

qualified third parties without such consent or agreement, and in my opinion this still constitutes a breach in confidentiality. No doctor should send information about the children he sees, or their parents, to doctors other than their own general practitioner without parental consent.

I suggest that more ethically sound ways be sought in order that those who work in the community medical services can receive the information they require.

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Points

Long-term survival after cardiac transplantation

Dr GERALD MACGREGOR (St Luke's Hospital, Guildford, Surrey GU1 3NT) writes: Was the sex of the five long-term survivors in Cape Town (25 October, p 1093) by any chance the same as that of the donors? The failure of the two recent British heart transplants might have been due to the Barr bodies in the cardiac cells of the female donors. The heart is more highly differentiated than the bone marrow, and perhaps also than the kidney. It may resent transplantation enough for the differentiation of the sexes to show.

Home blood glucose monitoring

Drs G R JONES, J BIRTWELL, M K JONES, and T M HAYES (Department of Medicine, University Hospital of Wales, Cardiff CF4 4XW) write: . . . Haemoglukotest 20-800 (Boehringer Mannheim) strips are accurate and easy to use, as reported by Drs S D Ferguson and R Prosser (4 October, p 912). One patient recently given a tube of 25 BM strips returned to the clinic with 50 capillary blood glucose estimations, having cut each strip lengthwise into two. We thought that the validity of this attempt at improving cost effectiveness needed confirmation and tested the accuracy of whole and half strips on our ward. . . .

Taking the results of all the four observers we used together, we found that the agreement between whole and half strips was 86.5% and whole strips 90.4%. When the same observer read both whole and half strips, 92.9% of the readings were the same. There is no significant difference between the readings of whole and half BM strips and patients may benefit by being able to increase the number of capillary blood glucose estimations at no extra cost.

Effect of treatment of hyperlipidaemia on haemostatic variables

Dr STEPHEN SZANTO (Plaistow Hospital, London E13 9EH) writes: Of the 11 men studied by Dr R S Elkeles and others (11 October, p 973) two received clofibrate 1 g twice daily together with their dietary treatment to reduce hyperlipidaemia. In case some of your readers drew the wrong conclusion may I point to a recent World Health Organisation co-operative trial on the use of the drug for the prevention of ischaemic heart disease? According to the report¹ there were 25% more

deaths in the clofibrate-treated group than in the comparable high-serum-cholesterol control group.

¹ Committee of Principal Investigators. *Lancet* 1980; ii:379-85.

Boy or girl—parental choice?

Dr S P MARFATIA (Sir Hurkisondas Nurrotumdas Hospital, Bombay 400004) writes: With reference to the article "Boy or Girl—Parental Choice" by Dr C A Dove and Carol Blow (1 December 1979, p 1399), our experience at the Hurkisondas Nurrotumdas Hospital, Bombay, may enlighten your readers. We are doing amniocentesis for sex determination using the twin techniques of nuclear sexing by X and Y chromatin studies. In the last three years about 4090 women have come to us for amniocentesis purely for sex determination. These are women who have given birth to one, two, or three girls previously and now do not want to continue with their pregnancy unless they are sure of having a boy. These women come from all sections of our society, and they do not mind either the risk of amniocentesis or the risk of second-trimester abortion, but they do not want one more girl in their family. We do not know the exact number of women who get abortions done after our procedure as they go to other centres for the abortion, but their number is very large, probably 80%. This experience of ours illustrates the great social differences in different cultures or different ethnic groups.

Postanal sinus

Mr JOHN WATTS (Hasketon, Suffolk IP13 6JL) writes: Your leading article writer on postanal sinus (11 October p 959) says: "few surgeons now refer to an infected sacrococcygeal pilonidal sinus as 'jeep disease.'" It is devoutly to be hoped that no one uses "jeep disease" as a misnomer since jeep disease as first described was enlargement and infection of the ischeal bursae; indeed, the original namers of it at a clinical meeting in 1943 were distressed to learn that an eponymous name (Weaver's bottom) already existed.

Cat's whiskers

Mr M S KING (Queen Elizabeth Hospital, Blantyre, Malawi) writes: Reading Dr Charles B Wilson's recent review of *Comparative Studies of Health Systems and Medical Care* by Margaret M Lock (20 September, p 801) I felt a wave of nostalgic nausea. Please let me explain.

He described the use of an infusion of a Malayan plant, Kumis Kuching (cat's whiskers), in the treatment of renal and biliary stones. He mentioned that in a local medical journal there was a report of a brief trial of its use in diabetes in 1970 and stated that the wrong disease was being treated. Since I carried out the trial, I must defend myself. *Orthosiphon aristatus* has white whiskery flowers, hence its popular name. It is commonly used in a drink in Malaysia, India, and Indonesia, mainly for its cleansing action, acting as a diuretic. The Dutch in 1930 isolated a glycoside which they named orthosiphon and its diuretic action was attributed to the potassium salts in the plant.

I had heard reports of its use in diabetic

internees during the Japanese occupation of Malaya. It seemed worthwhile to investigate further. The department of botany of the University of Malaya grew the plants, and they were cut and dried. Made like tea, and to the colour of tea, it is not an unpleasant drink. For the purposes of the experiment a stronger brew was made. A colleague in the teaching hospital, Dr C Burns-Cox, and myself fasted overnight and then drank the nauseatingly strong stuff and took half-hourly blood sugars for some hours. There was, however, no appreciable effect on blood sugar and no sign of diuresis—and I suffered from intractable vomiting.

The housemaids are very nervous

Mr I S BLAKEBROUGH (Liverpool L69 3DA) writes: Dr B J Freedman (20 September, p 788) wonders if the "Timothy Doth Vex . . ." mnemonic is still used by undergraduates. It is, but surely the Housemaids are Very Nervous, since the posterior tibial artery is flanked by a pair of veins.

The pay of medical secretaries

Dr C G D BROOK (Middlesex Hospital, London W1N 8AA) writes: A serious problem is affecting the National Health Service, which may be more acute in London but must apply to other large centres. This is that the medical secretary who serves the National Health Service for longer than 10 years reaches the top of the present pay scale and may well have to look for a job in a field other than the National Health Service. Since communication is among the most important aspects of medical care, action is urgently needed to alter the pay and conditions of service of higher clerical officers to enable us to retain the services of these essential cogs in the service. A government which is dedicated to "patients first" could make a significant contribution by looking into this problem.

Doctors in Malta

Dr R O PARNIS (Inverell, NSW 2360) writes: Your leading article "Doctors in Malta" (5 April, p 964) made heartening reading: I would like you to know how much the great majority of Maltese doctors appreciate the help and support given to the Medical Association of Malta during these last three years. It is very sad to see prominent doctors ignoring your advice and giving comfort and support (by lecturing at the so-called medical school in Malta) to a medical set-up which is doomed to failure.

No to euthanasia?

Dr DAVID PARFITT (Rampton Hospital, Retford, Notts DN22 0PD) writes: . . . Unlike Dr J W Fisher (11 October, p 1009), I have a belief, religiously held, in my right to end my life if it becomes unbearable to me, and for someone to arrange my end if I lose the ability to decide for myself. I am willing to give treatment a chance and to forgo miraculous cure. I love life and living but I should be happier and far more content if my right could be recognised. Its denial forbids me freedom of religious choice.