Strip of nail removed (A) and flaps of nail wall (B) and nail fold (C) reflected to expose segment of germinal matrix (D) to be excised.

A simple and logical operation for unilateral embedded toenail was described by Heifetz in 1945.⁶ This consists of removal of a small segment of germinal matrix on the affected side of the nail. No sutures are required and healing occurs within a few days.

Mr Palmer and Mr Stevenson imply that their operation can be performed in the presence of sepsis, cutting through inflamed nail wall. A deliberate operation through inflamed tissues is bad surgical practice and sooner or later this will lead to severe exacerbations of infection. In infected cases it is safer to excise a small strip of embedded nail under local anaesthesia four weeks before surgery. This will enable an exact dissection of the portion of germinal matrix to be performed under ideal conditions.

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¹ Watson-Cheyne, W, and Burghard, F F, *Manual of Surgical Treatment*, vol 2. London, Longmans, Green, 1912.

² O'Donoghue, D H, *American Journal of Surgery*, 1940, 50, 519.

³ Hyde, T L, *Northwest Medicine*, 1945, 44, 252.

⁴ Lake, N C, *The Foot*, 4th edn. London, Ballière, Tindall and Cox, 1952.

⁵ Fowler, A W, *British Journal of Surgery*, 1958, 45, 282.

⁶ Heifetz, C J, *Journal of the Missouri Medical Association*, 1945, 42, 213.

Rational dosage of non-cumulative drugs

SIR,—The vast majority of drugs prescribed have a half life in their persistence in the body and in their effect. Let us assume that the required effect is attained by 1 g of a certain drug and that it exerts half its effect after six hours. If 1 g is given every six hours the accumulated dosage will approach 2 g—that is, $1 + \frac{1}{2} + \frac{1}{4} + \frac{1}{8}$ etc. A simple rule for administration might well be to start with 1 g and to proceed by administering $\frac{1}{2}$ g every six hours of half the dosage every half life.

May we therefore in future be informed in the *British Pharmacopoeia* the average half life of every drug when that is practicable so that we can avoid the absurdities of prescribing drugs three times a day when the half life is a week.

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A prognostic sign in ECT

SIR,—Anaesthetists familiar with anaesthesia for electric convulsion therapy (ECT) must have observed, in a high proportion of cases, a phenomenon that could be of some prognostic value to the psychiatrist. I refer to a stage in the course of treatment when superficial arm and hand veins, previously contracted and almost invisible, making venepuncture excessively difficult, are found to be dilated and easily visualised or palpated, thus offering no difficulty in venepuncture. In my experience, shared with many psychiatrists with whom I work, this sign seems to mark the threshold of clinical improvement beyond which few further treatment sessions may be necessary.

I have been unable to discover any reference in the anaesthetic literature to this sign, but perhaps my psychiatric colleagues might be able to supply a convincing explanation of its aetiology. My uninformed guess is that it is (in part at least) a vasomotor effect in which skin temperature plays a major part. Cold, cyanosed extremities are commonly observed in severe depressive illness and, unless perpetuated by other causes, will give place to a normal skin temperature and relative vasodilatation as the clinical condition improves. Even with the onset of the generalised flush immediately following a single ECT venous dilatation may be briefly observed, especially on the dorsum of the hands.

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Primum non nocere, or the pharmacological lucky dip

SIR,—A Bengali man was admitted with apparent digitalis intoxication. His electrocardiogram showed first-degree heart block, coupled ventricular ectopic beats, and S-T-segment changes consistent with digitalis effects, and his serum digoxin level was 4.9 nmol/l (3.8 ng/ml). It was not possible to relate this to dose times. There was no evidence of potassium depletion. He was in gross cardiac failure.

He said that he took two tablets regularly each day but later revised this to five. Someone brought a plastic carrier bag to the ward containing his tablets. These are recorded in the accompanying table. The five daily tablets were, he said, two Slow-K, one ampicillin capsule ("very good, doctor, very good"), and two white tablets. He drew the last items from

the phial (No 12) marked "Valium" which contained three populations of tablets—prochlorperazine, frusemide, and Buscopan (hyoscine butylbromide). Each evening must therefore have afforded him a new therapeutic surprise—tranquillity, profound diuresis, or little detectable effect. His wife, who would certainly have noticed, could not help, being in Bangladesh. His general practitioner also shared his nationality, so presumably language had not been a problem. He agreed that while he had taken digoxin, it was not part of the "regular five." Compliance with a schedule of five daily doses would be likely to be less than 25%.¹

A drug cupboard audit should be a regular part of the treatment history and examination in every case. We have encountered many who keep a pharmacological bran tub or lucky dip, but this patient is so far the most unusual. We are trying the effect of giving him a little diagram with coloured tablet symbols set against meal times, but do not yet know whether we have communicated better than anyone else.

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¹ Galtey, M S, *Journal of the Royal College of General Practitioners*, 1968, 16, 39.

Breast-feeding and the BBC

SIR,—Apropos the recent correspondence on breast-feeding it might amuse your readers to know that when I wrote to the BBC suggesting that one way in which they could help to promote breast-feeding was to show it as a natural activity on the screen this was described as "eccentric" by their director of programmes. O tempora! O mores!

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Conception and congenital abnormalities after chemotherapy for leukaemia

SIR,—We read with much interest the report by Dr J A Russell and others (19 June, p 1508) of two men who fathered children with congenital abnormalities after they had received chemotherapy for acute myelogenous leukaemia. This prompts us to report a patient

Drug name on container	Instructions on label	Actual contents of container	State of contents
(1) Slow-K	One, 3 × daily	42 Slow-K	Moist, frosted, and sticky
(2) "	(Bengali writing)	7 Slow-K	
(3) "	"The tablets/capsules"	95 Slow-K	
(4) Penbritin	500 mg 4 × daily	nil	Heavily worn symbols
(5) "	500 mg 6-hourly	nil	
(6) "	250 mg 4-hourly	17 ampicillin capsules	
(7) "	250 mg 6-hourly	13 ampicillin capsules	
(8) Digoxin	0.25 mg (Bengali)	28 digoxin tablets	
(9) "	0.25 mg daily	18 digoxin tablets	
(10) "	0.25 mg, two daily	64 digoxin tablets	
(11) Valium	5 mg 3 × daily	2 diazepam tablets	
(12) "	5 mg, one at night	245-mg prochlorperazine tablets	
(13) "	One at night	24 40-mg frusemide tablets	
(14) Stemetil	5 mg, "one to be taken twice times a day"	20 Buscopan tablets	Worn symbols
(15) Aldactide	3 × daily	15 10-mg diazepam tablets	
(16) Buscopan	2 × daily	nil	
(17) Lasix	40 mg daily	nil	
(18) "	40 mg "The tablets/capsules"	2 frusemide tablets	
(19) "	40 mg, one to be taken a day	29 " "	