long stay wards and hospitals. We fail to use the most effective therapeutic weapons we have—civilized and interesting conditions in which to live and meaningful things to do. We cannot plead a poverty-stricken society but like to think in terms of irresponsible families. There is no evidence of irresponsible families.^{3,4} We cannot really face the issue of deterrence. The workhouse setup appeared to work in the past only because of the compulsion of the Poor Law, and to expect it to work on a voluntary basis in an affluent society at the end of the 20th century is ludicrous.

What Drs. Hodgkinson and Jefferys do not appear to recognize is that the "social dehiscence" which they try so hard to avoid, but are not very clear about, has nearly always occurred already. It is the commonest single reason that brings people to hospital. It is a gaping, a bursting open, and not a withering. The metaphor is crucial because on it hangs the validity of their paper.

We have two geriatric units side by side in very similar areas but using very different methods. There is no way of finding out from present statistics what happens to people who pass through hospital except in a very general way. This would appear to be an excellent opportunity for a research project and we should welcome this.—I am, etc.,

F. A. BINKS

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¹ Goffman, E., *Asylums*, Harmondsworth, Penguin, 1968.

² Millard, P., in *Conference on Future of Geriatrics*, British Geriatric Society, 1971.

³ Isaacs, B., Livingstone, M., and Neville, Y., *Survival of the Unfittest*, London, Routledge, 1972.

⁴ Shanass, E., et al., *Old People in Three Industrial Societies*, London, Routledge, 1968.

Sheep's Head as a Source of Orf Infection

SIR,—Orf is a virus infection affecting sheep. In humans it is not uncommon in shepherds and veterinary surgeons, but one could be excused for not thinking of the diagnosis in patients with the ordinary occupations found in an urban community.

In 1972 the diagnosis was made in three patients who used almost the same words to describe the source of infection—namely, "cleaning out a sheep's head for the dog."—I am, etc.,

J. SAVAGE

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Doncaster

Aleutian Mink Disease

SIR,—May I write to correct a possible error in your Christmas Quiz? (23 December, p. 722). One of the very few answers I thought I knew was to the question on Aleutian mink disease. You stated that it was an animal model for human autoimmune disease. However it has been shown to be caused by a persistent virus infection.¹ There is an incubation period of 5-6 months before sterility, fever, weight loss, and renal involvement occur. Lymph node and splenic enlargement occur, as does a pancytopenia.

Viruria persisted for 136 days after inoculation of the virus into ferrets.² The disease is transmissible from mink to mink by crude organ suspensions and cell-free filtrates of diseased tissue.³ The pathological

changes in the mink are characterized by generalized lymphocytic and plasma cell proliferation with hypergammaglobulinaemia, glomerulonephritis and necrotizing arteritis.⁴

Aleutian mink disease is significant not only as an example of a persistent virus infection but also as an example of such a disease possibly occurring in man.⁵—I am, etc.,

L. HERZBERG

Royal Infirmary,
Dundee

¹ Trautwein, G. W., and Helmboldt, C. F., *American Journal of Veterinary Research*, 1962, 23, 1280.

² Kenyon, A. J., Helmboldt, C. F., and Neilsen, S. W., *American Journal of Veterinary Research*, 1963, 24, 1066.

³ Henson, J. B., Gorham, J. R., Leader, R. W., and Wagner, B. M., *Journal of Experimental Medicine*, 1962, 116, 357.

⁴ Karstad, L., *Canadian Journal of Comparative Medicine*, 1965, 29, 66.

⁵ Chapman, I., and Jimenez, F. A., *New England Journal of Medicine*, 1963, 269, 1171.

Conscience of the Profession

SIR,—Some years ago it was my regular evening duty to prescribe thalidomide sedation for insomniac patients on a maternity ward. Perhaps as a consequence I cannot help but reflect on the current harangue between the public and the Distillers Company for a just monetary compensation for iatrogenic malformations and the total lack of involvement of the medical profession in a similar dispute.

