at the Royal Society on 3 November 1972, concluded, as have so very many others, that what is required as far as the cure of cancer is concerned is co-operation between clinicians and scientists. We all know how hard pressed the medical profession already is, and those doing their present jobs cannot find the extra time to make the contribution that is being called for. Extra clinicians are therefore required and this forms part of the scheme for oncological centres which Lord Zuckerman puts forward as one of the ideas that should be developed. Alas, when the idea was explored in Oxford, we learnt that while we might expect a little extra money with which to start the scheme off, within three to five years such an expansion would have to be financed by depriving our local colleagues of their financial support because no extra funds for the oncological centres would be forthcoming. No wonder the scheme received the cool reception that was appropriate.

No, Sir, what the Prime Minister should have received was a report from the younger generation which would have advised him that by devoting large sums of money through an organized, independent, long-term programme the chances of finding the cure for cancer were very good indeed. If the response of the general public to any appeal concerned with cancer is anything to go by, then the Prime Minister would enjoy the political backing from the whole country that he would wish for when committing large sums of the taxpayer's money. —I am, etc.,

GEORGE WIERNIK

United Oxford Hospitals,
Oxford

1 Cabinet Office, *Cancer Research: A Report by Lord Zuckerman*. London, H.M.S.O., 1972.

Pregnancy, Pancreatitis, and the Pill

SIR,—The letter of Dr. H. Adlercreutz and others (26 August, p. 529) concerning the occurrence of a raised serum amylase in patients on the pill and that of Drs. D. P. Atukorale and N. J. Wallooppillai (30 September, p. 829) reporting the case of a patient on the pill who developed pancreatitis cast new light on the apparent association of pancreatitis and pregnancy.

Although some authorities disagree, I feel that the association cannot be entirely explained on the basis of random occurrence, since the vast majority of cases are confined to the last trimester or the peurperium.[2] Raised intra-abdominal pressure, vomiting, and straining, with rupture of pancreatic ducts, have been suggested as possible factors influencing the development of pancreatitis in pregnancy. It now looks, however, as if the biochemical changes appearing in pregnancy, and to some extent mirrored by those taking oral contraceptives, may be of more significance.

Richman[3] has suggested that pancreatitis arises as a result of stasis created by the effect of progesterone on the duodenal and biliary tracts, although other factors, for instance hyperlipaemia, could be equally important in those cases where the well-recognized associations of other conditions with pancreatitis have not been demonstrated. It has also been suggested elsewhere[4] that steroid preparations, particularly in children, may increase the viscosity of pancreatic secretions.

In the light of our present knowledge it would seem unwise for women with a past history of pancreatitis unrelated to biliary disease or other predisposing causes to be prescribed oral contraceptive preparations. —I am, etc.,

MICHAEL BURKE

Gosforth,
Newcastle upon Tyne

1 Trapnell, J. Personal communication.
2 Berk, J. E., Smith, B. H., and Akrawi, M. M., *American Journal of Gastroenterology*, 1971, **56**, 216.
3 Richman, A., *American Journal of Medicine*, 1966, **21**, 246.
4 *British Medical Journal*, 1968, **4**, 533.

Thermal Injury in Children

SIR,—My senior house officer, Dr. Peter Malleson, has recently analysed the cases of thermal injury admitted to the Derbyshire Children's Hospital over a nine-month period in this year compared with the figures reported in 1952 and in 1962. I am glad to say that the triumphant reduction in flame burns has been maintained, but otherwise there are signs of increased carelessness in the home.

The prevalence of the washing machine in the affluent society seems to have reduced the number of children injured on washing day. Now two-thirds of the injuries were scalds, of which the majority were due to small babies pulling cups or pots of hot tea over themselves from the table. Among burns, two seem particularly to be watched for: one baby put a live electric plug to its mouth, while another grabbed the black element of an electric fire which had just been switched on, putting its hand easily through the wire guard.

