoms to the time when they were in bed with the illness and noted that there was considerable swelling of the wrists and association of swelling of other joints, notably the knees and ankles.

It seems that during this epidemic there were a number of cases in adults showing a polyarthritis and it is these patients who may develop the carpal-tunnel syndrome. I wonder if any of the other readers of the *Journal* have come across a similar association.—I am, etc.,

Barnet General Hospital,
Barnet, Herts.

K. W. G. HEATHFIELD.

Johnson the Apothecary

SIR,—In your interesting *Nova et Vetera* contribution dealing with Gerard's *Herball* (June 23, p. 1756) it is mentioned that the editions of 1633 and 1636 were enlarged and amended by Thomas Johnson, "Citizen and Apothecary."

I have recently found some contemporary references to Johnson which show him to have been an unusual "Tradesman." He kept an apothecary's shop on Snow Hill, near St. Bartholomew's Hospital; and it is said that the first bunch of bananas imported into England were displayed in his window—it was only later discovered that they were edible. He was a botanist of repute, and added greatly to the scientific value of Gerard's work. He also translated the works of Ambroise Paré for the first time into English.

When the Civil War broke out he joined the King's army and became a Lieutenant-Colonel of Horse. He was shot through the shoulder at the siege of Basing House, September 14, 1644, "whereby contracting a fever he died a fortnight after, his worth challenging funeral tears, being no less eminent in the garrison for his valour and conduct as a soldier than famous through the Kingdom for his excellence as an herbarist and physician." It is also recorded that "when a dangerous piece of service was to be done, this doctor, who publically pretended not to valour undertook and performed it."—I am, etc.,

London W.1

W. S. C. COPEMAN.

The New Cover

SIR,—May I give further support to the protests from Dr. C. B. Whittaker (June 2, p. 1557), Professor E. G. L. Bywaters (May 5, p. 1280), and Dr. M. D. Constable (April 21, p. 1151)? I find it difficult to understand how the appearance of the *Journal* came to be considered before the convenience of its readers. I imagine that most of them are like me in finding at least as much of interest in the leading articles, annotations, letters, etc., as in the papers and original articles. The present arrangement has made it extremely tiresome to look back for a particular annotation or letter; the sooner Dr. Constable's suggestion—of printing the full contents on the back cover—is adopted, the better. In the meantime an approximation to the old cover can be achieved by keeping the *Journal* folded over so that the table of contents is on the outside. The date should be written clearly in the space provided at the top.—I am, etc.,

Wotton-under-Edge, Glos.

H. M. SAXTON.

POINTS FROM LETTERS

Slimming Tablets

Dr. R. H. FREEDMAN (Glasgow S.3) writes: I agree fully with Dr. Cyril Fox (June 9, p. 1624). His experience with the prescribing of "slimming tablets" is similar to mine. I do not now use this form of therapy in new patients and I am in the process of trying to wean the others away from their "tablets"—a slow and laborious task.