

complication occurs and no evidence exists of any warning being given that it might occur nor evidence that care was taken to avoid it, the lawyers would have the last word.

Lastly, should the patient wake up after herniorrhaphy with inordinate amounts of pain, it is courting litigation to send them home saying: 'everybody gets pain – it will be OK in six months'. My recent medico-legal experience tells me that this is not the case. I would suggest keeping them in hospital for 24 h, but I would NOT recommend taking them immediately back to theatre unless there is a haematoma to be released. I would see them at about one month and, if the pain is still there, would recommend exploration probably with a view to dividing the nerve.

Nothing above is new or original but in this litigious era it needs saying.

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Letter to the Editor

The use of two face masks to prevent clouding of spectacles and surgical visors

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Visors attached to face masks are a common method of protection from splashes of blood or body fluids.

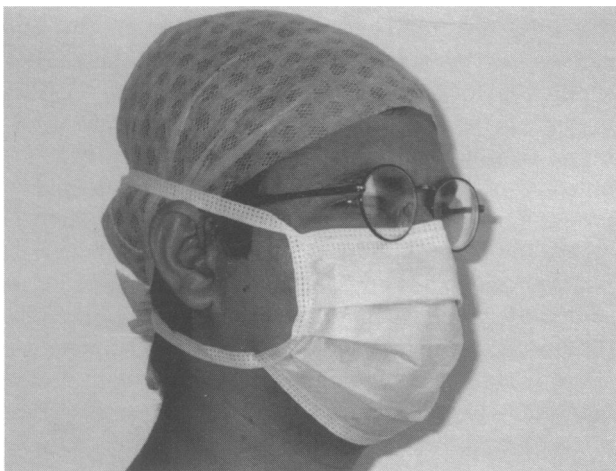


Figure 1 First mask applied

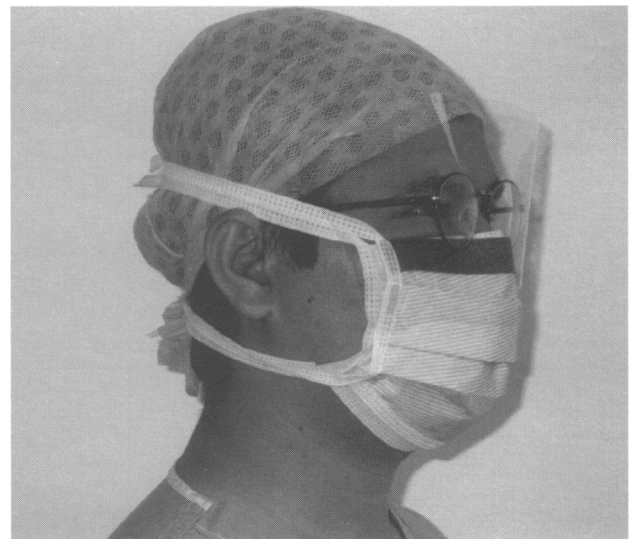


Figure 2 Second mask applied over first mask

Often visors can be obscured by condensation forming on the spectacles and plastic surface of visors.

We present the discovery by the senior author (FJW) that, wearing a normal inner mask and then the mask with visor prevents this happening. We have found this a very effective measure.

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