

Points

Dangerous cots

Dr P R LANGLEY (Pwllheli, Gwynedd) writes: I feel that I must draw attention to the circumstances of the recent near-fatal accident of a 1-year-old infant in my practice, after he had been put down to sleep in his cot. On returning to the cot about an hour later, the mother found that the woollen jumper he was wearing had caught on the upper end of the metal upright which permitted the cot side to be moved up and down. His respiration had apparently stopped and he was blue owing to obstruction of the airway by the neck of his jumper which had caught on the metal upright. His respiration was restored by his mother lifting him and unhooking the jumper from the metal upright. His colour improved quite quickly, and when I examined him a short time later nothing seemed amiss. On seeing the cot I was surprised to see what an obvious danger there was in this particular upright and alarmed to see two other, different cots in the same room in which the same thing could have occurred. The problem arises from the projection of the metal upright on which the wooden side of the cot slides vertically above the level of the sliding side, which is an ideal snag for clothes around the neck of an infant who is getting to the stage of standing, holding the cot sides, and leaning out over the side. These cots were not of very recent design, and from what I have seen of modern ones this problem would not arise. However, cots do tend to be handed on from one family to another, or kept within the same family for future use. . . . The problem can easily be overcome by the simple measure of using tape (for example, electrician's insulation tape) to cover the projecting end of the metal, taping also under and over the top of the sliding side so that the metal end is flush with the top of the cot side and they are taped together. . . . Has anyone else had a similar experience?

Paediatricians and the law

Mrs NUALA SCARISBRICK (LIFE, Leamington Spa, Warwicks) writes: In reply to your correspondent Dr Bernard Sandler (9 January, p 122), Life decided last September to publicise among its members the need for more adoptive and foster parents for handicapped babies. Life is currently compiling such a register of its members and will in due course be able to pass the volunteers' names on to social services and adoption agencies for further investigation for their suitability to adopt or foster. Many Life members are parents of handicapped children, or have close relations who are handicapped or are handicapped themselves. The special problems, and special joys, of bringing up and living with a handicapped person are understood by Life people. We appreciate that not all parents immediately feel able to cope if their baby is born handicapped. Much depends on the counselling and practical information parents receive. Life thinks that every parent should have the opportunity to talk with other parents whose child is similarly handicapped. We have been told by many parents that they were not referred by their hospital to, say, the Downs Children's Association, but had to pick their own way through to expert advice and help. Other parents have told us that the prognosis given

by their pediatrician was very pessimistic about their child's future—and that time and the parents' determination proved the gloomy predictions wrong. . . .

Death without concealment

Dr STEPHEN BROWNE (Birmingham B30 2NP) writes: With regard to your leading article "Death without concealment" (19-26 December, p 1629), there have always been differences of opinion among Christians regarding war but this argument should not be allowed to confuse the issue of abortion and infanticide, which are in a different category altogether. Theoretically at least, when a country goes to war it is to rectify some extreme evil (for example, Hitler's Germany) which could not be rectified in any other way. There is a guilty party who has done something horribly wrong. To compare this with abortion (which in 98% of cases is performed for reasons of social convenience) or infanticide, both of which kill innocent individuals, is completely false reasoning. Historic Christianity from the first century to the present day has always opposed abortion and the killing of the newborn, even when the prevailing ethics of society have been hostile to this view. . . .

Battling with motor neurone disease

Dr F CLIFFORD ROSE (Department of Neurology, Charing Cross Hospital (Fulham) London W6 8RF) writes: It was sad to read Barbara Wilson's personal paper (2 January, p 34) on battling with motor neurone disease. Many of your readers may like to know that recently an organisation has been formed to help these patients; it is called the Motor Neurone Disease Association and any patient, relative, or doctor can write for our help. The secretary is Mrs Ann Gretton, 7 Lorimer Avenue, Gedling, Nottingham.

