be traced. Thus the work of Bernstein and others in Britain and America on the importance of early language stimulation, with which we are fully familiar, is not applicable to the present group of children. May we suggest that all of us who are genuinely concerned with language development in young children join together in tackling this important problem rather than widening divisions of opinion by criticizing large-scale screening procedures in a national survey which, though inevitably crude, did produce useful information hitherto unavailable.—We are, etc.,

NEVILLE BUTLER

Department of Child Health,
University of Bristol,
Bristol

MARY D. SHERIDAN

Guy's Hospital,
London S.E.1

CATHERINE PECKHAM

National Children's Bureau,
London W.1

Artificial Insemination by Donor

SIR,—In the extensive recent discussion about this matter I have not seen any reference to the possibility of using, as a source for donor material, semen samples obtained from men having vasectomy performed as a sterilizing procedure. They should represent a better cross-section of the population than students, who have been suggested as possible donors, and the situation is one in which the request can be made relatively naturally. It does not seem beyond the bounds of possibility that part of the specimen could be made available for donor use, the remainder being held against the eventuality of a change in the individual's own fertility wishes. Surgically reversible sterilization is likely to remain such a chancy business in either sex that many surgeons will continue to regard it as only fair to ensure that patients regard the procedure as permanent. With perfection of techniques perhaps regular recoverability of viable sperms after freeze storage can be hoped for.—I am, etc.,

J. S. SCOTT

Department of Obstetrics and Gynaecology,
University of Leeds,
Leeds

Authentication of International Vaccination Certificates

SIR,—In reply to Dr. A. K. Clarke's letter (2 June, p. 552) the requirement is that these certificates should be stamped by the stamp of the town or district council authenticating the doctor's signature, and this chore often lands at the medical officer of health's department. The Services, airways, and Maritime Board are also able to stamp these.

So many doctors' signatures deteriorate to undecipherable squiggles (? worn out by continued use or subconscious resentment at having to sign so many times) that certainly some authentication is necessary. I keep a book with the signatures of doctors practising in my area so that comparison can easily be made, and even a squiggle made by a doctor is easily recognized and could not be copied. I remember a letter in these columns from a general practitioner who put a fictitious doctor's name on the form and got it readily stamped by the girl in the reception of the town hall. I keep a record of the persons' names and addresses and the doctors' names, so should anyone have a false stamp this could easily be checked.

With the reorganization I suggest that the general practitioner use a stamp of his own with his name, address, and telephone number and that an occasional check should be made. There is some resentment by G.P.s that it should appear that their work has to be approved by the local authority, but this is not so. At the same time, if the G.P. omits to complete part 1*b* or to insert the batch number, the checking of the certificate by the local authority may save him from being blamed by a patient of his in a far-off country.—I am, etc.,

A. T. HUNT
Medical Officer of Health,
West Gloucestershire District Councils

Coleford, Glos

Telling the Patient

SIR,—In 1973, when clinics are so much larger than in 1923 and patients' anxieties greater perhaps than in the past, when their knowledge of medicine was even less than it is now, I feel it is important to give more details to them concerning operations.

I have found it useful to use a diagram when telling patients that they need an operation. The form I use for gynaecological patients consists of a diagram of the genital tract on one side and on the other certain information which will be useful to the patient—for example, the length of time they are likely to be on the waiting list, the length of time they are likely to be in hospital for their surgical treatment, if convalescence is needed, and the time required before full recovery from operation. It is explained that dates and times can be only approximate, though there are some people, of course, who need to come into hospital on a definite date—for example those taking the contraceptive pill before operative treatment. On the diagram of the genital tract that proportion of the anatomy to be removed is outlined, and where the exact diagnosis is in doubt various possibilities can be discussed with the aid of the diagram.

This form is also used when termination of pregnancy or sterilization is to be performed. So many women are under the impression that sterilization means removal of the genital organs, which will ruin their libido. When I have completed the discussion with the patient she takes the form home with her and discusses the matter with her husband, and with her family doctor if she wishes. This form is in no way a substitute for the operation and anaesthetic form signed by the patient when she is admitted to hospital for operation.—I am, etc.,

JEAN R. C. BURTON-BROWN

Isle of Thanet District Hospital,
Margate, Kent

Tuberculous Peritonitis and Laparotomy

SIR,—In your leading article on this subject (3 March, p. 502) you state that in some patients, after laparotomy for unrelated causes, tuberculous peritonitis may follow within 8-12 weeks. In some patients with early tuberculous peritonitis only the parietal peritoneum on the posterior surface of the anterior abdominal wall may show tubercles, which are easily visualized during peritoneoscopy.[1] This region is not routinely looked at during exploration or even at necropsy. It is possible that some patients explored already have tubercles on the posterior surface of the anterior abdominal wall but no attempt was made to visualize this area during exploration.—I am, etc.,

F. P. ANTIA

Pai Department of Gastroenterology,
B. Y. L. Nair Charitable Hospital,
Bombay, India.

1 Antia, F. P., Desai, H. G., Deshpande, C. K., Manerikar, A. S., and Kalro, R. H., *Indian Practitioner*, 1971, 24, 41.

Smallpox

SIR,—There is one important point in Dr. A. B. Christie's otherwise excellent article (2 June, p. 539) with which I disagree.

He says in the final section on laboratory diagnosis that "the first thing a doctor in doubt about a possible case of smallpox must do is to contact the virus laboratory and ask advice about the specimens required and the help that is available." In my view the correct procedure is to keep the patient where he is and to inform the local medical officer of health immediately by telephone. Too often in this country valuable time is lost and the disease allowed to spread by a failure to take adequate control measures when the disease is first suspected.

Consultation with the laboratory and the taking of suitable specimens should be the duty of the medical officer of health or the smallpox consultant who may be called by the medical officer of health to give advice.—I am, etc.,

C. E. D. TAYLOR

Public Health Laboratory and
Department of Microbiology,
Central Middlesex Hospital,
London N.W.10

Adrenal Failure in Bronchial Asthma

SIR,—Drs. Ruth M. Cayton and P. Howard (2 June, p. 547) rightly draw attention to a hazard of beclomethasone dipropionate in the treatment of asthma. Against this, one must balance the clinical benefit obtained by many patients and the fact that the use of beclomethasone, allows patients to stop or reduce oral corticosteroids, themselves a potential long-term hazard.

It is possible to identify patients at risk with reasonable assurance. The response to Synacthen (tetracosactrin) has been shown to correlate fairly closely with the ability to respond to stress, and it is our practice to monitor the adrenal reserve of patients who have had long-term or high-dosage corticosteroid therapy with the Synacthen test. Certainly, until the adrenal reserve is shown to be normal, patients should be advised to resume taking oral steroids in a stressful situation.—I am, etc.,

A. O. ROBSON

Wycombe General Hospital,
High Wycombe, Bucks

Raw Deal for Medical Secretaries?

SIR,—I would very much like to endorse the views of Mrs. M. Gillespie, a medical records officer, on the promotional prospects of medical secretaries (2 June, p. 555).