mination of the haemoglobin bound to haptoglobin.¹ This substitution was made without loss of sensitivity or specificity. Perhaps your readers may be able to substitute guaiacol in other procedures.—I am, etc.,

ANDREW C. PEACOCK.

National Cancer Institute,
Bethesda, Maryland.

REFERENCE

- ¹ Queen, K. G., and Peacock, A. C., *Clin. chim. Acta*, 1966, 13, 47.

SIR,—As an advocate of the ortho-tolidine diagnostic tests of the Ames Company I have to assess the clinical significance of Dr. E. Donald Acheson's expressions on the carcinogenic potential of Occultest and Hematest tablets (23 December, p. 742). The contact made between the finger-tips and these tablets is fleeting in nature (average duration three seconds), and it is difficult, therefore, to envisage a significant health hazard in the performance of such tests. I must add, although I feel hesitant about it, that in this year of grace it is customary to wear gloves when handling specimens of excretion, and this in my opinion makes further discussion or argument fruitless.—I am, etc.,

Edinburgh.

D. G. ILLINGWORTH.

Hazard of Modern Living

SIR,—A very unusual accident happened to an 80-year-old patient who lives alone in one of the modern tower flats.

She suffers from severe osteoarthritis of knees and spine, and fell from her bed without being able to get up again. For two days she was on the floor without help, and suffered from second-degree burns of her buttocks from contact with the warm floor tiles, which are heated through underfloor electric wires.

A victim of technical progress!—I am, etc.,

Nottingham.

G. FIELDING.

Use of Arteriovenous Fistula

SIR,—Dr. J. S. Hanson and others (9 December, p. 586) in their article on access to circulation by permanent arteriovenous fistula mention the possible use of such a measure in patients requiring repeated transfusion. We wish to report the management of one such case.

A 62-year-old woman was admitted in September 1966 with profound anaemia. The diagnosis proved to be primary aplastic anaemia and she was treated with repeated blood transfusions and prednisolone. Severe thrombocytopenia was present and the course was complicated by purpura, epistaxis, and persistent gastrointestinal blood loss. Transfusion requirements were considerable, the interval between being never more than 20 days and frequently as short as five days. The sites available became rapidly exhausted and the situation became critical in March 1967, when she became moribund for the want of adequate blood replacement.

In an attempt to improve matters, a Cimino-Brescia subcutaneous arteriovenous fistula was created in the left forearm. The operation resulted in dilatation of the superficial veins of the arm. The thrombocytopenia responded moderately well to the empirical administration

of steroids, the bleeding tendency abated, and transfusion requirements were reduced.

Subsequently the dilated venous system of the arm has been used on repeated occasions for whole blood infusion. To date, no difficulty or complication has been encountered.

The idea of using an artificially created transfusion site in such patients is not novel. The use of the Quinton-Scribner shunt for this purpose has been recorded,¹ but in all three patients reported difficulties with clotting of the shunt were encountered. The attractions of a permanent arteriovenous fistula are its ease of management and apparent lack of complications.—We are, etc.,

R. K. S. MACKAY.

E. N. OBINECHE.

D. A. L. WATT.

Stobhill General Hospital,
Glasgow N.1.

N. W. STRUTHERS.

Glasgow Royal Infirmary,
Glasgow C.4.

REFERENCES

- ¹ Anderson, D. C., Emalie-Smith, D., Macgregor, A. M. C., and Stewart, W. K., *Lancet*, 1967, 1, 509.
² Williams, B. T., Blainey, J. D., Dawson-Edwards, P., Hilton, D. D., and Simpson, K. M., *Brit. med. J.*, 1967, 2, 484.

Outdated Laboratory Equipment

SIR,—More and more hospital laboratories in the United Kingdom are switching over to automation. It is inevitable that equipment becomes outdated and has to be written off.

