see whether the improvements made by the manufacturers have had the desired effect. It will be more meaningful, however, to take into consideration the outcome of exposure to the disease of all vaccinated children, rather than select the data on which any further analysis is made. Further reports from the P.H.L.S. studies now in progress should prove interesting.—I am, etc.,

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Acetate and Bacteria

SIR,—The significance of the finding of the adverse effect of acetate on bacteria goes far beyond its importance in dialysis solutions (27 September, p. 749). The proved effect of acetic acid on *Pseudomonas* seems to have been largely ignored in surgery.

In Botswana last year we began dressing our burns with vinegar from the kitchen (diluted for comfort), whenever the dreaded green pus appeared. Not only did the green pus rapidly disappear but grafting could be done earlier, and with a much greater success rate. Perhaps those whose patients, wards, and vision are darkened by silver nitrate might give acetic acid another try.—I am, etc.,

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Saving the Grossly Disabled

SIR,—Your leading article (13 September, p. 607) raises an extremely important issue. It would seem that Dr. J. S. Lawson¹ had answered three of the four questions he raised; his studies showed that most parents of children with deformities such as spina bifida prefer a doctor to make a decision whether life-saving measures should be instituted. There remains his first and most important question—should life-saving measures be instituted?

If life-saving measures are carried out the surgeon should bear in mind it is the long-term well-being of both parents and child, not merely for the first 10 or even 20 years of the child's existence, which is the critical point at issue. It is wrong to operate indiscriminately on all cases, ignoring the problem of the subsequent disability to the patient and to the community at large. Surgeons should be moving to a situation in which the indications for a life-saving operation at birth are

cut and dried. In some cases where the prognosis is poor it can only be considered a matter of unwarranted meddlesome medicine to intervene actively with surgery and antibiotics.

A particular group in which operative indications should be very carefully considered are children with spina bifida; the number of such children has grown very fast since immediate operation increased the survival rate, and now totals at least 8,000, a great many of whom are severely disabled. I know it is not easy to predict at birth which children will do well, but there is evidence to suggest that the presence of neurological signs, such as partial or complete paralysis of the legs, is indicative of a poor prognosis.² A controlled trial of conservative versus immediate surgery took place as long ago as 1962,³ so we should be in a position to know something of the long-term prognosis of immediate surgery, and which signs at birth have turned out to be of significance; in particular, how many children are paraplegic and incontinent, and whether the I.Q. of children treated with immediate surgery is better than that of the survivors of conservative treatment, at least one-third of whom are mentally subnormal.⁴—I am, etc.,

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Purpura and Ibuprofen

SIR,—I wish to draw attention to a possible association between ibuprofen (Brufen) and purpura. A 33-year-old woman with no known haemorrhagic tendency developed bruises on her upper and lower limbs during the third week of a course of ibuprofen therapy for a painful hip. The normal dose of the drug—namely, 600 mg. per day—was being taken. No other drugs were being given. On discontinuing therapy the rash spontaneously disappeared. Haematological investigation performed a few days after the disappearance of the purpura proved negative. I am unaware of any other report of the possibility of such an association.—I am, etc.,

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Career Prospects for Medically Qualified Dentists

SIR,—Mr. A. L. Gwynne (11 October, p. 113) mentions that the possession of a medical qualification is a great asset in obtaining a consultant post. In some areas this is certainly true, but in others where there is a predominance of non-medically qualified members on the selection board the opposite can be the case.

His letter may have conveyed the impression that the medical qualification was useful only to obtain an appointment, but he can be assured that the consultant dental surgeon derives as much day-to-day usefulness from

his medical training as he does from his dental training. Such a statement may seem strange to many readers of the *B.M.J.*, who assume from the title that a consultant dental surgeon does, in hospital, the same as a dental surgeon in practice, and cannot understand why there should be any question of a medical qualification being necessary. In fact, however, consultant dental surgeons have full clinical charge of patients admitted to hospital suffering from severe maxillo-facial injuries, or needing resections of jaw for disproportion or tumours, for skin and bone grafts to the mouth, and for the removal of ectopic teeth. These operations are, of course, performed by consultant dental surgeons because they are better equipped by the dual training to deal with such problems than the person with a surgical training only.

Planning and correlation of careers are difficult to arrange without interfering with personal choice, and although the figures look disturbing at the moment some solution usually appears to sort out the mathematical gloominess of such forecasts. The Hospital Dental Service can take heart that many young people are taking the trouble to train adequately to care for its patients. It is of no importance whether they consider that they are practising medicine with a dental qualification, or dentistry with a medical qualification. They are putting at the disposal of their patients the results of the longest and hardest training in the medical field—a fact which may not be appreciated.—I am, etc.,

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Agricultural Accidents

SIR,—I greatly enjoyed Dr. D. K. C. Cooper's informative article on agricultural accidents (25 October, p. 193), but in the interest of accuracy would take issue with him on one point. In his final paragraph he says that "Legislation alone, however, cannot prevent accidents, and the final responsibility lies with the farm worker to ensure that all safety precautions are followed. . . ." The employer has a very definite responsibility in this field, and the recent Employers Liability (Defective Equipment) Act must be relevant in the 50% of accidents in which farm machinery and implements were implicated.—I am, etc.,

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Fibrinolytic Enzyme System

SIR,—Dr. J. D. Cash and others (4 October, p. 50) suggest that the discrepancy between their results and ours (19 July, p. 137) with regard to the level of fibrin degradation products (F.D.P.) (Burroughs Wellcome) during pregnancy may be due to the presence of residual non-specific sheep-red-cell haemagglutinin in the test serum. In our study negative controls were included by incubating each test serum with the sensitized cells, and any specimens showing non-specific agglutination were either excluded or reabsorbed to remove any non-specific sheep-red-cell haemagglutinins. However, in a