Scheme was launched on the whole country without preliminary trials.

Let us give the Area Health Board a trial. Keeping up with the Joneses may be distasteful or difficult for some, but if the exercise is for the good of the profession as a whole, and the Health Service, it may be worth the endeavour.—I am, etc.,

G. MURRAY JONES.

Caerphilly.

Chemical Contraceptives

SIR,—The Consumers' Association has carried out a nation-wide survey of contraceptives on sale to the general public. Many interesting facts have emerged, some of which give cause for concern.

I should like to draw the attention of doctors to the discovery that there are over a hundred chemical contraceptives on the market. They are available as creams, jellies, pastes, suppositories (soluble pessaries), foaming tablets, and aerosol foam. Of these, almost half failed all tests for spermicidal activity (the International Agreed Test for Total Spermicidal Power 1960 of the International Planned Parenthood Federation). In addition, since they are not required to do so by the 1941 Pharmacy and Medicines Act, only 37—about one in three—declared their contents on the container.

Apart from those on the approved lists of the F.P.A. and the schedule of tested products of the I.P.P.F., there are no records of toxicity tests and not enough evidence to show that they do not produce vaginal irritation and are not carcinogenic.

We feel that this is a serious state of affairs and urge that legislation should be introduced to cover this type of "drug."—I am, etc.,

PHYLLIS M. F. FRASER,
Medical Consultant to
Consumers' Association.

London W.C.2.

Anoxia and Sickling

SIR,—Dr. G. R. Thompson's report (October 19, p. 976) on a fatal sickling crisis in a Ghanaian with sickle-cell trait reminds me of an episode two years ago which may be of interest.

A West Indian aged 32 years swam 30 yards (27.4 metres) under water, got out of the swimming-bath, and attempted to repeat the performance. He was seen to stop swimming while under water and was dead on being pulled out.

No abnormality was found at necropsy except sickled cells in the spleen. Sickling trait (Hb AS) was demonstrated by paper and starch-gel electrophoresis, and foetal haemoglobin was <1%.

In view of the absence of Hb C or Hb F I thought that the mild anoxia of underwater swimming could not cause sudden death in a sickle-cell carrier, and with some qualms attributed death to inhalation of water and vagal inhibition.

Dr. Thompson's experience with sickling crises occurring during the trivial anoxia of flight at 10,000 feet (3,048

metres) makes it seem likely that this swimming-bath death was in fact due to the sickle-cell trait.—I am, etc.,

J. R. B. WILLIAMS.

Hitchin, Herts.

Wound Closure with Adhesive Tape

SIR,—We read with interest the two papers (October 26, pp. 1027 and 1030) on wound closure with the new adhesive tape known as 3M brand "steristrips." We have had experience with the same tapes and we basically agree with the authors. Our conclusions can be summarized as follows. These tapes can be used in suitable operative incisions and traumatic wounds can be closed without local anaesthetics; they cause little or no discomfort during their application and removal. No inflammatory or allergic reaction was attributed to these tapes.

However, we have not found their application easier than the insertion of

conventional sutures. The skin has to be completely dry, shaved, and in many instances compound tincture of benzoin needs to be applied to increase adhesiveness. In large wounds the subcutaneous tissue has to be very accurately approximated with catgut, otherwise gaping and/or poor cosmetic results may occur. The degree of tension and the direction of the tapes should vary according to the type and site of the wound. When persistent oozing or discharge is present or anticipated we feel that the use of adhesive tapes is not indicated. When dealing with large wounds, particularly in obese patients and in areas of natural skin tension, we consider that it is essential to combine the tapes with sutures.

With the above reservations in mind, we are of the opinion that this new adhesive tape has a place in wound closure.—We are, etc.,

C. P. MONTY.

M. J. TSAPOGAS.

King's College Hospital,
London S.E.5.

POINTS FROM LETTERS

Filariasis in Pregnancy

Mr. P. G. PRESTON (Peldon, Essex) writes: I was interested in the report on filariasis in pregnancy by Drs. Sidney Shaw and Geoffrey D. Pegrum (September 28, p. 809). They may be interested to know that, when I was stationed in Fort Hall, Kenya Colony, in the period 1936–42 I discovered *Microfilaria bancroftii*, also *Spirillum rossi*, in films obtained from the maternal surface of the placenta.

A Short Life

Dr. R. G. D. NEWILL (Chipperfield Common, Herts) writes: At the bottom of the new medical record envelopes (E.C.5 and E.C.6) issued for babies by executive councils appear the words "Date of Death19....". Presumably the Ministry of Health considers that babies born at the present time will become so effete under our glorious Welfare State that their expectation of life will be less than 37 years.

Human and Anthropoid Chromosomes

Dr. JOHN ANDERSON (Taunton, Devon) writes: Before accepting that "at some time in a pre-human ancestral population the reduction in chromosome number from 48 to 46 must have occurred," may we inquire if any such reduction of this kind has ever been recorded? And then may we also inquire how many thousands or millions of years are estimated to have been required for the growth of the "common phyletic tree"? Finally, how long has any form of animal life been present on earth? Some answer to these questions is required before any assessment of "probability" can be made.

Wheeled Lavatory Chair

Dr. E. H. BLIGH (Dunnottar, Transvaal, South Africa) writes: In your *Journal* of September 21 (p. 751) Dr. Frederic Sanders asks if any hospital has a wheeled lavatory chair in use. We have these chairs in use in both our European and Bantu wards and they are most popular, especially with elderly patients, who are often so upset at the thought of having to use a bed-pan or

commode in a public ward (even with curtains drawn) that they become most obstinately constipated.

Spontaneous Regression of Cancer

Mr. MALCOLM DONALDSON (Oxford) writes: The very interesting and rare case reported on October 12 (p. 930) is not so much a lesson "not to tell the patient," who very likely suspected it, but it is a lesson to every medical person not to be so foolish as to give a prognosis as to the length of life. Nobody can tell the rate of growth of secondaries.

Children in Hospital

Dr. M. W. ARTHURTON (Bradford Children's Hospital) writes: Although the plan of the Nuffield Foundation for children's wards includes accommodation for eight and not four resident mothers in every 20-bedded unit as stated in your leading article of October 19 (p. 946), if the General Nursing Council should decide to abolish the registered sick children's nurse certificate such provision for mothers may not prove to be excessive.

Diagnosis of Acute Appendicitis

Mr. F. R. BROWN (Dundee) writes: May I comment on two recent communications in the *Journal*? (1) Mr. E. E. O'Malley (October 19, p. 998) writes: "My own experience shows that accurate history-taking and interpretation of the history are often the vital factors in diagnosis." (2) Dr. R. H. Jackson (August 3, p. 277) wrote: "In making a diagnosis of acute appendicitis the history of the disease is of less help to the doctor than the physical examination." In my opinion "accurate history-taking" entails such questions as, "Where exactly did first you have pain, was it central or lateral, intermittent or constant, and where is your pain now?" and, an important question—seldom asked—"Have any of your relatives had appendicitis?" There is no doubt that heredity is an important factor in many conditions—e.g., appendicitis, duodenal ulcers, certain blood diseases, etc., and "wooden leg" (the end result of inherited vascular defects).