In developing countries that are trying to expand their laboratory services with meagre resources even the simple E.E.L. colorimeter is a luxury which only the central laboratories can have. Almost all laboratories in the United Kingdom have switched over to the photoelectric colorimeter long ago. These laboratories would therefore have discarded instruments (but still useful here). I would particularly like to mention:

M.R.C. grey wedge haemoglobinometer;
Dubosque type colorimeter;
Old type of E.E.L.;
Old type of powerpack for electrophoresis.

We in Sierra Leone who are trying to expand our laboratory services would particularly welcome any such instruments. These may be sent either to:

The Principal Medical Officer in Charge of Laboratories, Department of Health, Freetown, Sierra Leone; or to

The Principal Medical Officer i/c Laboratories, Department of Health, Sierra Leone, c/o High Commissioner to Sierra Leone, Portland Place, London W.1.

We shall be grateful for any instrument, howsoever insignificant it may appear to you. Acknowledgement will be made to each hospital laboratory individually.—I am, etc.,

A. B. C. HOTOBAN-DURING.

The Government Laboratory,
Connaught Hospital,
Freetown, Sierra Leone.

Which Stethoscope?

SIR,—Dr. J. Shackleton Bailey (23 December, p. 745) is to be congratulated on suffering from only marginal deafness, but I fear that this has led him to miss the point of my original letter (9 December, p. 620) com-

pletely. At present spectacles are the only aids which it is socially acceptable to don and doff in public. Hearing-aid inserts fall into the same category as false teeth and wigs and it just "isn't done" to fiddle about with them except in the privacy of one's own room. The *binaural* stethoscope, transistorized or not, expensive or cheap, home-made or manufactured, is an impossible instrument for the doctor who already has one ear—and possibly his better ear—already completely filled with a hearing-aid insert. The instrument which I described in my original letter is specifically designed for use by doctors who already require hearing-aids, not for those who merely want to hear heart and breath sounds better than they do now. That there is a need for this sort of gadget is proved by the fact that I am already on my second batch of fifty sheets of details which I am offering to interested doctors who write to me for them.—I am, etc.,

Plymouth.

BERNARD PECK.

SIR,—One empirical feature is omitted from their most welcome survey by Drs. C. S. Hampton and A. Chaloner (18 November, p. 388). This is the enthusiasm and extra care with which the proud owner of a shiny, new (and often unique) model of stethoscope auscultates. I think this goes a long way towards explaining the glowingly proclaimed advances and the initial successes of each new style.—I am, etc.,

Squantum,
Boston, Massachusetts.

A. G. N. MOORE.

Phenol as Antiseptic

SIR,—In this era of antibiotics and other more sophisticated therapeutics the use of phenol has been almost forgotten, except perhaps in diluted amounts as a sclerosing agent. However, in recent months I have proved to my satisfaction the efficacy of using phenol in the pure crystalline form as an antiseptic in wounds heavily contaminated with antibiotic-resistant organisms.

Recently a man with diabetic gangrene had a through-knee amputation which had been unsuccessful and had become infected with a resistant staphylococcus. Immediately prior to revision of the amputation the sloughing wound was packed with phenol crystals and covered with a polyethylene bag fixed with waterproof strapping. A mid-thigh amputation was then carried out with satisfactory primary suture.

I have also on three occasions resorted to a somewhat similar procedure in the treatment of recurrent and persistent pilonidal sinuses. The opening to the sinus having been slightly enlarged, the cavity was filled with phenol crystals and the opening to the sinus then tightly plugged with ribbon gauze. The whole was then excised in one piece with primary suture (using a Redivac drain). On all three occasions I have succeeded in obtaining healing by first intention, although there was in one case, infected with a resistant staphylococcus, a day or two's anxiety owing to a certain amount of cellulitis.

It would perhaps seem appropriate to bring this to the notice of others so soon after a year which has been celebrated as Lister's Centenary.—I am, etc.,

Bath.

PATRICK SAMES.