suggest that from the standpoint of long-term forward planning it may be the correct one, and it is noteworthy that in my experience visitors from other countries are usually full of admiration for the general standard of care offered to all psychiatric in-patients in Britain.

You refer to the paper by Anthea M. Hailey² based on the Camberwell Register. She states that the composition of the long-stay group which she studied is changing and that the group is being replaced in part by "a large number of psycho-geriatric patients." She adds: "... elderly patients contribute half the new long-stay build-up..." Yet when Mrs. Hailey concludes by asking whether present trends of care are in the right direction you appear, in effect, to support the view that it is correct for increasing numbers of the elderly confused to be accommodated in mental hospitals. I would join issue with this implication.

At another point in her paper Mrs. Hailey states that "... hospital policies differ and the constitution of a long-stay group at any one time depends both on this and on availability of alternative services in the locality." This is indeed true and, for example, one cannot help but notice that in the general hospital psychiatric unit serving the Camberwell area³ patients are not allowed to remain in the unit more than six months, whereas, for example, in the general hospital psychiatric unit in my own area there is no restriction on the length of stay in hospital. As has so often happened in the past, it may well be that the lay public is ahead of professional personnel in its thinking on this subject and that the leader in the *Observer* of 16 May may have struck the right note when (in spite of the fact that the words "mentally handicapped" may not have been used in the customary sense it pleaded that "old people who are helpless and incontinent but not 'mental' would never be sent to institutions for the mentally handicapped.")—I am, etc.,

MAURICE SILVERMAN

Department of Psychological Medicine,
Queen's Park Hospital,
Blackburn, Lancs

¹ Jones, K., in *Trends in the Mental Health Services*, ed. H. Freeman, and J. Farndale, p. 60, Oxford, Pergamon, 1963.

² Hailey, A. M., *Psychological Medicine*, 1971, 1, 128.

³ Watson, J. P., Bennett, D. H., and Isaacs, A. D., *Lancet*, 1970, 1, 511.

Prostaglandins and Habitual Abortion

SIR,—Prostaglandins and their biophysiological properties have been extensively studied since they were first described by von Euler in 1935.¹ Our knowledge of them today, though still incomplete in many respects, is nevertheless impressive. Many have been identified, synthesized, and specific actions recognized.²

It is my view that prostaglandins may play an important role in the field of habitual abortion. I would like to propose the hypothesis that the habitual aborter (excluding those in whom other possible causes have been suspected or identified) may be the woman who is hypersensitive to any form of mechanical stimuli which are capable of causing spontaneous release of prostaglandins in pregnancy, especially early pregnancy—for example, mild trauma, such as a knock or fall of so slight a degree that it might not be recognized, remembered, or

associated as possibly significant, or the abdominal and/or vaginal/cervical stimuli of intercourse in early pregnancy, perhaps even before pregnancy had been suspected or diagnosed. Prostaglandins, too, of course, are also highly concentrated in seminal fluid.

Once suspected, it may be possible to identify such women by prostaglandin sensitivity tests, which in turn might suggest further, theoretical at least, measures for the management of early pregnancy. Furthermore, if specific prostaglandins could be identified as responsible, it may only be a matter of time before appropriate prostaglandin antagonists may be developed, which could be successfully used in suitable cases for the clinical management of habitual abortion.—I am, etc.,

MICHAEL BODIN

Medical Adviser,
John Wyeth & Brother Ltd.

Maidenhead

¹ Euler, U. S. von, *Klinische Wochenschrift*, 1935, 14, 1182.

² Pickles, V. R., *Nature*, 1969, 224, 221.

New Research on Cannabis

SIR,—Your leading article (8 May, p. 293) on cannabis is important. Too much emotion and prejudice, either for or against the drug, has resulted in non-medical dogmatic pronouncements about its harmlessness or otherwise.

