

maintain the reduction obtained and be easy to use. These patients benefit by having a hand without deformity and an early restoration of full extension as well as functional grip.

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Alcohol-induced bronchospasm

Sir

I would like to make three points on the management of status asthmaticus in the light of the above case report published in the September 1988 issue of *Archives of Emergency Medicine*:

- (1) There is no mention of a chest X-ray having been done on this patient. Urgent portable chest X-ray is mandatory in any patient with acute respiratory failure, and was indicated in this case to exclude pneumothorax, and to look for early signs of aspiration pneumonitis which is a commoner cause of bronchospasm in inebriated asthmatic patients than allergy to alcohol.
- (2) In the face of an arterial PCO_2 of 15.9 KPa and the clinical findings described, many would consider immediate intubation and artificial ventilation to be indicated together with the intensive drug treatment described.
- (3) Aminophylline infusion, although described as 'slow' in the report, is hazardous in patients who are already on aminophylline at home.

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The use of Histoacryl tissue adhesive for the primary closure of scalp wounds

Sir

It appears that the use of Histoacryl tissue adhesive for primary closure of scalp wounds is a suitable alternative to suturing (*Archives of Emergency Medicine*, June 1988). However, the authors make no reference to complications, should the adhesive enter the eye.

We have had four patients in whom Histoacryl glue has trickled into the eye, whilst