laryngoscope and sterilized disposable endotracheal tubes, such as described by Tunstall and Hodges,¹ should be available in every obstetric bag. I am astonished that there should still be labour rooms without this essential and inexpensive equipment that make necessary the manoeuvres described by Dr. A. F. Doss (15 August, p. 446).

A word of advice and a word of warning, however. First, direct-vision intubation should be learnt from one accustomed to this technique, and an anaesthetist is the obvious choice. Anyone practising obstetrics should, I believe, have this instruction. Second, never, as implied in Dr. Doss's letter, attach an oxygen supply to any endotracheal tube without a means of controlling the pressure, and in the case of the newborn a means, manometric or otherwise, of preventing this pressure exceeding a maximum of 30 cm. of water. Disaster will otherwise surely follow.

Referring to the use of intragastric oxygen advocated by Mr. Wallace Barr (30 May, p. 1427), this method of oxygen administration to the newborn was shown to be valueless by Cooper, Smith, and Pask in 1960,² and its continued practice wastes the vital time that can be occupied by the administration of intermittent positive-pressure respiration through an endotracheal tube.—I am, etc.,

R. H. BLAZEBY.

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Canterbury.

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The Hydrocephalus Association

SIR,—The problems of spinal palsy and hydrocephalus are with us, and there is no doubt that these children need the help and support of a strong parents' association—but must we have yet another group with a special cause to plead? Already the mentally handicapped children have their group and the spastics theirs in this field alone. As Dr. J. Lorber points out (25 July, p. 250) at least one-third of the spinal-palsied children are mentally retarded, and in addition hydrocephalus is a common and potent cause of cerebral palsy. There is already enough confusion in the minds of patients, doctors, and the money-providing public; what will happen when there is yet another group for children who might easily belong to either of the already existing societies?

The continual splitting of voluntary effort for very special causes can in the end lead only to the defeat of its own objects. As these spinal-palsied children are primarily physically handicapped, I must make a special plea that the Spastics Society should take the bold step of accepting this problem as a condition closely allied to cerebral palsy, and opening wide their facilities on all levels to the children affected.

I do not believe that the country can afford another group to compete for funds, sympathy, and skill, and this is made even more difficult when the affected children often have both spinal and cerebral palsy in a manner which makes clinical distinction impossible.

The time is ripe for a bold and imaginative gesture by the Spastics Society (who must

already accept hydrocephalic children with cerebral palsy). I do not believe that mere terminology or legal difficulties should be allowed to stand in the way of a step which will be humane, practical, logical, and will have immeasurable consequences for good.—I am, etc.,

Wigan, Lancs.

R. M. FORRESTER.

Success at University

SIR,—These are rather obvious observations on the findings of J. R. Anderson and colleagues and F. Brockington and Z. Stein which are discussed in your leading article (15 August, p. 401). Students entering university at 17 are highly selected, because they were able to pass all their necessary examinations—O levels, 3 A levels with a high pass mark—and a university interview at that early age. There is also an easy explanation to the question why boys from social classes IV and V do better at university than at grammar school. These boys again are highly selected. Children of the middle and professional classes expect to go to university as a matter of course if they should be lucky enough to obtain a place. All through their school career they have the full backing of their home to facilitate their studies. They have a room of their own for their homework, they are often sent abroad to learn languages, there are books at home, and stimulating conversation.

The boy from social classes IV and V might have to fight antagonism at home, he has to create his own intellectual atmosphere. If with all these handicaps he has secured a place at a university against fierce competition he must be a first-class person, not only of high intelligence but showing perseverance, initiative, and often moral courage.—I am, etc.,

London N.W.3.

S. COLLETT.

Oral Contraceptives and Breast Cancer

SIR,—Recently one of my former registrars, Mr. A. E. J. Mullins, described in a letter to me a young lady with a rapidly growing carcinoma of the breast who was taking oral contraceptives. I recently had a young patient aged 34 with a small carcinoma which appeared to be implicating the deep fascia although it was small in size. She was taking oral contraceptives, and asked me if they had caused the growth, or should she continue taking them.

I do feel that these drugs should be discontinued if carcinoma is thought or known to be present. Quite a proportion of the carcinomas of the breast are known to be hormone-sensitive and may be influenced adversely if the hormone is continued. Whether or not these hormones favour the origin of the growth or the viability and persistence of secondaries is open to question, but at this stage I feel that as they are known to cause occasionally an increased blood flow to the breasts in the premenstrual phase it might be advisable to discontinue their use in suspected or proved carcinoma of the breast.—I am, etc.,

The Lister Hospital,
Hitchin, Herts.

J. J. SHIPMAN.

Magnesium for Atherosclerosis

SIR,—Impressive results in coronary disease have been reported by Parsons¹ using intramuscular magnesium sulphate; he has since treated 200 cases of advanced coronary atherosclerosis for three and a half years with one death and one reinfarction (personal communication). Parsons attributed the benefits of magnesium therapy mainly to its action in preventing further atherosclerosis by reducing cholesterol and other lipid serum levels.

Professor J. H. Burn and Mr. W. R. Gibbons (6 June, p. 1482) have now contributed evidence which helps to clarify this effect of magnesium therapy; they report that the effect of sympathetic stimulation in releasing catecholamines depends on the concentration of calcium ions present and that the increased inhibitory response produced by additional calcium was antagonized by magnesium. Douglas and Rubin² found that the amount of catecholamines liberated from the adrenal medulla depended on the amount of calcium in the perfusing fluid and also reported that the addition of magnesium to this solution reduced the effect of raising the calcium content.

In a study of the influence of smoking on blood lipids Kershbaum and Bellet³ found that smoking in humans and nicotine infusion in dogs caused a rapid and consistent rise in serum levels of free fatty acids. Accompanying this rise in human subjects was an increase in urinary catecholamine excretion; sympathetic ganglionic blockade prevented or inhibited the rise in free fatty acids, and adrenalectomized patients showed either a negligible or no rise. The rise in free fatty acid levels appeared to be due to the effect on adipose tissue of catecholamines released from the adrenal glands, extra-adrenal chromaffin tissue, and postganglionic sympathetic nerve endings by nicotine.

Now that a theoretical basis for the anti-atherosclerotic action of magnesium has emerged, I hope that more clinical workers will interest themselves in magnesium therapy, which I have found in my own practice⁴ to be invaluable in many types of arterial disease.—I am, etc.,

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S. E. BROWNE.

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- ² Douglas, W. W., and Rubin, R. P., *J. Physiol. (Lond.)*, 1961, 159, 40.
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Transfusion Services in Africa

SIR,—The development and interpretation of much scientific work depend upon the study of samples of blood collected from populations which differ in race or geographical distribution. Transfusion services are the ideal source for these samples, and many already assist in this work by providing large numbers of random samples from their donors or by collecting samples from individuals who may live in their area.

The valuable material available in Africa is not fully exploited, due to lack of knowledge about the existence of some of these services. In the rapid population move-