

	Optical Density Difference at 450 m μ	Bilirubin Content (mg/100ml)			Zone (Liley)
		Total	Direct	Indirect	
Left twin	0.455	0.54	0.12	0.42	Lower III
Right twin	0.310	0.28	0.05	0.23	Upper II

aborted hydropic twins and was subsequently sterilized.

In this case, unlike the one we reported in our first letter, it was hoped that accurate assessment and adequate treatment would have been possible because of the position of the sacs, side by side, and the position of the placentas (posteriorly).—We are, etc.,

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Detecting Sickle Haemoglobin

SIR,—Dr. James Bowman's objection to solubility tests—automated or not—for HbS mass screening purposes (9 September, p. 644) is most welcome. The defects of such tests, results of which are used for genetic counselling, cannot be exposed too vigorously if only because the whole screening/counselling procedure as it is now avidly practised has usually led, in Dr. Bowman's own words, to "socio-economic trauma through bogus education, erroneous diagnosis, and inept counselling."

Much of the socio-economic trauma is directly due to failure to draw a distinction between the sickle-cell trait and sickle-cell disease in spite of the fact that world experts like the Colonial Medical Research Committee Working Party on Sickle-cell Trait and Sickle-cell Anaemia,¹ and the World Health Organization² have clearly separated the trait and the disease.

From America, too, Dr. Beutler and his colleagues³ have commented recently on a Massachusetts law which states in part that "Every child, which the commissioner of public health, by rule or regulation, may determine is susceptible to the disease known as sickle-cell trait or sickle-cell anaemia, shall be required to have a blood test. . . ." They state some of the hazards known to them to have occurred as a result of sickle screening as (1) loss of employment because of the detection of sickle-cell trait; (2) discontinuation of medication by a middle-aged patient with cardiac disease because cardiac symptoms were falsely attributed to sickle-cell trait; (3) perforation of the appendix of a child because his abdominal pain was falsely attributed to sickle-cell disease when he had, in fact, sickle-cell trait; and (4) long delay in the adoption of a child because it was discovered to have sickle-cell trait.

In Ghana, where one in three of the population is either sickle-cell trait or haemoglobin-C trait, solubility tests have no place in surveys aimed at genetic counselling because the non-sickler is by no means necessarily a normal homozygote (AA). Moreover, as Dr. Bowman rightly pointed out, these tests are incapable of telling the sickle-cell trait (AS) from sickle-cell haemoglobin-C disease. The gene frequencies ($n_s=0.1$, $n_c=0.5$, $n_A=0.85$) in Ghana, for instance, are such that $SS=SC=1\%$ —that is, exactly the same number of sickle-cell anaemia as sickle-cell haemoglobin-C patients are expected at

birth. If a screening test cannot tell these SC patients (1% of all births) from AS individuals it is not favoured here for genetic counselling.

Finally, one other important objection to unsolicited screening is the unexpected traumatic effect on the equanimity of the family. In these days of increasing infidelity in married life how would one explain to the non-sickling parents the finding that their school child was sickling positive? Was it, in fact, a mutation?—I am, etc.,

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- 1 Woodruff, A. W., *et al.*, *British Medical Journal*, 1957, **1**, 1235.
- 2 W.H.O. Scientific Group Report. *Haemoglobinopathies and Allied Disorders*. Technical Report Series, No. 338, pp. 40, Geneva, W.H.O., 1966.
- 3 Beutler, E., *et al.*, *New England Journal of Medicine*, 1971, **285**, 1485.

Jaundice after Anaesthesia

SIR,—Last year I reported¹ that we were investigating the causes of jaundice occurring within a month or so after anaesthesia, regardless of the anaesthetic agents used. We are particularly concerned to obtain evidence about hypersensitivity responses and variations in metabolism of anaesthetic agents in jaundiced patients. The first part of the investigation has been completed, but recent developments in the field of immunology have encouraged us to continue with a second phase of the study.

Blood and urine samples are needed for the investigation, and one of the team of Drs. Walton, Strunin, and myself is prepared to travel anywhere in Britain and Eire to prepare, store, and transport the necessary specimens, subject to the prior approval of the clinician responsible for the patient. I would be most grateful, therefore, to any clinician for telephone or postal notice of the occurrence of jaundice, under the circumstances outlined above, in any patient under his care.—I am, etc.,

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- 1 Simpson, B. R., *British Medical Journal*, 1971, **3**, 189.

Late Onset Psychosis in Children

SIR,—In his article on late onset psychosis in children (30 September, p. 816), Dr. J. Kolvin writes that "analytical psychotherapy has so far made no contribution." However, he does not mention the great advancement in our understanding of the psychotic process as a result of the work of Melanie Klein.¹ This work is not just of theoretical interest but has important clinical applications. There exists a substantial group of adolescents suffering from schizoid personality disorders. They lead an isolated existence, have profound difficulties in forming relationships,

and at times exhibiting frankly psychotic symptoms, but it is uncommon for them to progress to schizophrenia and phenothiazines are not helpful. However, using Kleinian object-relation theory it becomes possible to understand their psychopathology and they can then be helped by outpatient psychotherapy.

With supervision I have treated 10 such patients in the last year in the Maudsley psychotherapy department, and have seen a resulting improvement in each case.—I am, etc.,

R. LUCAS

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London S.E.5

- 1 Segal, H., *An Introduction to the Work of Melanie Klein*. London, Heinemann, 1964.

Mechanics of Elastic Bandaging

SIR,—I was most interested in Mr. H. D. Johnson's comments on bandaging (23 September, p. 767). This is yet another light on an old problem. The physiological rationale of the "perfect" bandage has been investigated in detail¹⁻³ and it would seem from independent methods that a hydrostatic or G-suit type of stocking is best. Using hydrostatic stockings the bandage pressure at any point in the limb equals the intravascular hydrostatic pressure, independent of posture or movement. This gives maximum support and least disturbance to blood flow.

Unfortunately, appliance manufacturers have ignored the difficult technical challenge which this presents and we are left with the rather inadequate rule-of-thumb alternatives described by Mr. Johnson.—I am, etc.,

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Surgical Division,
University of Southampton

- 1 Chant, A. D. B., *British Journal of Surgery*, 1972, **59**, 552.
- 2 Chant, A. D. B., *British Medical Journal*, 1970, **2**, 235.
- 3 Wood, J. E., *Scientific American*, 1968, **218**, 86.

M.A.O.I. Treatment Cards

SIR,—There are at least two cards which may be given to patients taking monoamine oxidase inhibiting drugs. There is the one circulated by the Department of Health and produced with the approval of the B.M.A. and the Pharmaceutical Society, and the one (which I use myself) issued by the Association British Pharmaceutical Industries (A.B.P.I.).

The former one, which is used by many general practitioners, does not mention alcohol or broad beans as being contraindicated. I am aware that it is the broad beans plus pods, cooked while they are young and tender, that contain the offending tyramine which has the pressor side effect on patients who are taking M.A.O.I. drugs, but the complete absence of the mention of alcohol as being contraindicated has astonished me and several of my colleagues both in psychiatry and general practice. The A.B.P.I. card is more comprehensive and contains the substances which most of us know are contraindicated. I presume that an up-to-date card will be prepared by the industry. In recent years other items of diet such as certain types of tinned fish, stewed bananas, and various types of pickled fruit and vegetables have been incriminated as causing a reaction. These reactions may be minimal and occur only in certain indi-