Test	Patients Mean $\pm$ S.D.	Normal Values Mean $\pm$ S.D.
Euglobulin lysis time (units/ml)	2.7 $\pm$ 1.1*	12.0 $\pm$ 5.3
Plasminogen (units/100 ml)	99 $\pm$ 22	100 $\pm$ 21
Fibrinogen (mg/100 ml)	636 $\pm$ 192*	350 $\pm$ 84
Factor VIII (%)	218 $\pm$ 66*	104 $\pm$ 23
Antithrombin III (%)	108 $\pm$ 26	100 $\pm$ 10
Thrombin time (sec)	18.0 $\pm$ 3.2†	15.0 $\pm$ 0.4
Reptilase time (sec)	18.1 $\pm$ 1.8†	15.8 $\pm$ 0.9
Normotest (%)	90 $\pm$ 18	94 $\pm$ 16
Thrombotest (%)	39 $\pm$ 27*	90 $\pm$ 15

* $P < 0.001$ † $P < 0.02$

Our findings in 11 patients with large bile duct obstruction of varying aetiology pre-treated with vitamin K before testing are shown in the table. There was a pronounced decrease of plasminogen activator without variations in the plasminogen concentration. Fibrinogen and factor VIII levels were very high; progressive antithrombin (antithrombin III) assayed immunochemically was normal; and the thrombin and Reptilase times, which relate to the last phase of blood coagulation, were significantly prolonged. Normotest and Thrombotest are standardized coagulation tests sensitive to variations in the plasma levels of factors II, VII, and X. In our patients the Thrombotest, which is known to be influenced by coagulation inhibitors, was low, whereas the Normotest, which is affected only by the clotting factor concentrations, gave normal results in the same plasma samples.

The findings of an abnormal Thrombotest and thrombin and Reptilase times suggest the presence in these patients of some degree of inhibition of the clotting mechanisms independent of vitamin K deficiency. We are now trying to discover whether the inhibitory activity may be related to the high levels of bilirubin glucuronides, as suggested by the experimental findings of Kopec *et al.*¹ Therefore, while confirming the finding by Dr. Jedrychowski and his colleagues and other authors^{2,4} of decreased fibrinolysis and high levels of clotting factors in these patients, our results show that other coagulation abnormalities are present in addition to the well-known vitamin K-dependent deficiency of clotting factors.

Dr. Jedrychowski and his colleagues suggest that decreased fibrinolysis may render these patients particularly liable to postoperative venous thrombosis. This view is not supported by the available evidence, which shows that the incidence of deep vein thrombosis after biliary surgery is no higher than after surgical operations of comparable severity.^{3,7} In our experience, bleeding is a greater problem than thromboembolism in these patients.—We are, etc.,

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Simple Finger Tourniquet

SIR,—While working recently as a casualty registrar I had to perform many minor operations on fingers and toes, many of them under ring anaesthesia and some under general anaesthesia. I found that rubber tube finger tourniquets nearly always snapped when the tension was increased beyond the point of obstruction of venous flow, or caused more bleeding if they stayed intact.

A simple alternative method of exsanguinating the digit and applying a good working tourniquet which I devised is to cut off the finger of a disposable glove, cut off its tip as well, stretch and apply it to the finger or toe to be operated on, and roll it proximally to form a ring at the base of the digit. This provides a satisfactory bloodless field for any operation and the ring can be readily cut for removal after surgery.—I am, etc.,

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Australia Antigen in V.D. Clinic Patients

SIR,—Dr. D. J. Jeffries and others (26 May, p. 455) claim to show a difference between the numbers of Australia-antigen-positive patients among those attending a venereal disease clinic and the numbers of Australia-antigen-positive individuals among blood donors.

Blood donors are not a useful group for comparison in this case as they are not representative of the general population. At each attendance potential donors, before being accepted, are asked both if they have ever had jaundice and if they have recently been in contact with a case of jaundice. No such screening method is applied to potential patients at venereal disease clinics.

This observation in no way affects the differences that were found between groups of patients attending the clinic.—I am, etc.,

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Is Your Pain Really Necessary?

