

It obviously means the adoption of a new syringe if we take up the same system.

I should like to make the following suggestions: (1) Scrap all 20 unit/ml insulin preparations. (2) Retain 40 and 80 unit/ml strengths. (3) Supply new syringes clearly stamped "40" or "80" in heavy black type and calibrated accordingly. A slip could be inserted with each syringe and in each packet of insulin reading "use only 40 syringe with 40 bottle; "use only 80 syringe with 80 bottle."

These measures would, I am sure, rule out most errors.—I am, etc.,

E. R. SPEARING

Mayday Hospital,
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Fees for Cremation Certificates

SIR,—A fee of up to £4 and even more is now being charged for the completion of both part B and part C of cremation forms. Some doctors feel that this fee is an unprofessional and distasteful extortion from their patients' families at a time of stress and grief.

In general practice the position is often different, but in the majority of deaths occurring in hospitals it can be argued that the doctors do not have to make any special journeys or examinations in order to fill in the forms and do not themselves incur expenses. The pursuit of cremation fees has resulted in embarrassing procedures. In at least one hospital for some time one doctor exercised the prerogative of signing the second part of all the cremation forms and collecting the fees, perhaps at a cut-price rate. A popular practice in hospitals is for the money from cremation fees to be paid into a mess fund so that no junior doctor benefits financially from working in a ward where deaths are frequent. There has also been a tendency for some hospital authorities to charge a smaller amount in the cases of hospital contract funerals, although there are more frequent cases in which family poverty might justify a reduced fee.

Opinion within the medical profession is probably divided on this subject and it is possible that more doctors condemn these fees than might at first be suspected. They accept the money, feeling perhaps that they themselves have to make to others many payments of which they disapprove.—I am, etc.,

D. A. SPENCER

Meanwood Park Hospital,
Leeds

Side Effects of Lithium Carbonate

SIR,—I have under my care a very intelligent physicist, aged 50, who has suffered from recurrent bouts of depression. At his request and with my agreement he was given lithium carbonate 250 mg thrice daily. He complained of certain side effects and his own account of these is as follows:

"A few days after starting to take lithium carbonate I noticed a strange and unpleasant taste associated with certain foods. The first to be affected were butter and celery; both had a strong flavour quite unlike anything else I have experienced. The 'new' flavour seemed superimposed on the original taste, and was the same for both

these foods. Cooked celery also had a strong associated smell, which I found most unpleasant; other vegetables tasted and smelt perfectly normal. I stopped taking butter and changed to margarine. After about two weeks, cream and mild cheese developed the same taste, and then margarine. Other food (for example, milk, eggs, and apples) remained normal, while some vegetables (such as onions) tasted slightly unpleasant. Food generally seemed less appetizing. Even a trace of butter (for example, in cakes) rendered them very unpalatable. After stopping taking the lithium, taste returned to normal within two days, and food again became appetizing."

I have not seen descriptions of these particular symptoms before and should be interested to know whether they have previously been noted.—I am, etc.,

J. ELWES DUFFIELD

Littlemore Hospital,
Oxford

Nutritional Value of School Meals

SIR,—Contrary to the implication in the letter from Susan M. and Dr. M. C. Bateson (27 January, p. 234) in our survey (23 December, p. 697) the food brought from home and bought elsewhere compared unfavourably with the school meal.

As we reported, the survey method employed in our study was the use of a questionnaire. All children were asked to state in detail exactly what they had selected and how much they had eaten during the lunch break. The senior schoolchildren proved able to give an acceptable record of their consumption of the school meal and food obtained elsewhere. Representative samples of all the foods the children consumed were collected and weighed. This information, together with all data collected on consumption, was converted into terms of nutrient content.

The direct weighing method of food offered and food wasted from all sources is the only one which gives an absolutely precise measure of food intake. However, within the framework of our study and the fact that there is good evidence¹ to show that the method employed compares well with precise weighing methods, we believe this study reflects the nutritional value of the mid-day meals of senior schoolchildren.—We are, etc.,

D. P. RICHARDSON

M. LAWSON

Queen Elizabeth College,
University of London

¹ Samuelson, G., *Acta Paediatrica Scandinavica*, 1971. Supplement 214.

Anomalies in Tendon Reflexes

SIR,—I have recently been investigating tendon reflexes, using needle electrode myography and a reflex hammer with a triggering mechanism for the oscilloscope. The maximum delay on the tendon hammer between contact and start of the oscilloscope trace is less than one microsecond as measured on a monitoring oscilloscope.

I have noted that I have been recording action potentials, as elicited as a reflex, with the characteristics of polyphasicity and temporal dispersion, as one finds in com-

pression neuropathies, in addition to finding absolute delays on latency. I would be interested to hear from other workers who may have observed this phenomena, and I would be grateful if they will contact me.

V. B. WHITTAKER

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Woolwich,
London S.E.18

The Pill and Venereal Disease

SIR,—Some of us who have spent years in controlling infectious diseases feel that public discussion has been focused too much on the prevention of unwanted pregnancies and not nearly enough on the alarming increase in venereal disease. This leads one to the simple question of what form of preventative should be made available to applicants under any extension of the present method of issue.

In my opinion, the contraceptive pill should be prescribed virtually only for married women, who are less likely to be subjected to the dangers of promiscuity than are sexually enthusiastic single people. For the unmarried it would seem that the rational procedure would be to educate them in the careful use of the sheath, which alone keeps the sexual organs from actual contact. I think this might be safer for the male than copper intrauterine devices.—I am, etc.,

GUY BOUSFIELD

Broadbridge Heath,
Sussex

Infantile Mumps

SIR,—During the current epidemic of mumps I have seen a baby of 11 months with the typical picture of mumps complicated by bilateral epididymo-orchitis.

Is this a record?—I am, etc.,

B. S. MILNER

Edenbridge, Kent

Chondromalacia Patellae

SIR,—In your leading article (15 April 1972, p. 123) on chondromalacia patellae reference was made to our work on the bony changes in this condition,¹ with the comment that further clinical information would be of interest.

All the patients investigated were referred by orthopaedic surgeons or rheumatologists with a diagnosis of chondromalacia patellae. Only patients fulfilling stipulated criteria,² which included those outlined in your article, were accepted. The patients subjected to patellectomy had a history ranging from eight to 27 months, with a mean of 15 months. Those investigated with 87m-Sr bone scans had histories ranging from six to 20 months with a mean of 12 months.

Since the preliminary report we have investigated a further 24 patients with bone scans and six patellae after patellectomy. All have had changes identical with those already described. Cartilaginous changes were found in only 12 of the total of 17 patellae examined, which is similar to the incidence of such changes found in non-symptomatic knees at necropsy,³ while the changes de-