digits, and, in association with the letter, specifies the tablet exactly (e.g., "P 5" for the 30 mg. phenobarbitone tablet). With the aid of the Co-Tabs code index, which is a simple list of the code letters and numbers for all members of the range, identification of an individual Co-Tab is a matter of seconds. A tablet could carry two identifying letters instead of one; and the coding system can, of course, be used freely by any manufacturer for any kind of tablet. Indeed, as it will make possible the identification of 70,000 separate kinds of tablet and is believed to be the only system of its kind in operation anywhere in the world, international, as well as national, usage may be looked for. Details of the code have been made available to all the appropriate official bodies in this country.

Some means of ready identification of tablets has been suggested by many individual doctors in the past, and it has more than once been the subject of a resolution at the Association's Annual Representative Meeting. It has been pointed out that widespread usage of coded tablets would prove of very great value in connexion with cases of attempted suicide, when patients are transferring from one doctor to another, in preventing tablet wastage, etc. In the past, however, various difficulties attendant on tablet coding have also been mooted. Now happily, with the introduction of Co-Tabs, these difficulties have largely been overcome, and coded tablets exist and are in everyday use.—I am, etc.,

S. BRADSHAW,
Medical Adviser,
Arthur H. Cox and Co., Ltd.,
Continental Laboratories Ltd.

Amersham, Bucks.

¹ Co-Tabs are manufactured by Arthur Cox and Co., Ltd., of Brighton, and distributed by their associated ethical house, Continental Laboratories Ltd.

"Rule of Three"

SIR,—I attended the press conference at which the Minister enunciated the "rule of three." The Minister made it quite clear, repeatedly, that drivers must be advised not to drink before driving. He then went on to emphasize that neither the public nor the courts appeared to be fully aware of the effect of the Road Traffic Act, 1962, which had made it an offence for a person to drive when his ability to drive properly was impaired as a result of his having taken alcohol. He referred to the B.M.A.'s report that "a concentration of 50 mg. of alcohol in 100 ml. blood while driving a motor vehicle is the highest that can be accepted as entirely consistent with the safety of other road users" and he indicated that anyone who exceeded this concentration whilst driving might be regarded as committing an offence. In practice any adult who follows the "rule of three" will not exceed this concentration, and the Minister was quite correct in stating that, as the law is at present, a driver who kept to the "rule of three" would be unlikely to commit this particular offence.

The following is a quotation from the Ministry's memorandum on the subject:

"The only completely safe rule is not to drink at all before driving. The next best thing is not to drink more than the amount which can produce the potentially dangerous concentration of 50 mg./100 ml. This amount is 1½ pints of beer or 3 single

whiskies. Anyone who drives after drinking more than this amount may be increasing his risk of having an accident. Anyone who drives after drinking more than double that amount will almost certainly do so. In some circumstances (e.g., on an empty stomach or for a person who is not accustomed to drink) even 1½ pints or 3 single whiskies may increase the accident risk."

It is unrealistic to believe that everyone who drives will take no alcohol at all, and it is surely better to give some advice on the maximum amount which can be taken without exceeding the concentration of 50 mg./100 ml. mentioned in the B.M.A.'s report.—I am, etc.,

EDWARD WAYNE,
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Alcohol and Road Accidents Committee,
British Medical Association.
London W.C.1.

T.A.B. Reaction

SIR,—Correspondents have been commenting on local reactions to intradermal T.A.B. Experience shows that the same dose of vaccine will produce a different amount of local reaction depending on the site used. If given on the forearm severe reaction with erythema and induration in the region of 10×8 cm. is quite common, but if given high up on the upper arm is much less so.

