

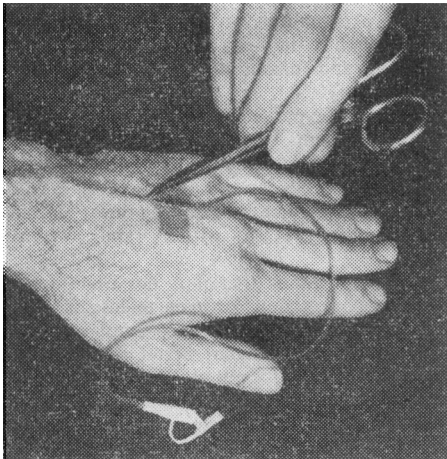
in January 1966 when the Scottish certificate was recast was the deliberate omission of the words "attendance" and "last illness" which appear to exercise Dr. Thurston as they "have not been judicially defined."—I am, etc.,

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Infant Scalp Vein Needles in the Intravenous Treatment of Endocarditis in Adults

SIR,—The treatment of bacterial endocarditis involves parenteral antibiotic therapy in high dosage. Repeated large intramuscular injections for a period of six weeks or more are intolerable, and the drug must be administered by the intravenous route. Long-term caval or large vein catheterization is commonly used for this purpose, but in view of the reported complications and hazards^{1,2} it seems preferable to use a technique of puncture of small peripheral veins, setting up the infusion at a fresh site at approximately three-day intervals. An infant scalp vein needle has been found to be most suitable for this.



Needles used have been the Baxter small vein set (23 gauge) and the Sterilon (22 gauge). Both consist of a needle attached to a length of light polyethylene tubing on the end of which is an adaptor. The Sterilon incorporates a plastic flange at the junction of needle and tubing, and this has proved an advantage in securing the needle to the skin and preventing rotation. Unlike standard needles, which have bulky adaptors, the scalp vein varieties can be secured flush with the skin. In addition, they are more suitable because the lumen is wider than that of a comparable standard needle and allows an adequate flow rate.

A suitable small peripheral vein is chosen and the skin cleaned. The needle is held at its base, bevel upwards, by the tip of a straight blunt Spencer Wells forceps slightly inclined laterally. Venepuncture is easy and the needle is advanced a little way along the vein. A piece of strapping is placed over the needle point, and flange and tubing secured similarly.

Normally it is suggested that the site of infusion should be changed at intervals of about three days unless pain or inflammation occurs before this, but on occasion it may be left longer.

This method has been used satisfactorily in ten patients, and in one patient the infu-

sion was maintained at one site for four weeks without discomfort. Its advantages are:

(1) Adequate venepuncture is always easy and relatively painless; a venous cutdown is thereby avoided.

(2) There is a large number of suitable small peripheral veins.

(3) Infective and thrombotic complications are less likely and less serious at peripheral sites.

(4) Venous trauma is minimal with this gauge of needle.

(5) When the patient's condition allows, he is able to enjoy full mobility in the ward.

(6) The needle may be removed at night to be replaced the next morning, thus allowing undisturbed sleep, and this is therefore a very suitable method for intermittent intravenous therapy.—I am, etc.,

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Construction of Vagina

SIR,—Your leading article "Construction of Vagina" (13 May, p. 393) overlooks an article¹ which I had hoped would render the technique described by A. H. McIndoe and J. B. Banister² obsolete. The prosthesis I described is self-retaining, and there is no need for "the labia minora to be closed over it." Moreover, the mould should not be "cylindrically shaped," for the vagina at rest is not this shape. The cross-section of the vagina is H-shaped, and the nearest approach to this shape that is practical is lenticular. Finally, three months is much too short a time to allow for contraction after grafting.—I am, etc.,

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- Stabler, F., *J. Obstet. Gynaec. Brit. Cwlth.*, 1966, 73, 463.
- McIndoe, A. H., and Banister, J. B., *J. Obstet. Gynaec. Brit. Emp.*, 1938, 45, 490.

SIR,—Your authoritative leading article, "Construction of Vagina" (13 May, p. 393), is surprisingly incomplete in making no mention whatever of the operation of vulvo-vaginoplasty described by Williams.¹

This operation, though at first sight a poor substitute for the McIndoe type of epithelial inlay operation, has given good functional results, and it carries certain very real advantages. It is much more easily performed, is completely without risk to bladder or bowel, and involves the woman in little post-operative discomfort and management. Also there is a particular advantage which deserves to be underlined, and this is that in congenital absence the "vagina" can be constructed well in advance of its need. A girl without a uterus has enough to explain to her boy friend without also having to say that a surgical procedure of some magnitude is necessary before intercourse can occur. For those women with an inadequate vagina because of previous surgery—even an unsatisfactory

inlay operation—the Williams operation may be the method of choice.—We are, etc.

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REFERENCE

- Williams, E. A., *J. Obstet. Gynaec. Brit. Cwlth.*, 1964, 71, 511.

Sturge-Weber Syndrome with Normal Karyotype

SIR,—I should like to report a new case of the Sturge-Weber syndrome with normal karyotype.¹⁻⁶

The patient is a 10-year-old boy, 134.5 cm. tall. The mother had albuminuria during pregnancy, and the delivery was complicated by placenta praevia. She died of a hypertensive syndrome at the age of 37. The child had right-sided hemiplegia diagnosed when 2 months old, and he did not start walking until the age of 5 years; even now he staggers. He has an upper and lower right-sided paresis. He is mentally retarded with an I.Q. of 52.

An electroencephalogram (20 December 1965) shows a brain disorder in the left temporal area. He has a pronounced facial haemangioma, exophthalmos of the right eye, and hypoplasia of the right arm, this arm being very much shorter than the left one. He has a high-arched palate. He has no finger prehension in the right hand, but he has palmar prehension in the same hand. There is a great separation between the first and second toes in both feet. He has normal male external genitalia.

The karyotype was studied by cultivating leucocytes from peripheral blood. Twenty-six cells were examined, all of them having 46 chromosomes, and their formula being 44-XY, corresponding to male genotype. No abnormalities were found in the chromosomes.

The dermatoglyphics of the patient, so far as finger and palm prints are concerned, show the following characteristics: 2 axial triradii on the right palm (t and t'; atd=51°) and 1 axial triradius (t) on the left palm (atd=44°). The Cummins index is 27 in the right hand and 24 in the left hand. There are some loops in both hypothenar areas and in the interdigital II and III of the right palm and III and IV of the left palm. The frequency of the different types of patterns of the finger prints is: 7 ulnar loops and 3 whorls.—I am, etc.,

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- Gustavson, K.-H., and Höök, O., *Lancet*, 1961, 1, 559.
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Injection of Prostates

SIR,—In my article on injection of prostates (13 May, p. 418) I wrote that the injection was not painful; may I add the word "not very painful" to this statement?

The patient feels the needle going through the perineal skin and into the prostate, but