escaping initially due to its high level of parasympathetic tone.²

Ileus has for many years been known to occur as the result of a variety of conditions, many of them remote from the gastrointestinal tract, and I would submit that the patients described as suffering from pseudo-obstruction of the large bowel were in reality suffering from paralytic ileus.—I am, etc.,

JULIAN NEELY.

St. Bartholomew's Hospital,
London E.C.1.

REFERENCES

1 Neely, J., M.S. Thesis, *London University*, 1968.
2 Neely, J., and Catchpole, B. N., *Gut*, 1967, 8, 230.

Evaluation of Simpson

SIR,—The recent correspondence (30 May, p. 541, and 13 June, p. 668) following the interesting article by Mr. E. Gaskell (16 May, p. 414) does not mention that chloroform plus spirits of wine—chloric ether—was first administered at St. Bartholomew's Hospital by Mr. Holmes Coote, to a patient of Mr. Lawrence, on the recommendation of Mr. M. C. Furnell, in the spring of 1847. This was some months before Sir James Young Simpson introduced and popularized undiluted chloroform.—I am, etc.,

ROBERT BALLANTINE.

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REFERENCE

1 Sykes, W. S., *Essays on the First Hundred Years of Anaesthesia*, Edinburgh, Livingstone, 1960.

SIR,—In his spirited denial of Sir James Young Simpson's varied achievements, Dr. W. B. Gough (30 May, p. 541) unfortunately ignores several important aspects of Simpson's career, notably his lifelong campaign against hospital cross-infection.¹ His work was based on detailed epidemiological studies, which remain the models in this field. These investigations were combined with a remarkable appreciation of the role of animate contagion long before the "germ theory" had been formulated by Pasteur and others. Simpson's revelations of the horrifying mortality from surgical sepsis in our great hospitals resulted in a barrage of abuse and vituperation from the leaders of the medical profession, but this by no means deterred him.

Dr. Gough saw fit to compare Simpson adversely with various medical pioneers including Lister. The enormous importance of Lister's work on antiseptic surgery is self-evident. However, it is interesting to note that Lister was either unaware of or chose to ignore in his original papers the previous work on antiseptics. This included, in particular, the work of two predecessors in Edinburgh. The first of these, Sir John Pringle, in 1750 had actually invented the term "antiseptic" and had carried out the initial experiments on this group of substances.² The second, Sir James Simpson, advocated ten years before Lister's first paper on the subject "in the prophylaxis of surgical fever . . . acid, chlorinated or other antiseptic applications."

In this centenary year of Simpson's death it is essential that his extraordinarily diverse

achievements are placed in true perspective. I am, etc.,

S. SELWYN.

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Westminster Hospital,
London S.W.1.

REFERENCES

1 Selwyn, S., *Medical History*, 1965, 9, 241.
2 Selwyn, S., *Medical History*, 1966, 10, 266.

Disposing of "Disposables"

SIR,—While sailing on the Thames recently, I was surprised to see a disposable colostomy bag floating by. Most probably this had arrived via the sewerage system.

It would appear that the instructions given to colostomy patients do not adequately stress the results of disposing of the bag by a seemingly innocuous route. Through the medium of your columns may I point out the hazards of polyethylene's near indestructibility which are encountered by veterinary surgeons and navigators of power craft. These are ingestion by farm animals leading to intestinal obstruction, fouling of propellers, and blockage of cooling-water intake pipes.—I am, etc.,

E. H. COMPTON.

London W.10.

Cost of Treatment

SIR,—There is no doubt that Kabikinase (pure streptokinase) may be considered an expensive form of treatment. Kabi Pharmaceuticals Limited recognizes this and fulfils most of Mr. A. P. J. Ross's suggestion (30 May, p. 543) by specifically instructing its representative staff to draw attention to cost. The order department does the same when receiving urgent telephone requests from hospital pharmacists (who also have been sent a price list) for this material. However, expense is a relative matter; the conditions for which pure streptokinase are used are potentially lethal, and its cost clearly is less than, for example, that of renal dialysis. One may ask "What is the cost of not using streptokinase?"

Mr. Ross has constructed his argument

Authors	Average No. Vials*	Cost (£)
<i>Venous Thrombosis</i>		
Browse <i>et al.</i> (21 September, 1968, p. 717)	13	215
Kakkar <i>et al.</i>	26	430
Kakkar <i>et al.</i> (29 March, 1969, p. 806)	31	512
Mavor <i>et al.</i>	6	100
Robertson <i>et al.</i>	13	215
<i>Pulmonary Embolism</i>		
Hirsh <i>et al.</i> (21 December, 1968, p. 729)	11	182
Miller <i>et al.</i> (29 March, 1969, p. 812)	7	116
Gibson ¹	13	215
Average per Thrombolytic Course . .	15	248

*600,000 i.u. vials per thrombolytic course.

from the early work by one investigator. Had he reviewed the recent literature, he would have found estimated costs of treatment as follows:

Moreover, the recommendations in the company's handbook on thrombolytic thera-

py suggest the usual thrombolytic course to be 600,000 i.u. as an initial dose and 100,000 i.u. hourly for about 72 hours. It commonly is found that 12 vials of 600,000 units are supplied and found sufficient—a cost of £200. This cost is only one-third of that cited by Mr. Ross, who disclaims a wish "to restrict the freedom of the pharmaceutical industry with regard to advertising." It is to be hoped that the extreme example he has quoted will not restrict the freedom of decision to use pure streptokinase when indicated, since its therapeutic efficacy in suitably selected cases is not only well-proved but perhaps life-saving.—I am, etc.,

A. J. JOUHAR,
Medical Adviser,
Kabi Pharmaceuticals Ltd.

London W.5.

REFERENCES

1 Kakkar, V., *et al.*, *British Journal of Surgery*, 1969, 56, 178.
2 Mavor, G. E., Ogston, D., Galloway, J. M. D., and Karmody, A. M., *British Journal of Surgery*, 1969, 56, 564.
3 Robertson, B. R., Nilsson, I. M., and Nylander, G., *Acta Chirurgica Scandinavica*, 1970, 136, 173.
4 Gibson, R., *Practitioner*, 1970, 204, 262.

Primary Medical Care

SIR,—I am writing to you as a general practitioner and a member of the Association ever since my student days.

I have become a general practitioner not as a failed consultant but out of choice, because I find that this is the type of work which corresponds most closely to my ideal of a doctor helping the sick. It was thus somewhat of a shock to read in the *B.M.J.* (30 May, p. 493) that my care is well-nigh useless, that I am not competent to deal with obstetric problems (although I have the D.Obst.), and that I know less about skin conditions and acute E.N.T. infections than a houseman qualified a few days before taking up his post. I thought then seriously that if this is the opinion of the B.M.A. our ways must obviously part.

On top of this I see today that members of Council who are comfortably off and busily engaged in various forms of private practice call on me to resign from the National Health Service "even if it means starving some time in the future." Perhaps surprisingly, my feeling is that the National Health Service, with all its shortcomings, is satisfactory for the population as a whole, and it should be satisfactory for the doctors if they will put into it as much as they hope to get out of it.

In short, I feel with a number of your correspondents that we should accept the not ungenerous award and should try to work, possibly even harder and possibly without a review body, to better the conditions of both the patients and ourselves.

It should have become obvious by now that we are in the fortunate position of not being able to withhold our services under any circumstances, and it would certainly not inconvenience the Government if we resign and then carry on normally. We should, however, become the laughing stock of the country.—I am, etc.,

PETER I. BANKY.

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Surrey.