and stationery had been redesigned. This material would automatically include details of the patient's occupation and address so that exceptional disease rates in specific trades or residential areas would be quickly noticed and the information circulated many years earlier than is currently the case. . . .

Profession and Government

Mr P R J VICKERS (Gateshead) writes: The present dispute with Government is but one battle in a long war. . . . We lose trick after trick behaving "professionally" and in a "gentlemanly manner." If we ceased to behave as amateurs when faced by professionals hardly a day would pass without our building up our stock with the public, merely by pointing out the rubbish which our administrators churn out every day. Our sister organisations in the EEC are quite clear about the cause of our weakness; they cannot understand why we do not use our medical jurists, and they fear that if we finally lose our war our "disease" will spread.

Complication of cardiac contusion

Dr K PARASIVAM (District Hospital, Taiping, Perak, W Malaysia) writes: . . . I wish to report a case of left ventricular aneurysm complicating cardiac contusion (leading article, 13 December 1975, p 606). The patient was a healthy male Chinese aged 43. . . . In 1961 his car was involved in a head-on collision with a bus. He was unconscious for about five minutes. On regaining consciousness he had moderately severe pain over the left side of the chest and abdomen. . . . A ruptured spleen and left kidney were removed and he made an uneventful recovery. In September 1975 he was asymptomatic and leading a full normal life. On examination there was a soft systolic murmur over the left 2nd and 3rd intercostal spaces. Chest *x*-ray showed a small left ventricular aneurysm with a calcified rim. ECG showed a sinus rhythm with a widened QRS complex (0·12 s) and a pathological Q wave in lead AVL. He is at present not on any treatment and is being followed up.

Occupational infections in laboratory workers

Dr I M MAGRATH (Mayday Hospital, Thornton Heath, Surrey) writes: I was interested and surprised to read that Dr J M Harrington and Mr H S Shannon (27 March, p 759) obtained a response rate of 86% in their retrospective postal survey of laboratory staff, despite using hospital secretaries for the forwarding of questionnaires. At University College Hospital, which may well have been one of the eight London teaching hospitals from which he got no response, the chief technician in the clinical pathology department received, as I recall, eight forms for his whole staff. The morbid anatomy and histopathology department, which deals with the NHS demands of the hospital as well as work for HM coroner, had apparently been excluded from the survey because it was housed in the medical school. Add to this sort of logistic difficulty the notorious fluidity of staffing in the larger laboratories and one must wonder whether the figures obtained are not an underestimate.

IUD and congenital malformation

Dr J S MCCRACKEN (Nottingham) writes: Attention is drawn by Dr H Barrie (28 February, p 488) to the possible teratogenic effect on the developing fetus of copper released from intrauterine devices (IUDs) used for contraceptive purposes. Dr Barrie concludes that such a possibility has almost certainly been under-documented and that more information is urgently needed on the outcome of pregnancies complicated by the presence of IUDs. In support of each of the above conclusions I here report the outcome of such a pregnancy, already documented and indeed referred to in Dr Barrie's article.[1] The case was reported to draw attention to subsequent rhesus sensitization in a woman who was delivered at term of both a 3350-g infant and a Dalkon Shield. In the context of Dr Barrie's subsequent article the case was indeed under-documented in that it was not further noted, although it was known at the time, that the infant was congenitally malformed in having a duplication of the urethra. . . a very rare condition, especially when found as a single deformity.[2]

[1] McCracken, J S, *British Medical Journal*, 1975, **3**, 684.
[2] Casselman, J, and Williams, D I, *Acta Urologica Belgica*, 1966, **34**, 535.

Herpes zoster—a new diagnostic sign

Dr R B RAFFLE (South Shields) writes: I was interested to read the letter from Dr S W V Davies (3 April, p 840). . . . Twenty-five years ago I reported[1] a sign which I have found valuable ever since in the diagnosis of pre-eruptive herpes zoster. . . . Light stroking of the skin in the painful area produces either the full-blown triple response of Lewis with a red line, flare, and weal or at least a red line and flare, in contradistinction to the negative reaction in the surrounding skin.

[1] Raffle, R B, *British Medical Journal*, 1951, **2**, 495.

Hypoglycaemia in children undergoing adenotonsillectomy

Dr E N S FRY (North Tees General Hospital, Stockton-on-Tees, Cleveland) writes: I was interested in the paper by Dr C J H Kelnar (27 March, p 751) and especially in his description of hyperkalaemia associated with the low blood sugar. This possibility had not occurred to us. However, the work that Dr Kelnar advocates on the use of metoclopramide to permit drinking energy-containing fluids a short time before operation has been done by Mr A A Ibrahim and myself and the encouraging results will be published shortly.[1]

[1] Fry, E N S, and Ibrahim, A A, *Anaesthesia*. In press.

Vaginal vibrators

Dr D WHITFIELD (Crawley Hospital, Sussex) writes: The clinical complications of the use (or misuse) of vaginal vibrators have recently been highlighted (13 March, p 626; 3 April, p 837). May I report a paramedical hazard, confident that it will be the first in the world literature? The isolation ward of this hospital consists of 16 single rooms, each equipped . . . with television. A few weeks ago in the early evening there were bitter complaints from a number of patients that their television screens were "snow-storming." A room-to-room investigation by the sister soon revealed the cause. A young female drug addict suffering from Australia-antigen-positive hepatitis had sneaked her boy-friend not only into her room but into her bed. A vaginal vibrator, presumably unsuppressed, was in use. Science would not be furthered by quoting the subsequent dialogue, but television clarity was rapidly restored. . . .

Photic stimulation by white lines?

Dr C GARDNER-THORPE (Royal Devon and Exeter Hospital, Exeter) writes: . . . A 34-year-old man presented recently with a history suggestive of two epileptic seizures while driving over lines painted on a road. The lines were painted at diminishing intervals in an attempt to slow the passage of cars passing over them (a Road Research Laboratory experiment). While driving along he felt generally unwell and felt dizzy. He did not lose consciousness or convulse. An EEG with photic stimulation at various frequencies failed to demonstrate any epileptic activity. It is possible that this patient's attack was a minor epileptic seizure although EEG support for such a diagnosis was lacking. Nevertheless, it is important to draw attention to the possibility of epileptic seizures evoked by photic stimulation resulting from lines painted in the road. Many apparently normal individuals find this type of stimulus very unpleasant. I should be very interested to hear from other doctors who may have seen patients with similar complaints.

Lessons from the past

Dr J D TONKINSON (Watford, Herts) writes: The letter from Professor J A Davis (3 April, p 839) is very much to the point and I look back on the general hospital strike with similar distaste and dismay. I find, however, a slight inconsistency (perhaps politic rather than political) in his letter in that the generation (or its near fellows) which he believes to be "morally and intellectually one of the best" with whom he has worked is the same which is in danger of throwing away its professional status. It seems indicated that a positive effort should be made deliberately to educate the present generation in what we like to believe are professional standards.

Dr L MOONIE (Heesch, Holland) writes: Professor J A Davis (3 April, p 839) describes his "distaste and dismay" over the recent action taken by junior hospital staff. He goes on to raise the old chestnut of "professional status" and to deplore the wanton loss of such a valuable commodity. Professor Davis unfortunately fails to see that any advances in doctors' remuneration since the inception of the NHS have been the result of sustained action by the profession, not rewards bestowed on us by a grateful society. Professional status pays no bills. Had his generation seen this earlier, many of the present ills that beset us could have been avoided. . . . Professor Davis suggests that pressure ought to be exerted by voting. Many of us, myself included, have already voted, with our feet.