repeated by those who favour abortion on demand. The fact that untruth is repeated again and again does not turn it into truth, but unfortunately it deceives many people who do not know the facts.

Parliament went out of its way to avoid the situation Mr Walley describes by inserting a conscience clause. At no stage of the debate was there any suggestion that this clause was only to apply to the present holders of jobs, and had there been any such suggestion it is extremely unlikely that the bill would ever have been passed.

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Danger of instant adhesives

SIR,—Dr W G C Strawbridge (5 June, p 1305) expresses his concern that adhesion of the human skin to itself by cyanoacrylate adhesive could be parted only by surgical intervention. In fact surgery is never required. Although tensile strength is very high, the peel strength of these adhesives is low enough to permit peeling or "rolling" apart any such bonded tissue.

A similar concern for consumer safety was raised in the United States by the Consumers Union in 1973. In response to a letter from this union the Consumer Product Safety Commission began an investigation into the safety aspects of cyanoacrylate adhesives. On 27 February 1974 the commission held a hearing "to obtain information and views on safety aspects of cyanoacrylate adhesives, particularly the characteristic of this product to almost instantaneously bond skin to skin." I quote: "As a result of these hearings, investigation by the Commission staff, laboratory data and literature relating to the safety and use of cyanoacrylate adhesives the Commission concludes that, at this time, the consumer is not subject to an unreasonable risk of injury from the fast bonding characteristics of cyanoacrylate adhesives. In the event that a consumer accidentally (or intentionally) bonds skin to skin, simple procedures such as peeling (rolling) apart the bonded parts rather than pulling apart with a direct opposing action will provide relief." Warm water will aid separation, after which a warm soap and water wash will remove residual adhesive from the skin.

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Pancreatic pain

SIR,—Your leading article (17 April, p 921) on this subject requires comment.

The use of morphine and its immediate derivatives in acute pancreatitis is contraindicated as there is considerable evidence that these drugs raise the opening pressure of the sphincter of Oddi.¹⁻⁴ This is clearly detrimental as it interferes with drainage through the pancreatic duct and will further encourage the retrograde entry of pancreatic juice into the pancreatic parenchyma and lymphatics. Pentazocine has a considerably lesser effect on the sphincter and is to be preferred in this situation.

After treating patients with acute pancreatitis, a very common condition in New York, for many years⁵ I have become impressed how

rapidly the pain of acute pancreatitis disappears after effective nasogastric suction has been started. The need for narcotics in our patients is therefore not very great and we have managed satisfactorily with pentazocine and pethidine.

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- ¹ Economou, G, and Ward-McQuaid, J N, *Gut*, 1971, **12**, 218.
- ² Sarles, J C, Midejean, A, and Devaux, M A, *American Journal of Gastroenterology*, 1975, **63**, 221.
- ³ Hopton, D S, and Torrance, H B, *Gut*, 1967, **8**, 296.
- ⁴ Greenstein, A J, et al, *American Journal of Gastroenterology*, 1972, **58**, 417.
- ⁵ Singer, A, and Dreiling, D A, *American Journal of Digestive Diseases*, 1965, **10**, 796.

Eggs and hypercholesterolaemia

SIR,—Dr H P Rhomberg and Professor H Braunsteiner (15 May, p 1188) report a case of hypercholesterolaemia due to excessive intake of cholesterol resulting from eating 8-12 eggs a day for 3½ years. Earlier investigations¹ into coronary heart disease and egg consumption have shown a relation between the two. Egg yolk has been used experimentally to investigate the relationship between dietary cholesterol and serum cholesterol levels.

Eggs are the richest source of cholesterol in the diet but are also the richest source of vitamin D, containing about 8.75 µg (350 IU) each. There is some evidence that vitamin D in excess raises the serum cholesterol level^{2,3} and that there may be a significant relationship between daily intake of vitamin D and the incidence of myocardial infarction.⁴ In the reported case of hypercholesterolaemia the daily intake of more than 100 µg of vitamin D (8-12 eggs + 1 l of fortified milk) may have been likely to produce a predominant part of the rise in serum cholesterol, which to a lesser degree may have resulted from the intake of high doses of cholesterol.

