picked up by closer scrutiny. In Canada, on the other hand, new drugs for clinical trial are given careful scrutiny before a manufacturer is allowed to distribute them to investigators. While this may prove frustrating to investigators, it is my contention that it is far safer in terms of the health of the Canadian public.

Finally it should be noted that Dr. Parker does not offer any constructive suggestions to remedy the problem of competitive drug evaluation in Canada. It may be difficult to conceive recommendations that facilitate research but at the same time give Canadians the same protection that they are now receiving, or better. Surely if Dr. Parker or Dr. Lehmann has such constructive ideas in this direction he has a responsibility to communicate them to the Food and Drug Directorate or to the committee chaired by Dr. Eldon Boyd.

JOHN B. MURPHY, M.D.

c/o School of Hygiene, University of Toronto, Toronto 5, Ont.

AMMONIA INHALATION POISONING — HOUSEHOLD VARIETY

To the Editor:

Recently we have encountered an example of probable poisoning due to inhalation of ammonia. This unusual household accident, because of the severity of illness and the definite possibility of its recurrence in other households, merits some publicity.

A 60-year-old cleaning woman cleaned a physician's kitchen floor using a mixture of Amex, an ammoniatype cleaner, and Javex, a hypochlorite cleaner. She prepared the mixture herself in order to "increase the cleaning power". Within one-half hour after exposure she developed a marked burning sensation and irritation of her conjunctivae and mucous membranes of the mouth and nasopharynx, associated with continuous uncontrollable cough and marked flushing of the face, followed by severe dyspnea, headache and vomiting. The vomiting persisted off and on for several hours. These symptoms are fairly typical of ammonia inhalation poisoning. She was immediately hospitalized and given oxygen and mist therapy; after 24 hours she showed marked improvement and was later discharged without further symptoms. This woman has had bronchiectasis for a number of years, which may well have been an aggravating factor in the severity of her symptoms of intoxication. A chest radiograph on admission showed no recent change in the appearance of the lungs. Two weeks later she was back cleaning the same kitchen floor, this time using a mixture of Lestoil and Javex without observable ill effect.

In 1964, Faigel¹ reported four similar cases occurring in the Boston area. Apparently the mixture of a household ammonia cleaner and hypochlorite bleach, as in this instance, may result in the liberation of fairly large volumes of ammonia gas. Other mixtures involving hypochlorite cleaners may result in the liberation of chlorine gas (of World War I fame).

It is quite conceivable that similar cases, unreported to the Food and Drug Directorate, have occurred elsewhere in Canada. If this is the case, suitable label warnings on the part of the manufacturers of these products would seem to be indicated. The expanding availability of various chemical products for household and other use will result in an ever increasing complexity of potential human environmental hazards. Health legislation should be considered to ensure that a fair proportion of the onus for informing the public of these possible hazards rests with the manufacturers of these products.

We would appreciate receiving information from any physicians having personal experience with cases similar to that described above.

S. Dunn, M.D., D.P.H., Medical Officer of Health,

Pictou, N.S.

R. L. OZERE, M.D., Poisoning Control Unit, The Children's Hospital,

Halifax, N.S.

REFERENCE

1. FAIGEL, H. C.: New Eng. J. Med., 271: 618, 1964.

STUDIES ON A NEW, PEERLESS CONTRACEPTIVE AGENT

To the Editor:

Despite the support of a very long editorial in the December 25 issue of the Journal in praise of medical humourists, I was appalled to read J. S. Greenstein's Very Original Article on "Armpitin" (Canad. Med. Ass. J., 93: 1351, 1965).

The humour published previous to this issue has been well appreciated. I have cut out a number of such articles and have filed them for reference. But Greenstein's periscientific escapade into a field which cannot disregard the moral aspects of human activity must be condemned. Even as a joke it is obviously out of line for a physician to suggest, among other things, that "we are even considering the possibility of a placebo preparation, called 'Armpitin-Jr.', as an educational toy aimed at the 'pre-teens' market.'

I am very sorry to observe that the official journal of Canadian doctors has published this article.

> PIERRE FOURNIER, M.D., Pathologist.

Department of Pathology, University of Ottawa and Ottawa General Hospital, 43 Bruvère Street. Ottawa 2, Ont.

To the Editor:

Thank you so much for publishing the Very Original Article by J. S. Greenstein. The article was well written and well researched. I enjoyed also the list of references. I do hope you will find more articles of this type to publish.

R. G. Green, M.D., C.M.

Associate Medical Clinic. 206-301-306 Medical Building. Prince Albert, Sask.