assumes neurotropic qualities and in others dermatropic qualities is not clear.

FIG. 3

The five recorded cases where the two conditions appeared concurrently are:

- (1) A case of ophthalmic herpes followed three days later by varicella.³
- (2) A case of intercostal herpes followed four days later by varicella.⁴
- (3) A case of herpes affecting the distribution of the second and third sacral nerve roots with concurrent generalized varicella.⁵
- (4) A case of herpes ophthalmicus followed four days later by generalized varicella.⁶
- (5) A case of herpes zoster ophthalmicus followed three days later by generalized varicella.⁷

—We are, etc.,

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Foster Parentship

SIR,—Recent reports in the daily papers once again attract attention to the controversial subject of foster parentship. It is the duty of public authorities to provide quasi-homes for children who for one reason or another, temporarily or permanently, cannot or must not be accommodated in the homes of their parents. In this duty the authorities find themselves under the influence of public opinion, which, towards the end of last century, swung against the placing of children in cold and impersonal orphanages. Encouraged by the success of adoptions, any system which might provide emotional links seemed preferable; the fundamental difference to adoption is of course that foster parenthood is essentially a salaried service

which the authorities evoke to facilitate their task.

On the face of it, the system seems fool-proof. Periodic visits by trained personnel keep the authorities in contact with the child. Shortcomings in foster-parental behaviour can quickly be brought to the attention of those in charge and the necessary redress machinery is readily set in motion. However, in spite of a skilled visiting service which I do not wish to criticize, a great deal of unhappiness and ill-treatment seems to escape the eye of the visitor until some incident brings it to light.

Over more than 25 years I have seen large numbers of London children, accompanied by their attendants. Over the years I have learnt to spot foster children (or foster parents?) with unexpected accuracy. If it is successful, the "integration" of the homeless child into a family is a system which cannot be improved upon. But the system is beset with dangers and it must not be judged by the happiness of its many successes but by the misery of its failures. I have come to the conclusion that the relationship between foster children and foster parents is unsatisfactory in so significant a minority of cases as to raise doubts whether the system is worth continuing. If a child does not like its foster parents a chain of psychological and physical suffering ensues which is not easily discovered on the basis of quarterly inspections. The child feels imprisoned within a cell of hatred. It does not really matter much whether or not this dislike is mutual, or whether it is justified. Sometimes it is; foster parents can behave very differently in the presence of an outsider and it can be very difficult to unmask their real attitude.

I doubt very much whether the old prejudice against committing children to an institution is still valid. These homes have changed out of all recognition. Mutual dislike for and by a matron may of course face the child in an institution as well; but, and this is their great redeeming feature, the danger of unwanted isolation does not exist. There is always the chance to fasten the "emotional link" to one kindred soul, be it cook or cleaner, and there is no risk of undiscovered misery.—I am, etc.,

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Oral Contraception and Thrombosis

SIR,—Because of the innumerable patterns of coronary disease the attempt to determine the danger or otherwise of "the pill" by statistical methods will be both slow and unsatisfactory.

A thrombus of any sort is only present in about 40% of fatal cases of coronary disease, thrombosis is a major event in only about 10%. Thrombi in the coronary arteries do not occur in the absence of a trigger mechanism. Venous thrombi are typically stasis in type, as are thrombi in the auricles. Thrombi in the ventricles may be either trigger or stasis in type, but are frequently both. It is quite uncommon to find a major thrombus in more than one of the main coronary trunks.

I have attempted to reconstruct the events in coronary arteries by taking a series of

blocks along the main coronary trunks until they appear normal to the naked eye. The 503rd case so studied was a woman aged 34 years. She was found to have major thrombi occluding the lumen of the right, left descending, and left circumflex coronary arteries. She is such a misfit with the series as a whole that I wrote to her doctor to discover if she had been taking "the pill." Because she already had four children it had been prescribed for her nearly a year previously. It is hoped to report this case in detail soon.

The possible danger of "the pill" to coronary arteries could soon be established by adequate microscopic examination of the hearts of women of child-bearing age who die from coronary disease. I would welcome the opportunity to examine the hearts from these cases for pathologists who do not have the facilities to do it for themselves. For this purpose the coronary arteries must be fixed before they are touched at all; they must not be damaged while opening the heart. Should they be calcified they must be fully fixed and then adequately decalcified before selecting successive transverse blocks for processing. Splitting with scissors and injection techniques must not be used under any circumstances.

The uterus should also be examined from these women for evidence of the endometrial pattern characteristic of action by "the pill." Because the endometrium is so easily damaged in necropsy material careful technique is essential. I find it best to make a longitudinal incision with a sharp scalpel, holding the edges apart with the points of dissecting forceps; downward pressure must be avoided. The final opening is best done with sharp scissors, cutting from the external os upwards. For the uterus I prefer fixation in Bouin's fluid, for the heart 10% formalin in 0.6% saline—hypertonic saline mixtures must be avoided.—I am, etc.,

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Hazard with a Gordh Needle

SIR,—In view of recent correspondence about plastic intravenous cannulas breaking *in situ* I thought the following might be of interest.

On 15 February of this year, in the Dandenong and District Hospital, I anaesthetized a healthy 19-year-old married woman for elective tonsillectomy. A previously unused new Gordh needle was inserted into one of the superficial veins of the dorsum of the right hand and held in place in the usual manner with a strip of adhesive tape. After the intravenous injections of sodium thiopentone 0.35 g. and suxamethonium hydrochloride 80 mg., no further injections were made through the needle, and the right arm was placed on an arm board throughout the operation, which was uneventful and lasted 25 minutes. At the end of the operation while the patient was still anaesthetized and lying on the trolley, having been moved gently across from the operating table by means of rollers, the Gordh needle was removed. This manoeuvre was not performed in a forceful manner and the tape was removed before traction was put on the head of the needle. It was then noticed that the body of the needle had become detached at the neck and was still embedded in the vein. An attendant immediately applied manual pressure at the wrist, and, although no part of the body of the needle could be seen, it was palpated, the distal end of it being about one half-inch from the puncture site. An incision was immediately