

unidentifiable tablets. The direction, "one three times a day," is usually of little help.

Perhaps the most confusing of all are the various antibiotic paediatric suspensions and syrups. When called to see a child whose condition is deteriorating, it is important to know at a glance which antibiotic is being taken so that an immediate change can be effected.

One remedy is to ensure that we are all aware of this problem at the student level, where until now it has not been stressed. In addition, pharmacists and doctors should be in complete agreement that the practice of drug labelling is in the best interests of the patient.—I am, etc.,

Edinburgh 4.

A. MACL. BLAIN.

Perineal Ice-packs

SIR,—Women have long complained of pain after the perineum has been sutured following delivery. The range is great, from some discomfort to severe pain and at times even "much worse than the labour, Doctor." It may well be, as suggested by Professor J. H. M. Pinkerton,¹ that oedema of the wound is a major cause. Cold compresses have been used through the ages to reduce pain due to trauma, but apart from Professor Pinkerton's trial there is not much in the literature about ice-packs being applied to the perineum of the newly delivered mother.

During the past 17 months we have carried out an investigation in this practice with a series of 20 patients. It comprised my own patients, booked for home confinement, and local clinic cases for whom the midwife sought medical aid. In this series multiparae and primiparae were treated and the cases included lacerations and episiotomies following normal delivery and low forceps delivery. All lacerations and episiotomies were sutured with catgut. What I was anxious to find in this series was: (1) whether the ice-packing would reduce or abolish pain; (2) whether healing was affected; (3) whether there was any risk of infecting the perineum; and (4) how feasible it was for ice-packing to be done in domiciliary obstetrics.

I used a flat plastic-rubber pack measuring 5½ by 2½ in. (14 by 6.37 cm.). At the beginning of the series a pack was filled with water, a hot iron run across the end to seal it, and it was then placed in the ice-box of a refrigerator in the patient's house at the onset of labour. When the pack was required after delivery it was covered with "hibitane" cream and placed directly on to the perineum, and replaced when melting of the ice occurred. The pack was kept in place with a sanitary towel. However, one soon became aware that the actual shape of the frozen sachet was unsatisfactory. This form of pack was discarded and replaced by a sachet filled with crushed ice, left in hibatane cream, and then applied directly to the perineum. This proved much more satisfactory. While with the solid sachet the patient often complained of a stinging pain, which quite defeated the purpose of ice-packing, relief and comfort was experienced with the sachet containing the crushed ice.

In following up the results of this series the patients were not asked direct questions, but were left to make their comments either to the midwife or myself. In particular, multiparae who had had stitches in previous deliveries commented on how much more comfortable they were than the previous time. Ice-packs were changed repeatedly during the first two days. As the

series progressed, this appeared to be unnecessary and only the first 12 hours seemed of importance.

The time the ice-pack is applied is important. It must be applied immediately after suturing, before oedema is well established. Cooling will not reduce to any extent established oedema of the perineum.

Some patients did not possess a refrigerator and could thus not be treated. This raises the question of social selection of cases.

It can be argued that oedema is part of an inflammatory reaction and should not be interfered with. However, I feel it is justified if pain can be relieved without causing a delay in healing. Throughout this series no such delay was noticed and no infection occurred. I have found ice-packing to be safe and effective. It is cheap and easy to use in a busy general practice.

I would like to thank midwives in Middlesex Area No. 10 for their help, and Colodense Limited, who made the sachets for me. The price of these sachets is about 1d. each and they should be thrown away after use.—I am, etc.,

East Twickenham,
Middlesex.

DAVID SINCLAIR.

REFERENCE

- ¹ Pinkerton, J. H. M., and Beard, R. W., *Brit. med. J.*, 1961, 1, 1536.

Diet and Blood Coagulation

SIR,—In support of their contention that the hypercholesterolaemic effect of egg yolk is due to its content of cholesterol and of triglycerides, Dr. J. F. Mustard and Dr. E. A. Murphy (September 29, p. 860) refer to the work of Dr. W. E. Connor *et al.*,¹ a work which, after closer examination, seems to merit some comment. Thus six healthy men, aged 41–52 years, were maintained in a metabolic ward on iso-caloric diets, stabilizing (a) their total intake of animal protein, and (b) both the quantity and the quality of their dietary fat, and varying their daily consumption of egg yolk, increasing from 0 to 11, to 22, and finally to 33 g., containing 0, 425, 950, and 1,425 mg. cholesterol respectively, and of crystalline cholesterol from 0 to 1,200, to 2,400, and finally to 3,600 mg., egg yolk now being excluded; each amount was ingested daily for a period of three weeks. The egg yolk and the crystalline cholesterol, as listed above, produced the following average percentage increases in the serum cholesterol, phospholipid, and triglyceride:

Serum	Egg Yolk Removed	Egg Yolk Added	Egg Yolk Removed	Crystalline Cholesterol Added
Cholesterol ..	-23.29%	+36.13%	-21.15%	+9.27%
Phospholipid ..	-22.22%	+27.27%	-22.45%	+14.47%
Triglyceride ..	-39.83%	+46.48%	-5.77%	-4.08%

The following points seem worthy of mention. (1) The quantity of lipids contained in the egg yolk consumed appears relatively small when considered in relation to the very large increases or decreases in the serum lipids caused by the presence or the absence of this same egg yolk. Thus, according to the authors, 100 g. of egg yolk contained 1.37 g. cholesterol, 9.44 g. phospholipid, and 25.18 g. triglyceride, and in the case of one of the patients who consumed two egg yolks per day—that is, only 11 g. egg yolk or a total of 475 mg. cholesterol—this amount of cholesterol appeared to cause a rise of 39.30% in the serum cholesterol within the short period of three weeks, whereas in the same time the highest