New Research on Cannabis

SIR,—I read your leading article "New Research on Cannabis" (8 May, p. 293) with special interest, for like many of your readers I have hitherto had no wish to evince "that special kind of moral fervour which springs from the conjunction of an abundance of passion and a scantiness of facts." I have spoken to about six cannabis smokers—hardly a double-blind trial—but each asserted that he would not like to be driven in a car by someone who was "stoned" on pot. The evidence you quote goes so far to support their views that I suspect that other views expressed by them will also have some validity. They said that a person under the influence of cannabis would be disinclined to go to work, bath the baby, do the washing up, or any other of his normal duties, and that if he did any of these things his mind wouldn't be on the job.

There is an argument put forward by otherwise responsible people, including some doctors, that cannabis is no worse than alcohol and should therefore be regarded with more equanimity. Must we wait until we can demonstrate broken bones and broken homes before this menace is universally condemned?

It may be that bringing back the birch or increasing penalties will not stop it, but I am equally certain that lowering fines won't do it either. On the contrary, it conveys that suggestion of tolerance which is the last thing likely to prevent spread.

The campaign against cannabis should begin in the schools in parallel with that against smoking. Each individual should be made aware that every time he takes a dose he is personally responsible for maintaining demand and hence spread—not merely minding his own business or doing his "thing." But on no account can anybody countenance the introduction and spread of a third disease on the grounds that it is no worse than the two we already have.—I am, etc.,

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Role of Sympathectomy for Hyperhidrosis

SIR,—I agree completely with the findings of Dr. R. M. Greenhalgh and others (6 February, p. 332) on the beneficial effect of sympathectomy for hyperhidrosis, with one exception.

While the incidence of postoperative neuralgia is somewhat less with the trans-cervical than with the peraxillary or posterior approaches, it occurs sufficiently frequently in my cases to be something of a worry. However, one can assure the patient that it will certainly clear up—which it generally does in about six weeks.—I am, etc.,

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Acute Epididymitis

SIR,—Your leading article (24 April, p. 183) states "in Britain today every 'acute epididymitis' should be regarded as tuberculous until proved otherwise, and steps should

always be taken to exclude the presence of acid-fast bacilli in the urine."

While agreeing that a tuberculous aetiology must always be considered we think that sexually transmitted infection is a much more common aetiological factor in acute epididymitis. For instance, Gartman¹ in his series showed that 43 out of 279 cases of acute epididymitis had sexually transmitted disease (gonorrhoea or nongonococcal urethritis) and in only eight was the aetiology attributable to tuberculosis; and Ross² showed that tuberculous epididymitis commonly presents as a painless scrotal swelling rather than as an acute epididymitis.

Recently we³ have analysed the aetiology of 102 cases of acute epididymitis seen in two Belfast hospitals between 1 January 1968 and 31 December 1969. It was apparent that although at least 90% of this series had been adequately investigated for genitourinary tuberculosis less than 15% had had adequate investigation for sexually transmitted disease. Although 68 of these patients had been treated with antibiotics before referral to various hospital departments—a procedure which would obscure a diagnosis of gonorrhoea—it was found that five in the series had gonorrhoea as against only two with genitourinary tuberculosis.

We agree when your statement continues "palpation of the prostate and seminal vesicles per rectum may show them to be indurated and tender, but these signs are difficult to elicit and more difficult to interpret." We would only add that rectal examination, if it is to be done at all, should be done with extreme caution; for when a patient has infection of one epididymis one wants to avoid any procedure which may encourage spread of infection to the other side.⁴—We are, etc.,

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¹ Gartman, E., *American Journal of Surgery*, 1961, **101**, 736.

² Ross, J. C., Gow, J. G., and St. Hill, C. A., *British Journal of Surgery*, 1961, **48**, 663.

³ Harris, J. R. W., Mahony, J. D. H., McCann, J. S., (to be published).

⁴ King, A., *Recent Advances in Venereology*. London, Churchill, 1964, p. 376.

Surgeons and Technical Skill

SIR,—For some years I have been professionally interested in the efficacy of aptitude testing for specific jobs. Recently I watched a surgical friend operating and this resurrected my memories of when I was an anaesthetist. Over a period of five years I held a number of junior anaesthetic appointments, and was able to observe a large number of different surgeons at work. Some were superb operators, the majority were competent but sometimes found operating a strain, while a small number had considerable difficulty making their hands do what they wished. The last group gave the impression that they possibly found it quite difficult to feed themselves.

Dexterity and the ability to carry out the complex mechanical manoeuvres of the highly-skilled craftsman are not necessarily related to intelligence. Severely subnormal individuals who are almost always brain-damaged are usually clumsy in their actions, but if this group is excluded there appears

to be no convincing correlation between the level of intelligence and manual dexterity.

Experience suggests that there is a significant number of surgeons who lack manual dexterity, and though successfully doing their job expose themselves to unnecessary strain, increase tension in operating theatres, and perhaps expose the patient to a slightly greater risk than should be necessary. It may appear ludicrous that men who would find it difficult to make the grade as watch-makers or carpenters are able to become surgeons. The reasons for this are, of course, obvious. On the whole, surgeons are selected on academic ability. If a doctor has sufficient drive and interest to become a surgeon and is able to qualify academically it is very likely that he will succeed. At no stage in his career is he exposed to an aptitude test for his job. There is much more to being a surgeon than simply operating. At the present time it is expected the surgeon must be a good physician, have a detailed knowledge of anatomy, physiology, biochemistry, and therapeutics, and also have the dexterity of a highly skilled craftsman. All these abilities can be present to a superlative degree in an individual, but the number of these individuals must be very limited.

I consider the present situation could be modified in two ways. Newly qualified doctors who decided they wished to be surgeons should be tested for the aptitude necessary to be a competent operator. If they lacked these aptitudes they should either be strongly discouraged from taking up surgery or could be accommodated if the second modification was accepted. In my view a case could be made out for the establishment of technician operators. These technicians would not be trained as doctors but would be selected mainly on their ability to be trained as craftsmen. They would undergo a course of training in operative surgery and could then operate under the direct supervision of a surgeon. The surgeon who lacked the necessary dexterity for operating could employ technicians to do the actual operation, while surgeons who were themselves good operators could also use the technician as a highly skilled assistant.

I am sure I will be accused of interfering in something about which I have neither the knowledge nor the professional right to involve myself. However, I believe the subject is well worth further investigation and inquiry.—I am, etc.,

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Sterilization of Young Wives

SIR,—Lately, increasing numbers of women in their early twenties have been referred to me by general practitioners with requests for sterilization. I mostly advise these young women to use the contraceptive pill or, if for one reason or another, they cannot or will not use it, the intrauterine device.

The problem is what to do with those who cannot or will not use either of these two methods, or whose husbands will not let them use them. One feels that any couple should have the right to limit their family to two children, for instance, even if the wife is only 22, but one is always worried that she might lose her husband through a