- ³ Silver, J., Neale, G., and Thompson, G. R., *Clinical Science and Molecular Medicine*, 1974, 46, 433.
- ⁴ Kuntzman, R., *Annual Review of Pharmacology*, 1969, 9, 21.
- ⁵ Hunter, J., et al., *Lancet*, 1971, 1, 572.
- ⁶ Stevenson, I. H., et al., *British Medical Journal*, 1972, 4, 322.
- ⁷ Padgham, C., and Richens, A., *British Journal of Clinical Pharmacology*, 1974, 1, 352P.

The HBAG Carrier

SIR,—Your leading article (23 November, p. 427) failed to consider the troublesome problem of the nurse who is a persistent carrier of hepatitis B antigen. At present routine tests for HBAG are done only for nurses in renal or blood transfusion units. At this stage they are well advanced in their careers and the knowledge that they are carriers of HBAG may subsequently limit the scope of their professional work.

I suggest that it might be worth while to screen every nurse for HBAG carriage on entry to the nursing profession. At this time blood specimens are often collected from nurses for assessment of immunity to rubella; such specimens would also serve for HBAG tests. Any entrant found to be a carrier of HBAG might then be advised to discontinue nursing as a career.—I am, etc.,

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Poisoned Children

SIR,—We would like to echo the concern expressed by Dr. J. R. Sibert (26 October, p. 231) regarding the letter from Mr. M. Calnan (28 September, p. 802) in which he criticizes the current concern over the high rate of poisoning in children as being alarmist and implies that many of the admissions to hospital for this cause are unnecessary. He states that over 65% of the alleged incidents were in fact "poisoning scares"—that is, no symptoms developed or the substance was relatively innocuous. He implies that parents should be educated to discern whether or not the child has taken a significant amount of a poisonous substance and hence reduce the numbers of children coming to casualty departments, and that once they arrive there the casualty officer should be much more ready to send them home without even emptying the stomach if he thinks that it is only a poisoning scare. He surely is not being realistic. It is only in retrospect that one knows that no symptoms have developed and that the poisoning scare was in fact unfounded.

In the confusion and stress of a domestic poisoning scare a parent can hardly be expected to make rational judgements, and surely any parent worried that his child may have taken a poisonous substance should be encouraged to seek medical advice. Indeed, Dr. Sibert has pointed out that there is often considerable stress in the household before the poisoning episode and this makes clear thinking even less likely. Similarly, even experienced doctors find it impossible to tell which child may develop symptoms, and those providing primary care in the accident and emergency department are perhaps the least experienced. Surely it is better to err on the side of safety and treat all cases of suspected poisoning in children

as potentially serious. The attitude expressed by Mr. Calnan can surely lead only to an increase in the number of children dying each year in England and Wales.

We believe the current debate on this problem is not alarmist but fully justified and are pleased to note that after years of pressure official action is being taken to prevent some of the poisoning by tablets—that is, if the Medicines Commission's proposals¹ ever come into effect.—We are, etc.,

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¹ Medicines Commission (Working Group), *Report on the Presentation of Medicines in Relation to Child Safety*. D.H.S.S., 1974.

More Abortions?

SIR,—Your headline "More Abortions" (30 November, p. 541) and your opening sentence about the "record number" of abortions notified in 1973 might give the uninitiated the impression that there has been a significant increase in British abortions during the past two years. This is not the case. The number of abortions carried out on British residents has remained virtually unchanged since 1972 as shown below.

Year	England and Wales	Scotland
1972 ¹	108 500	7500
1973 ²	110 500	7500
1974*	111 500 ³	7000 ⁴

* Estimated from figures for first nine months

The increases recorded since 1972 have been very largely confined to patients coming to England and Wales from countries in Europe where the abortion law has not yet been reformed. Recently abortion law reform bills have been passed in both Germany and France, which sent us 46 000 abortion patients in 1973. These figures will certainly decline sharply next year.

Women are coming here in increasing numbers from the Republic of Ireland. A recent parliamentary reply⁵ suggests that 17% more arrived here in 1974 than 1973. In addition, many more Irish women having abortions in London give local English accommodation addresses. The Irish Hierarchy is so concerned about this that a subcommittee of its council for social welfare has been asked to prepare a report on this problem. Thus it is possible that the very small increase in "resident" abortions since 1972 is in fact caused by "non-residents."

Mr. James White, M.P., in an interview in *The Scotsman* on 28 November, said he intended to obtain an amendment to the Abortion Act to keep out patients from overseas. It will be interesting to see whether he can devise a method of keeping out patients from Eire and the Common Market countries and, if so, whether the new Common Market legislation permits this.—I am, etc.,

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¹ Registrar General's Statistical Review for 1972, Supplement on Abortion. London, H.M.S.O., 1974.

² Registrar General's Statistical Review for 1973, Supplement on Abortion. London, H.M.S.O., 1974.

- ³ Registrar General's Weekly Returns for England and Wales. London, H.M.S.O., 1974.
- ⁴ Hansard, House of Commons, 22 November 1974. Written Answers, col. 556.
- ⁵ Hansard, House of Commons, 25 November 1974. Written Answers, col. 83.

"Negative Pressure": a Dangerous Myth

SIR,—A commonly advocated method for the limitation of "negative pressure" in suction circuits is to interpose a bottle containing a quantity of water between patient and suction course, the inlet and outlet tubes opening above the water-level. A third tube, open to the atmosphere, is inserted through the bottle stopper and dips "H" cm below the water. It is a surprisingly common belief that the suction is now limited to "H" cm H₂O if air is bubbling through the water from the bottom of the tube. I feel this belief to be a potential source of danger to patients, particularly as I have seen the method used postoperatively in neonatal chest cases.—I am, etc.,

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"Locked-in" Syndrome

SIR,—While we feel that Dr. C. H. Hawkes (16 November, p. 379) has performed a valuable service in focusing more attention on the entity of the "locked-in" syndrome, we would like to make two further points.

(1) The motor response which permits communication in these patients is eyelid opening rather than vertical eye movement; indeed, the diagnosis is often first suggested by eye opening to verbal command.

(2) We doubt that Jennett and Plum¹ ever intended the term "locked-in" syndrome to be replaced by "persistent vegetative state." They emphasized that "locked-in" patients are "entirely awake, responsive, and sentient" in contrast to persistent vegetative patients, who are "capable of growth and development but devoid of sensation and thought."—We are, etc.,

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¹ Jennett, B., and Plum, F., *Lancet*, 1972, 1, 734.

Antiemetics for High-dose Cyclophosphamide

SIR,—Vomiting is a distressing and often intractable side effect of cytotoxic chemotherapy. It is particularly undesirable in high-dose cyclophosphamide regimens during which a high urinary output is necessary to prevent haemorrhagic cystitis.

In children with solid tumours cyclophosphamide 1200-2000 mg/m² is given here over one to five days as part of cyclical combination chemotherapy protocols. During this intensive therapy promethazine hydrochloride 75 mg m² 24 hr⁻¹ given intravenously 6-8 hourly has been substituted for other antiemetics in seven cases. As a result vomiting is no longer a problem and has been abolished in most of the patients. A urinary output of over 1500 ml m² 24 hr⁻¹ is easily achieved and protein calorie intake, previously negligible on cyclophosphamide, is now very satisfactory.