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- ¹ Eskin, F, *Community Health*, 1970-1, **2**, 179.
- ² DeLangen, C D, and Donath, W F, *Acta Medica Scandinavica*, 1956, **56**, 317.
- ³ Lindén, V, *Scandinavian Journal of Social Medicine*, 1975, **3**, 83.
- ⁴ Lindén, V, *British Medical Journal*, 1974, **3**, 647.

Dangers of domestic pets

SIR,—Although your leading article about the human diseases caused by domestic pets (19 June, p 1486) maintains that "undoubtedly the most common" health problem caused by dogs is toxocariasis, it fails to specify the size of the problem posed by either this or the other infections mentioned. The case for imposing stricter controls on pets is seriously weakened by the lack of hard data about the morbidity that can be attributed to them. Statements such as "a substantial proportion of infected persons develop respiratory and other complications [of toxocariasis]" are regrettably vague, and in itself the fact that "6% of apparently healthy persons have evidence of past infection" is little cause for concern if the individual's health has not in fact been affected.

We need more precise information about the effect these infections have on human health before it is justifiable for the medical profession to attempt to persuade the com-

munity to exert greater control over its pets and where they deposit their excreta.

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SIR,—Your leading article "Why do we let dogs foul our streets?" (19 June, p 1486) might be dismissed as just another blast from the vociferous anti-dog lobby, especially since most practising doctors will have seen nothing more by way of problems than the occasional nip from a dog, and that frequently provoked. Nevertheless, dog-lovers and dog-breeders like myself are to the fore in moves to improve hygiene and are as resentful as anyone, perhaps even more than most, when dogs are permitted to roam free and foul public places.

The rabies problem is certainly a case for grave concern and every step is to be encouraged which leads to prevention of illegal importation to the UK. Heavy fines and the threat of imprisonment may deter, but the certainty that a smuggled animal would be destroyed might prove an added deterrent.

That big dogs may be more of a health hazard than small dogs is a matter that you would probably find difficult to prove. It may be that the increased popularity of big dogs, especially pedigree dogs, is likely to result in better husbandry since responsible breeders go to great lengths to eliminate pests such as *Toxocara canis* from their kennels.

What is needed is greater control over the population of domestic pets. Licensing, as you note, does not begin to effect control. What is needed is a means of ensuring that unwanted litters are not born—birth control for dogs. Attempts to set up clinics for surgical castration and spaying have not been especially successful, partly because of the extent of the problem and partly because they tend to attract the best-motivated pet-owners. One possible solution is to promote the development of a "vaccine" to effect castration or spaying. That this is possible has been shown by work published from this department.^{1,2} Developed further, this could be made available quite cheaply and might be linked to an increased licence fee for unneutered animals, neutered animals being exempt.

Finally, one might take issue with your statement that "developed communities have long been conscious of the need for high standards of hygiene for human excreta." In so many instances disposal is simply by pouring untreated material into rivers and estuaries to be returned with the tide. Things have a long way to go before we can be satisfied on this account.

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- ¹ Fraser, H M, and Gunn, A, *Nature*, 1973, **244**, 160.
- ² Fraser, H M, et al, *Veterinary Record*, 1975, **1**, 323.

Coagulation studies in patients treated with bromocriptine

SIR,—A significant shortening of the bleeding time in mice treated with bromocriptine has been reported by Karmali and Horrobin.¹ Bromocriptine is widely used in treating galactorrhoea/amenorrhoea syndromes² and acromegaly³ and for the suppression of puer-

peral lactation.⁴ It is important, therefore, to establish or exclude any effect the drug might have on bleeding or clotting mechanisms in patients treated with bromocriptine.