SIR,—I was interested in your comments (leading article, 12 May, p. 323) on the aetiology of infantile colic. This common disorder causes much distress to both mother and infant and many visits to the family doctor, who may well be rather baffled by it. Certainly I agree that the theory of the colic being a result of maternal anxiety rather parallels the chicken-egg controversy. What mother would not be anxious when her infant continuously screams, sleeps for only brief periods, and feeds poorly? The

occurrence of these symptoms, together with the predisposition to vomiting and/or diarrhoea, which may be difficult to treat, is sometimes due to cow's milk intolerance. With a history of this disorder and its very difficult weaning period when the infant is first exposed to cow's milk products, the possibility of the two occurrences being related should be borne in mind. The additional presence of flexural eczema would be a certain indication to withdraw cow's milk products for a trial period of three to four weeks and replace them with a synthetic milk substitute such as Nutramigen.

I would add that the term "milk intolerance" is used deliberately and the term "allergy" avoided since there is seldom a true atopic status, and specific circulating or cell-fixed antibodies are not demonstrable; indeed the lesion may be at the level of the intestinal villus, as in lactase deficiency. Many patients with milk intolerance will grow out of their trouble and be able to tolerate milk products in later childhood, often by the fifth or sixth year.

I have often observed children of school age who are of rather small stature, often with obstinate eczema, and frequently with a history of unexplained and various gastrointestinal difficulties extending back to their first year of life, when they were described as "colicky." These children have responded to withdrawal of ingested cow's milk by the losing of their eczema, stopping their gastrointestinal symptoms, and gaining weight and height with gratifying speed. Serum IgE and IgA levels are usually normal, and the skin tests to milk negative. The substitute of cow's milk by goat's milk is quite useless in this condition and the only correct course is to stop milk and milk derivatives completely.—I am, etc.,

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Cardiological Changes and Car Driving

SIR,—The results reported by Dr. W. A. Littler and others (5 May, p. 273) are interesting but one wonders how valid they are.

A clinical assumption (and indeed a lay one) is that prolonged driving in heavy traffic or on motorways can provide a cardiac stress. Very many salesmen and managers drive long distances several times a week to attend to often stressful business affairs, after which they drive home or to another business meeting. To drive for up to 60 minutes two or three times a day is quite a different matter from driving for three hours, working for seven and driving again for another three. Fatigue in itself is a stress, and this plus the effect of either a pounding motorway journey or a trans-London or trans-West Midlands drive would, I believe, if measured, provide quite different figures from those obtained by Dr. Littler and his colleagues. One excludes professional truck drivers since they are self-selected and do not fall into the same category as those who perforce have to drive long distances on top of their normal work; 30,000 miles a year is not uncommon for young managers.

In cases of ischaemic heart disease in younger patients I am now in the habit of taking a driving history, and my impression

is that prolonged driving as part of a job is in many cases an aetiological factor.—I am, etc.,

G. MATTHEWS

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Recommendations under the Mental Health Act

SIR,—I write to you on the duties of doctors signing medical recommendations under Section 25 of the Mental Health Act 1959. In times past the mental welfare officer who made the application accepted the recommendations of two doctors as sufficient. However, a younger generation of mental welfare officers (now termed social workers) appear to think they should hold an independent inquiry, often including cross-examination of the doctors.

I know of no part of the Act which requires doctors to consult with social workers in this manner; indeed it might be held unethical to do so. Courtesy demands that the social worker should be given what, in the doctor's judgement, is appropriate information. Section 54 subsection 1 of the above Act says that "it shall be the duty of a mental welfare officer to make an application for admission to hospital . . . in any case where he is satisfied that such an application ought to be made. . . ." Though most doctors would wish to be helpful I cannot see any reason why they should be interrogated. I have known of general practitioners having to waste an hour while inexperienced social workers "satisfy" themselves.

In my view the doctor, having given what information he thinks appropriate should then retire and leave the social worker to decide. If he rejects the recommendations of two doctors the responsibility is his.—I am, etc.,

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Tests of Acupuncture

SIR,—You are to be congratulated on your leading article "Tests of Acupuncture" (2 June, p. 502). The particular emphasis that is laid upon the need for neurophysiological research into a possible explanation for the phenomenon of acupuncture analgesia is certainly to be commended. This technique is employed for most of the major surgery that is undertaken on the Chinese mainland nowadays. Doubtless this is partly because of the near-total lack of modern conventional anaesthetic equipment and the extremely severe shortage of fully-trained anaesthetists.

