

ship was found between abortion and subsequent ectopic pregnancies.

Like Dr. A. Hordern (12 May, p. 368), we find the report biased; unlike him we find it neither carefully nor extensively referenced.—We are, etc.,

CAROL BUCK
KATHLEEN STAVRAKY

Department of Epidemiology and Preventive Medicine, University of Western Ontario, London, Ontario

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- ² Klinger, A., in *Family Planning and Population Programs*, ed. B. Berelson. Chicago, University of Chicago Press, 1966.
- ³ Klinger, A., *International Journal of Gynaecology and Obstetrics*, 1970, 8, 680.
- ⁴ Horsky, J., in *Seventh World Congress on Fertility and Sterility*. Amsterdam, Excerpta Medica, International Congress Series No. 234, p. 146, 1971.
- ⁵ Ontario Department of Health, *The Second Report of the Perinatal Mortality Study*, Toronto, Ontario, 1967.
- ⁶ Matsunaga, E., *Journal of the American Medical Association*, 1966, 198, 533.
- ⁷ Kolstad, P., *Acta Obstetrica et Gynecologica Scandinavica*, 1957, 36, Supplement 6.
- ⁸ Maramatsu, M., in *Proceedings of the Conference of the International Union of the Scientific Study of Population*, 1969.
- ⁹ Muller, C., *American Journal of Public Health*, 1971, 61, 1110.
- ¹⁰ Potts, D. M., *Eugenics Review*, 1967, 59, 232.

Hospital Medicine Sheets

SIR,—I would like to support Dr. D. A. Spencer's appeal (30 June, p. 774), for a standard prescription sheet and point out that such a standard is in use in Wales.

Two forms, for short- and long-term therapy respectively, were produced by the Representative Chief Pharmacists Committee of the Welsh Hospital Board at the request of the Medical Advisory Committee. Within a year they have been adopted by the majority of hospitals in Wales. Simultaneously an explanatory pamphlet was distributed and this has done much to ensure the ease with which the forms have been accepted and used.—I am, etc.,

A. R. ISAAC

Nevill Hall Hospital, Abergavenny, Mon.

Redesign of Medical Records in General Practice

SIR,—May I join those who have written to you criticizing the proposed A4?

With the aid of a good secretary, I find the present record an ideal "tool," (to use Dr. J. J. C. Cormack's word (9 June, p. 613))—that is to say, when properly used all important points in the patient's history can be recorded in an orderly manner on appropriate sheets and can be retrieved in a few seconds. Further, those letters which cannot be summarized in a line or two, or which for any reason need keeping, take up little room and can be kept. Of course, a larger folder will do all this, but in my view no better, and in some respects the A4's bulk makes the task of retrieving relevant summaries—which is, after all, what one wants—more difficult. Also, it seems to me that the size of the A4 sheets will be an invitation to ramble.—I am, etc.,

J. E. HODGKIN

Bury St. Edmunds, Suffolk

New Materials for Prostheses

SIR,—The Bath Institute of Medical Engineering is sponsoring a project in the School of Materials Science, University of Bath, for study of new materials covering a wide range of prostheses.

Previous development of such materials has been based on largely empirical methods of choice, and general development in co-operation with surgeons. The present project proposes to characterize the material before its use as fully as possible, including simulated tests where feasible to establish the likely performance. When such material is utilized as an implant it is our intention to collect the medical history of the patient and record it in a data bank for subsequent follow-up of the behaviour of the prosthesis. When an implant is subsequently removed for change or substitution, or following decease of a patient, it will be again examined for changes in structure or behaviour by repetition of measurements. Related to the original concept and medical history it is hoped to learn more from such examination of the material and thereby contribute to development of improvements.

To establish a basis for examination of implants after service. I now welcome the receipt of any prosthesis or implant removed from a patient during surgery or necropsy to guide this work. Wherever a medical history can be provided this information will greatly enhance the value of the examination, but even a brief reference to that history will be of importance. The Bath Institute will be happy to receive specimens on my behalf where appropriate.

May I appeal to surgeons and directors of pathological laboratories to assist in what we hope and believe may be of value to them in the future and of even greater assistance to patients. All types of material are included, metal, ceramic, and plastic, and size has no significance; even a simple joint pin may reveal surface effects when viewed on the scanning electron microscope.—I am, etc.,

C. R. TOTTLE

School of Materials Science, University of Bath, Bath, Somerset

Beta-blocking Agents in Hay Fever

SIR,—The danger of using beta-adrenergic blocking agents in known asthmatics was established early on in the history of these drugs. The risks with the subclinical bronchospasm which must often accompany hay fever may not be recognized, since most hay fever victims have gone into remission by middle age, before essential hypertension commonly occurs.¹

A woman aged 57 had been treated with propranolol since November 1971. Though her hypertension was well controlled on three 40 mg tablets a day, an increase in effort angina in March 1973 was treated by increasing the dose to five tablets a day. She had had mild hay fever since about the age of 30 but had never previously noticed any bronchospasm. This summer, coinciding with the onset of her rhinitis, she began to wake regularly at 3 a.m. with wheeze and cough which prevented further sleep. This symptom has completely cleared on treat-

ment with sodium cromoglycate inhalations.

A change of beta-blocking agent to oxprenolol was the obvious alternative management, but this patient has had side effects on several previous hypotensive drugs and was averse to a further change. The pollen season here is always over by the second week of July.—I am, etc.,

M. J. AYLETT

Corsham, Wilts

¹ Fry, J., *Profiles of Disease*, p. 83. Edinburgh, Livingstone, 1966.

Simple Finger Tourniquet

SIR,—The finger tourniquet improvised from the cut-off finger of a disposable rubber glove by Mr. M. Z. A. Salem (30 June, p. 779) is similar in principle to a commercially available clear plastic ring tourniquet. The main disadvantage with this type of tourniquet is that because of its small size and translucency it can be easily overlooked at the end of the operative procedure and left in place. This is by no means a theoretical objection to its use as I am informed that several cases of such tourniquets being left in place have been dealt with by the Medical Defence Union. It is for this reason that such tourniquets have been withdrawn from use in this hospital.

I have always found the traditional tourniquet of a rubber tube and artery forceps quite satisfactory for minor operations on the digits. The danger of forgetting to remove such a tourniquet is remote.—I am, etc.,

E. M. HOARE

Manchester Royal Infirmary, Manchester

SIR,—I was interested to read Mr. M. Z. A. Salem's description of a simple digital tourniquet (30 June, p. 779). I have used a somewhat similar technique for the past two years: when the whole hand (or foot) has been prepared it is inserted into a sterile surgical glove. The tip of the appropriate glove finger is cut off and the remainder is rolled proximally to exsanguinate the digit and to form a tourniquet at the base.

In addition to its efficacy, this method has the outstanding advantage of absolute safety, as one cannot forget to remove the tourniquet.—I am, etc.,

D. J. BOUCHIER-HAYES

Department of Surgery, University College Dublin

Leptospirosis in 1972

SIR,—I was most interested to read in the *B.M.J.* notes on 60 cases of leptospirosis reported from the United Kingdom and the Republic of Ireland during 1972 (23 June, p. 723) that the occupation was recorded in 47, or just over 78% of cases, and that there were five fatal cases, a mortality of over 8%.

Comparatively, I have much experience of leptospirosis—in Germany,¹ Western and Eastern Malaysia, and in the Sultanate of Brunei²⁻⁴—and I have never seen a fatal case since I started treating this disease, in 1955, with penicillin,² which, when institu-