overstimulation of the uterus before the cervix has undergone softening and is ready to dilate.

To our knowledge so far, rupture of the cervix with intra-amniotic PGE has not been reported. There are two possible reasons for this: (1) PGE has not been used as widely as PGF₂α and (2) unlike PGF₂α, PGE has a relaxant effect on the non-pregnant cervix in vitro and this effect may also extend to the pregnant cervix. We have used PGE₂ (intra-amniotically) in a dose of 5 mg (repeated 10–12-hourly if necessary) in over 500 second-trimester patients (30% nulliparous) without a single incident of cervical rupture.

Though some synthetic analogues of prostaglandins are being clinically evaluated to overcome some of the disadvantages associated with the natural compounds, the potential danger of any oxytocic to the uterus as a result of overstimulation must always be borne in mind. 13 Need for improvements in techniques for the late termination of pregnancy still exists. Studies are directed towards gradual dilatation of the cervix with laminaria tents or with some synthetic prostaglandin analogues. Insertion of laminaria tents into the cervix at varying intervals prior to intra-amniotic prostaglandin instillation seems to reduce the injection-abortion interval, presumably by decreasing cervical resistance. Prostaglandin analogues given as a single extra-amniotic dose 12 or more hours prior to vaginal termination of first-trimester pregnancy has been shown to be effective in gradually dilating the cervix without overstimulation of the uterus. 14 In a recent study we have used 15 (S) 15 me PGE₂ in a single extra-amniotic dose of 25 μg 14 hours prior to vaginal termination. Out of a total of 205 women (all nulliparous, gestation 9–13 weeks) only three required mechanical dilatation of the cervix and none required analgesia for uterine cramps.

We feel that prostaglandins offer an attractive alternative to the hysterotomy of posterior salpingo-oophorectomy for the termination of second-trimester pregnancy provided overstimulation of the uterus with very large doses is avoided. — We are, etc.

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Screening for Sickle-cell Disease

Sir.—During a recent period of 12 months I screened all the newborn babies from Manchester and Stamford for haemoglobinopathy by haemoglobinlectrophoresis using the red cells from the capillary blood samples submitted for newborn screening. Of a total of 7,691 samples, 29 showed the sickle-cell trait. The families of these babies were followed up and an additional 39 carriers were detected. No case of sickle-cell disease was encountered. The baby for haemoglobinopathy was a mother with HBC disease who had an uneventful delivery with a haemoglobin level of 9.0 g/100 ml, picked up when we found the band for HBC in her baby.

In the light of this experience I have some reservations about random screening of British populations (leading article, 21 September, p. 701). Any screening programme will detect far more carriers than homozygotes, and there are real difficulties in dealing with the information thus gathered. How do we set about organizing the educational programme you recommend? Should the mothers of babies with the trait were nurses. Only two knew about sickle-cell disease. Their knowledge had come from their nurse training, not from personal experience. Of all the parents I spoke to, none knew anyone personally with sickle-cell disease except that they were the symptoms of the disease. They all agreed that it was important that carriers should be told the results of tests; but it is very difficult to explain properly the significance of the carrier state without implying that it is an illness. Parents cannot understand the genetic implications of being carriers if they know nothing about the disease in question. If a programme of screening and education is to have a chance of success it must be run by black people and the impact should come from the black community, but there are few individuals who could organize an educational programme in the black community here. In parts of the world where sickle-cell disease is common this must be less of a problem. Konotehe-Ahulu has described 15 different terms for sickle-cell disease in Ghana, familiar even to illiterate grandparents. In the United States there have been problems with the programmes 11 and workers in Seattle have recently described sickle-cell “non-disease.” They have stopped screening because parents regarded their carrier children as having an illness. It was commonly stated “there must be something wrong because the doctor told us about it.” It seems naive to assume that these experiences would not be repeated here.

Are our doctors better informed? Confusion between homozygous sickle-cell disease and heterozygous sickle-cell trait is commonplace. A similar problem is found in the United States. 4 It is not surprising; doctors have no personal experience of these cases. In my own investigation when the screening test for HbS was positive in a baby I spoke or wrote to the general practitioner concerned. The cases were not registered with the small nucleus of doctors in this immigrant area; the 29 babies were on the lists of 29 different doctors.

What is to be done about the carriers who need anaesthesia for dental extraction? The dangers of anaesthesia for major surgery in sickle-cell trait are well recognized, but is there any danger in the customary dental anaesthetic? No deaths from dental anaesthesia in sickle-cell trait have been reported and I do not know how much morbidity may have been produced by the quick gas in the dental chair; but throughout the world each year many sickle-cell carriers must have a dental anaesthetic without complications. Dentists are concerned about the need for screening for sickling. 9 In the absence of any advice to the contrary we err on the side of caution. Carriers are often anaesthetized with more than the customary care, with admission to hospital and consequent delay in treatment. This brings unnecessary expense and inconvenience for the patient. Is this really necessary? Is it another example of screening doing more harm than good?

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Further details will be published later.—I am, etc.,

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