in working with infected primates on one hand and with the costs of providing primates for research on the other; aspects of conservation and humanitarian considerations are only marginally touched on, and mainly from the point of view that research workers should bear in mind the safeguarding of the primate supply for a long time to come and should use wild-caught animals only of those species in which "supply" is still "plentiful." I disagree with this kind of philosophy. Admittedly your article recognizes the limitations of natural resources and that wild animal populations can be exhausted and destroyed by overexploitation. It has only one concern however: the so-called benefit to the human community. Non-human beings such as primates are on principle conceived as being at our disposal; the validity of this principle is not questioned.

I think that nowadays we need a more sensitive consciousness with regard to experimentation with highly organized living beings. In my opinion it is no longer tolerable that every human whim—especially when dressed up scientifically—should be held to justify the sacrifice of higher animals. A lot of experimentation with higher vertebrates is carried out as routine repetition of established techniques, lacking careful elaboration of problems, or else it is just some kind of sophisticated and highly reputable play. In many cases the "scientist" just enjoys his power and skill and is fascinated by the possibility of disintegrating living beings and experimenting with isolated living organic systems. It is urgent indeed to re-evaluate the motivations of experimental research with primates.

I therefore think that scientific and medical organizations must renew their ethical code and themselves develop strict limitations on experimentation with wild-living higher vertebrates and endangered species. Governments must be urged to include corresponding rules in their legislation and to enforce these rules. In my opinion the problem of "Monkeys for Research" is inadequately discussed if the above considerations are omitted.—I am, etc.,

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Toxoplasmosis and Embryopathy

SIR,—In a small study in Glasgow it has been shown¹ that, after rubella, toxoplasmosis probably comes next in significance in relation to the development of embryopathies.

At the 13th Congress of Medical Women's International Association on Toxoplasmosis, held in Paris in September 1972, the following resolution presented by the American Medical Women's Association was passed by the general assembly:

Whereas toxoplasmosis is a widespread disease affecting the socio-economic condition at all levels, we recommend: (a) that the public, as well as the medical profession, be informed of the frequency, origins, and effects of toxoplasmosis in their areas; (b) that testing and re-testing of the pregnant women and the newborn babies be done to assist in the early diagnosis and treatment; (c) that committees be established for the further study of all environmental factors that contribute to the development, dissemination, and treatment of toxoplasmosis.

The assembly also agreed that each national association ought to take all appropriate

steps to put these recommendations into effect. The British association is therefore in process of doing so.

The main difficulty is that the disease may not be apparent or may go unsuspected in the mother. In the absence of screening procedures such cases are not being recognized and an infant may be born with severe cerebral damage or, at the other extreme, it may appear normal at birth but develop choroidoretinitis at a later date. It is not known how many children escape completely as no follow-up studies have been carried out. It was obvious from the deliberations in Paris and the ensuing discussion with world-renowned experts that though they were agreed that the greatest risk lay with the fetus in utero when primary infection occurred during pregnancy, the full extent of the effect on the child had not been determined. In view of this and the Glasgow findings the whole problem should be looked into more fully, preferably at various centres throughout the country where the incidence of congenital abnormalities is known to vary. The purpose of this letter is to publicize the resolutions and inform the profession of these moves.—We are, etc.,

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L. M. SWINBURNE

Research and Scientific Committee,
Medical Women's Federation,
London W.C.1

¹ Ross, C. A. C., Bell, E. J., Kerr, M. M., and Williams, K. A. B., *Scottish Medical Journal*, 1972, 17, 252.

Crohn's Disease and Intestinal Cancer

SIR,—I would like to clear up one point with regard to your leading article (6 October, p. 3).

In a discussion of the findings reported by my colleagues and myself¹ a comparison is made between the observed incidence of carcinoma developing in patients with Crohn's disease and the estimated chance incidence of the two diseases occurring together spontaneously. In fact, "Crohn's carcinoma" of the small intestine is seen to occur approximately 1,000 times more commonly than would be expected if this was chance association when comparison is made with carcinoma developing in the general population. The incidence of carcinoma of the large intestine in patients with Crohn's disease is of the order of 30 times greater than in the general population.

The estimates of chance incidence of the two diseases occurring together spontaneously in the population as a whole were given simply to show how remote this possibility is. I must apologize if the original article did not make this clear.—I am, etc.,

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¹ Darke, S. G., Parks, A. G., Grogono, J. L., and Pollock, D. J., *British Journal of Surgery*, 1973, 60, 169.

Hazard to Infants of Disposable Incontinence Pad

SIR,—A 5-month-old infant admitted to a diarrhoea unit was also suffering from seborrhoeic dermatitis, for which he was treated by total body exposure in a warm

cubicle, as well as with aqueous cream bathing and hydrocortisone cream. The nursing staff had found disposable incontinence pads, used as draw-sheets, convenient for this form of treatment, and had used them on previous occasions without mishaps. Some 30 minutes after a feed the baby was observed to be lying supine, cyanosed, and gasping, with his head between the plastic and paper layers of an incontinence pad, the plastic layer covering his face. He was given peroral intermittent positive pressure ventilation and cardiac massage by the nursing staff and began to breathe spontaneously after five minutes. When seen by one of us shortly afterwards he had a shrill cry, poor peripheral circulation, and generalized hypotonia; there was a left hemiparesis, which had gone less than an hour later, when his condition appeared to have reverted to normal. At follow-up three months later we could detect no evidence of neurological or developmental abnormality.

The incontinence pad on which the infant had been lying was made of six layers of tissue paper backed with light white plastic of considerable strength. The dimensions of the pad were 79×58 cm and those of the cot mattress 125×60 cm. The infant had apparently managed to pull the pad from underneath himself and to pull it over his head. It is clear that the use of these pads, which leads to many conveniences from the nursing aspect, has an over-riding danger which should preclude their use for active infants.—We are, etc.,

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Adrenal Failure in Bronchial Asthma

SIR,—Dr. N. J. Cooke and others (6 October, p. 49) make two important points. The first is that it is unwise and unsafe in steroid-dependent asthmatics to substitute beclomethasone dipropionate by inhalation for prednisolone taken by mouth over as short a period of time as four days, and that even with slow restriction of prednisolone clinical manifestations of adrenocortical hypofunction may still appear. Earlier this year, in a trial on 21 steroid-dependent asthmatics, we were able without difficulty to substitute beclomethasone dipropionate by inhalation for their previous oral prednisone within a short period of time. We reduced their prednisone dosage by 2.5 mg every four days and have continued with this procedure with a considerable number of patients since the trial was completed, and though there have been some interesting complications associated with this transfer, there have been no cases of acute or severe illness.

The other point that Dr. Cooke and his colleagues make is that in their series of 10 patients on a maintenance dose of steroids, all had an almost complete loss of plasma cortisol response to tetracosactrin and that therefore this test was of no value in attempting to pick out the patients most likely to develop signs of adrenocortical insufficiency. In our trial we found that two-thirds of our patients had an adequate plasma cortisol response to tetracosactrin before substitution commenced. We found no difference in the ease of substitution between those who