Correspondence

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Outpatient Anaesthetics

SIR,—May I, through the courtesy of your columns, reply to the articles on outpatient operations by Mr. J. Alexander Williams and Drs. D. Dean and B. R. Wilkinson (18 January, p. 174)? These teams (p. 176) deserve to be congratulated on doing an excellent piece of pioneering work. They also deserve to be congratulated on trying to effect some much-needed economies in the National Health Service, and in trying to make the best of existing facilities.

There is, however, one aspect of their system of working which gives rise to some concern. They do not appear to have effectively integrated into their system the services of a consultant anaesthetist. I feel, and I am sure many anaesthetists agree with me, that

this is an unfortunate omission. Surely a general anaesthetic represents a greater assault on normal physiology than that produced by the trauma of minor surgery? The postoperative condition of the patient is usually far more closely related to the anaesthetic, its mode of administration, drugs administered, etc., than to the minor surgery performed.

I would therefore respectfully suggest that they should reappraise their working system in an effort to effect the closest possible working liaison with their anaesthetist colleagues.—I am, etc.,

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Trimethoprim Mixture

SIR,—We were interested to read the findings of Dr. R. N. Grüneberg and Dr. R. Kolbe (1 March, p. 545) that the combination of sulphamethoxazole and trimethoprim was effective in sulphamethoxazole-resistant coliform organisms.

We report a similar finding in gonorrhoea. It was found that sulphamethoxazole was relatively ineffective in gonorrhoea, curing 30% of cases, but when combined with trimethoprim the efficacy rose to 80%. An 80% cure-rate was similarly achieved in sulphonamide-resistant gonorrhoea using the combination of sulphamethoxazole and trimethoprim marketed by Roche Products as Bactrim and by Burroughs Wellcome as Septrin. It has already been found¹ that trimethoprim alone is of no use in the treatment of gonorrhoea.

We suggest that the reason for the paradoxical efficacy of the combination when the two separate components on their own are completely ineffective lies in the action of sulphonamides at more than one site in inhibiting the formation of folic acid (or

later pyrimidines) in the bacterial cell. The two sites of such action, we suggest, correlate with the clinical phenomenon of sulphonamide-resistance and the separate phenomenon of sulphonamide potentiation of trimethoprim. An analogous situation is found in the action of these drugs in protozoa. However, Rollo² suggested that it was pyrimethamine (which has a similar mode of action to that of trimethoprim) that acted at more than one site in the inhibition of folic acid synthesis.

The theoretical mode of sulphonamide inhibition of folic acid formation is more fully explained in our findings,³ which are shortly to be published.—We are, etc.,

D. J. M. WRIGHT.

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REFERENCES

- Csonka, G. W., and Knight, G. J., *Brit. J. vener. Dis.*, 1967, **43**, 161.
- Rollo, I. M., *Brit. J. Pharmacol.*, 1955, **10**, 208.
- Wright, D. J. M., and Grimbale, A. G., 1969, to be published.

Abortion Act in Practice

SIR,—By the passing of the Act the Abortion Law Reform Association hoped that the numbers of women seeking abortions (estimated at many thousands) who previously risked their lives or health by placing themselves in the hands of "back-street" abortionists would be able to get terminations done openly, skilfully, and under good surgical conditions. Is not the increase in the numbers of abortions performed under the N.H.S. or privately an indication that this is indeed happening?

To try to keep from women determined on ending their pregnancies the addresses of approved places or to make the Act unworkable shows a lack of concern for their health and safety.

The day should come when an unwanted conception is a rarity. One hopes that gynaecologists reluctant to perform terminations will not be content with just saying "no" but will make an effort to persuade these patients to adopt in future a more effective way of contraception.—I am, etc.,

London S.W.3.

EVELYN FISHER.

SIR,—How right you were to say in your leading article (15 February, p. 398) that the *B.M.J.* was correct in publishing advertisements for nursing homes registered under the Abortion Act. As a doctor working at the periphery I have found this information valuable and helpful. The service provided by the private practitioner is really first-class; the patients are treated as human beings, with kindness and understanding, and not made to feel that it is a deadly crime to become pregnant at the wrong time.

In the same issue (p. 436) you quote Dr. Margaret Dudley-Brown, who described the general practitioner's duties under the Abor-