



results it should be remembered that, according to the independent investigators quoted by the manufacturers, minocycline in standard dosage (an initial oral dose of 200 mg followed by 100 mg twice daily) produces serum concentrations of only 1-3 µg/ml,<sup>1,4</sup> that ordinary doses of tetracycline (for example, 250 mg 6-hourly) will produce peak serum levels in the order of 2-4 µg/ml,<sup>5</sup> and that with *Proteus* species neither antibiotic was bactericidal or likely to be therapeutically effective. With the other Gram-negative bacteria the activity of the two antibiotics appeared to be similar.—I am, etc.,

N. A. SIMMONS

Department of Clinical Bacteriology and Virology, Guy's Hospital, London S.E.1

- 1 Heine, P., Thesis, 1969, University of Zurich.
- 2 Kanazawa, Y., and Kuramata, T., *Japanese Journal of Antibiotics*, 1969, 22, 417.
- 3 Kawamori, Y., and Nishizawa, N., *Japanese Journal of Antibiotics*, 1969, 22, 426.
- 4 Okubo, H., Fujimoto, Y., Okamoto, Y., and Tsukada, J., *Japanese Journal of Antibiotics*, 1969, 22, 430.
- 5 Garrod, L. P., Lambert, H. P., and O'Grady, F., in *Antibiotic and Chemotherapy*, ed. L. P., Garrod and F. O'Grady, 4th edn., p. 154. Edinburgh and London, Churchill Livingstone, 1973.

**Prevention of Accidental Hypothermia**

SIR,—In the timely and excellent review of accidental hypothermia by Professor A. N. Exton-Smith (22 December, p. 727) he recommends among preventive measures the recognition of old people at risk and advice on suitable clothing and bedding. The health department of the London Borough of Wandsworth have issued home nurses and health visitors with low-reading clinical thermometers and room thermometers for the assessment of old people

at risk and of the current trial of duvets for the prevention of hypothermia. The duvets (continental quilts) being used are the type filled with Terylene P3 and are regarded as an alternative measure to blankets or low-wattage electric blankets.

The duvet is cheap, has a good insulation: weight ratio, saves much effort in bed-making, and as well as being a bed cover can be used to wrap up old people during the day. In these days of uncertain fuel supplies it is pertinent that the duvet needs no power source. As a practical community project some members of an old people's club have made duvets from "home-sew" kits and have thus saved on the cost as well as having the satisfaction of doing something active. A loan from the local Age Concern Committee made it possible for the kits to be bought wholesale, reducing the cost still further, and as the loan is repaid it will be available for other clubs. Many old people strongly resist charity, but this type of aid is acceptable since they have to participate actively and what they receive is a genuine bargain.—I am, etc.,

M. A. CHURCH

London S.W.15

**Acute Pancreatitis and Diabetic Ketoacidosis in Hypothermia**

SIR,—We wonder whether Dr. D. Maclean and his colleagues (29 December, p. 757) are justified in including diabetic ketoacidosis in the title of their paper since at no point is there any reference to the presence of ketones in breath, blood, or urine. The diagnosis presumably rested on evidence of acidosis, and the possibility of lactic acidosis should at least be considered in a metabolic disturbance of this degree of severity.

It has been shown repeatedly that elevation of the blood amylase level may occur in subjects with uncontrolled diabetes without any evidence of pancreatic disease.<sup>1-3</sup>—We are, etc.,

JOHN MALINS  
C. H. WALSH

Diabetic Clinic, General Hospital, Birmingham

- 1 Belfiore, F., and Napoli, E., *Clinical Chemistry*, 1971, 19, 387.
- 2 Knight, A. H., Williams, D. N., Ellis, G., and Goldberg, D. M., *British Medical Journal*, 1973, 3, 128.
- 3 Finn, R., and Cope, S., *Diabetes*, 1963, 12, 141.

