Smoking Hazard to the Fetus

Str.—The second sentence of the paper by Professor N. R. Butler and Mr. H. Goldstein (8 December, p. 573) reads: “Though there is still some dispute about the mechanism of the association the evidence from human and animal studies suggests that it is the smoking rather than the type of woman who smokes which is responsible (British Medical Journal, 1973).” To the uninformed reader the reference to your leading article (17 February, p. 369) might convey the impression that you undertook a critical analysis of the smoking/smoker problem. This was not the case. Indeed, the papers1,2 and letters3 by the late Professor J. Yerushalmy and his colleagues4 in this journal in depth were not even mentioned.

Your article began: “No reasonable doubt now remains that smoking in pregnancy has adverse effects on the developing fetus.” (The (in my view) eminently reasonable doubts taken by Yerushalmy4,1 have now been augmented by an editorial in Nature5 and subsequent correspondence3 in that journal. Even Mr. Goldstein5 was forced to concede that “the scientific evidence for a causal relationship may not yet be very conclusive.” I can appreciate the strong temptation to cut the corners of scientific logic when human lives appear to be at stake. Good causes may fail, however, if conflicting evidence and arguments are not given their due weight.—I am, etc.,

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3 Yerushalmy, J., American Journal of Epidemiology, 1972, 95, 2.

Pyrimethamine Toxicity

Str.—The recent report of Dr. Olu Akinyanju and colleagues (20 October, p. 147) of two cases of poisoning by pyrimethamine prompts us to describe a toxic interaction between this antimalarial and the tranquilizer lorazepam (7-chloro-5-(1-chloro-phenyl)-2, 3-dihydro-3-hydroxy-1H-1, 4-benzodiazepin-2-one) that we observed in Africa in 1972. Several patients with signs of mild liver toxicity were noted to be taking both drugs. A National Trial was therefore organized in which five healthy adult women who had been taking 25 mg pyrimethamine weekly for long periods (six to 24 months) were given 2 mg lorazepam daily for seven days. Pyrimethamine was stopped on day 14; then after seven days without drugs, lorazepam (2 mg/day) was given again for seven days. For the final period (days 28 to 35) both drugs were again given. Liver function tests (BSP clearance, thymol turbidity, serum bilirubin and serum aspartate aminotransferase) were conducted at the start and end of the trial and at each change of drugs.

The women showed no change in liver function at any time, but the other two showed significantly increased BSP clearance, bilirubin, and transaminase when both drugs were taken together but not when either was taken alone. It is likely that the two drugs interact metabolically in some patients though not in others. Whether the interaction is confined to lorazepam or occurs with all benzodiazepines is unknown. It is also puzzling that the interaction is confined to certain individuals.—We are, etc.,

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Think Again on Salmon

Str.—It is a pity that Miss Pamela M. Jeffries (8 December, p. 616) did not read with the above title. You then rightly said that ward sisters’ dissatisfaction with Salmon had mirrored those expressed “time and again by . . . responsible leaders of the medical profession and elsewhere.” Over three years ago I made an eloquent plea in your columns for the experience-wanted ward sister to be retained with proper remuneration at the post in which her skill was best deployed and in which she was happiest and of most value to the patients. At that time and afterwards many consultants, like myself with a lifetime of hospital work behind them, expressed this view with equal force.

Your leading articles, “Practicalities of Nursing” (4 September 1971, p. 545) and “Salmon—A Two-pronged Trident?” (21 October 1972, p. 125), reinforced the medical opinion of “that mystical level, grade 7?” at which a former ward sister “is all too often left—in a state of suspended animation.” No, much as senior members of the medical profession must sympathize with Miss Jeffries’s predicament it is one which many of us foresaw and tried to avert. Indeed, some might think that the pass was sold from within the ranks of the nursing profession. Towards the end of 1971 Salmon was dis- tended in your columns by the chairman of the National Nursing Staff Committee (2 October 1971, p. 50) and from the Department of Nursing and Welfare Studies (23 October, p. 243) which raised the voice of the group medical committee of Tunbridge Wells and Leybourne Hospital Management Committee (13 November, 1971, p. 425). Surely it is to the administrators of nursing to whom most blame for the present failings and frustrations within the profession must be attributed. I would suggest to Miss Jeffries that she rally those of her colleagues with feel with her and that they make a concerted appeal to Sir Keith Joseph. I am sure that they would not lack support from the medical profession. To many of us Salmon was never a plan—only a report giving forth a very uncertain sound. —I am, etc.,

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Points from Letters

Boxing and the Brain

Dr. J. L. BLONSTEIN (Senior Medical Officer, Amateur Boxing Association and President, Medical Commission, Amateur International Boxing Association) writes: With reference to your leading article (24 November, p. 439), Corsellis and colleagues (3 May, 1971, p. 201) have described experimental and clinical brain damage in a boxer before 1939, when professionals boxed up to 25 rounds and there was little medical control for either professional or amateur boxers. He did not use any controls, and if he had examined a similar number of modern professionals he would have found very few neurological defects, as the medical control of boxing today is very strict . . . In over 40 years of vetting amateur boxers I have found only one boxer who suffered from traumatic encephalopathy. He was an Army boxing instructor who trained boxers eight hours a day for five days a week. He developed cerebellar atrophy and received an army pension . . . Every amateur boxer has a complete medical examination on joining a club. He is examined before each bout and receives immediate first aid and medical follow-up. If an amateur boxer is hit, he is allowed to be outclassed the bout is stopped immediately.

Price of Ethanbutol

Mr. T. STEWART (Lederle Laboratories, Gosport, Hants) writes: May I draw your attention to a price error in the leading article “Rifampicin or Ethan- butol?” (British Medical Journal, 8 December, p. 568)? Your article quotes the hospital price of 1 g of ethambutol as 22p. It is not the price of ethambutol prior to 9 July 1973, at which time a 10" price reduction became effective . . .