of my hobby pursuits inflicted two nasty wounds (certainly more than skin deep) with a high-speed circular saw. The results obtained exceeded the expectation both of the patient and his secretary, who performed the simple manoeuvre.—I am, etc.,

Kuala Lumpur,
Malaya.

HUGH WAGNER.

SIR,—The two papers on sutureless skin closure (October 26, p. 1027 and p. 1030) and the subsequent correspondence are interesting not only for the technique, but also for the emphasis which they lay indirectly on the ability of tissues to heal with a minimum of foreign support.

A logical next step is to allow a skin incision to heal without the assistance of sutures or tape. I have done this on a few occasions with completely satisfactory results, though the case must be chosen carefully. Short incisions are more suitable than long, and better when made in the line of the skin crease. Transverse incisions at the base of the neck or in the iliac fossa where the edges tend to fall together in the natural position of the neck and abdomen may occasionally be retained in apposition by only a firm padded dressing. This dispenses of the need for special preparation of the skin for the effective adherence of strapping, and can cope quite adequately with any ooze which might occur from the wound.

Mr. R. S. Murley (November 30, p. 1405) points out the bad cosmetic results following sutures which are tied too tightly and left in too long. Healing is a vital process which is assisted by mechanically narrowing the gap which new blood vessels and fibroblasts must bridge: the aphorism, "approximation and not strangulation" is perhaps not often enough remembered.—I am, etc.,

D. A. S. MARTIN.

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SIR,—I feel a further point should be made about wound closure with adhesive tape with regard to casualty departments. Wound taping has the advantage that it is quicker, requires minimal instrument preparation and cleaning, and also does away with the need for a local anaesthetic. However, it is in this last point that a danger lies. The article on tetanus prophylaxis by Dr. Colleen A. Cox, Professor J. Knowelden, and Mr. W. J. W. Sharrard (November 30, p. 1360) stresses the importance of wound toilet in the prevention of tetanus. Adequate toilet of dirty wounds can only be done if a local anaesthetic is used.

I think that too wide a use of wound-taping in casualty departments may result in too many wounds being closed without adequate cleansing and excision.—I am, etc.,

J. A. LUNN.

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Slough, Bucks.

Alcohol and Road Accidents

SIR,—May I add two points to the recent correspondence on "Alcohol and Road Accidents"?

At blood levels of 150 mg.%, or at even higher levels, there may be little or no evidence on clinical examination that the driving ability of any particular accused is impaired. On the other hand, as Professor E. J. Wayne says (December 7, p. 1467), exhaustive studies have established beyond reasonable doubt that everyone's driving ability is impaired at the level of 150 mg.% or even somewhat less. This variance confirms that the results of clinical examination and of chemical tests are two entirely separate pieces of evidence, neither of which can be dispensed with. For it is well known that in persons who are particularly susceptible to alcohol—either because they are not used to drinking or because of some predisposing ailment—a much lower content of alcohol in the blood might result in clear clinical evidence of being "under the influence."

My second point concerns the question whether the police surgeon should be given an account of all the happenings which lead to his being called to examine the accused. I agree with Professor Wayne that the knowledge whether or not an accident has occurred is of great importance, but even beyond this I consider that it will assist ultimate justice if the examining doctor is given a full account of all happenings, by both the police and the accused. A full history assists every doctor in every diagnosis. The same applies here, and there is no danger of an experienced police surgeon being influenced by a biased account. On the contrary, just as any highly coloured history given to him by patients or their relatives will put a doctor on the alert for any possible explanation other than the one suggested, so will such a history given to him at the police station. To know what is asserted by either side to have taken place before he sees the accused will prepare the doctor for any questions which might later come up in court, and will enable him to make sure that all possible investigations have been carried out to provide the answer to all such questions.—I am, etc.,

K. F. M. POLE.

Gillingham, Kent.

Chlorpropamide and Perinatal Mortality

SIR,—Last year we reported having found a high perinatal mortality rate in babies of mothers who had received chlorpropamide during their pregnancies.¹ Since we have been frequently misquoted, we should like to summarize our findings and conclusions:

(1) Our study was far from ideal, being retrospective and based largely on perusal of hospital records. Nevertheless:

(2) There were 16 perinatal deaths from a total of 25 pregnancies during which chlorpropamide had been used.

(3) The comparable perinatal death rate in all other pregnancies in diabetic women, whether treated with diet alone, tolbutamide, or insulin, was around 20%. Admittedly these pregnancies did not constitute a perfect control series since they were not specially matched with the chlorpropamide group.

(4) All the chlorpropamide deaths were associated with doses of 500 mg. daily; in three instances where only 250 mg. had been used live births resulted. The death rate associated with 500 mg. of chlorpropamide daily thus became 73%.

(5) Necropsies were performed in only a few instances, but the high perinatal mortality rate did not appear to be associated with congenital anomalies. There were, in fact, two infants with multiple congenital abnormalities—one the stillborn child of a mother who had received tolbutamide; the other a live child, apparently normal at birth, who was subsequently found to have microcephaly and a spastic quadriplegia. However, we have particularly stressed that the apparent danger to the foetus from the sulphonylureas as found by us does not seem to lie in the production of congenital malformations; in fact, any harm to the foetus associated with chlorpropamide seems to be mediated by some other mechanism.

(6) In conclusion, it would appear to us advisable to eschew the use of chlorpropamide in full doses during pregnancy. Doses of 250 mg. or less might be safe. If chlorpropamide is used, certain precautions seem reasonable: (i) That it should be used only under close supervision. (ii) That the dosage should be limited to 250 mg. daily. (iii) Perhaps the drug should be stopped ten days before delivery, and insulin substituted if needed.

We certainly do not advocate the avoidance of chlorpropamide in all women of child-bearing age—we ourselves use it quite extensively in such women.—We are, etc.,

W. P. U. JACKSON.

G. D. CAMPBELL.

Department of Medicine,
University of Capetown Medical School,
and University of Natal.

REFERENCE

- ¹ Jackson, W. P. U., Campbell, G. D., Notelovitz, M., and Blumsohn, D., *Diabetes*, 1962, 11, Suppl. p. 98.

Post-partum Damage to the Pituitary

SIR,—Your annotation of June 22 (p. 1627) and discussion (September 7, p. 623) of the intra- and post-partum haemorrhage as the cause of acute or chronic hypopituitarism prompted me to present this problem from a different angle.

A careful history of three patients with Sheehan's syndrome revealed the presence of symptoms of a mild hypothalamic and/or hypophyseal inadequacy before marriage and prior to the critical pregnancy. Thus, the metabolic derangement accounts for the intra-partum haemorrhage and does not arise as the result of it. The clinical condition becomes more precisely evident in the post-partum period and misleads the clinician in the assessment of pathogenetic sequelae. A brief history of one patient demonstrates the sequence of pathological events.

A woman of 35 developed a typical pituitary insufficiency following term delivery.