It is not only in the field of anaesthetics that we Western doctors should interest ourselves. For too long the complete isolation of China from the outside world has resulted in their medical research proceeding along totally different and restricted paths so dissimilar from our own. Likewise there is an extraordinary lack of knowledge among the members of the Chinese medical profession concerning technical advances in Western medicine. When we consider that our Chinese colleagues are responsible for the medical care of nearly a quarter of the world's population, it is greatly to their credit that they have achieved standards of health

in the community which can hardly be improved upon elsewhere. In my opinion, it has become a matter of extreme urgency that a sharing of knowledge between the medical professions of China and the West should now be encouraged.

It is to be sincerely hoped that in Britain the Medical Research Council will initiate a preliminary investigation into the field of acupuncture and that immediate steps will be taken by those in authority to invite a free exchange of ideas between Chinese and British doctors.—I am, etc.,

P. E. BROWN

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SIR,—With reference to your leading article (2 June, p. 502) I would like to comment upon your concept of acupuncture treatment as an "esoteric and far-fetched exercise."

The basis of acupuncture is a large body of observed fact which records the amelioration of certain symptom complexes which occurred when certain "point combinations" were stimulated. In common with other sciences an attempt was made to classify this information in order to derive a theory from which useful predictions might be made about future treatments. It is unfortunate that those responsible for the formulation of the traditional theory had no knowledge of occidental medical science and therefore expressed themselves in the terminology of oriental philosophy. The observation that the traditional theory is an absolute failure in that it does not explain the mechanisms of acupuncture in scientific terms does not mean that it is completely without value in the treatment of patients on a more or less empirical basis and certainly should not be allowed to detract from its basis of observed fact.

Your suggestion that a scientific investigation of acupuncture should take place is timely and there is a wide field awaiting this endeavour which ranges from the elucidation of a hitherto unexplained neurophysiological mechanism to the possibility of translating and classifying the ancient Chinese data. The results and explanations as they emerge should prove very interesting.—I am, etc.,

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Vibrating Umbilicus

SIR,—We wish to bring to your attention a new physical sign. Within the space of three weeks two patients were admitted through our accident and emergency department with a painful vibrating umbilicus. Both were young homosexuals, aged 19 and 25 years respectively, who were accustomed to using battery-operated stimulators or vibrators. Hospital admission was occasioned by loss of the vibrators through the anus into the rectum, apparently at the moment of orgasm. Both patients complained of a deep central abdominal ache. Apart from the vibrating umbilicus, a cylindrical mass could be felt arising from the pelvis and a gentle hum could be heard. Rectally the milled end of the instrument could just be felt high in the curve of the sacrum.

In one patient the anus was so lax that four fingers of the hand could be inserted

to grasp the ties of an encasing condom and remove the instrument. The second patient had not used a condom and it proved too painful to deliver the instrument bimanually from the curve of the sacrum. Interestingly, however, this manipulation resulted in the mechanism being turned off, when the vibration and the pain were abolished. A general anaesthetic allowed relaxation and easy removal of the instrument some time later.

The accompanying photograph shows the lateral x-ray of one of the patients and, for those who are not familiar with the instrument, the actual vibrator is shown alongside. —We are, etc.,

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Speech Defects in Children

SIR,—Miss J. Stengelhofen and others (31 March, p. 803), commenting on our study of speech defects in children aged 7 years, (3 February, p. 253), point out that a speech therapist was not included in the assessment team and that the tests used did not take into account vocabulary, frequency of usage, and sentence length and construction. These criticisms seem to us to be based on the misapprehension that individual comprehensive assessment was made by us on all the 15,000 7-year-olds in the national sample studied.

Important though they are, we could not include refined tests of auditory discrimination and phonetic and linguistic usage in individual children by all the doctors and teachers concerned. Nevertheless, the sentence repetition test which was used was backed up by a clinical speech assessment, clinical hearing test, and also audiometry in the majority of children. We thought it was clear from our report that the tests used in this survey were necessarily crude and suitable for a national population and that only a small part could be concerned with language development.

Your correspondents deplore the fact that the children were not tested earlier than 7 years, but this was not by choice, being the first age at which these children could