wave of adrenaline-induced aggregation. O'Brien concluded his article with these words: "Since platelets are undoubtedly involved in the ischemic heart disease and since many workers claim that adhesion to collagen is the first essential event, it follows that even the abnormalities following aspirin ingestion which I have described are quite consistent with the possibility of aspirin-induced aggregation in individuals at risk from thrombosis. Aspirin is relatively safe and is used probably more than any other drug; and nobody knows what its long-term effects are, and many people are asthmatics..." Cobb et al. reviewed the necropsy findings in 191 patients with rheumatoid arthritis who might be expected to be aspirin takers. "Only 4% had myocardial infarction as a cause of death, and only 2% died of cerebral accidents. In contrast, of all deaths in the United States in 1967, 30% were caused by athero-occlusive heart disease and 10-8% were caused by vascular lesions of the central nervous system." A clear statement of the case for aspirin is made by Wood. The time has come when it would be both reasonable and valuable to undertake a prospective controlled trial of aspirin in the prophylaxis of ischemic heart disease and stroke. Because of the risk of gastrointestinal haemorrhage those taking part should be volunteers who understand both the risks and possible benefits of aspirin. I am therefore asking for volunteers from the medical profession in Great Britain and Ireland. I should be glad to hear from any doctor aged 35 or over who is not known to have ischaemic heart disease or who would be prepared to participate. The suggested dose of aspirin is 300 mg twice a day. Allocation to control or treatment groups would be random.

The trial would last five years unless significant results appear earlier. From the beginning and at the end all participants would be requested to complete a simple questionnaire regarding smoking, exercise, and medical and family history. They would also be asked to undergo a simple examination which would include height, weight, blood pressure. E.C.G., fasting blood lipids, and blood sugar. The examinations would be carried out locally. Participation in the trial would end with the diagnosis of ischaemic heart disease or the development of significant side effects from taking aspirin.

I would be very grateful if anyone preparing to conduct a trial would write to me at the Department of Social Medicine, Trinity College Medical School Building, St. James's Hospital, James's Street, Dublin 8. If the response shows that such a trial is feasible, details will be sent to volunteers at a later date.—I am, etc.,

JAMES MccORMICK
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Tests of Acupuncture

Str,—It was refreshing to read Sir Robert Macintosh's letter (25 August, p. 454) as it helps to put the practice of acupuncture into proper perspective. Acupuncture is a form of therapy which is one of the oldest systems of medicine known to mankind. It is the age-old art of detecting when needles are most effective and the technique of inserting needles into the body to produce profound effects on the body's physiological processes. Used in this way, acupuncture is an effective method of treatment for a variety of medical conditions.

Infection of Peritoneum during Dialysis

Str,—We read with interest Dr. E. N. Wardle's paper on the detection of infection of the peritoneum by measuring the lysozyme content of the peritoneal fluid (2 June, p. 518).

We cannot understand how the author made the diagnosis of infection in the six patients with score 2 who had negative cultures. Since the cultures were negative, they were probably cases of chemical peritonitis. In a recent epidemic of septic peritonitis among all of our 20 patients on chronic peritoneal dialysis we had a similar experience and negative blood cultures. In one case, the patient had no evidence of systemic infections and the dialysate was aseptic but the fluid contained a high number of leucocytes.

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Dangers of Corn Starch Powder

Str,—Your leading article (2 June, p. 502) draws attention to the occurrence of the interesting postoperative phenomenon of starch peritonitis. A review of the literature since 1970 would indicate an apparent increase in the incidence of this condition. I have recently had a case myself and thought it might be worth while to try to assess how common the condition really is.

I therefore asked a number of my colleagues, who between them share approximately 100 years of consultant surgical experience, whether or not they had recognized this complication in any of their patients. Between them they were able to produce only nine cases of the condition.

It would appear then that this particular surgical hazard is either extremely uncommon or going undiagnosed. In view of its clear-cut presentation I have difficulty in believing that my colleagues have failed to recognize the phenomenon. Or else I would hazard a guess that postoperative starch peritonitis is a rare condition. Bates and Holgate et al. have shown that the phenomenon of starch peritonitis appears to be a hypersensitivity reaction to starch. Thus, the condition of starch granuloma is quite unlike that of talc granuloma, the latter being simply an inflammatory response to the irritating talc granules. Though it may be desirable to reduce the extremely small risk of starch peritonitis and to have our gloves lubricated inside and out with some material other than starch, it would appear from the figures that I have produced that the condition is rare. Nevertheless, that strong pressure could be brought to bear upon the glove manufacturers. If the manufacturers are genuinely unable to provide a substitute for starch, then a simpler method of obviating the postoperative problem of starch peritonitis might be to ask the patients whether or not they have been allotted to starch, the only alternative being the some-what uncertain technique of routinely testing all patients for laparotomy with an intradermal injection of starch.—I am, etc.,

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