Seventeen patients (five males and five females with acromegaly, six females with anorexia nervosa, and one female with refractory obesity) were investigated. None was taking any drug known to disturb blood coagulation mechanisms. Coagulation studies including bleeding time were carried out on each patient, after which they started treatment with bromocriptine in doses increasing to 10 mg/day. The coagulation study was repeated after the patients had been established on this dose for at least one week (range 1 week-2 months).

No significant alteration was detected in any of the following coagulation indices: bleeding time, platelet count, Quick's one-stage prothrombin time, partial thromboplastin time with kaolin, fibrinogen, euglobulin clot lysis time, fibrin degradation products, and prothrombin consumption index.

The dose of the drug in our patients on a weight-for-weight basis was approximately one-hundredth of that given to the mice used in the study by Karmali and Horrobin, but a total dose of 10 mg/day has been shown to be effective in suppressing galactorrhoea² and puerperal lactation.⁴ Although doses of as much as 60 mg/day have been used in acromegaly,³ there are probably few patients who require so much.

Our evidence indicates that patients can take a clinically effective dose of bromocriptine without showing any tendency to a "hypercoagulable" state as might be suggested by a shortened bleeding time or a change in any other of the coagulation variables listed.

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¹ Karmali, R A, and Horrobin, D F, *British Medical Journal*, 1975, **3**, 307.

² Thorner, M O, et al, *British Medical Journal*, 1974, **2**, 419.

³ Sachdev, Y, et al, *Lancet*, 1975, **2**, 1164.

⁴ Varga, L, et al, *British Medical Journal*, 1972, **2**, 743.

Cephalosporins in meningitis

SIR,—I read with interest the letter from Dr M Phillips and others entitled "Hazards of cephalosporins in penicillin-allergic patients with meningitis" (14 February, p 397). I would, however, like to draw your attention to some data which seem to have escaped the authors.

It is stated in the article that "none of the cephalosporins efficiently penetrate the blood-brain barrier." My experience,¹ as well as animal experimental^{2,3} and human^{4,5} pharmacokinetic data, clearly shows that cefacetrile (Celospor) penetrates into the cerebrospinal fluid in an amount sufficient to eradicate most of the commonly encountered pathogens causing bacterial meningitis. In controlled clinical evaluations on the efficacy of cefacetrile therapy in bacterial meningitis Correa Lima⁴ and Lomar et al⁶ have confirmed its clinical and bacteriological efficacy in more than 100 patients. In these patients the success rate was more than 90% and the tolerance of the drug was good. It is to be noted that in no case

was cefacetrile given intrathecally but always intravenously or intramuscularly.

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¹ Dettli, L, and Lomar, A V, in *International Symposium on Cephalosporins, Munich, 1976*, ed E Gladtko and W Marget, in press.

² Sherertz, R, Dacey, R, and Sande, M, in *Abstracts of the IXth International Congress of Chemotherapy, London, 1975*.

³ Zak, O, personal communication.

⁴ Lima, M B C, et al, To be published.

⁵ Meyer-Brunot, H G, Schenk, C, and Lomar, A V, in *Chemotherapy: Proceedings of the IXth International Congress of Chemotherapy, London, 1975*, ed J D Williams and A M Geddes, vol 5, p 299. New York and London, Plenum Press, 1976.

⁶ Lomar, A V, et al, *Folha Médica*, 1975, **71**, 269.

Effects of methyldopa on growth hormone

SIR,—Dr J Steiner and others (15 May, p 1186) report an increased response of serum growth hormone (GH) to insulin hypoglycaemia in hypertensive patients treated with methyldopa for two to three weeks when compared with seven untreated hypertensive control patients. In contrast, patients treated for prolonged periods had a GH response indistinguishable from normal. In our studies¹ the GH response to insulin hypoglycaemia was similar before and after methyldopa treatment (250 mg three times daily for two to three weeks) when the hypertensive patients acted as their own controls. Neither did an intravenous infusion of methyldopa (250 mg) have any significant effects on serum GH levels in the same study.