**Rupture of Abdominal Wound after Laparoscopy**

SIR,—Complete rupture of the abdominal wound after laparoscopy occurs very infrequently.<sup>1,2</sup> I wish to report such a case.

A woman aged 32 years who had five children was admitted for sterilization. She was an unhealthy, thin, weary woman who smoked heavily. Under endotracheal anaesthesia a 2-cm infra-umbilical incision was made and 5 l. of carbon dioxide gas instilled through a Verres needle. The trocar (11 mm diameter) passed very easily direct into the abdominal cavity. Laparoscopy was performed, followed by tubal coagulation with a Palmer coagulation forceps inserted through a small cannula in the right iliac fossa. The gas was totally evacuated and the wounds closed with fine monofilament nylon sutures. The patient, who was discharged 24 hours later, was readmitted on the fourth day with omentum protruding from the umbilical wound. Under general anaesthesia the wound was enlarged, part of the omentum excised,

and the remainder returned to the abdomen. The wound was closed with no. 1 nylon sutures inserted through all layers of the abdominal wall and had healed soundly by the 10th day, when the sutures were removed. The patient defaulted from the follow-up clinic.

Poor abdominal muscles, a thin linea alba, and postoperative coughing may have contributed to the wound dehiscence, but the failure to use a "Z tract" when inserting the trocar was all-important. Normally the trocar should be inserted through the umbilical wound and then pushed inferiorly and subcutaneously for at least 3 cm before being thrust into the abdominal cavity. This "Z tract" acts as a valve and reduces the leakage of gas. What is equally important is that this technique minimizes the chance of rupture of the wound, which should now be numbered among the serious postoperative complications of laparoscopy.—I am, etc.,

ALAN M. SMITH

Women's Hospital, Wolverhampton

- 1 Bishop, H. L., and Halpin, T. F., *American Journal of Obstetrics and Gynecology*, 1973, 116, 585.
- 2 Duignan, N. M., Jordan, J. A., Coughlan, B. M., and Logan-Edwards, R., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1972, 79, 1016.

**W.M.A. and Racial Discrimination**

SIR,—Ghana's original motion at the W.M.A. Assembly (*Supplement*, 3 November, p. 26) referred to discrimination on the grounds of "colour" only. The motion finally carried refers to "religion, race, colour, or politics in any form." Neither in your report (3 November) nor in subsequent correspondence (8 December, pp. 614 and 615) is it made absolutely clear that South Africa voted *for* and Ghana *against* the final motion, which "vehemently condemns" discrimination on all these grounds. In voting for the motion South Africa was merely reaffirming what the Medical Association of South Africa affirmed before a Government Commission two years before the W.M.A. was founded.<sup>1</sup> Even then it was ahead of the W.M.A. at Munich, as it included sex among the excluded grounds. Strangely—why?—the W.M.A. motion went on to instruct and empower the W.M.A. Council "to investigate as carefully and as fully as possible" only "the issue of colour discrimination."

May I express the hope that the Council will be much more careful in their investigations and conclusions than many of those who have written about medicine in South Africa in the medical as well as in the lay press, and that, in particular, they will be careful to discriminate between the actions and attitudes of doctors in South Africa and those of laymen and the Government?—I am, etc.,

G. W. GALE

Surbiton, Surrey

- 1 South Africa, *Report of National Health Service Commission*, Blue Book No. 30, p. 156. Cape Town Government Printer, 1944.

**Pregnancy after Hysterotomy**

SIR,—Drs. W. M. Clow and A. C. Crompton (10 February, p. 321) reported a substantial risk of uterine rupture in pregnancies in women who had previously had a preg-

nancy terminated by hysterotomy. We therefore thought it worth while to examine our material, since we have used hysterotomy routinely for many years for late legal abortion.

