Dr Spencer. They are centred in organisations whose intentions are good but whose efforts diminish the morale of those who work in mental handicap hospitals. Clinicians in general medicine and surgery do not have their efforts criticised by lay organisations to the extent that psychiatrists do. In the field of mental handicap hospitals the Department of Health and Social Security reiterates that public spending cuts will not apply. In spite of this, lay organisations, often critical of the work of psychiatrists and nurses, forecast the transfer of the care of mentally handicapped patients to psychologists and social workers working in centres in the community. Nothing is done by the DHSS to counter such criticism and its consequent depressing effect on those doctors and nurses who spend their lives looking after severely handicapped patients and who know that many of their charges could never survive outside hospital.

Mental handicap is one of the grey areas of medicine and workers in its hospitals need unqualified support. In the past this was provided by loyal management committees and regional hospital boards. Since reorganisation single mental handicap hospitals find themselves isolated in the management sphere of area health authorities which are not always sympathetic and which have to be reminded frequently of the exemption from spending cuts. Perhaps the DHSS could think more positively of its responsibility for the mental handicap hospitals and provide them with the leadership they need.

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Help for parents after stillbirth

SIR,—Further suggestions are requested by Professor R W Beard and his colleagues (21 January, p 172). It has been my experience that parents blame not only themselves but, more destructively, each other. This should be made more explicit. Often this anger presents in loss of libido in either partner, a symptom also of loss of sexual self-esteem. Some mention of this could prevent secondary misinterpretation by the partners. A more definite warning that a further pregnancy should not be seen as a replacement baby (often an ill-advised suggestion by doctors or friends) should be given priority in counselling.

As a corollary to the increasing awareness of the psychological disturbance related to stillbirth could some thought also be given to the similar problems often experienced with a late miscarriage? These women are even less likely to receive professional help, as they are rarely followed up by gynaecologists and do not qualify for statutory visits from midwives, while society views the event as of minor significance.

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SIR,—I read with interest the letter from Professor R W Beard and his colleagues (21 January, p 172) and their proposals to distribute a leaflet to parents who have experienced the birth of a stillborn child.

The comprehensive nature of this leaflet is very impressive. My only reservation about it concerns the time at which it is to be given to parents. Since it suggests that the parents

see and hold their baby it would appear that the leaflet is to be given to parents as soon as the baby is born. I feel that in the period immediately following the birth the parents are bound to feel shocked and certainly unable to take in such a mass of literature. Surely the suggestion that the baby be held by them would be better put gently to them by the medical or nursing staff present.

Subsequently discussion about stillbirth could be encouraged at a personal level between the ward staff and parents before the mother is discharged from hospital. It would seem important that all these parents should be visited by the health visitor at a point when the midwife has finished visiting; so often this is the time when their grief is most acute. I suggest that this leaflet should be given to the parents by the health visitor when she feels it to be appropriate and when the parents know that she will be visiting again, should they wish to discuss any matters arising from its contents.

As a health visitor working in a department of medical genetics I frequently have contact with parents who have had one or more still-born babies. Many of them express feelings of isolation and an inability to discuss their situation with relatives and friends. I am therefore pleased that those concerned professionally with these patients are becoming more involved with this aspect of patient care. I am sure that the proposed leaflet would be very helpful to doctors, nurses, health visitors, social workers, and clergymen and would help to increase their insight into the many conflicting feelings that parents experience at this point of crisis in their lives.

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Contamination of surgical gloves

SIR,—It has long been accepted that the use of talc as a surgical-glove powder can result in postoperative peritoneal adhesions as well as granulomata at the site of operation. Consequently starch powder has been used for the past 20 years in place of talc, although concern has been expressed in the medical literature that a similar granulomatous reaction is produced by this material. We have shown recently, however,^{1 2} that samples of surgeon's gloves manufactured during the 1972-5 period have been contaminated with talc. Furthermore, tissue histologically classified as starch granulomata and showing the classical rounded starch particles with Maltese-cross birefringence was shown to contain talc. The analyses were undertaken using the highly sophisticated electron microscope microanalyser (EMMA-4, AEI) and it was obvious that only such procedures would localise and identify these extremely small particles which contaminated the gloves. At that time glove-manufacturing processes were probably ineffective in preventing access of talc, but continued quality control by these laboratories of subsequent batches of gloves has indicated that the major British manufacturer has been able to eliminate the problem and such gloves produced in the UK are uncontaminated.

It was stated then¹ that certain samples of American-produced gloves which were investigated were heavily contaminated with talc. More extensive investigations have confirmed these earlier observations, clearly indicating that talc contamination of the American

gloves is a common occurrence, with sometimes as much as 6×10^7 particles/cm² surface area. Furthermore, some samples were heavily contaminated with a diatomaceous material, shown in the accompanying figure together with the typical spectral analysis indicating the siliceous nature of the powder.

(A) Typical diatomaceous particles recovered from the surface of surgical gloves (X5780) (B) spectral analysis from EMMA-4 showing the high silicon content of the particles. The copper peaks ($K\alpha$ and $K\beta$) relate to the em grid.

It is obvious that more careful control is necessary of the available procedures for the quality control of the materials used in the manufacturing processes concerned in surgical glove production. Since some of these American gloves are now available on the British market, care should be taken by the medical profession in their particular choice.

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¹ Henderson, W J, *et al*, *Lancet*, 1975, **1**, 1419.

² Henderson, W J, *et al*, *British Journal of Surgery*, 1975, **62**, 941.

Doxorubicin cardiotoxicity: role of digoxin in prevention

SIR,—We would like to reply to the various criticisms made by Dr C J Williams (21 January, p 176) in relation to our recent article (3 December, p 1447).

In his letter Dr Williams states that "evidence on the protective effects of digoxin given before doxorubicin in animal models is conflicting."¹⁻³ It is unfortunate that none of the three references cited makes any mention of the use of digoxin given before doxorubicin in order to prevent cardiomyopathy in animals.