in China. Even when the skin is not inverted, a gap deeper down leads to a wide, thick scar and often to keloidal formation. Where the skin is thin, or its texture is such that the closure of the surface also means closure of the deeper edge, then these materials will give good results. This may often be obtained, of course, by suturing the subcutaneous tissues before closing the skin. Cross striations can be avoided by subcuticular sutures. The drawback in using these is that the ends are normally brought out through the skin at the extremes of the wound. This can be obviated by using a method we described about fifteen years ago, where fine catgut is implanted in the deepest layer of the dermis and the knots tucked in at the ends.'

The abandonment of dressings postoperatively has been advocated from time to time by many surgeons, but one usually finds that the supporters of this are those who expect a depressingly low standard in terms of postoperative wound infection. It is very hard to justify such a procedure when interrupted sutures passing through the skin are used, as these act as a seton with a track down into the subcutaneous layer. Even when a subcuticular suture is used, however, it must be remembered that, even under ideal circumstances, it takes approximately 24 hours for epithelium to grow across the incision. The wound should therefore be protected until the natural dressing of a fine scab is formed—that is, for at least 24 hours and preferably for about three days. After this a plastic sealing dressing can be applied, and the patient can then wash the affected part in the bath safely. The use of these sprays and applications earlier than this we have shown to be most unwise, since the aerosol propellant tends to drive the sealant between the wound edges, producing all the disadvantages mentioned above in the use of adhesives. If for any reason it is essential that they be applied at the time of operation, the only safe way to do this is to apply a thin layer of gauze over the wound and then to spray the compound on to the gauze.—I am, etc.,

GEORGE T. WATTS.

General Hospital,
Birmingham 4.

REFERENCE

1 Watts, G. T., *British Journal of Plastic Surgery*, 1956, **9**, 83.

Air Encephalography

SIR,—It is well known that air encephalography suffered a period of disfavour because of its alleged danger in the presence of intracerebral space-occupying lesions, with or without raised intracranial pressure. One of the reasons for this disfavour was that cerebrospinal fluid was removed before the injection of air and thus herniation of the brain might occur. This was pointed out by several authors, including me.[1]

It would be a pity if, because of the recent article by Dr. J. R. W. Dykes and Dr. D. L. Stevens (10 January, p. 79), removal of cerebrospinal fluid at the beginning of the examination of air encephalography again became prevalent. Furthermore, such removal very probably inhibits good air-filling of the ventricles.

Every patient undergoing air encephalography should be treated as if he possibly had an intracranial space-occupying mass and every effort made to exclude any evidence of cerebellar or mid-brain herniation before fluid is removed. Only that way will disasters be prevented. Air encephalography is a precise investigation with a specific purpose. Estimation of the protein content of the cerebrospinal fluid is a "spin-off" benefit and should not be allowed to alter the conduct of the examination, especially if safety is reduced.—I am, etc.,

P. W. E. SHELDON.

Radcliffe Infirmary,
Oxford.

REFERENCE

1 Sheldon, P. W. E., Wickbom, I., and Pennybacker, J. B., *Journal of the Faculty of Radiologists*, 1953, **4**, 275.

Disposable Feeds in Maternity Units

SIR,—Many paediatricians are anxious to use disposable feeds in their maternity units but are unable to do so because of the expense involved. For some months we have been using S.M.A. disposable feeds, the teat assembly being resterilized. After use the teat assembly is washed in salt water. After drying, each teat assembly is placed in a paper bag (M.O.H. Code A) with the collar facing the aperture. The required number is then placed in a larger bag and autoclaved at 135°C for four minutes. The resterilized teat is put on the bottle while still inside the paper bag so that the teat is not handled. This, we feel, must be the responsibility of the nursing staff. It is obvious at this stage that the nurse's hands must be clean and dry. This method has proved to be bacteriologically satisfactory. By using this method the cost per feed is 6·35d. This includes cost of labour, autoclaving, milk, and teat assembly, the latter being re-used approximately 70 times.

Most maternity units are short of nursing staff, and many units do not have terminal sterilization for feeds. With fewer mothers willing to breast feed it is inevitable that gastroenteritis will be a growing problem in maternity units. Relatively few maternity units in the country are using disposable feeds owing to lack of finance. We would like to recommend their use to regional hospital boards.—We are, etc.,

A. E. MCCANDLESS.
J. H. PENNINGTON.

Sefton General Hospital,
Liverpool.

Fees for Family Planning Services

SIR,—The action of our free and irresponsible national press in publishing the "leak" from the meeting between the Committee on Safety of Drugs and the manufacturers has produced the large number of letters in your correspondence columns that I expected. I judge that the majority were written by family doctors, so may I be permitted to offer them some consolation?

In a few years' time they are unlikely to be playing much part in family planning anyway. At the annual conference of the Family Planning Association (F.P.A.) in June 1969 the Secretary of State for Social Services, Mr. Crossman, said, "I aim eventually to provide a comprehensive family planning service within the National Health Service." The number of doctor sessions in F.P.A. clinics has almost doubled in the last three years, and in 1969 there has been for the first time, a contribution from the Exchequer to the F.P.A. Local authorities, using public money, are providing family planning services, often using the F.P.A. as their agent. At least one London borough is providing free advice to all comers.

Hospital boards received from Mr. Crossman in December 1969 a letter which opened, "I am sure that hospitals can and should make a further contribution to family planning by providing a service of advice to their patients." It becomes clear that when Mr. Crossman says "within the National Health Service" he means "within the hospital and local authority parts of the Health Service." Far from encouraging the development of family planning in general practice, authority has decreed that the family doctor may receive no payment for contraceptive advice but only for the provision of a private prescription—to my mind the least important part of the doctor's duty when supervising the taking of oral contraceptives.

I believe that if a woman is given tablets containing active hormones, or has a device fitted into her uterus, the right person to look after her is her family doctor. I see no reason why he should have to go to work in a clinic, be it F.P.A. or hospital, in order to look after such patients. There are many family doctors, who, for religious or other reasons, play no part in giving this service. Family doctors who do should receive payment for an item of service carried out for reasons of public policy. It is quite improper to bury it in the payment for general medical services given by all. Our representatives must insist that, in addition to providing money to build up the hospital, local authority, and F.P.A. services, money must be provided to build up the family doctor services. As I have tried to show, the writing is on the wall. If family planning is to remain part of family doctoring, action is needed urgently now.

K. L. OLDERSHAW.

London S.E.15.

Unheard Voices

SIR,—As a postgraduate dean I am conscious enough of the extra demands that are made on consultants' time for postgraduate lectures. I have good reason to appreciate their co-operation.

Time is indeed the essential thing; it is not extra payment that is wanted but working time and good will. This is the only real basis for postgraduate education. But when your Mr. Stubton (7 February, p. 358) says his commitments include two or three teaching sessions in the postgraduate centre *each week* (my italics), I presume he attends mostly as a willing listener. Otherwise I should call the demands on his time rapacious rather than "bland" and he scarcely deserves the sobriquet "an unheard voice." —I am, etc.,

JAMES PARKHOUSE.

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