wait eight weeks from the time of being diagnosed by bronchoscopy as having a lung cancer before being admitted to hospital for thoracotomy. If it had not been for my making a pest of myself by repeated letters and a telephone call, he would probably have waited 10 weeks. In fact, he jumped the queue for admission. Eight to ten weeks is long enough for an operable carcinoma to become inoperable. It is highly unethical for a National Health Service to be organized in such a way that there is a waiting list for cancer of two months' duration.

In Manchester the waiting time for admission for treatment for lung cancer is two months; for iatrogenic abortion several days. Whether this is a local or national phenomenon I do not know, but it seems to be a highly unethical state of affairs.—I am, etc.,

R. N. EBBING.

Collyhurst,
Manchester.

First-aid Training

SIR,—As a person responsible, *inter alia*, for advising on first-aid training policy in the mining industry, I was interested in the paper by Surgeon Rear Admiral Stanley Miles on aspects of emergency care. (22 November, p. 485). I find myself in complete agreement with him, but beg leave to add one or two points.

Were it possible to train everyone up to standard first-aid certificate level this would not necessarily be a good thing. Many lack the necessary intellect, others are disinterested, and quite a lot of people have a horror of blood. The question is, who do we really need to train? Certainly not people in industry, perhaps with exceptions, where there are statutory responsibilities resting with the employers to provide "adequate" first-aid facilities. Not in the cities, towns, villages, and hamlets, where responsibility for medical coverage rests with local authorities, ambulance services, and doctors, and where delays resulting in the deterioration in the condition of the casualties may do no greater harm than could result from bad handling by people who think they are qualified. So, the field is narrowed down to motorists (particularly long distance transport drivers), mountaineers, and underground workers—that is, people not within quick or easy reach of assistance, who should be given a basic training in first-aid commensurate with their needs. Giving everyone some form of first-aid training has real dangers. Such people may be tempted to take action themselves instead of sending for a qualified person, and may cause more harm than good. Even so, I still believe, with Admiral Miles, that a case exists for giving basic training to the people specified, so long as the risks are carefully calculated and great care is taken in the preparation of the syllabuses and lesson notes.

I would specify desirable targets, covered somewhat by the progressive first-aid instruction chart produced by Admiral Miles, to be as follows: people in "at risk" employments should be trained in carefully prepared basic principles of first-aid; the basic training should be made as interesting as possible in order to encourage those taking it to become "certificated" first-aiders;

and that, in industry and schools particularly, a method of "streaming" be evolved so that those who show a marked interest in first-aid may, later, be trained up to a higher standard than the others.

There may be a case for a select committee of doctors and educationists to study these questions, as proposed by Admiral Miles, but I should have thought that it was within the terms of reference of the national voluntary first-aid organizations to examine the case submitted and to place any recommendations before the appropriate Minister(s).—I am, etc.,

DAVID CURTIS.

Industrial Relations Officer,
National Coal Board.

London S.W.1.

Fracture of Curette

SIR,—I was most interested to read Mr. J. M. McGarry's report of a fractured Kerslake curette (3 January, p. 49). In this unit two plastic Kerslake curettes have fractured over the last six months. The first presented no problems, as the end was easily retrieved, but in the second case, on fitting the pieces together, it was apparent that a small piece of plastic about $\frac{1}{2}$ -inch (1.25 cm.) x $\frac{1}{4}$ -inch (0.6 cm.) was missing. A careful search of the uterus and of the aspirated tissues failed to reveal the piece.

We x-rayed a curette and found it showed up on the plate, but when a similar curette was x-rayed in situ in a uterus using a soft exposure, it was impossible to see it, although the uterine outline could be visualized.

I wonder if the manufacturers would consider the possibility of making this plastic radio-opaque, as fracture would seem to be a not uncommon happening and the loss of a small splinter a hazard.—I am, etc.,

JOHN ATKINS.

St. Andrews Hospital
Billericay, Essex.

Open E.C.G. Service

SIR,—The article by Dr. C. M. Morgans and his colleagues (3 January, p. 41) analysing an open E.C.G. service is of much interest, especially to those of us who have been involved in a similar service.

Their article raises several points which are worth comment. Firstly, a delay of seven to ten days between the patient being seen by his family doctor and the latter receiving the report of the tracing seems excessive. My experience¹ has shown that a truly open service at which the patient can be referred without an appointment is a practical and satisfactory solution to this problem. Approximately 14% of the patients referred to Dr. Morgans had tracings compatible with myocardial infarction. It would be of interest to know how many of these tracings were compatible with a recent acute myocardial infarction. We were surprised in our series by the number of tracings compatible with a recent acute myocardial infarction, especially when the conditions of the service lay down that patients suspected of an acute infarction should not be referred.

Following on from the above remark, Dr. Morgans does not state when the E.C.G.s are read or initially scanned. I found it pre-

ferable that the record be seen, not necessarily fully reported, before the patient was permitted to leave the cardiac department. The referred patient was only seen by the hospital medical staff when the initial scanning of the tracing suggested the need for immediate admission to hospital. This occurred in 15 of my patients—I am, etc.,

KENNETH P. DAWSON.

Stobhill General Hospital,
Glasgow N.1.

REFERENCE

- 1 Dawson, K. P., *Practitioner*, 1969, 203, 70.

Chlormadinone Contraceptive Withdrawn

SIR,—We regret to announce the suspension from the market of Verton, the low dose, oestrogen-free preparation containing chlormadinone acetate. Doctors have already received letters making this announcement.

This decision is taken in view of over-reaction to any adverse reports associated with oral contraceptives in the light of certain reported findings of breast nodules in dogs. Long-term toxicity tests on such animals are required by the Food and Drug Administration of America but not by the Committee on Safety of Drugs in the United Kingdom.

The significance of these reported findings is unclear, and it is known that the metabolism of certain sex steroids in the dog is significantly different from that in man and monkey. In addition, the reaction of dogs to progestins is markedly different from that in man, and the natural history of these nodules, which appeared in a significant proportion of dogs by the age of 6, bears little resemblance to that of breast cancer in the human. The Committee on Safety of Drugs required long-term toxicity studies in rats and mice, and in these species no similar effects have been shown. Further, no similar findings have been observed in monkeys treated for a little over a year.

Nevertheless, because of the recent alarmist publicity in relation to chlormadinone acetate, we have decided to suspend it from the market. This decision is taken in consultation with the Committee on the Safety of Drugs, with whom we have been in almost daily contact over the past few weeks.—I am, etc.,

G. R. DANIEL

Medical Director,
E. R. Squibb and Sons Ltd.

Twickenham.

**Normenon, another preparation of chlormadinone acetate, has also been suspended from the market. A leading article appears at p. 252.

SIR,—The decision by the manufacturers to suspend marketing of chlormadinone acetate seems regrettable. The grounds on which this has been done appear to be the experiments in the U.S.A. on beagle dogs. The precise relevance to man and the validity of these experiments is open to question.

Against the hypothetical risk, on the other side of the balance sheet must be set the proved danger of thromboembolism with conventional preparations. Chlormadinone