recently been demonstrated [6,7] that a simplified determination of A.L.A., omitting the time-consuming ion-exchange chromatography, is sufficient in the control of lead intoxication. This simplified method is a quantitative spectrophotometric method which can be read in filter-photometers available in every clinical laboratory, while the method of Zielhuis,[8] which you recommend, is a semiquantitative fluorescence method requiring special apparatus.

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TROPICAL SPLENOMEGALY AND SICKLE-CELL TRAIT

SIR,—The ætiology of the tropical splenomegaly syndrome (T.S.S.) is still uncertain. According to most reports,[9,10] malaria probably plays some part, direct or indirect. Workers in Uganda found that T.S.S. was absent in people with sickle-cell trait,[11] which is considered to confer protection from severe *Plasmodium falciparum* malaria,[12] and took this observation as further evidence in this line.

The Bastar district of Madhya Pradesh in India is inhabited mainly by people of different primitive tribes. The average incidence of sickle-cell trait among them is 10·5%.[13] In the past few months, out of 5 cases of T.S.S. from the local tribes, we found sickle-cell trait in 3 (after treating the peripheral blood with 2% sodium metabisulphate.[14]) So, it appears either that T.S.S., at least the local variety, has no relation to malaria, or that sickle-cell trait does not necessarily confer immunity to malaria. We are tempted to believe the latter, since (i) the incidence of malaria is fairly high in this area, and (ii) previous workers in this region came across two instances where both malaria parasites (*P. falciparum 1* and *P. vivax 1*) and sickle-cell trait were present.[13]

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ARABINDA MITRA.

BREAKING THE CODE

SIR,—The pharmaceutical industry is to be congratulated on its efforts to solve the problem of identification of the anonymous white tablet. Many patients who come to hospital with an overdose of drugs are now accompanied by a container of tablets bearing a code number. Similarly, outpatients often bring with them tablets with code numbers on them. Unfortunately, the codes have, so far, only been revealed to pharmacists, and this information is locked away in pharmacies at weekends when it is most often needed. They are not in the yearly or monthly *MIMS* issued to most permanent hospital staff.

May I ask, that the codes should be supplied to those in charge of poisons-treatment centres and intensive-care units, where this information could be of vital importance?

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RETROGRADE MEMORY AFTER CONCUSSION

SIR,—Although I don't wish to cast aspersions on the University of California Davis football team, I must object to the article by Dr. Yarnell and Dr. Lynch (April 25, p. 863). The experiment is uncontrolled. I daresay that an uninjured player would be unable to recall the circumstances of a particular play occuring 30 minutes previously in the heat of a game—that is, I doubt whether the memory traces of the " concussed " players differ substantially from those of their uninjured " control " team-mates.

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S. F. JOHNSON.

PUERPERAL THROMBOEMBOLISM AND ASPIRIN INGESTION

SIR,—There is little doubt that œstrogens, taken either to suppress lactation or in " the pill," increase the incidence of thrombosis. Now Professor Millar and Mr. Littlepage (April 25, p. 887) have shown that the kind of people who suppress lactation with œstrogens have different smoking habits from those who breast-feed their babies. It is likely that such contrasted groups differ in other ways also.

One other factor that might influence thrombosis is the ingestion of aspirin or the other anti-inflammatory drugs which alter platelet function, at least in vitro. Until this hypothesis is proved or disproved, any future studies should also record aspirin ingestion, since this habit is widespread but is likely to be prevalent in some groups but not others.

ANALYSIS OF THE NUMBER OF SUBJECTS EATING ASPIRIN

Sex	Total subjects questioned	Subjects eating 10 or more tablets a month		Subjects eating aspirin daily	
		No.	%	No.	%
M	139	32	23	3	2·2
F	157	82	52	14	8·9

I have not studied different groups in detail. However, adult patients attending a country surgery, others attending a town surgery, and laboratory staff and their relations, were asked to fill in a questionnaire about the number of aspirin tablets eaten in the last month. There was little difference between the groups; a summary of the findings on all the subjects questioned is presented in the accompanying table, which emphasises the magnitude of this addiction—at least in Hampshire..

The kind co-operation and help of Dr. D. Jackson and Dr. I. Ruthven-Stuart is acknowledged.

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CIRCULATING HEPARIN-LIKE SUBSTANCE FOLLOWING LIVER INJURY

SIR,—Sparkman and Fogelman [1] reported that 2 patients in their series of 100 consecutive liver injuries developed coagulation defects associated with circulating heparinoid substances. A heparin-like substance was recently detected in the blood of a patient who had sustained severe liver trauma.

A 37-year-old woman was injured in a car accident. A subtotal right hepatic lobectomy and right nephrectomy were performed. A segment of right lobe was left without adequate venous drainage and became engorged. It was hard to transfuse blood fast enough during the $4^1/_2$-hour

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