

were superior in their prescribing habits. Dr McKee also queries the dosage level of antidepressants regarded as inadequate. Nortriptyline is prescribed in lower dosage than amitriptyline and 1B tablets daily (37.5 mg) was taken as equivalent to amitriptyline 50 mg daily. Dr C H Gill (4 November, p 1296) points out that often a drug is prescribed for psychological rather than pharmacological reasons. Whatever the merits of this practice, and many would question it, drugs prescribed in this way are incorrectly prescribed on pharmacological grounds. I hope that most prescriptions are given for their ingredients rather than as tokens.

I am sympathetic to the difficulties of general practice but do not accept that they are so great that psychotropic drugs must continue to be prescribed incorrectly. Although individually such errors may appear small, nationally they are large, no matter whether viewed from the ivory towers of academe or the grass roots of general practice.

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Mortality and morbidity of reusing dialysers

SIR,—Dr A J Wing and others (23 September, p 853) demonstrate that dialysers are widely reused in the UK. However, as they rely on a co-operative study they can hardly quantitate the loss of dialyser efficiency and the morbidity associated with reuse: the latter data can be obtained only for a specific technique utilised by a well-trained staff.

In 1977 we reported our experience of reuse.¹ Two parallel-flow dialysers (RP 6—2100 dialyses; Gambro Major GM—1500 dialyses) were reused up to 10 times in our centre. Rinsing of the blood compartment is achieved with hypochlorite 10% (five minutes) followed by deionised water (five minutes). Sterilisation is subsequently achieved by filling the dialyser with either hypochlorite 10% (that is, 11 000 ppm) for RP 6 or formalin 4% for Gambro Major GM. More recently RP 6 dialysers have also been sterilised with formalin 4%.

Loss of dialyser efficiency is minimal: no difference for small and middle molecules' dialysance is noticed between new RP 6 dialysers and those used 10 times. A 20% fall in small molecule dialysance, but no change in middle molecule dialysance is noted in Gambro Major dialysers used seven times. Efficiency of reuse is significantly better if the dialyser is rinsed within 10 minutes after the end of dialysis. The technique is fully automated and requires about five minutes of a technician's time.

Blood leaks are rare: none for Gambro GM and 6.7% for RP 6. More recently this latter figure has fallen to less than 1% when hypochlorite was replaced by formalin as the sterilising agent for RP 6. Neither septicaemias nor pyrogenic reactions have been observed in 23 patients followed for an average of 16 months. The incidence of anti-N antibodies is the same (4 out of 23) in patients treated with reused dialysers as in patients treated without reuse (2 out of 12) for the same length of time.

This technique has been successfully adapted for home dialysis. The blood compartment is rinsed with sterile hypochlorite 5% (that is, 5550 ppm) and filled with saline. Sub-

sequently formalin 1.25% is introduced in the dialysate compartment. From there it diffuses towards the blood compartment, where saline is continuously recirculated. Equilibrium between both compartments is achieved within three minutes.² Sterilisation of both compartments is achieved after eight hours of storage. The whole procedure is fully automated as a result of a small adaptation of the individual monitor's program (Gambro AK 10).

From our experience we conclude that reuse is indeed safe provided that a meticulous technique is applied. It is not time consuming with adequate equipment and results in an important financial saving, well documented by Wing *et al.*

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¹ Vandenbroucke, J M, Stragier, A, and van Ypersele de Strihou, C, *Proceedings of the European Dialysis and Transplant Association*, 1977, 14, 598.

² Stragier, A, and Beelen, R, *Proceedings of the European Dialysis and Transplant Nurses Association*, 1974, 2, 21.

Children with small stature

SIR,—Having just seen yet another 11-year-old girl for "small stature" without any previous height measurements (at school or elsewhere), can I please make a plea for *all* children to have height measured on entry to school and for yearly measurements thereafter whenever they are below the third centile? Most parents of children with Turner's syndrome and growth-hormone deficiency are small—we expect it—therefore small parental height when the child is below the third centile is rarely the sole explanation for the child's small stature and all require to be investigated.

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Paraldehyde and plastic syringes

SIR,—Mr V I Fenton-May and Felicity Lee (21 October, p 1166) do not say how they exposed their syringes to paraldehyde and what signs of damage they observed.

We used 10 Gillette 10 ml disposable syringes. Immediately after starting a stopwatch 5 ml paraldehyde BPC was drawn up into the syringe through a Sabre 19 g × 2 in disposable needle. The syringe was ready for injection within 15–25 seconds of beginning to draw up the paraldehyde. 1 ml of paraldehyde was ejected from the syringe through the needle at one-minute intervals and the syringe was observed for signs of damage over a five-minute period.

Of the 10 syringes used five appeared to be totally unaffected. In two there was slightly increased resistance to injection, beginning at 2 min; but in neither was the sticking such as to preclude further injection. In one syringe a hairline fracture of the shaft and the plunger was seen at 2 min, but it did not progress any further. In two syringes the shaft broke apart. One developed a hairline fracture at 4 min and broke at four min 45 s, and the other broke suddenly at 5 min. The needle hubs were not affected.

It should be possible to complete an intramuscular injection well within two minutes of beginning to draw up the paraldehyde. Our

observations therefore confirm that it is possible to inject paraldehyde from a clear plastic syringe provided that it is drawn up immediately before injection.

The question of toxicity from dissolved plastic in the paraldehyde is one which we are pursuing further. Although concern has been expressed about possible toxicity from the plasticisers added to some plastics to make them supple, the Gillette syringes have not contained such additives since 1974. We believe that the risk from intramuscular injection is small and outweighed by the advantages of paraldehyde in the emergency treatment of the child in status epilepticus at home, where to forbid the use of plastic syringes is in effect to ban the use of the drug.

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Breast-feeding as protection against respiratory syncytial virus

SIR,—The report of the Medical Research Council Subcommittee on respiratory syncytial virus (RSV) vaccines (16 September, p 796) is a welcome reminder of the importance of RSV as a cause of illness and admission to hospital in infants. The report mentions briefly the well-documented protection offered by breast-feeding in early infancy.¹ In 24 proved RSV-positive cases of bronchiolitis admitted to our unit in the winter of 1977–8 only two infants had been breast-fed, and one of these had been breast-fed for two weeks only and the other had never been fully breast-fed.

While we agree that preventive measures such as vaccines or other antiviral substances should be developed, we feel that these uncontrolled figures of ours underline once again that the protective effects of breast-feeding have not been sufficiently emphasised to the community at large. Specific protection against RSV infection should be publicised as another reason why "breast is best." Perhaps if breast-feeding were the rule rather than the exception four deaths a year from RSV infection could be avoided and expensive immunisation campaigns become unnecessary.

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¹ Downham, M A P S, *et al*, *British Medical Journal*, 1976, 2, 276.

Duodenal ulcers

SIR,—If Dr John Bennett (21 October, p 1147) had suffered from a duodenal ulcer himself, as I have, he would perhaps attach more importance to the relief of his patients' symptoms than he appears to do at present. He finds "no place for a preparation midway in effectiveness between antacids and cimetidine," although he admits that "the various liquorice preparations and also De-Nol have been shown . . . to be superior to standard antacid regimens," because, he says, "after all, a painful ulcer exacerbation is uncomfortable but it's not medically dangerous."

Should doctors merely be concerned with medical dangers? Many patients come to me