can be recorded simultaneously without confusion.

The time scale is linear and horizontal. Only seven days are printed to each centimetre, instead of the 10 days usual in earlier charts. This usefully increases the space available for charting consecutive daily blood counts. The arrangement is also logical, since outpatients are commonly seen at intervals of seven days or multiples thereof. A line of boxes at the foot of the chart (see Fig.) enables the duration of the illness or its treatment to be recorded as weeks. This feature is particularly useful when the protocol of a co-operative chemotherapy trial is being followed, since the durations and spacing of various phases of the treatment programme are usually laid down in terms of weeks from the beginning of therapy. A 2-cm. margin at the foot of the chart provides ample space for recording actual dates.

A single chart covers a 24-week period. Extension to 26 weeks might seem more logical, but the resultant increase in width would preclude filing in standard-size files. When the course of disease is lengthy further charts are added, each being hinged on to the right-hand end of the preceding chart with cellulose tape. When folded the resulting concertina structure can be filed in the same manner as a single chart. For purposes of demonstration the charts can be projected with an epidiascope or photographed for 35-mm. slides. Colour-coded charts reproduce well on colour film.

These charts, which are proving successful and convenient in clinical practice, are printed by Wightman Mountain Ltd., 32-34 Great Peter Street, London S.W.1.

We thank Professor J. V. Dacie for his interest in the development of these charts.

REFERENCE

Galton, D. A. G. (1962). In *Proceedings of the 8th International Congress of Haematology*, p. 467. Tokyo, Pan-Pacific Press

Diathermy Scalpel Handle Incorporating Means of Obtaining Diathermy Haemostasis

Mr. LAURENCE F. TINCKLER, consultant surgeon, Frenchay Hospital, Bristol, writes: Cutting with a scalpel blade is invariably accompanied by bleeding, necessitating periodic application of forceps, ligatures, or diathermy coagulation to obtain haemostasis. Unless this task is delegated to an assistant the surgeon is obliged to lay down the scalpel in order to free his hand for the application of haemostats. A diathermy cutting current for making incisions reduces the amount of bleeding by simultaneously sealing off small blood vessels before they are divided, but large vessels when divided are not controlled and these bleeding-points require separate attention.

A scalpel has been devised which enables the operator to make an incision with a cold cutting action or a diathermy cutting current and to obtain diathermy haemostasis. The necessity of periodically laying down the scalpel and resorting to another instrument to obtain haemostasis is obviated, and making an incision is therefore expedited. The scalpel handle is insulated and has an attachment for a diathermy lead, as previously described (Tinckler, 1965). This

handle has been modified by the addition of a metal bead to the portion to which the disposable scalpel blade is attached, so that the bead lies on the trailing edge of the scalpel blade just proximal to its tip (see Fig.).

The scalpel is used conventionally for cold cutting or, alternatively, is activated by the diathermy cutting current. When bleeding occurs the bead is pressed on the bleeding-point and the instrument is activated by

Modified diathermy scalpel handle.

the diathermy coagulation current. Incisions are completed, alternately cutting and coagulating, one instrument being used throughout.

This instrument is available from Down Bros., Mayer & Phelps, Ltd., Church Path, Mitcham, Surrey.

REFERENCE

Tinckler, L. F. (1965). *British Medical Journal*, 2, 165.