filling of the ventricle. No amount of cardiac massage will provide adequate cardiac output in the presence of tamponade.

A cardiac by-pass pump, although kept in readiness at this hospital, cannot be prepared in less than 40 minutes. In many hospitals such equipment is not available at all. Following stab wounds of the heart tamponade develops rapidly and in most cases will be fatal within a few minutes. In our case cardiac arrest occurred within 30 minutes of infliction of the wound.

Farrington's objection to immediate pericardiotomy was the risk of inadequate blood replacement in the face of "exsanguinating haemorrhage" on releasing the haemopericardium. This was not borne out in our experience. By the time pericardiotomy was performed three intravenous infusions were running (including one in the distended jugular vein) replacing the blood lost.

We therefore suggest that it is dangerous to delay pericardiotomy in stab wounds of the heart with tamponade for want of a cardiac bypass pump, or even a more experienced surgeon. Traumatic cardiac tamponade can only be relieved adequately by pericardiotomy, and it should be possible to establish several intravenous infusions within the few minutes available prior to this procedure.—We are, etc.,

R. R. HALL.
P. DAWSON.
University College Hospital, London.

Falling from Windows

SIR,—Over the period of the last few weeks we have admitted four children from the immediate area, each with quite extensive injuries following a fall from a first-floor window. The particular circumstance always seems to be a child in the 20-month to three-year age range and a casement window.

We have found it impracticable to get a further statistical picture, as in our hospital and in those around us this accident would not be classified in terms of falling from a window but under the injuries received, but I feel that there may be a case for a nation-wide survey on the extent of this risk, and if established as significant it would be wise for architects to look again at the planning of windows above ground level. I do not recall an accident of this nature in which the old-fashioned sash window was involved.—I am, etc.,

K. R. LLEWELLIN.
Clatterbridge Hospital, Wirral, Cheshire.

Acute Backache Syndrome

SIR,—Having read the interesting article "Acute Backache Syndrome (9 July, p. 82), I thought I would give you some of my figures, also from general practice, of a year's study from July 1964. A total of 256 patients, 126 male and 130 female, consulted me with backache, their ages ranging from 14 to 76 years, with a peak age group in men of 50–59 years and 20–29 years in women. The number of consultations were 562 out of 14,186 for all causes for the year.

A history of injury was given in 12.1% of patients, three of whom were thought to be malingerers. Four had serious causes: spinal secondaries from carcinoma of the breast (2), and from the prostate (1), and also a patient with carcinoma of the cervix with no radiological signs of bone metastases. Other patients with gynaecological conditions associated with backache were: chronic cervicitis, large fibroid in the pouch of Douglas, endometritis, inevitable abortion, severe menorrhagia, and backache following confinement with delivery in the lithotomy position. 38 of the women had their first experience of backache during one of their pregnancies, but 18 of these women were pregnant at the time of study.

Pregnancy (weeks)	8	12	16	20	24	28	36
No. of patients ..	1	6	2	2	4	2	1

There are many possible causes of backache, but the most interesting in this survey, and worth further investigation, is that which occurs in early pregnancy.—I am, etc.,

W. O. WILLIAMS.
Swansea.

Lumps in the Breast

SIR,—Your leading article (2 July, p. 1) "Lumps in the Breast" sets out the optimal treatment of such lesions, with one exception. It is desirable that when a lump in the breast is excised it should be submitted at once to an experienced pathologist for quick frozen section and report, the patient being held under the anaesthetic meanwhile. If the report is benign the operation may be terminated; if carcinoma is found radical mastectomy should be completed at once at the same operative session. While there is no proof that a delay of up to one or two weeks between excisional biopsy of a carcinoma and radical mastectomy significantly worsens the prognosis, there is much to be said for completing the procedure if necessary at one operative session; the patient is spared the inconvenience and risk, however small, of two anaesthetics, and of a period of waiting in the knowledge that she has malignant disease.

There will be a small proportion of specimens, perhaps 5%, in which the diagnosis cannot be made on frozen section, though the improved preparations resulting from the routine use of the cryostat have done much to improve the technical quality and ease of interpretation of such sections. Again, in a small proportion of cases extended examination of the biopsy specimen and taking of many tissue blocks may reveal a carcinoma in another area not subjected to frozen section. A proportion of false negative reports of "benign" must be accepted, and indeed are an index of proper caution on the part of the pathologist. But the routine use of frozen sections on breast biopsy material is an improvement in patient care, and incidentally contributes to better utilization of hospital beds and decreased length of stay.—I am, etc.,

H. E. EMSON.
St. Paul's Hospital, Saskatoon, Canada.

Women and London University Exams

SIR,—Dr. J. B. Lyons (16 July, p. 164) is in error in his statement that London University did not admit women to examinations in the medical faculty until 1896. This was quoted from Garrison, who has given the wrong date in his book.

The University of London admitted women to medical examinations by Charter granted in 1878 after a long and bitter struggle. By 1882 thirty women had become registered medical practitioners, while in 1888 Mrs. Scharlieb became the first woman to obtain the London M.D.—I am, etc.,

GEORGE QVIST.
London W.1.

Aspects of Postgraduate Medicine

SIR,—In your recent report on the North Staffordshire Medical Institute (16 July, p. 167) I read ". . . an unexpected feature has been that doctors in one specialty have attended meetings in another, surgeons having come to meetings run for physicians, and hospital doctors to ones arranged for general practitioners."

Why was this unexpected? Surely we must all realize that it is essential for us to receive regular and continuous education from each other? At Ashford Hospital in Middlesex we have held a joint meeting of surgeons, physicians, and junior staff every Tuesday afternoon for the past ten years and once a month combine this with a meeting with the general practitioners. Most of the staff have maximum part-time appointments, but time has been found for these meetings because we appreciate, as must our Staffordshire colleagues, that disease cannot be separated into medical and surgical compartments; the overlap is enormous, so that no doctor in isolation can remain competent.

As these joint meetings are essential they should not be held out of hours but form part of the normal working week in every district hospital. It would be helpful if regional boards recognized this and allowed time for such meetings when arranging consultant sessions.—I am, etc.,

P. E. BALDRY.
Ashford Hospital, Middlesex.

Ophthalmology and the Primary F.R.C.S.

SIR,—Over the past few years there has been considerable correspondence devoted to the vexed question of the syllabus for the Primary F.R.C.S. for ophthalmologists. There are many merits in the arguments of those who deny a change, but it does seem that a great fuss is being made over very little. It is doubtful whether there are any valid reasons for a change in the syllabus of either general pathology or physiology, as both are fundamental to all medical and surgical studies.

We are left then with the major source of discontent: the study of the anatomy of the abdomen, pelvis, and limbs. Admittedly one can find little justification for learning the course of the femoral nerve if it will never again have any application, but as a distinguished professor said to me, "This is surely no more onerous than playing cards." Nowadays more and more young graduates are studying for the Primary before they are committed to any definite specialty. Furthermore, the study of ophthalmology often leads to further fields—for example, neurology, neurosurgery, plastic surgery.

It may be that the Royal College of Surgeons is exercising justifiable prudence in not hastening to change the requirements for the Primary.—I am, etc.,

J. LONG.
London W.1.