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Antibiotic Sensitivity Testing

SIR,—The efforts of the W.H.O. working party to develop a standard sensitivity test method (22 May, p. 416) will be generally appreciated by those who test bacteria and advise treatment in hospitals. Perusal of the method recommended, however, leads one to think that the authors are unaware of the great difficulty in standardizing inoculation methods and media in many different hospital laboratories. This may be due to the unusual situation in Sweden where many tests are done centrally in Professor Hans Ericsson's department.

There is no doubt that improvement is needed, but in Britain I think success could be achieved without loss of speed in reporting if the method recommended in the Association of Clinical Pathologists broadsheet¹ could be improved and more widely used. Comparison between the bacterium to be tested and a standard sensitive control on the same culture plate ensures that zone differences due to local conditions will affect both organisms and the result will still be valid. Some bacteriologists who do not regularly handle specimens frown on primary tests, but in the Association of Clinical Pathologists sensitivity test trial² those doing them gave more accurate results than others

testing pure cultures only. The figures were: 42 laboratories using the direct plating technique gave 64% correct results whereas 107 laboratories using pure culture techniques gave only 45% correct results. The material sent in this trial simulated specimens as closely as possible.

In practice primary cultures on which a rapid result is urgently needed often yield a pure growth of an organism fully sensitive to several drugs tested. It would be a pity to deny this information to clinicians, which can be reliably given after overnight incubation, by striving after supposedly superior and more accurate techniques which have to be undertaken a day later.

The reliability of any method in the field can best be judged by trials on "specimens" containing bacteria of known sensitivity. I hope such trials will be part of any scheme to improve sensitivity testing techniques in Great Britain.—I am, etc.,

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¹ Barber, M., and Stokes, E. J., *Association of Clinical Pathologists Broadsheet*, 1966, No. 55.

² Association of Clinical Pathologists Bacteriology Committee *Journal of Clinical Pathology*, 1965, 18, 1.

Sterilization of Young Wives

SIR,—I share the concern of Mr. B. Eton (29 May, p. 526) at the increasing numbers of young women undergoing sterilization in Britain. Many of us, aware of the shortcomings of modern contraception and with a dislike of abortion, see tubal ligation as a simpler and more acceptable alternative, with the result that the number of these operations performed has rocketed in the past few years. That we may well be creating troubles for our patients and ourselves later

on is indicated by some follow-up studies.

In 1966 I carried out a long-term follow-up of 95 women sterilized in North Wales.¹ While this showed that the majority were well satisfied with the operation and had no regrets it also showed that a significant minority were not. Only 14% regretted the operation but 25% reported deterioration in their sex lives and 45% were found to have menstrual disturbances of varying degree. The reason for regretting the operation was

either the wish to have another child or the disastrous affect it had on their sex lives. It was apparent that to some men a wife who has been sterilized is less sexually attractive, while some women experience a definite loss of libido after sterilization.

In my view it is unwise to sterilize a young woman in her early twenties unless there are definite medical or exceptional social indications. In all cases, if unfavourable results are to be avoided, the nature and implications of the operation should be carefully explained to both husband and wife before consent is given.—I am, etc.,

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¹ Whitehouse, D. B., *Advances in Fertility Control*, 1969, 4, 22.

Atheroma and Diverticulosis

SIR,—Clinicians will be attempting the treatment of certain chronic gastrointestinal diseases mentioned by Mr. N. S. Painter and Mr. D. P. Burkitt (22 May, p. 450), who have demonstrated that diverticulosis is due to low residue diets of Western civilization. Those who treat these diseases may make an important contribution to the aetiology of atheroma. The classical experiment¹ showed a dramatic fall of a *pathologically* high serum cholesterol on natural foodstuffs, but a rise on sugar. Interpretation has been restricted to the sugar-fat controversy, fibre having been seldom mentioned. Sugar intake must be kept low.

Could we look at a list of certain diseases common on Western diets but rare among those reared on breast milk and fed on ancient traditional diets throughout life? Both points are essential. These diseases are atheroma, thrombophlebitis and embolism, diabetes, obesity, etc. Did these diseases rise