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Insurance for Special Duties

SIR,—The refusal of the Department of Health to provide or to negotiate adequate insurance cover for hospital doctors of all grades and ages while carrying out special duties has had unfortunate results in planning exercises for major disasters. Local hospital staff, both medical and nursing, while only too willing to answer a call to a genuine emergency now refuse to take part outside the hospital in any scheme involving simulated accident until the terms of compensation in the event of injury are clearly stated.

An assurance by the Department of Health that sympathetic consideration will be given

to an unfortunate claimant is regarded as totally inadequate. For some odd reason the Department of Health breaks its own ruling in the case of persons transporting wages for hospitals staff, and insists that hospital management committees should insure these people against injury. Members of hospital management committees are also insured while on official business.—We are, etc.,

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face of the existing animal evidence it would seem only prudent to wait until older women who have taken the pill have been followed up for 20 years before distributing this active material wholesale to teenagers with the assurance of an official medical committee that such use involves no carcinogenic hazard. I wish I shared the relief of the Secretary of State at the committee's recommendations.—I am, etc.,

J. M. BARNES

Wallington, Surrey

¹ Committee on Safety of Medicines, *Carcinogenicity Tests of Oral Contraceptives*, London, H.M.S.O., 1972.

Tests on the Pill for Carcinogenicity

SIR,—I would like to congratulate you on your comments (28 October, p. 190) on the recent report on carcinogenicity tests on oral contraceptives by the Committee on Safety of Medicines.¹ It seems that not only the liver tumours have been swept "under the carpet." Malignant—as defined by the committee—mammary tumours are unusual in rodents.

As the current view of experts in chemical carcinogenesis seems to be that no safe dose of a carcinogen can be calculated and that substances shown to be carcinogenic to animals must be assumed to have the same effect on man—otherwise there would be no point in carrying out these tests on animals—it is difficult to see how the committee reached its conclusion that "this evidence cannot be interpreted as constituting a carcinogenic hazard to women when these preparations are used as oral contraceptives."

Of course all assessments of safety to man

made on the basis of toxicity studies on animals must include some risk-benefit factor. On the basis of the evidence cited it seems absolutely reasonable to prescribe these contraceptive pills for women for whom child-bearing involves some extra hazard. They could also be offered to the older women whose families are complete. However, to continue to imply that their widespread use even among schoolchildren carries no risk of long-term effects, including cancer, seems to devalue animal tests to an unusual level.

Had there been no positive findings in the rats and mice, and had there been an explanation of the discrepancy between the earlier findings reported to the committee by Dr. Georgina M. Bonser and those considered by the committee, then it would be reasonable to suggest that, nevertheless, careful monitoring of women who have taken the pill should be instituted. However, in the

Renal Failure in Acute Pancreatitis

SIR,—We read with considerable interest the article by Dr. D. Gordon and Professor R. Y. Calne on renal failure in acute pancreatitis (30 September, p. 801). We would agree that renal failure is not an uncommon complication of this grave condition. Our experience in 23 cases of acute haemorrhagic pancreatitis treated in the intensive care ward of Sundsvall Hospital from 1964 to 1970 was that 78% had signs of renal failure—defined as a raised serum creatinine and reduced urinary output despite adequate rehydration therapy.^{1,3}

We would venture to suggest, however, that haemodialysis may not be the ideal way of treating these patients, but rather that continuous peritoneal dialysis should be used. If this is started early much intra-peritoneal damage can be prevented. Acute haemorrhagic pancreatitis can be diagnosed very rapidly by diagnostic abdominal paracentesis.⁴ Eight of our patients died: six of