In a recent investigation on 31 male twin pairs cardiovascular reactions during stressful psychiatric interview were studied. It was found that intrapair variance did not differ between monozygotic and dizygotic pairs at rest either for systolic or for diastolic blood pressure, but during psychological strain the intrapair variances were significantly less within monozygotic than dizygotic pairs for both measures of blood pressure. These data indicate a significant genetic influence on the variability of blood pressure might first be revealed in stressful situations.

It was finally stated in your leading article that "clearly the best precaution a newborn baby is to be taken is to keep the blood pressure and therefore its cardiovascular risk in later life to be the parents carefully." This hopeful piece of advice could be supplemented with another, more hopeful one: hope to cope with stressful situations.

Department of Medicine, Scraffenerslatet, Stockholm, Sweden

Ulf de Faire

Tuberculosis of the female genital tract

Sr,—I read with interest your leading article on this subject (4 February, p 260). In East Anglia tuberculosis of the female genital tract appears to be excessively rare, possibly due to absence of a significant immigrant population. I would agree with you that laparoscopy is contraindicated if active tuberculous pelvic disease is suspected, but I think one should realise that in such populations as ours, where there is no antecedent history of tuberculosis the diagnosis will be rarely made other than by laparoscopy. In 10 years I have diagnosed only three cases of tuberculosis, all by laparoscopy, which was carried out in two of them for infertility and in the third for abdominopelvic pain. Of the three cases, on repeated attempts, was the responsible organism grown from endometrial curettings at the appropriate phase of the menstrual cycle. In the other two cases attempts to grow the organism from endometrial curettings failed, but it was grown from peritoneal biopsy specimens.

I would suggest that in future the diagnosis of genital tract tuberculosis in women is more likely to be made by laparoscopic examination than any other.

R E Robinson

Glasgow

Carbon dioxide-dependent Escherichia coli

Sr,—In view of the recent interest in carbon dioxide-dependent strains of Staphylococcus aureus (29 September, p 830) and Klebsiella spp (4 February, p 300) we would like to report the isolation of a CO2-dependent Escherichia coli O75K4.

The initial isolate was from a midstream urine specimen containing large numbers of organisms on microscopy that failed to grow on cystine-lactose electrolyte-deficient (CLED) medium incubated in air but grew when the urine was cultured on blood agar anaerobically, though not in air. It was thought at first to be an anaerobe. Isolation of a typical E coli from a blood culture from the same patient taken two days after the urine culture prompted further investigation into the urinary tract out of the culture isolate had been recovered after subcultures on to blood agar incubated in 5% CO2 and anaerobically. The organisms in the urine and blood were identical and failed to grow in a candle jar, though they grew well in a CO2 incubator and anaerobically (with 10% CO2). An identical strain reappeared in the patient's blood and urine 26 days later, still CO2-dependent.

Such organisms are probably rare; this is the first time we have isolated them in 240 strains of E coli isolated from blood and our procedure for the investigation of sterile bacteria and pyuria has never resulted in the isolation of CO2-dependent coliforms.

Susannah Evyn
Ian Phillips

Department of Microbiology, St Thomas' Hospital, Middlesex School, London SE1

Needle tracheostomy for acute upper airway obstruction

Sr,—In acute upper respiratory obstruction when intubation is not possible owing to lack of equipment or because the patient has complete laryngeal obstruction entrance to the respiratory tract through the criocothyroid membrane can be life-saving.

Dr T H Lee (4 February, p 281) mentions the use of a large-bore Medicut cannula introduced with its needle through the criocothyroid membrane, after which the needle and syringe are withdrawn and oxygen administered "over the cannula." In hospital in good light the cannula can be so used. In emergencies in general practice, particularly in bad light, there is always a possibility of the cannula disappearing into the trachea; therefore it is thus effective of practical advantage, having removed the syringe from the cannula, to detach the needle, take out the piston, and then reattach the barrel of the syringe to the cannula. This gives a wider aperture for the administration of oxygen. In the past a curved cricothyrotomy cannula with an introducer was quite frequently used in the treatment of acute respiratory obstruction. It is now coming back into use. The instrument available is an Abelson cricothyrotomy cannula and it is manufactured by Becton Dickinson and Co, an American firm whose UK office is in Wembley, Middlesex.

Rosemary M Adams

Accident and Emergency Department, Norfolk and Norwich Hospital, Norwich

Carbon dioxide-dependent Escherichia coli

Sr,—In view of the recent interest in carbon dioxide-dependent strains of Staphylococcus aureus (29 September, p 830) and Klebsiella spp (4 February, p 300) we would like to report the isolation of a CO2-dependent Escherichia coli O75K4.

