decision to reduce the birth rate, irrespective of the consequences such measures may have on the life of an individual. When advising procedures which "permanently" deny procreation, it is important that the physician be not carried away with his own enthusiasm for the operation and by his public-spiritedness. The paramount concern, as always, should be the future happiness and emotional stability of his patient.—We are, etc.,

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- ¹ Sawhney, N., Nathawat, S. S., and Sethi, B. B., *Indian Journal of Psychiatry*, 1970, 12, 155.
² Wig, N. N., Singh, S., Sahas, G., and Isaac, P., *Indian Journal of Psychiatry*, 1970, 12, 169

Antibody Response to A/England/42/72 Influenza Vaccine

SIR,—Dr. Marguerite Pereira and others (23 December 1972, p. 701) reported that a commercial influenza vaccine containing A/Hong Kong/68 virus stimulated a good antibody response to both the homologous strain and to the variant A/England/42/72. The reverse cross-reacting response has been evaluated by us in the experiments here reported.

Fifteen subjects ranging in age from 24 to 40 years and never treated with influenza vaccine were given two doses of inactivated influenza vaccine at two weeks' interval. Each dose contained A/England/42/72 400 IU and aluminium phosphate 1.75 mg. Sera were tested for antibody content to the homologous and to A/Hong Kong/68 virus

using the standard haemagglutination-inhibition test. The distribution of antibody titres for both viruses before and after each of the two vaccine injections is shown in the figure.

Fourteen days after the first dose a satisfactory increase in the antibody level against A/England/42/72 was observed in all the subjects and only two out of 15 did not show any increase in the antibody level against A/Hong Kong/68. The geometric mean titres were 1/114 and 1/68 respectively. The second dose elicited only a moderate further antibody response to both viruses; the mean titres rose to 1/173 and 1/84 respectively.

The results suggest that A/England/42/72 virus possesses a good antigenic potency; the first dose of the vaccine provokes a booster-like effect which might be due to preexisting A/Hong Kong/68 virus in circulation. The cross-reacting response suggests that the drift in antigenic content between A/Hong Kong/68 and A/England/42/72 viruses is moderate, at least from an immunological point of view.—We are, etc.,

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Lavatory Doors

SIR,—I was interested to read Dr. M. D. Begley's letter (29 September, p. 697) about

a patient trapped behind a lavatory door. Living on the Costa Geriatrica, I have come across this problem on numerous occasions, and so solid are the doors on old lavatories that they seem to have been built to withstand an elephant charge and can present a very real problem to the attending doctor.

I can assure Dr. Begley that there is no problem in having doors rehung so that they open outwards, and I have had altered all the lavatory doors in our 80-bedded convalescent home in which many of these unfortunate incidents have occurred. They are secured by a rotary latch operated from inside which also works a dial moving from "vacant" to "engaged." These can easily be opened from the outside with a small coin or a screw-driver. This method has been in use for some years and the expense of the alterations has been more than compensated for by the saving in broken doors. For doors as yet unmodified I keep available a 14-lb (6.4-kg) sledge-hammer. Three carefully aimed blows dislocate first the hinges, then the lock, so that the door can be removed bodily over the collapsed patient with the maximum speed and dignity.

I can recommend both these methods with confidence.—I am, etc.,

GRAHAM M. HUNTER

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SIR,—Dr. M. D. Begley (29 September, p. 697) raises a real problem to which insufficient attention has been given. I fear that if we knew the number of lives that have been lost through delay in obtaining access in the circumstances he mentions, we should be very disturbed. Doors opening outwards are considered by many to be a serious hazard, but one wonders if a few bumps are not preferable to one lost life.

The problem of overcoming this difficulty at home is appreciated but surely, as a first step, good standard practice should be observed in hospitals and similar institutions. Alternatives are: (1) Door to open with conventional "engaged" bolt which can be operated by a small instrument or a coin from the outside. (2) Door opening inwards of stable-door type with a connecting bolt on the outside allowing entry over the lower half in an emergency. (3) Two-way hinge with removable jamb on the outside which can be lifted off and the door opened outwards. This system has been used in the new building at this hospital and we consider it to be the best method though it is comparatively costly.

Should not all of us look at this problem in existing buildings in an effort to remove this serious but avoidable hazard to life?—I am, etc.,

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SIR,—Dr. Felix Post's letter (29 September, p. 693) commenting on my paper (15 September, p. 574) can be answered with figures which are reasonably accurate, but because they were not precise they were not quoted in the original paper.