For some years I have given intradermal T.A.B. to nurses and others on a site on the back between the shoulder-blades, and during this time no nurse has been off duty because of local reaction. This variation in reaction with site appears to be similar to the phenomenon seen with smallpox vaccination, where there is increased chance of virus growth on the partial immune (revaccination) as the site becomes more peripheral.—I am, etc.,

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Cerebrovascular Accidents and Oral Contraception

SIR,—Dr. K. J. Zilkha's report (31 October, p. 1132) of two cases leads me to record two other instances of cerebrovascular disturbances while taking oral contraceptives in healthy women with no hypertension or any other evidence of cardiovascular disorder and with no history of any previous thrombosis.

One was a woman aged 32 who had been taking Conovid E (norethynodrel and mestranol) cyclically for 22 months and suddenly developed a typical lateral medullary syndrome, with severe vertigo and vomiting, ataxia, diplopia, a right Horner's syndrome, and loss of sensation over the right side of the face and the left half of the body. A gradual improvement took place during the next two months, leaving only a slight residual defect. This must have been caused by a thrombosis of a vertebral or a posterior inferior cerebellar artery.

The other, aged 46, experienced the sudden onset of vertigo and unsteadiness, causing her to lurch and even fall to the right, visual discomfort on looking to the right without closing one eye, and excessive drowsiness. Both plantars were extensor. No appreciable headache. She gradually recovered over the next few

weeks and it was considered that there had been an ischaemic disturbance of the brain stem. This patient had a history of migraine since childhood with an aura of patchy vision and numbness of the lips and one or other arm followed by headache behind the eyes, making her lie down for an hour. She had been taking Ovulen on 20 days each month for six months.

I am indebted to Dr. C. J. W. Hunter, of Searle & Co., Ltd., for referring me to two similar cases recorded in the U.S.A. in 1962.¹ He also knows through a personal communication of a third case in Newcastle.

The report of these few cases and those of Dr. Zilkha does not prove any causal relationship between the lesions and the oral contraceptives. Such cerebrovascular incidents are known to occur on rare occasions spontaneously without any apparent cause in this age group, and it has been estimated that 1,300,000 in the U.S.A. in 1962² and perhaps 250,000 women at the present time in Britain³ have been taking these preparations.

These cases, however, add emphasis to the importance of carefully planned prospective studies into the incidence of thromboembolism in a series of women taking these hormones compared with an untreated control group. They suggest that attention should be directed to cerebrovascular disturbances in addition to the more common thrombophlebitis of the legs and pulmonary embolism forming the basis of previous investigations which have been retrospective.—I am, etc.,

Hove, Sussex. A. M. STEWART-WALLACE.

REFERENCES

- ¹ *Thromboembolic Phenomena in Women*. Proceedings of a Conference, 1962. Searle, Illinois.
- ² Final Report on Enavid by an Ad Hoc Committee to the Food and Drug Administration of Health, Education, and Welfare, U.S.A., 1 November 1963.
- ³ *Brit. med. J.*, 1964, 2, 1089.

Steroid Addiction in Ulcerative Colitis

SIR,—Your editorial statement (10 October, p. 894) "Perforation of the colon is the outstanding risk . . . but experience at Oxford did not support the impression of other workers that steroid therapy increases the danger, often only suspected because of a sudden deterioration in general condition" accepts the statistical tables of Edwards and Truelove,¹ which imply that the prognosis in ulcerative colitis has improved. On this question the "impression of other workers" has been ignored. The "steroids-for-colitis" men in Britain and America have never replied to criticism but have accepted as "normal" the 12 deaths in 92 patients of Truelove and 11 helpers.² In America the four deaths in 52 patients of Zetzel and Korelitz³ is as disturbing as the steroid death rates in a dozen authoritative papers by Palmer and Kirsner.⁴

When I looked into this question I discovered that none of the steroid protagonists has given a straightforward comparison of death rates in colitis before and after steroids. Zetzel and Atin⁵ said that their 4 out of 52 deaths in two years (8%) was better than their previous 51 deaths in 244 patients (20%). But the 51 deaths were spread over 24 years (1930–1954); the true annual death rate before steroids was less than 2% per year.