largeness in body, nor no sickness, nor lack of natural functions in those things that properly belong to the procreation of children, but contrarywise, by judgement of physicians that know her estate on those things and by the opinion of women, being most acquainted with her Majesty's body in such things as properly appertain, to show probability of her aptness to have children, even at this day."³

If the evidence of this memorandum is accepted, the factors which influenced Elizabeth against marriage were probably political, psychological, and religious, not to mention personal survival, rather than any physical complaint.—I am, etc.,

M. J. PLEYDELL

Oxfordshire County Council
Health Department,
Oxford

¹ Strachey, L., *Elizabeth and Essex*, London, Chatto and Windus, 1968.

² Jenkins, E., *Elizabeth and Leicester*, London, Gollancz, 1961.

³ Read, Conyers, *Lord Burghley and Queen Elizabeth*, London, Cape, 1965.

Flatulence

SIR,—The symptom of abdominal distension (11 September, p. 595) is prominently associated with symptoms of inflammation of the urinary tract. In 40 consecutive patients in this practice, complaining either of frequency of micturition, renal angle tenderness, or both, eight complained also of abdominal distension—a "bloated feeling." This symptom diminishes *pari passu* with recovery from urinary tract inflammation in most instances.—I am, etc.,

N. B. EASTWOOD

Lowestoft

Prophylaxis of Wound Infection

SIR,—Prophylactic topical antibacterial agents are now widely used to reduce the incidence of wound sepsis. A recent study of patients in whom the alimentary or biliary tracts were opened at operation on our unit showed the efficacy of ampicillin for that purpose. There is a need, however, for alternative compounds for use in patients who show hypersensitivity to ampicillin. We wish to report our experience with the use of noxythiolin powder for this purpose.

Operative Site	Ampicillin		Noxythiolin	
	Total	Infections	Total	Infections
Biliary	9	0	10	3
Gastroduodenal	13	0	9	5
Appendix	2	1	3	1
Large and small bowel	9	2	3	1
	33	3	25	10

A trial was conducted with patients in the above category; they were randomized post-operatively to receive noxythiolin 2.5 g or ampicillin 1 g in powder form in their laparotomy wounds after closure of the peritoneal layer. The operative procedures in each group are shown in the table. Wounds were assessed on the tenth postoperative day, unless there was an indication for earlier inspection.

Thirty-three patients received ampicillin powder and three developed wound infections. *E. coli* was cultured on each occasion and two of these patients had peritonitis at operation. Noxythiolin was put in the wounds of 25 patients and 10 of them developed wound discharges. *E. coli* was cultured from one and *Ps. pyocyanea* from another, but the remainder were sterile or showed either no growth or a light growth of *Staph. albus*.

The chemical structure of noxythiolin is unlike that of other antibacterial compounds. Formaldehyde is present in aqueous solution, but its efficiency cannot be ascribed to that alone and is obscure. The high incidence of wound discharge in our series suggests that this compound may act as a chemical irritant. In our opinion it cannot be recommended for use in operation wounds in powder form.

Noxythiolin powder was kindly supplied by Geistlich Ltd and ampicillin by Beechams Ltd.

—We are, etc.,

T. A. M. STOKER
H. ELLIS

Westminster Hospital,
London S.W.1

Survival in Severe Congenital Heart Disease

SIR,—I would like to support the plea of Professor J. D. Hay (4 September, p. 579) for an expansion of the paediatric cardiology services. Now that corrective surgery is possible for an increasing number of infants with congenital heart disease, it is our duty to ensure that no infant who may benefit is denied it.

In Leeds, where expansion is taking place, there has been a brisk rise in the numbers of infants referred for urgent investigation. This has resulted in delay in investigating older children who seem less urgent. However, if these children are not referred for surgery before severe secondary effects of their heart lesions are manifest, we cannot expect optimum results from operation. More medical, nursing, and ancillary staff are needed for paediatric cardiology in regional centres throughout the country.—I am, etc.,

OLIVE SCOTT

Leeds Regional Thoracic Surgical Centre,
Killingbeck Hospital,
Leeds, Yorks

Abortion or Contraception?

SIR,—I was interested in the views of Dr. P. W. W. Gifford and colleagues (4 September, p. 584). Contraception is obviously more desirable than abortion, and the way to get contraception to all social classes, especially IV and V, is through the general practitioner. I am sure there are many willing general practitioners who have the necessary knowledge and expertise to advise and supervise patients competently on contraception. However, this work is time-consuming and so cannot, and should not, be taken on as an additional service without any financial reward, as this would lead to a lowering of the standard of general medical care.

The new service should be financed by the payment by the executive council of an item of service, paid in the same way as that for

maternity medical services. An incentive of £4 per patient per annum would encourage at least one member of each practice to take on this work, even if he felt a short training course to be necessary. If the pill, I.U.D., cap, condom, creams, foams, etc., were to be prescribed on an E.C.10, the last barrier between patient and supply would be removed. I am sure if these measures were adopted, patients would have no difficulty in getting contraceptive advice from happy and willing doctors.

Having worked out the details of the scheme with the profession, the time is then ripe to run a publicity campaign on television, radio, and in the press, with notices in the surgery waiting room and elsewhere.—I am, etc.,

DAVID S. HOLLAND

Thatcham, Berks

Pregnancy Testing

SIR,—The recent article on the "do-it-yourself" pregnancy test in *The Times* (15 September) suggests that it is surprising that women "should be prepared to pay for a test that any National Health doctor should be able to carry out free."

In some areas it is exceptional to find any pregnant woman, married or unmarried, who has not had a pregnancy test performed by the National Health Service. This test can place a heavy load on the laboratory services. For example, one hospital laboratory recently calculated that this test accounted for 16% of the entire expenditure on bacteriology.

Perhaps we should all consider whether the N.H.S. can afford this luxury as a routine beginning to a normal pregnancy, for after all, time usually tells. No one would carp at the use of this test in the abnormal case, or where the early diagnosis of pregnancy is essential on medical grounds, or for the early consideration of termination of pregnancy.—I am, etc.,

A. D. THURSZ

Cleator, Cumberland

Destruction of Case Records

SIR,—A further deplorable effect of the shortage of funds in the N.H.S. is the premature destruction of valuable medical case notes. In some hospitals it is the custom for all records of any patient who has not attended for the past 10 years to be automatically consigned by the hospital authorities to the rubbish dump. Protests from the medical staff are met by the response that there is neither storage space available nor money with which to provide it.

Ten years is a comparatively short period in most lifetimes, and there are many instances where the past history of patients is of great clinical importance. First-hand accounts of some episode of unconsciousness or unusual illness, results of special clinical investigations, and details of family history may be lost for ever. From medicolegal, historical, and research aspects the premature destruction of case records is also to be deplored. Medical research is often retrospective and it is impracticable to mark those case notes whose future preservation is speci-