The great individual differences in GH response to insulin hypoglycaemia are well known. Therefore the findings of Dr Steiner and his colleagues may also be partly due to the small number of patients and control subjects studied. In any case, when discussing the possible effects of methyldopa on GH secretion the role of central alpha-adrenergic receptors is worth considering. Methyldopa, like clonidine, probably stimulates these receptors,² and clonidine is known also to augment GH secretion,³ apparently through stimulation of central alpha-adrenoreceptors.¹ Thus the central stimulative effects of methyldopa may be relatively weak or perhaps the peripheral effects of the drug could inhibit the stimulative effects of the drug on GH secretion.

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¹ Syvälahti, E, Seppälä, P O, and Ilisalo, E, *Acta Pharmacologica et Toxicologica*, 1975, **37**, 257.

² Zwieten, P A van, *Journal of Pharmacy and Pharmacology*, 1973, **25**, 89.

³ Lal, S, et al, *Journal of Clinical Endocrinology*, 1975, **41**, 827.

⁴ Ganong, W F, et al, *Abstracts of the Sixth International Congress of Pharmacology, Helsinki, 1975*, p 93.

Suicide with tricyclic antidepressants

SIR,—Last year¹ I tried to draw attention to the increasing and disproportionate share of deaths from suicidal poisoning attributable to tricyclic antidepressants. The latest figures—for 1974—have just become available² and they make depressing reading.

Calculating on a rather conservative basis (details of which have been published elsewhere³) the number of tricyclic suicides has increased from 127 in 1973 to 167 in 1974.

Although the total of suicidal poisonings has also increased from 1737 to 1875, the proportion due to tricyclics has risen from 7.3% to 9.0%.

Tricyclic antidepressants are of undoubted benefit in some cases of depressive illness, but I find it difficult to believe that this is what the majority of those who receive these drugs are suffering from. Furthermore, in the past few years many journals—including the *BMJ*—have carried advertisements urging doctors to prescribe tricyclics to induce sleep. After all the campaigning to reduce the prescribing of barbiturate hypnotics it is disturbing to see a contrary campaign to replace them with drugs which seem to be just as dangerous—indeed, perhaps more dangerous, for, while not every consumer of barbiturate is unhappy, almost everyone who receives tricyclics is by definition unhappy and therefore a suicide risk. To judge by the latest suicide figures this new campaign is proving rather successful.

You already carry an advertisement for a non-barbiturate hypnotic which points out that many people commit suicide with barbiturates. If no antidepressant competitor will do the same for tricyclics, will you consider asking tricyclic advertisers themselves to point out that they are marketing a product which is much more lethal than most doctors seem to realise? An annual total of 167 deaths seems a rather high price to pay for a drug which has had remarkably little effect on the prevalence of the condition which it is alleged to cure.

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¹ Brewer, C, *British Medical Journal*, 1975, **4**, 409.

² Office of Population Censuses and Surveys Monitor, DH 476 5.

³ Brewer, C, *World Medicine*, 1976, **11**, No. 12, p 37.

Benign proliferative lesions of the breast

SIR,—Mr D H Patey (5 June, p 1403), with his characteristic ability to reduce a problem to basic principles, helps clarify the perhaps confusing account of benign proliferative lesions of the breast in your leading article (8 May, p 1106).

While agreeing with his first two groups, we would dissent from the opinion that the symptom of pain in the breasts is a distinct "functional" entity which merits the term "the pain syndrome." Because we were impressed by the apparently stable temperament of many of the women complaining of breast pain and the degree of disability this caused we have studied over 200 consecutive women in whom this was the presenting symptom. Full clinical evaluation has been usefully complemented by the detail provided from xeromammography and by correlation with histological findings from biopsy in appropriate cases. We have come to recognise that six patterns account for over 90% of our 200 patients. Those with cancerphobia and those with simple premenstrual discomfort which could be regarded as "normal" were first eliminated; such patients would form a much larger group than the 200 patients we have investigated in detail.

Cyclical mastalgia, pronounced either in duration or intensity to a degree that separates it from "normal" premenstrual discomfort, is the commonest of these. As your article states, lumpiness, particularly premenstrually, commonly accompanies this. Almost as large a