From 1962 to 1970 a total of 1,031 pregnancies were legally interrupted by hysterotomy in the 16th to 24th week. Of the 198 subsequent pregnancies in 174 of the women, 185 (93%) ended in delivery by the vaginal route and 13 (7%) were terminated by caesarean section. In none of them had uterine rupture occurred or had surgery been indicated by threatening rupture. However, in one of the women in whom caesarean section was indicated by premature detachment of the placenta the wall of the uterus was very fibrotic in the area of the old scar. At digital dilatation of the incision in the uterine wall for removal of the child a large rupture occurred and made hysterotomy necessary.

In a previous investigation Astedt<sup>1</sup> reported uterine rupture in 83 of all 407,340 deliveries in Sweden in 1956-61. Only three occurred in scars after previous hysterotomy for legal abortion—in one case after a transverse incision of the fundus and in two after a longitudinal incision. In our own series a low transverse incision in the least contractile segment of the uterus had been used.

We share the opinion that attention should be paid to the risk of rupture of the previously wounded uterus. On the other hand, late abortion by hysterotomy does not imply such a mental strain on the patient as vaginal delivery of a dead fetus. We therefore feel that the minor risk of uterine rupture during subsequent pregnancy is no reason to restrict the use of hysterotomy.—We are, etc.,

B. ASTEDT  
S. FURGYIK

Department of Obstetrics and Gynaecology,  
University of Lund,  
Malmö, Sweden

<sup>1</sup> Astedt, B., *Acta Obstetrica et Gynecologica Scandinavica*, 1967, 46, 168.

### Smoking and Leucocyte Counts in Pregnancy

SIR,—In 1971 Howell<sup>1</sup> reported the mean erythrocyte sedimentation rate to be about 10% higher in cigarette smokers than in non-smokers and a striking increase in mean white blood cell counts in heavy smokers as compared with non-smokers. Corre *et al.*<sup>2</sup> showed that the increase in white cell count is most pronounced in those who inhale and confirmed Howell's findings on white cell counts. As there is known to be a progressive leucocytosis during pregnancy a study was carried out to find out whether cigarette smoking had any effect on this leucocytosis.

Women aged 15 to 43 attending an antenatal clinic during September 1971 were classified into smokers or non-smokers. Each patient was asked about the total number of cigarettes smoked and whether she inhaled. All smokers who said they never inhaled or who admitted to having given up smoking before or after becoming pregnant were excluded from the study. Patients who had any degree of pre-eclampsia or had symptoms or signs of infection were also excluded. All total and differential leucocyte counts were determined in a routine way by the same technician, who was unaware of

### Mean Leucocyte Counts ( $/mm^3$ ) in Smokers and Non-Smokers at Different Periods of Pregnancy

	<21 Weeks				21-30 Weeks				31-40 Weeks			
	Smokers (39)		Non-smokers (59)		Smokers (73)		Non-smokers (75)		Smokers (112)		Non-smokers (179)	
	No.	%	No.	%	Mean	%	Mean	%	Mean	%	Mean	%
Total Leucocytes ..	9,244	100	9,005	100	9,938	100	8,768	100	10,150	100	9,193	100
Polymorphs ..	6,521	71	6,416	71	7,421	75	6,448	74	7,464	73.5	6,652	72
Lymphocytes ..	2,243	24	2,151	24	2,116	21	1,872	21	2,235	22	2,095	23
Monocytes ..	349	4	291	3	272	3	301	3	333	3	302	3
Eosinophils ..	95	1	121	1	103	1	128	1	98	1	123	1
Basophils ..	32	0.4	26	0.3	26	0.3	19	0.2	23	0.2	22	0.2

the smoking habits of the patients.

Over the whole span of 40 weeks smokers showed an average increase of 906/ $mm^3$  in total leucocyte count and 943/ $mm^3$  in polymorphs, both increases reaching statistical significance (see table). No such increases occurred among non-smokers. The differences between smokers and non-smokers for both counts were not significant up to 20 weeks, but were highly significant ( $P < 0.001$ ) between 21 and 30 weeks and between 31 and 40 weeks. Though the average total leucocyte count for smokers increased in successive periods the differential count remained roughly the same in both smokers and non-smokers, suggesting that smoking affects all types of leucocytes equally.

