In the light of our present knowledge it would seem unwise for women with a past history of pancreatitis unrelated to biliary disease or other predisposing causes to be prescribed oral contraceptive preparations.

M. BURKE
Godforth, Newcastle upon Tyne

1 Trappie, J. Personal communication.


3 Richman, A., American Journal of Medicine, 1966, 21, 246.


Thermal Injuries in Children

Sr.—My senior house officer, Dr. Peter Mallison, has recently analysed the cases of thermal injury admitted to the Derbyshire Children's Hospital over a nine-month period in this year compared with the figures reported in 1952 and in 1962. I am glad to say that the accident deaths and major reduction in flame burns has been noted, but otherwise there are signs of increased carelessness in the home.

The prevalence of the washing machine in the affluence seems to have led to the number of children injured on washing day. Now two-thirds of the injuries were to scalps, of which the majority were due to small babies pulling tugs or pots of hot tea over themselves from the table. Among burns, two seem particularly to be watched for: one baby put a live electric plug to its mouth, while another grabbed the black element of an electric fire which had been switched on, putting its hand easily through the wire guard.

Dr. Mallison's figures show that in the nine months 25 scalps and seven burns were treated. The median age for scalps was 17 months and for burns 16 months, two-thirds of the victims being under the age of 2 years.

R LUNT
Littleover, Derby

Outpatient Surgery in Children

Sr.—Mr. T. H. Berrill (11 November, p. 348) has discovered little of the interest that the papers evoked and stimulated, by the account of J. H. Nicoll (not Nicholson) on outpatient surgery in children at the Belfast meeting of the B.M.A. in 1909.

H. J. Stiles, of the Royal Edinburgh Hospital for Sick Children, agreed with Nicoll on many points, as did Robert Campbell and Andrew Fullerton for the Sick Children. Campbell said he was in the habit of operating for hernia in the outpatient department, while Fullerton stated that much of what Nicoll had put forward accorded with his own practice, and he was sure that more work could be done in the outpatient theatre and that the benefit of children's hospitals would be much extended thereby. E. Scott Carmichael, of the Royal Edinburgh Hospital for Sick Children, H. C. Dun, of Liverpool, and Alex MacLennan and G. H. Edington, of Glasgow, all expressed agreement with Nicoll. It is thus clear that the practice of operating on such patients was already widespread.

In Belfast the number of operations in the outpatient department of the Hospital for Sick Children rose from 427 in 1908 to almost 900 in 1913. Fullerton has described the development of outpatient surgery in the hospital:

The suggestion was made by Mr. Nicoll's results that I immediately began to add hernia and hydrocele to the list of my outpatient operations, and my colleagues followed the same course. Since then we have enormously extended our scope, and personally I have no hesitation in operating on hare-lip, some cases of cleft palate, and has been dealing with about 4 to 5 years of age, enlarged tonsils, ... adenoids, snotty, tuberculous joints in the upper extremity, glands, tumours, and cysts in the neck, and many other conditions requiring surgical interference. A few weeks ago I removed in the outpatient theatre an occipital meningocele in an infant a few days old. I have an entirely new list of cases. Automatic aid number of children are relieved who could not otherwise have been properly treated on account of shortness [sic] of beds and lack of funds. The results have borne very favourable comparison with those obtained in the wards, and the utility of the hospital has been very greatly increased. . . .

Mr. Berrill's comments on the work of the Coventry surgical day centre in 1971 echo those of Fullerton on the work of the surgical outpatient department at the Royal Edinburgh Hospital for Sick Children 60 years ago. The great difference is the inclusion of adults in Coventry.—I am, etc.,

H. G. CALWELL
Whitehead, Co. Antrim


2 Fullerton, A., British Medical Journal, 1913, 1, 470.

Referring Patients for Electrolysis

Sr.—Many of our colleagues in general practice, in dermatology, and in other relevant disciplines will have noticed the brief mention in a recent issue of B.M.A. News of the decision taken by the Central Ethical Committee that it is now proper for doctors to refer patients who require electrolysis to members of the two main professional bodies in that field. These are: (1) the Institute and Society of Practitioners in Electrolysis—Secretary, Mrs. E. Derbyshire, 210 D.E. Street, London, W.1; and (2) the Association of Electrologists—Secretary, Mrs. M. Charles, 39 High Street, Salisbury, Wilts.

It is to be hoped that these bodies demand a minimum two-year period of supervised training, and their trainees have to pass stringent examinations, both in theory and practice, before receiving in the former case the Diploma in Remedial Electrolysis, and in the latter case full membership of their association. The B.M.A. Dermatologists Group Committee regards this length of training as the absolutely vital in this dedicated discipline, which is quite divorced from other forms of beauty therapy.

The main points made in our draft to the Central Ethical Committee were that there existed a widespread need for competent electrolysis for women with hirsutism of whatever cause. This is particularly true of the extremely sensitive, who have found and electrologists and who, entitled to becoming male, may have their sensitivities outraged to the point of suicide by the suggestion of a razor, so basically masculine in its connotation. This need has been recognised to a lesser extent by the Department of Health in our clinics. In many areas, however, the need cannot be met, waiting lists may be over-long, and some