Reflections on two French fictional doctors

Drs LEONARD J and JOAN M BRUCE-CHWATT (Richmond, Surrey) write: Margaret Jacobi's interesting essay on two French fictional doctors (28 November, p 1444) shows her admiration of Camus's style of writing and of his thoughts expressed by the hero of *La Peste*, Dr Bernard Rieux. And yet no medical reader will admire Dr Rieux's and his colleagues' way of dealing, in the 1940s, with the epidemic in Oran, a large modern city in former French Algeria. It would be difficult to quote all the examples of such professional ignorance and ineptitude; this book may well be a recommended reading for a study of how not to control an outbreak of plague: . . . Granted that without all these horrors there would be no story, and that *La Peste* is largely allegorical and serves as a vehicle for Dr Rieux's search for inner peace through compassion. We find Camus's mixture of symbolism and pseudorealism irritating and distasteful. His hero's lofty thoughts evoke no sympathy and his sham humanity is contemptible. Humanity indeed, when it takes Dr Rieux six months to make serious inquiries about his wife dying of tuberculosis in Paris, and when in the whole book there is hardly any mention of the large indigenous population of Oran except for a casual allusion to *la ville nègre*.

Dr STEPHEN TURNER (Health Centre, Thame, Oxon OX9 3JZ) writes: I was interested by Margaret Jacobi's stimulating reflections on Flaubert and Camus (28 November, p 1444). At various trainers' meetings I have suggested (without much success) that imaginative literature would be a valuable help in teaching in general practice. Proust's ironic account of Dr Dieulafoy's attendance on Marcel's dying grandmother or Kafka's story of poor Gregor Samsa (who woke to find himself transformed into an insect, carapace and all) are vivid lay accounts of illness; and local worthies (as we doctors tend to be) perhaps need to remember Dickens now and then. I am sure that many of your readers have a vignette or image from a novel or poem that has illuminated a medical situation for them. I should be interested to read examples, perhaps in your pages or in personal correspondence, so that I can compile some suitable references. . . .

Storing home-made wine

Mr E M WALKER (University Hospital, Nottingham NG7 2UH) writes: Francis Roe (2 January, p 30) reassures us that plastic containers may be used safely for the storage of home-made wine. For many years I have used discarded "water for irrigation" (Travenol) bottles. These have the advantages of being sterile and having a convenient screw cap, and are provided free by the NHS. I have been unable to detect any change in taste or deterioration of the wine during storage periods of up to two years.

The dangers of plastic "champagne" corks

Mr MICHAEL McCORMACK (Bristol BS8 1BA) writes: . . . Dr H M White (19-26 December, p 1660) recounts his experience with the plastic cork of a sparkling Moselle and seems to assume that plastic corks are more dangerous than those made of cork. There must be a fallacy here. The velocity of the "cork" is likely to be the same whether it be plastic or cork. The plastic cork, I suspect, weighs fractionally less than a true cork and the kinetic energy involved will therefore be rather less with the plastic cork. The real danger is in the method used to open the bottle. The correct method is to hold the cork firmly with one's dominant hand and twist the *bottle* with the other hand. The bottle should be inclined at about 45-60°. If this method is adopted the cork is under control, the bottle is easy to open, and none of it is spilt. . . . (For those with a weak grip there is a handy appliance that I always use, called the "Strong-boy," which grips the cork and enables one to open the bottle without any difficulty whatsoever.) I must admit to quite a lot of practice.

Dr ROBERT KUMAR (Newport, Isle of Wight PO30 1JW) writes: Anybody who classifies a Hock as a sparkling wine (19-26 December, p 1660) deserves to be plugged in the eye by a cork, plastic or otherwise.

Dr B J FREDMAN (London N19 3TR) writes: "Plastic corks" (19-26 December, p 1660): surely not! Plastic bungs, yes. As a verb, the use of "cork" is acceptable in this context—for example, "to cork the bottle with a plastic bung."