cerebral haemorrhage, and a tumour is very difficult." It seems then, that your statement must be so hedged about with reservations that its value is called into question.—I am, etc.,

G. HARRIS

Tel-Aviv, Israel

1 McKissock, W., Richardson, A., and Walsh, L., *Lancet*, 1959, 2, 683.
2 Hurwitz, L. J., *British Medical Journal*, 1969, 3, 699.

Genitourinary Medicine

SIR,—The executive committee of the Renal Association at their last meeting on 20 February noted with some concern the proposal that the specialty known as "venereology" or "sexually transmitted diseases" be renamed "genitourinary medicine." The executive feel that the choice of this name is unfortunate as it may lead to confusion with renal medicine and especially urology. This is particularly important when posts are advertised and we note that already an advertisement for an appointment to this specialty has appeared under "urology."

We obviously have no say in what the specialty is called and I write merely to draw your attention to this possible confusion.—I am, etc.,

W. R. CATTELL
Secretary,
The Renal Association

London E.C.1

Barr Bodies in Cervical Smears

SIR,—During routine cervical cytological examinations on patients attending a gynaecological clinic in a general hospital 10 smears from patients whose symptoms included infertility or repeated miscarriages were also scored for the percentage of Barr bodies present. Four patients whose Barr-body count was only 1-4% were subsequently recalled for chromosome analysis. Three of these patients showed 46XX/45XO mosaicism and the fourth showed 46XX/47XXX/45XO mosaicism.

It is suggested that examination of the Barr bodies in routine cervical smears from patients with relevant symptoms and subsequent chromosome analysis, where this is indicated, would be of value in the clinical evaluation of these cases. This work will be written up more fully at a later date.—We are, etc.,

SAMUEL H. JACKSON
JEAN M. MUSKETT
DAVID YOUNG

General Hospital,
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Psychiatric Rehabilitation Unit in Danger

SIR,—In these days of financial stringency we can sympathize with the efforts of administrators to economize, even though this may put new schemes or even long-established services in jeopardy. There is, however, a danger that in doing so they may be tempted to select targets which, however valuable, cannot command sufficient public and professional support for prolonged resistance. The recommendations of the Regional Team of Officers to the West Midlands Regional Health Authority that it close St. Wulstan's Hospital, Malvern, is a case in point and hard to justify even on economic grounds.

Since 1961 St. Wulstan's has served as a highly specialized rehabilitation unit for psychiatric patients and has achieved notable success in this difficult field. Originally dealing with institutionalized cases from neighbouring hospitals, its staff have continually pioneered new concepts in the rehabilitation of the chronically mentally ill, providing a source of dedication and expertise at a relatively small cost and under the strictest financial scrutiny. The closure of St. Wulstan's will mean the scattering of these experts and the end of an era in which advanced techniques of industrial therapy were nicely blended with social training and personal advancement so that even seemingly hopeless cases were able to return to the community.

Since our published aim in psychiatry and community care is to get patients back to normal life and out of the hospital environment as soon as desirable, it is indeed a triste and dolorous affair to end a venture ideally disposed to this purpose. We can only hope that the West Midlands R.H.A. will not follow a course so much to the detriment of what after all is the largest group of patients in their care and that doctors, nurses, and others concerned in rehabilitation will protest strongly against it. Community physicians in particular might well feel that the future of St. Wulstan's Hospital is an issue that demands their interest and support.—I am, etc.,

GODFREY O'DONNELL

Worcester

Community Health Councils and the Mental Health Act

SIR,—As a member of the Bristol (Teaching) Community Health Council I am deeply concerned at the failure of both central and local governments to fulfil their responsibilities as defined in the Mental Health Act of 1959. Little or nothing has been done in many areas of England and Wales to provide facilities for the mentally ill and mentally handicapped, and after a period of 16 years since the Act was legislated I consider it more than timely for pressure to be brought to bear on the Department of Health and Social Security and local authorities to remedy this state of affairs.

When the community health councils were set up it was generally considered they would be principally concerned with the more trivial matters of hospital administration, and that the more important issues, such as that mentioned above, would lie outside their functions. I do not subscribe to this view, however, and consider that the C.H.C.s have a most important role to play in ensuring that those responsible for maintaining the N.H.S. provide facilities adequate to meet the needs of the people. It is indeed most disturbing to find that the D.H.S.S. has deferred financial approval for no less than 70 projects, amounting to approximately £7½m.,[1] and it is my belief that if all the 207 C.H.C.s existing at present in England and Wales were to approach simultaneously the Secretary of State for Health and Social Security this would have sufficient impact to bring about some positive action.

Furthermore, I feel strongly that the C.H.C.s should set up forthwith both area and national organizations representing all the C.H.C.s in England and Wales and that the D.H.S.S. should have no involvement therewith (see your leading article, 15 February, p. 355).—I am, etc.,

J. P. TURLEY

Bristol

1 National Association for Mental Health, *Community Care Provision for Mentally Ill and Handicapped Men and Women*, Mind Report No. 11. London, N.A.M.H., 1973.

Hysteroscopy Hazard

SIR,—The unexplained collapse of a patient undergoing hysteroscopy when nitrous oxide was insufflated, described by Dr. Judith A. Hulf and others (1 March, p. 511), serves to highlight a problem of using a gaseous medium to distend the uterine cavity for this procedure.

I have used various agents for this purpose, including high-molecular-weight dextran, 5% dextrose, and carbon dioxide, and each has some advantages and disadvantages. While collapse has been described when carbon dioxide has been insufflated at an excessive volume and pressure, I am unaware of any such occurrence when using an appropriate insufflating apparatus (Wiest Hysteroflator, Rimmer Bros., London) which has incorporated safety devices ensuring that the gas insufflated cannot exceed a volume of 100 ml/min and pressure of 200 mm Hg.—I am, etc.,

IAN CRAFT

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Impaired Colour Vision in Diagnosis of Digitalis Intoxication

SIR,—We would endorse Dr. W. O. G. Taylor's comments (1 February, p. 271) on the uselessness of the Ishihara pseudoisochromatic test to detect xanthopsia in digitalis intoxication.

The precise site in the visual pathway where digitalis acts to cause ocular disturbance is unclear. There are reports suggesting toxic involvement of the retina, optic nerve, and visual cortex. Though yellow vision is usually described, red, green, blue, brown, and white chromatopsia has also been noted.[1] We feel that while the Farnsworth D.15 panel would be quicker and easier to use than the 100-hue test, more practical than either is the American Optical H-R-R test. In fact, these three tests will give a qualitative and quantitative evaluation of all known colour anomalies. The H-R-R test, in book form like the Ishihara, is now in very short supply but copies can still be found.

In the general ophthalmic clinics to which may be referred patients suspected of digitalis xanthopsia the use of a Pickford-Nicholson anomaloscope is really not practical; many authorities consider this a purely research instrument.—We are, etc.,

HUGH WILLIAMS
JANET SILVER

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London E.C.1

1 Walsh, F. B., and Hoyt, W. F., *Clinical Neuro-ophthalmology*, 3rd edn., p. 2543. Baltimore, Williams and Wilkins, 1969.