I entirely endorse her last point, about illicit "borrowing." But here might I suggest that doctors can be of help to the library if they are willing to donate journals to which they subscribe, when they have finished with them. Finally, as Dr Timbury says, get to know the staff of your library. They are there to help you.

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How to choose and use a calculator

SIR,—I am sorry that Dr T D V Swinscow in his excellent article on how to choose a calculator (3 February, p 326) does not quite do justice to reversed Polish notation (RPN) and to the advantages of programmable instruments even for those who, like me, regard themselves as mathematically naive.

As to the first, while the debate about RPN versus algebraic notation is never ending, there are clear logical advantages in the former which carry over into the whole class of problems encountered in medicine. I do not agree that RPN is named after a man, but that is unimportant. As to the second, it is a general principle of the use of calculators that the escalation rule operates—namely, that one buys a machine because it has certain properties (for example, one memory) only to recognise that if it had a bit more (for example, eight memories) it would be that much more useful. The availability of programming, while it could threaten some by its alien nature, will stimulate many more. I should like to say too that those who are contemplating a calculator that will do their statistics, their accounts, and their stock-market transactions need a programmable instrument (whether magnetic card or not is a subsidiary consideration) to avoid Dr Swinscow's Coleridgean "person from Porlock" syndrome. They will find that it opens new fields and is not difficult for the logically as distinct from mathematically equipped individual to handle. In my unit we have gone from one non-programmable to four programmable machines in three years.

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SIR,—In his otherwise excellent article on choosing and using a calculator, (3 February, p 326), Dr T D V Swinscow has made a serious omission by not mentioning that most calculators are now available as liquid crystal display (LCD) models, which give 1000 to 2000 hours—that is, several years—of daily use on one set of batteries. The problem of failing batteries in the middle of Africa and the development of internal faults in rechargeable batteries are now things of the past.

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A "side benefit" of metronidazole?

SIR,—Metronidazole currently finds extensive use in the prophylaxis and treatment of anaerobic wound infections. We would like to report a case so treated with an unusual side-effect or "side benefit."

The patient was an 81-year-old man, admitted

for repair of a recurrent right inguinal hernia and of a left inguinal hernia. He had suffered from a chronic skin disease for the previous 15 years, which had resisted all forms of treatment. A skin biopsy in 1972 was reported as "prurigo nodularis" and he had subsequently been treated symptomatically with a variety of medicaments. Currently he was on Synalar (fluocinolone acetonide) ointment and two Vallergran (trimeprazine tartrate) tablets at night. He was covered with elevated, indurated, scabbed, and ulcerated lesions, which were extremely irritable. These were more marked over his extremities. Shortly after his admission he developed copious diarrhoea, which on investigation proved to be due to an intussuscepting neoplasm of the transverse colon. With a view to resection, he was started on bowel preparation, consisting of castor oil, enemas, and metronidazole. Within 24 hours of starting the metronidazole he announced that his itching had gone. Over the course of the next week all his scabs cleared completely and the lesions became less prominent. He continued itch and scab free until his discharge.

Perhaps metronidazole has found another niche into which it can usefully be slotted—an anti-itch niche.

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Non-motile sperms after vasectomy: do they matter?

SIR,—The papers of Mr R P Marwood and Dr Valerie Beral, and Dr Ian S Edwards and Mr John L Farlow (13 January, p 87) draw attention to the tiresome but important question of "clearance" after vasectomy.

Small numbers of motionless sperms linger in the nooks and crannies of the seminal vesicles and the ampullae of the vas, and can be found in the centrifuged deposit of the semen, long after vasectomy. Some of the medical defence organisations take the view that patients must continue to provide specimens of semen until not a single sperm, however dead, can be found. This seems to be because it is feared that a judge and jury might conclude that an unwanted pregnancy could have been caused by such a sperm, and the doctor who advised his patients that it was safe to discontinue using other contraceptive methods might be considered negligent. Absurd though this opinion must be, it is good news to see objective evidence to contradict it. One can, of course, always see if the motionless sperms take up vital dyes such as eosin or trypan blue, to make quite sure that they are dead and not just sleeping.

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SIR,—While continued presence of immotile sperms in postvasectomy seminal specimens is unlikely to cause pregnancy, Dr Ian S Edwards and Mr John L Farlow (13 January, p 87) have not proved their hypothesis. Immotile sperms may still remain viable and may have a normal oxygen consumption.¹ When immotile sperms persist it would be useful, and may become necessary, to assess the viability of the sperms by staining the centrifuged sample by, for example, Eliasson's modification of Dougherty's technique,^{2,3} using 1% eosin and 10% nigrosin.

The adoption of this technique may help to establish the new criteria for seminal clearance sought by Mr R P Marwood and Dr Valerie Beral in the same issue (p 87). It would certainly alleviate the patient's anxiety and prevent possible medicolegal complications where persistent immotile sperms are shown to be non-viable.

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¹ Eliasson, R, *Biology of Reproduction*, 1970, **3**, 369.
² Dougherty, K A, *et al*, *Fertility and Sterility*, 1975, **26**, 700.
³ Eliasson, R, *Fertility and Sterility*, 1977, **28**, 1257.

SIR,—The short reports by Mr R P Marwood and Dr V Beral, and by Dr I S Edwards and Mr J L Farlow (13 January, p 87) on the importance or otherwise of a few non-motile sperm go a long way to confirm the clinical impression of many of us that there is virtually no chance of a pregnancy with such a seminal analysis.

Despite this impression most vasectomists "play it safe"—and indeed this is the advice of the Medical Defence Union—by waiting for two completely clear specimens. In view of this it is with considerable reluctance that I must rock the boat by reporting a recent case.

I performed a vasectomy on a 45-year-old man in February 1978. He produced specimens of semen for analysis at 12 and 14 weeks and neither of these showed any sperm. We then told him that he was sterile, and his 35-year-old wife stopped taking the contraceptive pill. A 10-week pregnancy was confirmed by ultrasound on 1 November and she underwent a vaginal termination and laparoscopic sterilisation. A further seminal analysis of a fresh specimen in October showed less than one non-motile spermatozoon per high-powered field. There can be few readers who would not jump to the same conclusion that I did—that this lady must have had extra-marital intercourse; but subsequent inquiries in strictest confidence by both myself and the gynaecologist convinced me that this was not so. I accept that this must be a most unusual case and that it raises more questions than it answers, but in the light of it I feel myself that we are not in a position to be certain that we can ignore the odd non-motile sperm.

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Detection of deep venous thrombosis by ^{99m}Tc-labelled red-cell scans

SIR,—We read with interest the paper by Dr W Beswick and others (13 January, p 82) concerning the detection of deep venous thrombosis by scanning the technetium-^{99m}-labelled red-cell pool. The authors conclude that this technique "is clearly an acceptable alternative" to conventional phlebography and preferable to other diagnostic techniques. We would like to question this conclusion on the following counts.

Firstly, the patients chosen for investigation were highly selected. A high clinical diagnostic rate of 72% suggests that they were suffering from major venous thrombosis. This is confirmed by reference to table I, which shows that 19 out of 21 patients had thrombus involving the proximal veins. In only two