These results show that there is a clear relation between an increase in leucocyte count and cigarette smoking in pregnancy when the patient inhales and that this increase is maintained as pregnancy advances. It is known that smoking in pregnancy has other measurable biological effects,<sup>3,5</sup> and recently autoantibodies in non-pregnant smokers have been demonstrated.<sup>6</sup> This last effect may, in some way, explain the different white cell counts of both pregnant and non-pregnant smokers. This study has shown that cigarette smoking has such profound biological effects on the mother that it may contribute some further clues towards resolving the present controversy between Goldstein<sup>7</sup> and Yerushalmy<sup>8</sup> in deciding whether the effects of smoking on the child are due to "the smoker or the smoking."—I am, etc.,

JOHN MCGARRY

North Devon District Hospital,  
Barnstable

- Howell, R. W., *Lancet*, 1970, 2, 152.
- Corre, F., Lellouch, J., and Schartz, D., *Lancet*, 1971, 2, 632.
- McGarry, J. M., and Andrews, J., *British Medical Journal*, 1972, 2, 74.
- Andrews, J., and McGarry, J. M., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1972, 79, 105.
- Andrews, J., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1973, 80, 810.
- Mathews, J. D., Hooper, B. M., Whittingham, S., Mackay, I. R., and Stenhouse, H. S., *Lancet*, 1973, 2, 754.
- Goldstein, H., *Human Biology*, 1971, 43, 92.
- Yerushalmy, J., *American Journal of Epidemiology*, 1971, 93, 443.

### Adverse Reactions to Alclofenac

SIR,—The Committee on Safety of Medicines is currently reviewing adverse reactions to the antirheumatic drug alclofenac (Prinalgin) as its use appears to be associated with a relatively high incidence of adverse effects. A summary of the reports we have received is presented in the table.

Some skin reactions were associated with systemic disturbances, often severe enough

to prevent the patients from pursuing their normal daily activities.

Type of Reaction	No.	%
Rash without systemic disturbance ..	168	74
Rash with systemic disturbance ..	34	14
Gastrointestinal haemorrhage or other symptoms	7	3
Other reactions (oedema, vasculitis, etc.)	21	9
Total	230	100

To enable us to assess the importance of this problem the committee invites information regarding any instance of serious adverse reactions suspected to be due to alclofenac. It may be convenient to use the committee's pre-paid yellow card for this purpose.—I am, etc.,

D. MANSEL-JONES  
Medical Assessor to the  
Committee on Safety of Medicines  
Finsbury Square House,  
33/37A Finsbury Square,  
London E.C.2A 1PP

### R.M.N. versus C.M.B.

SIR,—A proportion of successful final-year general trainee nurses spend an extra 12 months obtaining their midwifery certificate without seriously intending to make full use of it in their future nursing career. Where this is the case encouragement should be given by sister tutors for nurses oriented towards psychiatry to follow this up and spend a year becoming a Registered Mental Nurse. Even if such general and psychiatrically trained nurses were working in a general hospital, their psychiatric qualifications would not be out of place, and they would be of considerable help in understanding and nursing patients whose illnesses contained a degree of behavioural disorder due to psychic stress.<sup>1</sup> The value of their general certificate, if employed in a psychiatric hospital, is equally obvious.—I am, etc.,

DOUGLAS VANN

Bunbury,  
Western Australia

<sup>1</sup> Vann, D., *Medical Journal of Australia*, 1973, 1, 518.

### Consultant Contract

SIR,—In the report of a subcommittee of the Hospital Junior Staffs Group Council on the proposed new contracts for hospital junior staff (*Supplement*, 10 November, p. 31) the following statement appears: "It is now the law that an employee's contract must state his hours of duty."

My maximum part-time consultant contract does not specify hours to be worked. I have recently been asked to transfer this