endothelial stimulant clearances were estimated by autologous plasma haemoglobin clearance¹ and were found to be increased in 6 out of 10 patients with acute leukaemia, 5 out of 11 patients with chronic leukaemia, and in 8 out of 13 cases of Hodgkin's disease. Corticosteroid therapy appeared to make no difference, but those who had depressed clearances had recently been treated with radiotherapy or nitrogen mustard.

The results indicate that certain tumours themselves increase the functional state of the reticuloendothelial stimulant. Increased phagocytosis in patients with carcinomata has been described by Salky *et al.*² using reticuloendothelial test lipid emulsion and in Hodgkin's disease by Sheagren *et al.*³—I am, etc.

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¹ Gabrieli, E. R., and Pyzikiewicz, T., *Journal of the Reticuloendothelial Society*, 1966, 3, 163.

² Salky, N. K., Di Luzio, N. R., Levin, A. G., and Goldsmith, H. S., *Journal of Laboratory and Clinical Medicine*, 1967, 70, 393.

³ Sheagren, J. N., Block, J. B., and Wolff, S. M., *Clinical Research*, 1966, 14, 360.

Hazard of Self-inflating Resuscitation Bag

SIR,—We would like to report a potentially hazardous defect in unlined self-inflating bags. The danger of insufflation with foam rubber particles from lined bags such as the Ambu is well known (11 October 1969, p. 111), and the Ambu and Ruben valves now incorporate a fine wire filter to prevent this accident. Several unlined bags have become available recently and most, if not all, of these do not incorporate a filter.

During use of the Aga revivator we became aware that flakes of rubber were coming from the inside of the bag (Fig. 1). This bag is manufactured from two hemispherical halves bonded together at the equator by a rubber adhesive solution. On cutting open the bag concerned, it was found that excess rubber bonding solution had been extruded from the joint and had run on to the inner surface (arrows, Fig. 2). During repeated use these strips of adhesive rubber had become detached. Extrusion of adhesive was found in 13 of a further 21 bags inspected.

FIG. 1

The Aga company has replaced the faulty bags and now provides, free of charge, nylon mesh filters to fit into the neck of the bag.

We suggest that all self-inflating bag systems should incorporate a filter between the bag and the patient to prevent possible insufflation of debris into the patient's tracheobronchial tree. Such debris could result from bags that were initially faulty or

FIG. 2.—Bag everted to show interior surface.

which have suffered deterioration during storage.—We are, etc.,

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Oestrogens in Oophorectomized Women

SIR—Dr. S. Gow and Professor I. Mac-Gillivray's article (10 April, p. 73) on metabolic, hormonal, and vascular changes after synthetic oestrogen therapy in oophorectomized women raises several interesting points, not least whether there is a role for such therapy and if so, which hormone. They conclude that the gravity of adverse effects with mestranol far outweighs any beneficial ones. My own investigations into the use of conjugated oestrogens (for example, oestradiol valerate and conjugated equine oestrogens) suggest that these hormones may be used with a far greater margin of safety.

For the past four years I have conducted, through a menopause clinic at the Groote Schuur Hospital, Cape Town, an intensive investigation into the menopause, including the clinical and metabolic effects of oophorectomy and the role of replacement exogenous oestrogen therapy.¹ This study has included several groups and a slightly different spectrum of investigations to those reported by Dr. Gow and Professor Mac-Gillivray. While in agreement in some respects, my own investigations show several significant differences.

Although 50 oophorectomized women received continuous oestradiol valerate therapy for six months none developed any form of thromboembolic disease. One patient developed a superficial thrombophlebitis when the same group was given conjugated equine oestrogen continuously for three months. It would appear that there is a real difference in effect of conjugated and non-conjugated oestrogens on the clotting mechanism, and such relationship is worthy of further investigation.

Oestrogen therapy was confirmed to cause the disappearance of the parabasal cell from the vaginal smear ($p < 0.0005$). There was no statistical change in the superficial and intermediate cell counts. It is therefore sug-

gested that the parabasal cell count, expressed as a percentage of the total cells present on vaginal smear, be used as the cytological (and clinical) index of response to oestrogen administration to postmenopausal or oophorectomized patients.²

The dogmatic assertion that the prevention of osteoporosis and coronary artery disease by adequate hormone replacement therapy is a recognized medical fact cannot go unchallenged. The evidence is somewhat more convincing in relation to osteoporosis³ than coronary artery diseases,⁴ but far more investigation is still necessary. My own studies have shown the difference in effect of various oestrogens on serum cholesterol after oophorectomy,⁵ but even here the complete relationship between oestrogens, cholesterol, and coronary artery disease is still in dispute.

The routine use of oestrogens in all women after the menopause cannot therefore be recommended at this time, not because of the possible adverse effects (which can be prevented), but because of the lack of supportive evidence for the potentially advantageous effects.—I am, etc.,

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¹ Utian, W. H., 1970, Ph.D. thesis, University of Cape Town.

² Utian, W. H. *South African Journal of Obstetrics and Gynaecology*, 1970, 8, 69.

³ Utian, W. H., *South African Medical Journal*, 1971, in press.

⁴ Utian, W. H., *South African Medical Journal*, 1971, 45, 359.

⁵ Utian, W. H., *International Journal of Obstetrics and Gynaecology*, in press.

Prescriptions for the Elderly

SIR,—As we are moving towards a greater concern for community care it would seem appropriate to make some investigation into the hardships of the elderly in obtaining medicines and drugs when at a distance from the chemist, and particularly when transport is not very regular, with special emphasis on holidays and weekends.

I fully appreciate that it is the practitioner's responsibility to supply drugs on an "ad hoc" basis when the situation demands it, but there are many categories of drugs which, though essential, do not fall into this category. It is not uncommon to find an elderly husband or wife having to trail the streets in inclement weather, particularly on Sundays, in order to obtain drugs supplied on prescription. This very often results in the well partner becoming ill, with subsequent great stress, not only on the already ill spouse, but on the available manpower—for example, home help, and district nurse.

Many chemists are extremely helpful in this situation and very often go out of their way to deliver a prescription, but of course, this depends entirely on the goodwill of the chemist concerned, and it would seem appropriate to give attention to this rather neglected side of community care.—I am, etc.,

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Blood Clotting and Contraception

SIR.—Dr. L. Poller and others (27 March, p. 705) make a valuable contribution to our knowledge of the effect of hormonal contraceptives on coagulation and fibrinolysis.