Except in the summer, monthly meetings are held in or near London. These vary in character and include demonstrations, discussions and sessions when members' work is subjected to the comment and criticism of professional artists. The next meeting will be on Thursday, 24 February.

Experience of members of the Medical Art Society indicates that many doctors and dentists have artistic ability which awaits development and of which they are often largely unaware. It is also their experience that a little time "stolen" from a busy schedule of professional responsibilities is almost unbelievably refreshing and salutary. For doctors and dentists, especially if they live in or within easy reach of London, membership of the Medical Art Society has something important to offer and the officers of the society would like its existence to be more widely known.

Information about membership of the society and of how to submit works for exhibition may be obtained from me.—I am, etc.,

M. B. J. MCGRATH
Honorary Secretary,
Medical Art Society

55 Morley Grove,
Little Parndon,
Harlow, Essex

Ectopic Ascariasis

SIR,—Surgical complications of ectopic ascariasis are well known.^{1,2} Recently we came across one complication which has not been reported previously.

A 45-year-old woman had had recurrent attacks of cholangitis for nine years becoming more severe in the last eight months. These symptoms appeared first six months after she had a cholecystectomy for calculus cholecystitis. She was treated with different antibiotics with temporary relief. On examination she was a well nourished woman. Her liver was 4 cm enlarged, firm, smooth, and tender. The results of routine investigations for blood, stool, urine, and liver func-

tion tests were within normal limits except moderate polymorphonuclear leucocytosis. Barium studies of oesophagus, stomach, and duodenum were normal. Intravenous and percutaneous transhepatic cholangiogram failed to reveal the biliary tree.

In view of the recurrent attacks of cholangitis, exploratory laparotomy was undertaken. The liver was enlarged and congested with dense adhesions in the liver bed. The common bile duct showed marked narrowing opposite the stump of the cystic duct. The stricture was opened longitudinally and sutured transversely over a T-tube. A T-tube cholangiogram on the twenty-second postoperative day was normal. Three days later she suddenly developed acute symptoms of complete T-tube obstruction. Attempts to force sterile normal saline through the T-tube by syringing failed, and it was decided to remove the T-tube. As it was being removed a male *Ascaris lumbricoides* came out with the tube.

She was treated for ascariasis. Subsequent recovery was uneventful. We were fortunate that the obstruction occurred 25 days after the operation and the T-tube could be removed without any further complication. An early block could prove fatal, and in view of this we consider that careful stool examination before undertaking pancreaticobiliary surgery in the tropics is essential. Even a routine preoperative medication with piperazine may be worthwhile.

Our thanks are due to our principal-superintendent for permission to report this case.

—We are, etc.,

J. K. SEN
A. K. MUKHERJEE

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India

¹ de Sa', A. E., *Indian Journal of Surgery*, 1966, 28, 182.

² Ochsner, A., DeBakey, E. G., and Dixon, J. L., *American Journal of Diseases of Children*, 1949, 77, 389.

³ Stock, F. E., *Annals of the Royal College of Surgeons of England*, 1970, 46, 183.

Fees for Sight Testing

SIR,—The letter from Dr. V. B. Purvis (29 January, p. 315) on this subject is indeed timely. When one recalls that in 1948 the ophthalmic medical practitioners were induced to join the N.H.S by a fee of two guineas, which was smartly reduced by the late Mr. Aneurin Bevan to £1, and are now paid a mere £1.50, and that is now less than the fee paid to the sight-testing opticians, one is indeed driven to wonder why any medical man should take up ophthalmology.

It is significant that the opticians' fees have been agreed with the Whitley Council, whereas the medical fees are decided by the Review Body, which actually reduced the fee on decimization.

Our best remedy to this anomalous situation must be for every ophthalmic medical practitioner in the country to write to his Member of Parliament urging its immediate reconsideration.—I am, etc.,

F. J. CURTIS

Redhill Eye Unit,
East Surrey Hospital,
Surrey

SIR,—Not the least of the distressing features of the increased fee for sight-testing opticians to above that of ophthalmic medical practitioners is the "utter amazement" of Dr. V. B. Purvis and the N.O.T.B. (29 January, p. 315).

It must be apparent to all that the opticians have a powerful, vociferous, and successful pressure group putting their case before the Ministry, whilst the ophthalmic medical practitioner's voice appears rarely to be heard in the right quarters.

A measure of this is the insignificant rise in the ophthalmic medical practitioner's fee since 1948.—I am, etc.,

J. A. MENON

Enfield,
Middx

Points from Letters

G.M.C. Retention Fee

Dr. G. P. WALSH (Blackburn, Lancs) writes: Dr. John Fry's letter (1 January, p. 48) perturbs me. Most doctors rather than read about the G.M.C. controversy will have paid up. There is much else to read. I don't think, therefore, it is at all reasonable when the fee is lifted from £2 to £5 for Dr. Fry to assume doctors will know all the relevant correspondence. He does not vouchsafe any material evidence in support of such a big rise save to point to the important personages on the G.M.C. and that superaccountants' hearsay would have it as being necessary. I always find an argument such as the increase represents only 1% of the present pay award suspicious. The amount is not a principle, but a principle could be that a 250% rise unattended by more explanation ought to require rigorous checking.

Doctors and Overpopulation

Mr. T. STUART-BLACK KELLY (Bath, Somerset) writes: May I suggest that early instruction during a course on personal relationships could become the most effective method of population control. During this course the

sexual and venereal subjects should be shown to be normal and dangerous stages in life and not kicks to be tried out. In this task a most important factor is not, alas, the timidity of parents, but that of some of the teachers of our primary schools. Some of these teachers are unaware of their profound importance to population control, and the best person to help them realize this may be the general practitioner. The reason this may not be realized is that primary teachers are usually cultured in the arts and not the sciences. As a result they may have great difficulty in rationalizing any grave danger such as overpopulation. . . .

Dr. H. M. WOODMAN (London W.C.2) writes: I am one of a considerable pool of doctors in Britain, either retired from service overseas or, for one reason or another, not engaged in wholtime practice. With encouragement I believe that some of us would take up work with the F.P.A. and also work in vasectomy clinics. Vasectomy can be regarded as a minor operation in experienced hands and normally makes no demands upon beds (13 November, p. 426).

It is anticipated that the demand for this will steadily increase. Might I suggest that

accommodation be provided for this at F.P. centres; health centres, and outpatient departments of provincial hospitals? Any doctor prepared to undertake a study under a consultant surgeon should be encouraged to carry out the operation in such centres. This could be done on a sessional basis and could include any local practitioners who have the time and inclination to do it. Should the Secretary of State require it there could be a list, approved by a local committee, as in the case of obstetrics.

Animal Experiments

Dr. J. D. WHITTALL (Peasmarsh, Sussex) writes: With regard to your leading article "Animal Experiments" (25 December, p. 762). I agree with you that the aim should be to remove from vivisection the undesirable features of pain and suffering, and I think the only way to do that is to amend the Cruelty to Animals Act 1876 by the abolition of certificates A and B. If that is done no animal will be experimented on unless effectively anaesthetized during the whole operation, and no animal will be permitted to regain consciousness following an anaesthetic if there is likelihood of continuing pain. . . .