CORRESPONDENCE

Correspondents are asked to be brief

Anaesthetic Contamination

A. A. Spence, F.F.A.R.C.S., and others.....174

Smallpox Vaccination Certificates

T. A. Daff, M.B.....174

Malaria Risk to Travellers

B. G. Maegraith, F.R.C.P.....175

Medical Care for Visitors to E.E.C. Countries

L. Ballon, L.R.C.P.ED.....175

Efficacy of Measles Vaccination

S. S. Sanders, M.B., D.C.H.....175

Treatment of Acne Vulgaris

E. W. Rosenberg, M.D.....175

Vehicles for the Disabled

J. Sherliker, M.B.....176

Bone Marrow in Infectious Mononucleosis

J. F. Boyd, F.R.C.P.ED., and D. Reid, M.D., D.P.H.....176

Strychnine-containing Tonics

G. Jackson, M.R.C.P., and G. E. Diggle, M.B. 176

Camphor Poisoning in Children

M. H. Bellman, M.R.C.P.....177

Duration of Action of Beta-blocking Drugs

S. G. Carruthers, M.R.C.P., and others.....177

Biological Availability of Digoxin

N. A. J. Hamer, F.R.C.P., and D. A. Chamberlain, M.D.....177

Grades of Hypothyroidism

P. B. S. Fowler, F.R.C.P., and others.....178

Postoperative Empyema and Survival in Lung Cancer

G. Bone, F.R.C.S.....178

Suicidal Attempt with Practolol

P. Karhunen, M.D., and G. Härtel, M.D.....178

Intestinal Motility and Absorption

M. J. Kendall, M.R.C.P.....179

Early Diagnosis of Nephroblastoma

R. B. Zachary, F.R.C.S., and F. Harris, M.D.....179

Ultrasonic Detection of Deep Vein Thrombosis

R. D. Moore, and others.....179

Cubital Tunnel External Compression Syndrome

W. H. Jopling, F.R.C.P.....179

Injury on the Football Field

F. C. Dwyer, F.R.C.S.....179

Bacteroides Infections

J. M. Alston, F.R.C.PATH.....180

Zollinger-Ellison Syndrome Reclassified

Mary E. M. Stephens, M.R.C.P.....180

Results of Renal Transplantation

P. R. F. Bell, F.R.C.S., and J. D. Briggs, M.R.C.P.....180

Malaria Reference Laboratory

L. J. Bruce-Chwatt, M.D.....181

An Academy of Medicine

E. K. Blackburn, F.R.C.P.GLASG.....181

Contraceptives on the N.H.S.

A. Hart, M.B.....181

Sudden Whitening of Hair

L. Rose, F.R.C.PSYCH.....181

Soaking Beds

M. Mossop, S.R.N.....181

Treatment of Malignant Melanoma

R. Jackson, F.R.C.P.(C.).....182

Medical Consultation Service for Histories

J. M. Potter, F.R.C.S.....182

Distinction Awards

C. E. Astley, F.R.C.P.....182

Expansion of the Consultant Grade

M. A. R. Freeman, F.R.C.S.....182

General Practitioners' Superannuation

N. F. Field, M.B.....182

Anaesthetic Contamination

SIR,—We wish to add to the comments in your recent leading article (24 March, p. 693). Having conducted investigations into possible morbidity in anaesthetists,¹ we have become acutely aware of the great anxiety this problem causes and we consider it important that the available information should be regarded with the utmost objectivity.

The strongest evidence relates to a possible risk of spontaneous abortion. However, the reports by Vaisman² and Askrog and Harvald³ are of limited value since neither offers control data. Cohen *et al.*,⁴ surveying small groups in California with acceptable controls, found a threefold increase in spontaneous abortions in women practising anaesthesia. Our survey of women anaesthetists in Britain,¹ while confirming the pattern of previous reports, found that the percentage of abortions in all pregnancies was 18.2 in working anaesthetists compared with 14.7 in the controls—a smaller risk than that estimated by Cohen *et al.* It should be stressed that the practical difficulties in obtaining data of this nature deny us the use of conventional epidemiological methods such as prospective pairing of anaesthetists and controls. We believe further inquiry is necessary before the question is settled, and this is being undertaken in Britain and the United States at present.

Much greater doubts can be expressed about other alleged morbidity in anaesthetists. The 20-year American survey⁵ to which you refer in your article was a pilot investigation which showed no significant difference between anaesthetists and a con-

trol group. At the time of publication its authors stressed the need for a larger study, although this has never been pursued. Hepatitis in anaesthetists is something of a chestnut, which has been discussed elsewhere.⁶

Since anaesthetic agents are discharged into operating theatres, it is not surprising that they can be detected in samples of theatre air. Neither is it surprising that the tissues of theatre workers take up these agents; similar processes occur in other types of environmental pollution. However, there is no direct evidence at present to show that this pollution is harmful. On the grounds of general hygiene we believe that theatre pollution should be prevented and we welcome the absorber which Dr. Vaughan and his colleagues (24 March, p. 727) have described, although they appear to overstate the case in suggesting that halothane is a specially deleterious pollutant.

In our view, the letter from Drs. R. Wyatt and A. M. Wilson (17 March, p. 675) does not throw much light on the problem of morbidity and pollution. Their finding that 87 male anaesthetists, compared with the total population of England and Wales, had a greater proportion of female children does not in itself justify their claim that the exposure of anaesthetists to inhalational agents should be reduced. Indeed, the connexion between their data and theatre pollution is obscure. For the record, our own survey¹ showed that 53.6% of the children of 265 women anaesthetists, under the age of 30 at the time of reply, were male. We do not

think this underlines anything other than the danger of drawing remote conclusions from limited data.—We are, etc.,

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¹ Knill-Jones, R. P., Rodrigues, L. V., Moir, D. D., and Spence, A. A., *Lancet*, 1972, **1**, 1326.

² Vaisman, A. I., *Ekspierimental'naya Khirurgiya i Anesteziologiya*, 1967, **2**, No. 3, 44.

³ Askrog, V. F., and Harvald, B., *Nordisk Medicin*, 1970, **83**, 498.

⁴ Cohen, E. N., Bellville, J. W., and Brown, B. W., jun., *Anesthesiology*, 1971, **35**, 343.

⁵ Bruce, D. L., Eide, K. A., Linde, H. W., and Eckenhoof, J. E., *Anesthesiology*, 1968, **29**, 565.

⁶ Simpson, B. R., Strunin, L., and Walton, B., *British Medical Journal*, 1971, **4**, 96.

Smallpox Vaccination Certificates

SIR,—With an outbreak of smallpox in London, and Britain apparently proclaimed a smallpox area, many more travellers than usual are needing to be vaccinated against smallpox. Their doctors may well be asked to vaccinate them and fill up the certificate.

International certificates of vaccination, to do them justice, should be viewed as legal documents as well as medical ones. Passengers do complain at having paid their doctor a fee only to find that they are carrying an unsatisfactory certificate and that they may be required to be vaccinated again. They also often say that their doctor did not tell them to take their certificate to the local authority for the authenticating stamp.

What happens to passengers with unsatis-