endothelial stimulant clearances were estimated by autologous plasma haemoglobin clearance1 and were found to be increased in 6 out of 10 patients with acute leukaemia, 5 out of 11 patients with chronic leukaemia, and in 8 out of 13 cases of Hodgkin's disease. Corticosteroid therapy appeared to make no difference, but those who had depressed clearances had recently been treated with radiotherapy or nitrogen mustard.

The results indicate that certain tumours themselves increase the functional state of the reticuloendothelial stimulant. Increased phagocytosis in patients with carcinoma has been described by Salley et al.2 using reticuloendothelial test lipid emulsion and in Hodgkin's disease by Sheagren et al.3—1 am, etc.

Royal Victoria Infirmary,
Newcastle upon Tyne

E. N. WARDLE


Hazard of Self-inflating Resuscitation Bag

Sir,—We would like to report a potentially hazardous defect in unlined self-inflating bags. The danger of insufflation with foam rubber particles from lined bags such as the Ambu is well known (11 October 1969, p. 111), and the Ambu and Ruben valves now incorporate a fine wire filter to prevent this accident. Several unlined bags have become available recently and most, if not all, of these do not incorporate a filter.

During use of the Aga revivator we became aware that flakes of rubber were coming from the inside of the bag (Fig. 1). This bag is manufactured from two hemispherical halves bonded together at the equator by a rubber adhesive solution. On cutting open the bag concerned, it was found that excess rubber bonding solution had been extruded from the joint and had run on to the inner surface (arrows, Fig. 2). During repeated use these strips of adhesive rubber had become detached. Extrusion of adhesive was found in 13 of a further 21 bags inspected.

The Aga company has replaced the faulty bags and now provides, free of charge, nylon mesh filters to fit into the neck of the bag.

We suggest that all self-inflating bag systems should incorporate a filter between the bag and the patient to prevent possible insufflation of debris into the patient's tracheobronchial tree. Such debris could result from bags that were initially faulty or gested that the parabasal cell count, expressed as a percentage of the total cells present on vaginal smear, be used as the cytological and (clinical) index of response to oestrogen administration to postmenopausal or oophorectomized patients.6

The dogmatic assertion that the prevention of osteoporosis and coronary artery disease by adequate hormone replacement therapy is a recognized medical fact cannot go unchallenged. The evidence is somewhat more convincing in relation to osteoporosis7 than coronary artery diseases,8 but far more investigation is still necessary. My own studies have shown the difference in effect of various oestrogens on serum cholesterol after oophorectomy,9 but the problem requires a complete relationship between oestrogens, cholesterol, and coronary artery disease is still in dispute.

The routine use of oestrogens in all women after the menopause cannot therefore be recommended at this time, not because of the possible adverse effects (which can be prevented), but because of the lack of support evidence for the potentially advantageous effects.—I am, etc,

WULF H. UTIAN

Groot Schuur Hospital and University of Cape Town, Cape Town, South Africa


Prescriptions for the Elderly

Sir,—As we are moving towards a greater concern for community care it would seem appropriate to make some investigation into the hardships of the elderly in obtaining medicines and drugs when at a distance from the chemist, and particularly when transport is not very regular, with special emphasis on holidays and weekends.

I fully appreciate that it is the practitioner's responsibility to supply drugs on an "ad hoc" basis when the situation demands it, but there are many categories of drugs which, though essential, do not fall into this category. It is not uncommon to find an elderly husband or wife having to trail the streets in inclement weather, particularly on Sundays, in order to obtain drugs supplied on prescription. This very often results in the well partner becoming ill, with subsequent great stress, not only on the already ill spouse, but on the available manpower—for example, home help, and district nurse.

Many chemists are extremely helpful in this situation and very often go out of their way to deliver a prescription, but of course, this depends entirely on the goodwill of the chemist concerned, and it would seem appropriate to give attention to this rather neglected side of community care.—I am, etc,

J. A. Frais

Shipley, Yorks

Blood Clotting and Contraception

Sir,—Dr. L. Poller and others (27 March, p. 705) make a valuable contribution to our knowledge of the effect of hormonal contraceptives on coagulation and fibrinolysis.