The fat-solubility of the cannabinoids, as shown by Paton, Gill, and Pertwee at Oxford,¹ is a source of justifiable concern in relation to the toxicity of this drug to the central nervous system by its capacity for storage in fat; its fat-solubility can be compared to the chlorinated hydrocarbons. We feel that too much research has been concentrated on the psychological rather than the possible organic brain damage caused by this drug.

In a neurological outpatient department we have seen four cases aged from 17 to 23 years, who presented with primarily neurological symptoms of headache, mental impairment, and in one case epilepsy (which may or may not have been due to drug-taking). All four cases had been to some extent poly-drug takers, but in at least two cases the predominant drug had been cannabis and the other drugs had been used only infrequently, and were amphetamines and L.S.D. In all cases the drug usage had been from four to six years. Investigations on these cases showed that in all four cases there was a degree of cerebral atrophy, which is unusual in patients of this age without any obvious cause. It must be admitted that there are other causes of cerebral atrophy, but the common history of these four cases seems to us important and worthy of further work, and it would bear out the suggestions of the German workers von Zerssen, Fleige, and Wolf² in Munich, using echoencephalography. It certainly needs further work before conclusions can be drawn, and we would be grateful for the observations of other workers.

It is also of interest to us to obtain post-mortem material in cases of chronic drug takers who have committed suicide or been killed accidentally. We would like if possible to obtain this material for study in our neuropathological department. This material is obviously difficult to obtain, and we would be grateful for the co-operation of other

pathologists. Could contact be made, and suitable brains sent to: Dr. B. Brownell, Department of Neuropathology, Frenchay Hospital, Bristol?

Although work has been done on animals there appears to have been little work on the brains of chronically addicted individuals.—We are, etc.,

A. M. G. CAMPBELL
J. L. G. THOMSON
M. J. WILLIAMS

Frenchay Hospital,
Bristol

¹ Gill, E. W., Paton, W. D. M., and Pertwee, R. G., *Nature*, 1970, 228, 134.

² Von Zerssen, D., Fleige, K., and Wolf, M., *Lancet*, 1970, 2, 313.

Cigarette Vending Machines

SIR,—In a reply to a question in the House of Lords (Parliament, 22 May, p. 478) about the banning of cigarette vending machines the Minister of State, Health and Social Security, stated that this was a matter which required legislation and that the Government could not go rushing bull-headed into it.

Why ever not? Wherever situated they enable children who are under the age at which they can legally buy tobacco products to do so with impunity—a direct incentive to law-breaking and cigarette smoking, neither of which the Government should encourage. And if the banning of vending machines were to make it more difficult for adults to obtain cigarettes, this would be no bad thing either. It might ultimately relieve the pressure on our hard-pressed chest units—I am, etc.,

M. GOLDMAN

X-ray Department,
Fazakerley Hospital,
Liverpool

Genitourinary Tuberculosis

SIR,—Several correspondents (22 May, pp. 463 and 464) have already taken issue with the comments made in your leading article on genitourinary tuberculosis (24 April, p. 183). I should like to comment on several other aspects.

The suggestion that it is never safe to proceed (to treatment) on the evidence of a stained urinary deposit is surely erroneous. No one would contest that caution should be observed in the interpretation of the significance of acid-fast bacilli in smears of urine, but if there is clinical and radiological evidence consistent with tuberculous renal disease, a significantly positive tuberculin test, and acid-fast bacilli in the urine it is, in my opinion, unjustifiable to delay treatment until cultures are available, which may mean up to six weeks' delay. Quite apart from the possibility of important progression of the disease during this period (which your leader writer shrugs off as unimportant), why allow the patient to endure symptoms for this length of time? Furthermore, there is no need to wait for sensitivity reports in previously untreated patients, particularly as if proper chemotherapy (that is, three standard drugs) is given the risk of failure is extremely remote.

In so far as the need for surgical treatment is concerned, the comment is fairly made that experienced surgeons in Scotland, England, and Ireland do not share the view held in North America by Lattimer and his colleagues¹ that sequestered caseous tissue