The Kitagawa-Wright method,[7] which was also tested by Begg *et al.*, gave less precise results (±24 mg.) but was much easier to use. The taking and analysis of the breath sample was fully automatic, and the reading process was found to have an observer error of only a few mg., so it is reasonable to assume that the precision of the method would be the same wherever and by whoever it was used.

Since 1963 (when the trials were carried out) the method has been substantially improved,[5] and Professor Borkenstein,[8] the inventor of the Breathalyzer, has recently reported very close agreement between the two instruments.

It therefore seems that it would now be possible to obtain by direct analysis of one breath as accurate an estimate of the blood-alcohol level as can be obtained by direct blood analysis.

Since in practice at least two samples should be taken the estimate would be substantially more accurate, and the advantages to all concerned of being able to get an immediate and definitive determination of the blood-alcohol level at the time of arrest would seem to be obvious.—I am, etc.,

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Control of Drug Addiction

SIR,—The proposals of the Interdepartmental Committee on Drug Addiction (see *B.M.J.*, 27 November, p. 1259) are a move in the right direction. Limitation of the right to prescribe for addicts might, however, usefully be modified. Restriction entirely to treatment-centre medical staff has obvious disadvantages, medical and social. These might be overcome by a local list of doctors qualified by their special experience to prescribe, on the lines of similar lists of those (not all of them psychiatrists) able to sign certain certificates for Mental Health Act purposes. Such a list should be realistic and kept up to date. It could cover those who already treat or supervise, adequately, addicts on a domiciliary basis; and those psychiatrists and physicians who have, not very infrequently, to deal with addiction in their own hospitals. It might also avoid regulations for "emergency"—always difficult to define, and a loophole for abuse.—I am, etc.,

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Self-poisoning

SIR,—I would like to comment further on Professor Kessel's view (27 November, p. 1265) that an act of self-poisoning is not in itself *a priori* evidence of mental disorder. Szasz, in his controversial book *The Myth of Mental Illness*,[1] takes the view that neurotic disorder can be seen as communicative behaviour, and that escape into the role of the sick person is not illness so much as an adaptation, in that this role may enable the person to deal in a compromise way with the conflicts in his current life situation.

Self-poisoning can be seen in this light also, especially when it leads to acceptance by an agent who will modify in some advantageous way the events which initially prompted this behaviour. In this series reported by Professor Kessel 36% of the cases were not referred for further psychiatric care, but admission to hospital and interview with a psychiatrist—even if nothing more comes of it—can of themselves significantly alter the dynamics of interpersonal relations. This type of learned response is more likely to arise in a structured society in which social roles are clearly defined.

It was my experience as a Service psychiatrist that personnel and their dependants would on occasion enter this behavioural tactic, with a varying degree of awareness of their motives and purposes, without necessarily showing positive signs of personality defect or of mental illness. As Professor Kessel reminds us, distress will drive people to ill-advised acts, but distress does not in itself constitute illness.—I am, etc.,

Bristol. ALEXANDER R. K. MITCHELL.

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Bile-duct Perforation in Infancy

SIR,—We have read your leading article on bile-duct perforation in infancy (9 January, p. 74) with much interest. Though four other cases have recently been described,[1-3] this condition is rare, and we should like to describe a case seen by us.[4]

A. B. was the first child of healthy parents, born after an uneventful pregnancy and delivery. The girl weighed 2,700 g. at birth and had physiological iaundice from the third to the eighth day of age. She gained weight normally during the first three weeks of life. Pale-coloured stools and vomiting were noted at the age of 3 weeks, and two weeks later jaundice and abdominal distension with shifting dullness appeared. Abdominal paracentesis yielded 500 ml. of light, bile-coloured fluid. On admission to our clinic at the age of 2 months the most striking clinical features were jaundice, pale-coloured stools, and ascites.

Laparotomy revealed bile-staining of deep tissues, large pocketed biliary collections anterior to and beneath the liver in the gall-bladder region, many adhesions around the gall-bladder area, and a moderate amount of free bile in the peritoneal cavity. The gall-bladder was empty. A small irregular defect 0.5 cm. in length was found in the postero-superior surface of the ducts at the junction of the cystic, hepatic, and common ducts. A probe was passed through the small hole upward into the hepatic and then downward through the common duct. Some resistance was met with the injection of the contrast medium in the common duct. Operative cholangiography was otherwise normal. The post-operative course was complicated by bronchopneumonia, and the patient died a few days after the operation.

Hence the course of our patient was similar to most of those already reported, and shows once again that the jaundice is usually a delayed sign of spontaneous bile-duct perforation. The mechanism initiating the jaundice is probably that suggested in your article—namely, early localized extravasation of bile compressing the duct. Biliary inspissation is unlikely to be the cause,[5] but is a consequence of the obstructive neonatal jaundice seen in other conditions such as "neonatal hepatitis" or haemolytic disease due to blood-group incompatibility, as well as in rupture of the bile-duct.

It is noteworthy that some cases of bile-duct perforation have been diagnosed preoperatively as neonatal hepatitis or biliary atresia.

Hence spontaneous rupture of the extrahepatic bile-ducts, though infrequent, must be carefully considered in the differential diagnosis of prolonged cholestatic type of jaundices in young infants.—We are, etc.,

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"Flip-flop" Dermatitis

SIR,—In Aden, where I have been working for the last two years, a symmetrical dermatitis of the feet, first appearing on the dorsum in a V-pattern, is a common finding in medical practice. This would appear to be a contact dermatitis caused by the commonly worn, Japanese made, rubber "flip-flop" shoes. These have been in use in Aden for about eight years.

I note that they are on sale in Britain now. Perhaps this "flip-flop" dermatitis may present itself to unsuspecting practitioners here in the near future. I believe that these shoes are also widely used in many other parts of the world as well.

Also I think that the public generally, and those with sensitive skins in particular, should be aware of the dangers of using these shoes.—I am, etc.,

Dovercourt, Essex. J. N. GRIFFIN.

Postural Scoliosis

SIR,—The baby with scoliosis and without vertebral malformation in any form remains an enigma to us in the U.S.A. We do not see the young infant with what is termed in Britain and on the Continent idiopathic infantile scoliosis. I have seen a few that had what appeared to be an inflammatory illness, largely pulmonary but possibly muscular in addition, who developed curvatures that required some treatment. These I put into the Denis Browne splints after they became available to us from his writings. All of them straightened.

Nevertheless, if 50% of the patients that are seen with curvatures as an infant (and which are classified as infantile idiopathic scoliosis) resolve and straighten spontaneously it is safe to say that if all of them are watched carefully and if there is a tendency toward increase only those should be treated. I would therefore hesitate to say that every patient who as an infant is found to have some quality of curvature of the spine, whether postural or structural, should be

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