exhausted and hypothermic patients on the hill. We normally treat these patients, if conscious, with glucose in the form of Hycal and fluids, as they are normally also dehydrated. They are then encouraged to walk down with the assistance of the team or their friends, as the muscular exertion produces heat. But I would emphasise that "fuel" (that is, glucose) *must* be provided in adequate amounts before and during the evacuation. If patients are unconscious then intravenous glucose (followed by oral glucose) and intravenous steroids are given.[1 2]

[1] MacInnes, M C, *Lancet*, 1971, **1**, 598.
[2] MacInnes, M C, *et al*, *Lancet*, 1971, **1**, 49.

Do all pregnant women need iron?

Mr A W FOWLER (Bridgend General Hospital, Mid Glamorgan) writes: Dr M V Jolliffe (2 December, p 1572) concedes that anaemia of pregnancy may be physiological but argues that nevertheless it should be prevented. Can Dr Jolliffe find any other physiological condition which requires treatment under normal conditions?

How to do it

Dr K V BAILEY (Richmond, N Yorks) writes: The excellent articles on "How to be interviewed" (9 December, p 1618) and "How to take an examination viva" (16 December, p 1694) remind me of advice given to many candidates—to avoid any natural tendency to lean back comfortably in the chair with legs crossed. A better impression, possibly vital, is given by sitting upright with hands together on knees.

Sweating feet

Dr D I PORTER (Hospital of St Cross, Rugby) and Dr R P R DAWBER (Slade Hospital, Headington, Oxford) write: In your expert's comment on the treatment of persistently sweating feet (25 November, p 1479) he fails to mention the effectiveness of glycopyrrolate (Robinul) administered by direct-current iontophoresis. An account of this form of treatment has already been published[1] and both of us have since employed it with good effect on a routine basis for the treatment of palmar and plantar hyperhidrosis.

[1] Abell, E, and Morgan, K, *British Journal of Dermatology*, 1974, **91**, 87.

Bagpipes and pneumomediastinum in anorexia nervosa

Dr J How and P D BEWSHER (Aberdeen Royal Infirmary) write: We were interested to read the report by Dr A J Donley and Dr T J Kemple (9 December, p 1604) of two cases of apparently spontaneous pneumomediastinum in girls with anorexia nervosa. We wish to report a case of anorexia nervosa in a male patient who developed a similar complication but possibly provoked by playing the bagpipes. This 16-year-old boy was admitted to hospital with the characteristic features of anorexia nervosa.... Surgical emphysema was clinically detectable in the neck and supraclavicular fossae and, in addition, radiography showed extensive emphysema in the mediastinum. There was no history of vomiting or respiratory symptoms but he admitted that he regularly played the bagpipes at home. The pneumomediastinum and surgical emphysema resolved spontaneously and he was advised to refrain from playing the bagpipes. To date there has been no recurrence of this complication despite relapses of the anorexia nervosa....

Hydronephrosis

Mr R H WHITAKER (Addenbrooke's Hospital, Cambridge) writes: I enjoyed reading the leading article on hydronephrosis (23-30 December, p 1736) but you did not mention a theory that fits well with the clinical and dynamic findings.[1 2] It is based on the concept that if the pelvis is too wide and not sufficiently funnel-shaped for a bolus to be formed the circular component of the peristaltic wave, instead of driving the urine forward, causes an active contraction at the pelviureteric junction and obstructs it.[2] In the intermittent type of hydronephrosis where none of the factors you mentioned is present and a probe can so easily be passed through the junction it is difficult to imagine a simpler explanation than such a quirk of peristalsis.

[1] Whitaker, R H, in *Scientific Foundations of Urology*, ed D I Williams and G D Chisholm, vol 2, p 18. London, Heinemann, 1976.
[2] Whitaker, R H, *British Journal of Urology*, 1975, **47**, 377.

Phantom limb pain

Mr G T WATTS (General Hospital, Birmingham) writes: The most important method of avoiding painful phantoms (9 December, p 1588) is total relief of preoperative pain. As the conditions requiring amputation usually involve severe pain, this often necessitates the administration of morphia. In most cases, 24 hours with relief is sufficient as a prophylactic, but when severe pain has been present for a long period it may be necessary to give pain-relieving drugs for several days before the operation. Since using this method I have not met a single case of a painful phantom, although obviously it may still be possible.

Recurrent vaginal candida infection

Dr C R PORTEOUS (Southport General Infirmary, Southport) writes: I was interested to read your recent leading article on recurrent monilial vaginitis (23-30 December, p 1735), but you omitted to mention what I feel is the most important factor in its aetiology. As a consultant gynaecologist I have the firm impression that the increase in monilial vaginitis has followed the increased use of the newer contraceptive methods such as the pill, the intrauterine contraceptive device, and sterilisation, which allow seminal fluid to remain in the vagina. Seminal fluid is about 40 times as good a culture medium for monilia as blood serum and stimulates spores to develop and irritate the vagina. Costly pessaries, creams, and paintings can be dispensed with in many cases if the simple advice is given to patients who suffer from recurrent monilial vaginitis that they should get their partners to use a sheath or that they should douche after coitus.

Sex and the Church

Dr R J D COFFEY (London E1) writes: Canon Eric James in his article "Sex and the Church" (23-30 December, p 1766) obviously cannot pretend to "speak for the Church" if he really thinks that the Church "will see no reason why homosexuals should not give physical, and indeed genital, expression to their personal commitment to each other if that is set in the context of love."... Homosexual intercourse is, in the Christian religion, a sin. If he finds that unacceptable, he should choose a different religion. The Church does, of course, have a teaching on sex, which combines affirmations of its worth (which the Canon accepts) with limits on its scope (which he rejects): "From the beginning of creation God made them male and female. For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh" (Mark, 10, 6).

A national medical service

Dr G P WALSH (Blackburn, Lancs) writes: A number of points are worth mentioning about Dr J P Crawford's letter (23-30 December, p 1791). Firstly, Enoch Powell argued with the late Henry Miller against the idea of a corporation and I agree with the former. The country lacks an individualism and sense of competition. We are corporate to the teeth and any change ought to include the incentives and disincentives similar to those practised in France or Belgium, where patients pay. In thus rearranging ourselves we would not be copying a system that relates to small dispersed communities such as Ontario. Secondly Dr Crawford's suggestion about a licence fee would place the poor at a disadvantage compared to most other systems. On the Continent, for instance, the sick funds draw from percentage payments at work whereas a licence fee would be the same for the well-to-do as for the poor. Moreover, on the Continent item payments are the rule of the day. This rewards for work done, whereas our capitation system with salaried attachments diverts doctors to "quiet" practices.

Thirdly, we are now running into union troubles and these so often are less of a problem where individualist practice rules. We should rather be appraising the good and bad points of such schemes as the French and Belgian.

Normansfield and the NHS

Mr G T WATTS (General Hospital, Birmingham) writes: Your contributor Professor Rudolf Klein (23 December, p 1802) in discussing the error which led to the Normansfield debacle appears to seek the same pitfalls over which he so readily chastises the NHS administration. It is the belief that those in the front line are pawns who are expendible or unworthy of consideration that has created the apathy and antipathy that have done most to undermine the success of a great social effort. He now calmly suggests that staff should be moved about every ten years or so. Does he not know that this would be anathema to most of us? Has he no children at school? Has he no friends in his local community? Does he not know how much the juniors already suffer from the need to move about in their training?...