Let me make an analogy. If a manufacturer of meat pies makes pies which are harmful to the public, then it is the manufacturer rather than the shopkeepers who distribute them who is held responsible by the public. I cannot accept that the distribution of a harmful drug by doctors is a comparable situation. I cannot accept that doctors are tradesmen. The essence of a profession is not merely that its members should be skilled, but that they should acknowledge a moral responsibility for their actions and the trust placed in their judgement. The responsibility for the welfare of a patient must rest primarily with his attending physician. It does not lie primarily with a drug firm whose product he has taken it upon himself to recommend to his patient.

At the time thalidomide was distributed to the public its dangers were not known, or at least not appreciated. The Distillers Company and the medical profession are therefore not guilty of criminal negligence. The Distillers Company have offered millions of pounds in compensation. Although individual doctors may have saved their consciences in their own ways, the medical profession as a body has admitted nothing and given nothing. This makes me sad.—I am, etc.,

A. J. BARSON

Manchest.

Side Effects of the Pill

SIR,—I would recommend Dr. D. A. Varvel (23 December, p. 729) to use the progestogen-only pill for his patients complaining of a reduction in libido, and withdrawal headaches. In trials using the single-hormone micro-pills it has been particularly encouraging to find these and other side effects conspicuous by their absence.

The main disadvantage, as mentioned in Dr. Varvel's letter, is the poor cycle control.

As to contraceptive failure, the present continuous low-dose progestogen pills on the market offer good use effectiveness. A recent article giving the clinical and laboratory findings in a trial of Norgestrel quoted 1.3 pregnancies per 100 woman-years in terms of the Pearl index.¹ This compares favourably with the pregnancy rate quoted for intrauterine devices. The later reports show an improvement over earlier figures.²—I am, etc.,

K. M. HUNTINGTON

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¹ Eckstein, P., et al., *British Medical Journal*, 1972, 3, 195.

Anaesthesia by Acupuncture

SIR,—I have received many replies to my letter (16 September, p. 703) asking how the Chinese had overcome the basic problems of an open chest and collapsed lung while performing a pneumonectomy solely with the aid of acupuncture anaesthesia (Dr. S. G. Hamilton and others, 5 August, p. 352).

It would seem that the operation is performed on patients who have good lung function but are suffering from infective lesions such as tuberculosis or bronchiectasis.¹ Selection of patients is such that those with reduced lung function or who are mentally unsuitable to undergo such a procedure are eliminated. This excludes at least 20% of patients (Mr. I. Capperault, 28 October, p. 232).

Two weeks preoperatively an artificial pneumothorax is induced on the affected side. The patient then undergoes breathing control exercises and becomes accommodated to respiring on one lung.² Immediately preoperatively a sedative is given. The chest is entered with the aid of local anaesthesia and intravenous pethidine (Dr. D. Saltoun, 9 December, p. 612). On opening the chest the lung is already collapsed. The mediastinum does not shift as it is fixed by adhesions. Little analgesia is required while working in the chest cavity.

What about acupuncture? The Chinese report that they initially had to place needles into 40 different points on the body. Over the years this number has been slowly reduced, until now only one needle is required, inserted into the deltoid muscle.¹ One wonders whether this technique would still be successful if the final reduction were made and no needles inserted.—I am, etc.,

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¹ *Peking Review*, 1972, 15, nos. 7-8 (February).

² Lisowski, F. P., (University of Hong Kong), personal communication.

Congenital Tuberculosis Successfully Treated

SIR,—We wish to report a proved case of congenital tuberculosis (fulfilling the necessary criteria as laid down by Beitzke¹) which was treated successfully.

A premature male infant of Indian parentage was born following an assisted breech delivery to a primiparous mother. Gestation was estimated at 32 weeks and the baby weighed 1,690 g. The Apgar scoring was 7 at one minute. Clinical examination at birth was negative and the infant was immediately transferred to the special baby care unit and nursed in an