been tried and failed. If surgery does succeed, then certainly both stress incontinence and urgency incontinence can be cured.

Similarly, when the detrusor is stable both stress and urgency incontinence may be present. The aetiology of the latter is uncertain. Following surgery it has been shown that where frequency is improved urgency incontinence is also improved and vice versa.² It is this imprecise nature of "clinical urgency" which demands urodynamic investigation. It is not clear from the comments of Mr Lees and Mr Singer on the cases quoted why the decision to delay surgery had been correct.

I should like to know how they gauged the effectiveness of their operation without objective evidence. The simple procedure of coming to the examination couch with an empty bladder will naturally fail to disclose stress incontinence. Do they therefore ensure that patients are examined with the same volume of fluid in the bladder at each visit? How did they diagnose that the patient with recurrent incontinence had genuine stress incontinence rather than incontinence due to detrusor instability?

Finally, while readily accepting the importance of elevation of the bladder neck and proximal urethra in the control of incontinence, I should like to know what evidence there is that the pubocervical fascia is the essential element in this manoeuvre.

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¹ Bates, C P, Loose, H, and Stanton, S L, *Surgery, Gynaecology and Obstetrics*, 1973, **136**, 17.

² Stanton, S L, and Ritchie, D, *American Journal of Obstetrics and Gynaecology*, 1977, **124**, 461.

³ Stanton, S L, Williams, J E, and Ritchie, D, *British Journal of Obstetrics and Gynaecology*, 1976, **83**, 890.

Spectacle lenses and eye injuries in children

SIR,—I would be most grateful to know if there are any doctors in general practice or in casualty departments who would be kind enough to let me know if there have been any accidents to children as a result of their wearing spectacles with glass lenses as opposed to plastic lenses while engaged in school activities such as games or physical education.

I raise this because of recent concern in the medical profession over the matter of swimming goggles which shatter because they are made from acrylate rather than polycarbonate plastic.

DAVID LARDER

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Immunisation and brain damage

SIR,—Earlier this year (30 April, p 1159) you kindly published my request for proof that the pertussis component of the triple immunisation was the causative agent in such cases of brain damage that could be regarded as sequelae to the immunisation. A few weeks later (28 May, p 1411) you also published a reply from Professor W Ehrengut in Hamburg who drew attention to a paper he had published in 1974¹ proving just that, and also demonstrating a

rate of serious complications of pertussis vaccination that seems greatly in excess of the rate of such complications as reported in Britain.

From a private communication from Professor Ehrengut as well as from other German publications I also understand that in West Germany pertussis vaccination is no longer offered as a routine measure but is now restricted to children living in institutions, in very large families, or under unusually poor hygienic conditions.

Meanwhile leading articles on this problem have appeared in the *BMJ* (2 July, p 5) and in the *Lancet*² advocating continued generalised pertussis vaccination. The abandonment of such generalised pertussis vaccination in West Germany is not mentioned in either of these articles, and among the 13 and 24 references appended respectively the paper by Professor Ehrengut does not appear. Why?

G SCHOENEWALD

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¹ Ehrengut, W, *Deutsche medizinische Wochenschrift*, 1974, **99**, 2273.

² *Lancet*, 1977, **2**, 71.

Use of ritodrine in pregnant diabetics

SIR,—To avoid any misunderstanding may I add to my letter on the use of ritodrine in pregnant diabetics (9 July, p 124)? The controlled trial referred to was that of Blouin *et al*¹ in which oral ritodrine was given for up to 10 weeks to non-diabetic women who were pregnant.

In common with other β -mimetic drugs (Dr D J B Thomas and others, 13 August, p 438) intravenous ritodrine may cause a rise in blood glucose levels for up to 48 h. Despite continuing ritodrine infusion the glucose and insulin profiles return to normal within this time and remain normal during further treatment.² In a report of ritodrine treatment in two diabetic patients Dr Judith M Steel and Mr J Parboosingh (2 April, p 880) concluded that the drug has a place in the management of pregnant diabetics provided that the strong hyperglycaemic effect of the drug on intravenous injection is anticipated and countered by appropriate monitoring and adjustment of the insulin dose. On oral treatment no variations of glucose levels have been reported.

T C G SMITH

Medical Director,
Duphar Laboratories Ltd

Southampton

¹ Blouin, D, Murray, M A F, and Beard, R W, *British Journal of Obstetrics and Gynaecology*, 1976, **83**, 711.

² Bergstein, N A M, *et al*. Report on file, Duphar Laboratories.

Domiciliary oxygen

SIR,—I should like to make a few comments on your leading article on this subject (9 July, p 77).

The Portogen, referred to in your fifth paragraph, could be modified to run at 2 l/min, when it would last 50 min. Last year we offered to introduce a 230-l capacity cylinder with a refill back-up service if the Department of Health and Social Security would include it in the Drug Tariff. This was unacceptable to the Department because existing arrangements for supplying portable oxygen equipment through

the hospital and specialist services were considered adequate. Additionally, economic considerations apart, it was considered inappropriate to make any major change in domiciliary oxygen policy in advance of the conclusions of the current Medical Research Council trials on long-term oxygen therapy.

In your eighth paragraph you state that only the standard-size cylinders (1360 l) are prescribable on FP10 and that the cost of supplying 10-12 of these weekly is about £2500 per annum. Some hospitals obtain size G (3400 l) cylinders for domiciliary patients. For four of these per week we would only charge the hospital at the annual rate of about £270 at current prices.

J R JUNNER

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Medical Gases,
British Oxygen Co Ltd

Brentford, Middx

Acute suppurative thyroiditis caused by *Pseudomonas aeruginosa*

SIR,—In their report (27 August, p 580) of a thyroid abscess caused by *Pseudomonas aeruginosa*, Dr M Weissel and his colleagues describe the patient's rapid recovery following surgical drainage and "appropriate antibiotic therapy with penicillin."

Ps aeruginosa is naturally resistant to penicillin, which is therefore quite inappropriate for treatment. I suggest that the good recovery was due to surgical drainage and that no antibiotic was required. For infections with *Ps aeruginosa* that do warrant systemic antimicrobial therapy drugs such as carbenicillin and gentamicin are indicated, and, time permitting, the choice is best based on the results of sensitivity testing of the organism.

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Late infection after hip replacement

SIR,—Your leading article on this subject (23 July, p 213) contains several points which we think are worthy of comment.

Most of the confusion regarding the factors which are important in the prevention of infections of hip joint replacements could perhaps be dispelled by a thorough comparative study of the bacteria present in all of the possible source sites (for example, surgeon, air, patient) and those which subsequently are found to be implicated in deep infection of the arthroplasty. Faced with a similar problem in the case of shunting devices for hydrocephalus we were able to show by such methods that the source of the organisms was the patient's own skin.¹ Such a study should be carried out preferably *before* any conclusions are drawn as to the solution of the problem, otherwise a great deal of time and money is likely to be wasted.

In all of the publications to date dealing with a reduction in sepsis rate many differences in methods and conditions exist, and comparison is difficult. Indeed, it is true that similar results can be obtained with and without the use of "clean air"²⁻⁵ and the problem is probably multifactorial. The contributions of changes in technique and the use of prophylactic antibiotics, for example, cannot be ignored.