

Day and Night Laboratory Service

SIR,—The danger of immunizing women to Rh by blood transfusion is rightly emphasized again in your annotation (November 1, p. 986). If cases where this has occurred were investigated it would often be found that transfusion had been given in an emergency when the services of trained laboratory technicians for matching the blood were not available.

The provision of a 24-hour laboratory service would often be difficult and expensive, but the establishment of such services is also being obstructed by a regulation of the Ministry of Health that forbids the payment of the telephone rentals of a hospital officer whose salary is over £600 a year. The rule is applied blindly without consideration of the merits of the individual case. I know of a laboratory where a 24-hour cover for the matching of blood could easily be given. The chief technician lives within easy distance of the laboratory and would be willing to come in on his bicycle when required. Unfortunately his salary is £605 a year, and a request that he be put on the telephone at the cost of the hospital, though favourably received by the management committee and the regional board, had to be turned down. Large sums of money are spent annually on the laboratory concerned, and yet a full laboratory service is denied to patients when they are in need of it by this policy of spoiling the ship for a ha'p'orth of tar.—I am, etc.,

Northallerton, Yorks.

P. N. COLEMAN.

Infected Anaesthetic Apparatus

SIR,—Dr. P. R. Bromage (November 8, p. 1042) and other writers on this topic have dealt with the machines, their breathing tubes and bags, but it is probable also that there is often grave danger of infection from patient to patient through minor apparatus and instruments—e.g., airways, Magill's tubes and connexions, laryngoscopes, etc.

Though in most operating theatres surgical asepsis is above suspicion, it is often difficult to maintain ordinary standards of domestic cleanliness for the anaesthetist's appliances, and I would endorse fully Dr. Bromage's remarks on slovenly upkeep; it is far too common to find breathing-tubes, etc., decorated with the blood splashes of yesterday's or last week's operations. The top of most anaesthetists' trolleys is usually embellished with a tightly stretched and fixed towel, which may only be changed at long intervals. On this are placed indiscriminately clean instruments awaiting use, and dirty ones perhaps dripping with saliva or mucopus straight from a patient's mouth. For these lapses the doctors must be finally to blame, but they can expect little co-operation from nursing staffs, who are presumably too fully occupied elsewhere.

This situation has sometimes led to the development of anaesthetists' technicians, but it is open to argument whether such subdivision and specialization of operating-theatre personnel is desirable; an alternative would be the better education and training of existing staffs.—I am, etc.,

London, N.W.8.

R. J. CLAUSEN.

Recent Advances in Active Immunization

SIR,—I am sorry if Dr. Guy Bousfield (November 22, p. 1152) feels I have done less than justice to Dr. L. B. Holt in my opening paper at the Annual Meeting of the B.M.A. at Dublin (November 8, p. 1010). Holt's well-known work on diphtheria P.T.A.P. was first published in 1947 and hardly comes within the category of "recent advances"; 22 of my 23 references are to articles appearing between 1948 and 1952. P.T.A.P. is still undergoing clinical trials, and I did not wish to anticipate the official report. The paucity of my notice of P.T.A.P. was further conditioned by the compression required to get the facts into the space allotted to openers of discussions. Moreover, Dr. Holt was present at the meeting and himself referred to some of his recent work.

As Dr. Bousfield states, I gave more prominence to A.P.T. than to P.T.A.P., but I used A.P.T. to illustrate immunological data which are also applicable to P.T.A.P. I have referred extensively to P.T.A.P. in my book (*Bacterial and Virus Diseases*, 2nd edition, E. & S. Livingstone, 1951). The discovery and introduction of P.T.A.P. were a useful development in the prevention of diphtheria, and I should be the last person to think otherwise.

Dr. Bousfield's charge that immunologists had sunk into a "slough of complacency" before the advent of Dr. Holt hardly needs comment. It is only necessary to read the scientific publications of my colleagues at the Wellcome Laboratories to realize that the charge is unfounded.—I am, etc.,

The Wellcome Research Laboratories,
Beckenham.

H. J. PARISH.

The Kingston and Victoria Medical Foundation

SIR,—About a year ago the Kingston and Malden Victoria Medical Foundation addressed an appeal to every practising doctor in the United Kingdom for funds for a new independent voluntary hospital. In so doing the medical members of our committee were inspired by the thought that our effort to right a local wrong was a factor—and a not unimportant one—in the general struggle for the preservation of professional standards that is going on everywhere. The general practitioner is to be congratulated on the very substantial amelioration of his financial lot that he has received under the Danckwerts award. This, however, was not secured without prolonged and energetic efforts on the part of our representatives in the B.M.A. and the determined support of the great body of the practitioners.

May we suggest that our effort—an attempt to establish the just place of the general practitioner and the general-practitioner hospital in the health service of the future—is also worthy of general support? In this case there is no financial issue at stake, but there is the whole question of the future status and function of the general practitioner *vis-à-vis* the hospital service, and this may affect his future happiness, and the value of his work, to a degree second only to the question of a fair rate of remuneration. The response of the medical profession and of the general public to our appeal last year was not ungenerous; but we still need several thousand pounds before we can acquire and convert a building for the new hospital. In view of the professional aspects of our struggle, may we once again ask the medical profession as a whole to rally to our support and help to make the new hospital a working reality at an early date?—I am, etc.,

Kingston-on-Thames.

F. B. LAKE,
Chairman, Kingston and Malden
Victoria Medical Foundation.

Safety-belts

SIR,—Professor Eugene F. DuBois's article "Safety-belts Are Not Dangerous" (September 27, p. 685) is very interesting, but is likely to lead to erroneous opinions concerning the pathological findings of Dr. R. D. Teare.

As the coroner who held the 28 inquests on the deaths that arose from this Viking crash, I wish to make it quite clear that Dr. Teare did not, either in his pathological reports to me or in his evidence at the inquests, state that safety-belts were dangerous or that they had *directly* caused injury in the victims of this crash. Dr. Teare's evidence was: (1) That the immediate cause of death in more than half of the victims was acute flexion of the body over the safety-belt. (2) That in each of these persons the body had been held at the hips by the belt, and when the crash occurred the body and legs had pivoted at the hips, performing the movement usually described as "jack-knife." (3) That the injuries which caused death in these cases arose as a result of this forward "jack-knife" movement.

Dr. DuBois clearly recognizes that "jack-knife" movement occurs in such circumstances, but denies that the injuries described by Dr. Teare and attributed by him to