

Anesthesiology
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Nix on "Mil"

To the Editor:—May I address this letter to those of our membership who speak at our meetings or teach at any level. The abbreviation "ml" is pronounced "milliliter" or "m-l," not "mil." It may be voguish and it may be brief; but the term, "mil," means "a thousand," or it is a unit of length, of angular measurement, or of currency. In none of my dictionaries can I find mil to mean a unit of volume. Is it important? Yes! For a language to be understood, it must mean what it says and say what it means. I admit being somewhat slow in my learning. I must still convert torr into mm Hg before it really registers in my brain; and Hertz first forms a pic-

ture in my mind of a man rather than a cycle. But the meaning of these words does become clear with thought. The spoken, mil, for the abbreviation, ml, is, by definition, improper and erroneous and should be abandoned by those we look to for accuracy and precision, not only in their laboratories and library reviews, but also in their speech.

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An Endotracheal-tube Barb

To the Editor:—We recently observed a potential complication from a metal pin used in the Shiley low-pressure endotracheal tube. The pin, located at the tip of the tube, is placed there for use as a radiologic marker. Upon examination of one of the endo-

tracheal tubes, it was found that the pin was protruding from the tube (fig. 1), a situation fraught with obvious danger. This was the only tube in which this defect was found. The matter was called to the attention of Shiley Laboratories, and we have been assured that this type of tube is no longer being manufactured. The purpose of this communication is to call attention to a possible (albeit extremely rare) defect that still might exist in tubes ordered prior to this incident.

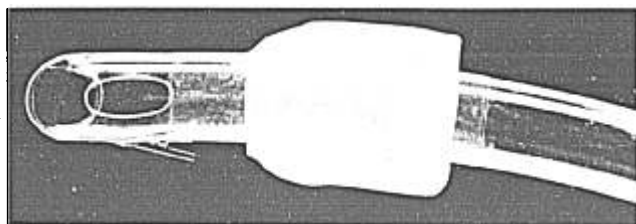


FIG. 1. Note the barb-like pin protruding from the tip of the tube.

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