improved haemostasis. Use of predeposited autologous blood, intraoperative autotransfusion, and haemodilution are not readily adaptable to neonates having extensive surgery, although they may be appropriate for older children.²

After our success in resecting a large sacrococcygeal teratoma with minimal blood loss when we used aprotinin in the child of Jehovah's Witnesses³ we have observed both subjective and objective reductions in blood loss and transfusion requirements in neonates having surgery for sacrococcygeal teratoma, necrotising enterocolitis, and massive cervical cystic hygroma when we used a bolus of aprotinin (10 000 kIU/kg (=1 ml/kg)) on induction of anaesthesia followed by an infusion at 1 ml/kg/h during the operative period. Our only other experience in the perioperative use of desmopressin is in patients with von Willebrand's disease. We suggest that further evaluation of the use of aprotinin perioperatively may obviate the need for expensive recombinant erythropoietin to treat postoperative anaemia.

The legal recourse available when transfusion is necessary deserves clarification. While the courts may uphold the decision of an adult Jehovah's Witness to refuse transfusion, parents would be charged with neglect for failing to seek, or permit, desirable medical treatment for their children, even if that treatment were to contravene religious doctrine. Parental refusal of transfusion does not necessarily necessitate making the child a ward of court and thereby removing all parental authority as in most cases this is a conflict of interest between religious beliefs and the wellbeing of the child. Parents may be absolved of this particular responsibility by a specific issue order, which gives legal sanction to only the action identified, such as the administration of blood. A specific issue order is made under the private law provisions of the 1989 Children Act, and the High Court is approached direct.

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Dangers of cocaine and adrenaline paste

EDITOR,—Martin Burton and Richard Marks are correct in emphasising that recommended doses of cocaine should not be exceeded during nasal surgery.¹ However, adding adrenaline to cocaine paste (as opposed to a 10% solution) increases the unpredictability of the absorption of cocaine, and this was why we condemned this particular combination in our article.²

Peter Williamson and Robert Slack are incorrect in their statement that "overdose of almost any anaesthetic drug will result in death."³ Toxic side effects depend on the therapeutic ratio of a drug, and therefore some drugs have a substantial safety

margin even when used in overdose. Williamson and Slack are right to recommend the use of less concentrated formulations of cocaine for nasal surgery and to measure the volume given accurately, so as not to exceed the current recommendations in the *British National Formulary*, which are accepted by the British Association of Otorhinolaryngologists-Head and Neck Surgeons.

P D M Ellis and B R Wilkey state that anaesthetic technique is crucial for patients having nasal surgery for whom topical cocaine and adrenaline paste is used.⁴ They fail to acknowledge that all patients having surgery experience anxiety and may have high circulating catecholamine concentrations. They cannot judge that anaesthesia was extremely light in the cases that we reported and that this contributed to the arrhythmias or, indeed, attribute the arrhythmias to any other factors and absolve cocaine and adrenaline paste from blame. Many patients breathe halothane spontaneously during surgery without experiencing arrhythmias.

Our condemnation of the topical use of a combination of 25% cocaine paste and adrenaline for nasal surgery was meant to be alarmist.

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Few reprint requests come from less privileged countries

EDITOR,—David Cummins and Richard Osborn urge the *BMJ* to supply free reprints to authors of published articles.¹ One argument put forward is that authors' reluctance to pay for reprints means that "those working in less privileged countries are seriously disadvantaged." I have recorded the country of origin of 248 requests for reprints that I have received over the past five years. Very few were from less privileged countries (table 1). This may reflect many factors, ranging from lack of interest in the published material to lack of information about its existence. I sent a questionnaire to 72 consecutive people who requested a reprint to find out the reason for the request. Thirty one (43%) replied, of whom 24 said that the main reasons were inability to obtain the journal and the greater ease of sending for a reprint than obtaining a photocopy. The latter is perhaps not

Table 1—Country of origin of 248 requests for reprints

Country	No	Country	No
Argentina	1	Israel	1
Australia	1	Italy	6
Austria	14	Japan	2
Belgium	6	Lithuania	5
Brazil	2	Luxembourg	1
Bulgaria	1	Mexico	5
Canada	11	Nigeria	1
China	1	Pakistan	1
Colombia	6	Poland	2
Cuba	5	Romania	2
Czechoslovakia	24	Spain	8
France	39	Switzerland	4
Germany	16	United States	71
Hungary	5	Venezuela	1

surprising as many computer search facilities now automatically produce reprint request postcards for dispatch.

Reprints seem to be requested more commonly by people in countries where facilities for photocopying should be readily available. With the increasing transfer of data by electronic communications the need for reprints will be drastically reduced and their usefulness may be questionable.

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Life's unfair

EDITOR,—How sad that poor Tony Smith should have reached the age of 60 before discovering a fact that I learnt at my mother's knee: that life is unfair and we just have to get on with it. What a time he must have had these three score years, and at the end of them he cannot even get a free bus pass.¹

But there have been consolations: men do not menstruate month after month for most of their lives (or worry when they do not—it is called "the curse" for good reasons); men do not have to agonise about taking the contraceptive pill every day with no one knowing the potential risks; men do not know the discomforts of pregnancy or the pain of giving birth; they do not get postnatal depression. It is still rare for a man to be the partner who juggles job and family and feels guilty about looking after neither properly or, indeed, to be the partner who has to decide whether to put his career on hold, risking never catching up.

In middle age, men do not bump their heads on the glass ceiling when trying to continue onwards and upwards. Men are free to make the sort of statements at work that female colleagues try to avoid for fear of being labelled emotional. Men's management styles are more easily understood by other men (the management majority) than those of the women managers who refuse to be honorary men for work purposes. Most people would agree that men do not have to go through the menopause: certainly they miss the experience of showering three times a night after sweats and still having to arrive at work on time in the morning or, as an option, agonise about whether to take hormone replacement therapy when no one really knows the potential risks. If a man develops symptoms of heart disease his general practitioner organises investigations instead of talking about indigestion brought about by middle age spread.

In older age, even today, if a man is married his wife will probably continue doing household chores while he will regard himself as retired and so due special consideration. This may be one reason why his wife is likely to be more active as they both continue to age. She may well remain fit enough to get very tired indeed when he becomes frail and she chooses to nurse him herself for longer than logic would suggest: they may not say so outright, but both would probably want him to stay in his own home as long as possible. Finally, a man is unlikely to be the partner left to face life alone.

Women have many advantages, and I would not swap sex with Smith for a moment, but I cannot agree that, on balance, those with only one X chromosome have such a bad time. There is more to life than wishing for just a few more years of it or a free bus pass (though now Smith at least has the comfort of free prescriptions).

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