Dr. Malleson's figures show that in the nine months 25 scalds and seven burns were treated. The median age for scalds was 17 months and for burns 16 months, two-thirds of the victims being under the age of 2 years. —I am, etc.,

R LUNT

Littleover, Derby

Outpatient Surgery in Children

SIR,—Mr. T. H. Berrill (11 November, p. 348) has discovered little of the interest that was evoked and stimulated by the address of J. H. Nicoll (not Nichol) on outpatient surgery in children at the Belfast meeting of the B.M.A. in 1909.[1]

H. J. Stiles, of the Royal Edinburgh Hospital for Sick Children, agreed with Nicoll on many points, as did Robert Campbell and Andrew Fullerton of the Belfast Hospital for Sick Children. Campbell said he was in the habit of operating for hernia in the outpatient department, while Fullerton stated that much of what Nicoll had put forward accorded with his own practice, and he was sure that much more work could be done in the outpatient theatre and that the benefit of children's hospitals would be much extended thereby. E. Scott Carmichael, of the Royal Edinburgh Hospital for Sick Children, H. C. Dun, of Liverpool, and Alex MacLennan and G. H. Edington, of Glasgow, all expressed agreement with Nicoll. It is thus clear that the practice of operating on children as outpatients was already widespread.

In Belfast the number of operations in the outpatient department of the Hospital for Sick Children rose from 427 in 1908 to almost 900 in 1913. Fullerton[2] has described the development of outpatient surgery in the hospital:

"So convinced was I by Mr. Nicoll's results that I immediately began to add hernia and hydrocele to the list of my outpatient operations, and my colleagues followed the same course. Since then we have enormously extended our scope, and personally I have no hesitation in operating on hare-lip, some cases of cleft palate, knock-knee and bow-leg in children about 4 or 5 years of age, enlarged tonsils, . . . adenoids, naevi, tuberculous joints in the upper extremity, glands, tumours and cysts in the neck, and many other conditions requiring surgical interference. A few weeks ago I removed in the outpatient theatre an occipital meningocele in an infant a few days old with an entirely successful result. In this way numbers of children are relieved who could not otherwise have been properly treated on account of shortness [*sic*] of beds and lack of funds. The results have borne very favourable comparison with those obtained in the wards, and the utility of the hospital has been very greatly increased . . . ."

Mr. Berrill's comments on the work of the Coventry surgical day centre in 1971 echo those of Fullerton on the work of the surgical outpatient department of the Belfast Hospital for Sick Children 60 years ago. The main difference is the inclusion of adults in Coventry.—I am, etc.,

H. G. CALWELL

Whitehead,
Co. Antrim

1 Nicoll, J. H., *British Medical Journal*, 1909, **2**, 753.
2 Fullerton, A., *British Medical Journal*, 1913, **1**, 470.

Referring Patients for Electrolysis

SIR,—Many of our colleagues in general practice, in dermatology, and in other relevant disciplines will have noticed the brief mention in a recent issue of *B.M.A. News* of the decision taken by the Central Ethical Committee that it is now proper for doctors to refer patients who require electrolysis to members of the two main professional bodies in that field. These are: (1) the Institute and Society of Practitioners in Electrolysis—Secretary, Mrs. E. Derbyshire, D.R.E., 251 Seymour Grove, Manchester; and (2) the Association of Electrologists—Secretary, Mrs. M. Charles, 39 High Street, Salisbury, Wilts.

Both of these bodies demand a minimum two-year period of supervised training, and their trainees have to pass stringent examinations, both in theory and practice, before receiving in the former case the Diploma in Remedial Electrolysis, and in the latter case full membership of their association. The B.M.A. Dermatologists Group Committee regards this length of training as absolutely vital in this dedicated discipline, which is quite divorced from other forms of beauty therapy.

The main points made in our draft to the Central Ethical Committee were that there existed a widespread need for competent electrolysis for women with hirsutism of whatever cause. This is particularly true of the extremely sensitive, who have found any alternative useless and who, terrified of becoming male, may have their sensitivities outraged to the point of suicide by the suggestion of a razor, so basically masculine in its connotation. This need has been recognized to a limited extent by the Department of Health in our clinics. In many areas, however, the need cannot be met, waiting lists may be over-long, and some