The initial isolate was from a midstream urine specimen containing large numbers of organisms on microscopy that failed to grow on cystine-lactose electrolyte-deficient (CLED) medium incubated in air but grew when the urine was cultured on blood agar anaerobically, though not in air. It was thought at first to be an anaerobe. Isolation of a typical E coli from a blood culture from the same patient taken two days after the urine culture prompted further investigation into the urinary tract out of the culture isolate had been recovered after subcultures on to blood agar incubated in 10% CO2 and anaerobically. The organisms in the urine and blood were identical and failed to grow in a candle jar, though they grew well in a CO2 incubator and anaerobically (with 10% CO2). An identical strain reappeared in the patient's blood and urine 26 days later, still CO2-dependent.

Such organisms are probably rare; this is the first time we have isolated them in 240 strains of E coli isolated from blood and our procedure for the investigation of sterile bacteria and pyuria has never resulted in the isolation of CO2-dependent coliforms.

Susannah Evyn
Ian Phillips

Department of Microbiology, St Thomas' Hospital, Middlesex School, London SE1

Needle tracheostomy for acute upper airway obstruction

Sr,—In acute upper respiratory obstruction when intubation is not possible owing to lack of equipment or because the patient has complete laryngeal obstruction entrance to the respiratory tract through the criocothyroid membrane can be life-saving.

Dr T H Lee (4 February, p 281) mentions the use of a large-bore Medicut cannula introduced with its needle through the criocothyroid membrane, after which the needle and syringe are withdrawn and oxygen administered "over the cannula." In hospital in good light the cannula can be so used. In emergencies in general practice, particularly in bad light, there is always a possibility of the cannula disappearing into the trachea; therefore it is thus effective of practical advantage, having removed the syringe from the cannula, to detach the needle, take out the piston, and then reattach the barrel of the syringe to the cannula. This gives a wider aperture for the administration of oxygen. In the past a curved cricothyrotomy cannula with an introducer was quite frequently used in the treatment of acute respiratory obstruction. It is now coming back into use. The instrument available is an Abelson cricothyrotomy cannula and it is manufactured by Becton Dickinson and Co, an American firm whose UK office is in Wembley, Middlesex.

Rosemary M Adams

Accident and Emergency Department, Norfolk and Norwich Hospital, Norwich

Carbon dioxide-dependent Escherichia coli

Sr,—In view of the recent interest in carbon dioxide-dependent strains of Staphylococcus aureus (29 September, p 830) and Klebsiella spp (4 February, p 300) we would like to report the isolation of a CO2-dependent Escherichia coli O75K4.

The initial isolate was from a midstream urine specimen containing large numbers of organisms on microscopy that failed to grow on cystine-lactose electrolyte-deficient (CLED) medium incubated in air but grew when the urine was cultured on blood agar anaerobically, though not in air. It was thought at first to be an anaerobe. Isolation of a typical E coli from a blood culture from the same patient taken two days after the urine culture prompted further investigation into the urinary tract out of the culture isolate had been recovered after subcultures on to blood agar incubated in 10% CO2 and anaerobically. The organisms in the urine and blood were identical and failed to grow in a candle jar, though they grew well in a CO2 incubator and anaerobically (with 10% CO2). An identical strain reappeared in the patient's blood and urine 26 days later, still CO2-dependent.

Such organisms are probably rare; this is the first time we have isolated them in 240 strains of E coli isolated from blood and our procedure for the investigation of sterile bacteria and pyuria has never resulted in the isolation of CO2-dependent coliforms.

Susannah Evyn
Ian Phillips

Department of Microbiology, St Thomas' Hospital, Middlesex School, London SE1

Needle tracheostomy for acute upper airway obstruction

Sr,—In acute upper respiratory obstruction when intubation is not possible owing to lack of equipment or because the patient has complete laryngeal obstruction entrance to the respiratory tract through the criocothyroid membrane can be life-saving.

Dr T H Lee (4 February, p 281) mentions the use of a large-bore Medicut cannula introduced with its needle through the criocothyroid membrane, after which the needle and syringe are withdrawn and oxygen administered "over the cannula." In hospital in good light the cannula can be so used. In emergencies in general practice, particularly in bad light, there is always a possibility of the cannula disappearing into the trachea; therefore it is thus effective of practical advantage, having removed the syringe from the cannula, to detach the needle, take out the piston, and then reattach the barrel of the syringe to the cannula. This gives a wider aperture for the administration of oxygen. In the past a curved cricothyrotomy cannula with an introducer was quite frequently used in the treatment of acute respiratory obstruction. It is now coming back into use. The instrument available is an Abelson cricothyrotomy cannula and it is manufactured by Becton Dickinson and Co, an American firm whose UK office is in Wembley, Middlesex.