January 1971. Besides being free of charge, the service is readily available without a waiting list. Under these circumstances, from our 13,000 patients, we have in the first year performed 100 vasectomies; in 1972 there were 75 and this year so far the demand is again at the rate of 100 per year.

Projected throughout the country these figures suggest a continuing demand for vasectomy, approaching half a million per annum. Mrs. Waite's paper underlines the still considerable lag in meeting this demand.—I am, etc.,

J. J. HOBBS

Lintonville Medical Group
Ashington, Northumberland

SIR,—I was most interested to read Mrs. Marjorie Waite's paper (16 June, p. 629) and I should like to comment on the section headed "Inpatient or Outpatient?"

In the 1,000 cases followed up by the Simon Population Trust Vasectomy Project, published in 1969¹ no significant differences were reported in respect of minor post-operative complications (haematoma, infection, etc.) between men operated on under a local anaesthetic and sent home the same day and those operated on under a general anaesthetic and retained overnight in hospital. The work of the former Simon Population Trust Sterilization Project is now continuing with the same staff under the title the Crediton Project. The vast majority of our applicants opt firmly for a local rather than a general anaesthetic.—I am, etc.,

L. N. JACKSON
Hon. Director,
The Crediton Project

Crediton, Devon

¹ Simon Population Trust, *Vasectomy: Follow-up of a Thousand Cases*. Cambridge, S.P.T., 1969.

Persistent Fertility after Vasectomy

SIR,—As is now well known, one of the main snags of vasectomy is the need to keep on examining successive specimens of semen until sperm can no longer be found. Some men continue to show sperm in their ejaculate as long as 18 months after vasectomy. It is true that these sperms are usually non-motile, and many authors consider that such non-motile sperms can safely be regarded as being dead, and if only non-motile sperms are found in the ejaculate they consider it reasonably safe to inform the patient that the object of the operation has now been accomplished. If the vas is irrigated towards the urethra with sterile water or various solutions, the sperms in the ejaculate become non-motile more quickly and several workers have used these solutions in the hope of achieving virtually instant sterility.

We wish to introduce a note of caution, for it appears that things are not so simple. Tyler *et al.*¹ have been using revived frozen human semen for artificial insemination with success, but these thawed-out sperms are never motile. There are other substances (some of them antibodies) which can make sperms non-motile without killing them. These may be present in seminal plasma and can be washed off the sperms, which then become motile again.²

One way to make sure that sperms are dead and not merely motionless is to see if

they take up vital dyes such as trypan blue. We killed fresh sperm by incubating them with 0.25% chlorhexidine in 70% ethyl alcohol and then added trypan blue: all the sperms took up the dye. When we incubated samples of semen (in triplicate) from different patients with distilled water in vitro, though all the sperm became non-motile, only 30% took up the vital dye, suggesting that as many as two out of three were not dead. Similarly, when the same experiment was repeated using aqueous 1/5,000 chlorhexidine, though all the sperms were rendered immotile only 70% took up the vital dye.

As these in vitro studies cast doubt on the efficacy of these irrigating solutions we carried out a few pilot studies in vivo, injecting 5 ml of either sterile distilled water or 1/5,000 aqueous chlorhexidine towards the seminal vesicle after vasectomy had been performed. Of the six patients injected with distilled water, two still had motile sperms 48 hours later and only 50% of the sperms took up trypan blue. Of the six patients injected with chlorhexidine, three still had motile sperms in the ejaculate at 48 hours and only 70% of the sperms took up trypan blue.

We are pursuing these studies to see whether these or similar irrigations can speed up the process of achieving sterility after vasectomy, and it is quite possible that two or three weeks after vasectomy some such irrigation may have achieved its effect. But we do urge surgeons to be very cautious in their interpretation of non-motile sperms in the semen. The significance of a few non-motile sperms months after vasectomy is also doubtful, and further studies are now in progress to compare the motility of these sperms with their ability to take up vital dyes.—We are, etc.,

ANWER HALIM
JOHN BLANDY

Department of Urology,
The London Hospital, London E.1

¹ Tyler, E. T., *Proceedings of the 3rd European Congress on Sterility, Athens, 1972*, p. 228A.

² Halim, A., Antoniou, D., Leedham, P. W., Blandy, J. P., and Tresidder, G. C., *Proceedings of the Royal Society of Medicine*, 1973, 66, 373.

Regulation of the Profession

SIR,—The Special Representative Meeting at Folkestone approved, with some amendments, the draft report of the B.M.A. Working Party on evidence to be submitted to the Merrison Inquiry into the Regulation of the Medical Profession (*Supplement*, 23 June, p. 137). This draft was first seen by the majority of the representatives when they attended the A.R.M. and they had no opportunity to discuss it with their divisions because the S.R.M. was persuaded that it had to be approved quickly. It is very disturbing that the most important decision the B.M.A. has had to take in over a century should have been made in indecent haste.

The present body which regulates the profession is the General Medical Council, and it was dissatisfaction with its composition and functions which led to the present government inquiry. When the G.M.C. was set up in 1857 the B.M.A. was an embryo organization and did not command the support and resources it now does. It is not surprising, therefore, that the tradition has

Ampicillin for Sore Throat

SIR,—The isolation of *Haemophilus* species from a third of the throat swabs examined from Dr. A. A. Robertson's patients with sore throat (9 June, p. 614) does not, as he suggests, indicate the need for ampicillin treatment. The normal carrier rate of this species in the throat is about 50%, whereas haemolytic streptococci are found in only about 5% of healthy people.¹ The number of patients from whom *Haemophilus* was isolated was therefore less than might have been expected.

It is often desirable to treat acute sore throat before a laboratory diagnosis can be made. Penicillin is the drug of choice for the only common bacterial pathogen, *Streptococcus pyogenes*. Ampicillin unnecessarily disturbs the patient's normal bacterial flora, and side effects are comparatively common. It is, in my view, contraindicated for undiagnosed acute sore throat.—I am, etc.,

E. JOAN STOKES

Department of Clinical Pathology,
University College Hospital,
London W.C.1

¹ Topley, W. W. C., and Wilson, G. S., *Principles of Bacteriology and Immunity*, 5th edn., ed. G. S. Wilson and A. Miles. London, Arnold, 1964.

Intravenous Cordon Bleu

SIR,—Dr. Bryan Williams, in his *Personal View* (23 June, p. 712), refers to the days when the cordon bleu of intravenous work was attained by the ability to inject black silver salvarsan intravenously. This test of skill would have been unnecessary if a glass adapter had been placed between the needle and syringe to allow blood to be seen when the needle entered the vein.¹ This "window" is a useful but little-known aid when injecting dark solutions into veins.—I am, etc.,

C. ALLAN BIRCH

Hastings, Sussex

¹ Birch, C. A., *British Medical Journal*, 1952, 1, 1029.

persisted that the B.M.A. has little place in the regulation of the medical profession and even now there are only 11 elected members out of a total of 46.

The main function of the B.M.A. in the last century has been to unite the profession on the principle that all doctors have more in common than that which divides them. A logical sequel to this principle is that the B.M.A. should become the body regulating the whole medical profession. Some other bodies may question this, but one would have expected the B.M.A. itself to press this argument on the Merrison Committee. The draft report at the outset rejected any suggestion that the B.M.A. should be the responsible body for registration and for professional standards. It sees the functions of the new body as almost exactly like those of the old G.M.C. but with a vast increase in membership which will make the new body even more unwieldy. In doing so, it condemns the B.M.A. for at least another century to a negotiating role for fees and salaries and