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

G. MATTHEWS

London W.5

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.,

J. ELWES DUFFIELD

Littlemore Hospital,
Oxford

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

Gravesend, Kent

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.,

J. DAVID WATTS

Dundonald, Ayrshire

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.,

DAVID JACKSON
BRYAN MAYOU

St. Bartholomew's Hospital,
London E.C.1

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

be traced. Thus the work of Bernstein and others in Britain and America on the importance of early language stimulation, with which we are fully familiar, is not applicable to the present group of children. May we suggest that all of us who are genuinely concerned with language development in young children join together in tackling this important problem rather than widening divisions of opinion by criticizing large-scale screening procedures in a national survey which, though inevitably crude, did produce useful information hitherto unavailable.—We are, etc.,

NEVILLE BUTLER

Department of Child Health,
University of Bristol,
Bristol

MARY D. SHERIDAN

Guy's Hospital,
London S.E.1

CATHERINE PECKHAM

National Children's Bureau,
London W.1

Artificial Insemination by Donor

SIR,—In the extensive recent discussion about this matter I have not seen any reference to the possibility of using, as a source for donor material, semen samples obtained from men having vasectomy performed as a sterilizing procedure. They should represent a better cross-section of the population than students, who have been suggested as possible donors, and the situation is one in which the request can be made relatively naturally. It does not seem beyond the bounds of possibility that part of the specimen could be made available for donor use, the remainder being held against the eventuality of a change in the individual's own fertility wishes. Surgically reversible sterilization is likely to remain such a chancy business in either sex that many surgeons will continue to regard it as only fair to ensure that patients regard the procedure as permanent. With perfection of techniques perhaps regular recoverability of viable sperms after freeze storage can be hoped for.—I am, etc.,

J. S. SCOTT

Department of Obstetrics and Gynaecology,
University of Leeds,
Leeds

Authentication of International Vaccination Certificates

SIR,—In reply to Dr. A. K. Clarke's letter (2 June, p. 552) the requirement is that these certificates should be stamped by the stamp of the town or district council authenticating the doctor's signature, and this chore often lands at the medical officer of health's department. The Services, airways, and Maritime Board are also able to stamp these.

So many doctors' signatures deteriorate to undecipherable squiggles (? worn out by continued use or subconscious resentment at having to sign so many times) that certainly some authentication is necessary. I keep a book with the signatures of doctors practising in my area so that comparison can easily be made, and even a squiggle made by a doctor is easily recognized and could not be copied. I remember a letter in these columns from a general practitioner who put a fictitious doctor's name on the form and got

it readily stamped by the girl in the reception of the town hall. I keep a record of the persons' names and addresses and the doctors' names, so should anyone have a false stamp this could easily be checked.

With the reorganization I suggest that the general practitioner use a stamp of his own with his name, address, and telephone number and that an occasional check should be made. There is some resentment by G.P.s that it should appear that their work has to be approved by the local authority, but this is not so. At the same time, if the G.P. omits to complete part 1b or to insert the batch number, the checking of the certificate by the local authority may save him from being blamed by a patient of his in a far-off country.—I am, etc.,

A. T. HUNT

Medical Officer of Health,
West Gloucestershire District Councils

Coleford, Glos

Telling the Patient

SIR,—In 1973, when clinics are so much larger than in 1923 and patients' anxieties greater perhaps than in the past, when their knowledge of medicine was even less than it is now, I feel it is important to give more details to them concerning operations.

I have found it useful to use a diagram when telling patients that they need an operation. The form I use for gynaecological patients consists of a diagram of the genital tract on one side and on the other certain information which will be useful to the patient—for example, the length of time they are likely to be on the waiting list, the length of time they are likely to be in hospital for their surgical treatment, if convalescence is needed, and the time required before full recovery from operation. It is explained that dates and times can be only approximate, though there are some people, of course, who need to come into hospital on a definite date—for example those taking the contraceptive pill before operative treatment. On the diagram of the genital tract that proportion of the anatomy to be removed is outlined, and where the exact diagnosis is in doubt various possibilities can be discussed with the aid of the diagram.

This form is also used when termination of pregnancy or sterilization is to be performed. So many women are under the impression that sterilization means removal of the genital organs, which will ruin their libido. When I have completed the discussion with the patient she takes the form home with her and discusses the matter with her husband, and with her family doctor if she wishes. This form is in no way a substitute for the operation and anaesthetic form signed by the patient when she is admitted to hospital for operation.—I am, etc.,

JEAN R. C. BURTON-BROWN

Isle of Thanet District Hospital,
Margate, Kent

Tuberculous Peritonitis and Laparotomy

SIR,—In your leading article on this subject (3 March, p. 502) you state that in some patients, after laparotomy for unrelated causes, tuberculous peritonitis may follow within 8-12 weeks. In some patients with early tuberculous peritonitis only the

parietal peritoneum on the posterior surface of the anterior abdominal wall may show tubercles, which are easily visualized during peritoneoscopy.¹ This region is not routinely looked at during exploration or even at necropsy. It is possible that some patients explored already have tubercles on the posterior surface of the anterior abdominal wall but no attempt was made to visualize this area during exploration.—I am, etc.,

F. P. ANTIA

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B. Y. L. Nair Charitable Hospital,
Bombay, India.

¹ Antia, F. P., Desai, H. G., Deshpande, C. K., Manerikar, A. S., and Kalro, R. H., *Indian Practitioner*, 1971, 24, 41.

Smallpox

SIR,—There is one important point in Dr. A. B. Christie's otherwise excellent article (2 June, p. 539) with which I disagree.

He says in the final section on laboratory diagnosis that "the first thing a doctor in doubt about a possible case of smallpox must do is to contact the virus laboratory and ask advice about the specimens required and the help that is available." In my view the correct procedure is to keep the patient where he is and to inform the local medical officer of health immediately by telephone. Too often in this country valuable time is lost and the disease allowed to spread by a failure to take adequate control measures when the disease is first suspected.

Consultation with the laboratory and the taking of suitable specimens should be the duty of the medical officer of health or the smallpox consultant who may be called by the medical officer of health to give advice.—I am, etc.,

C. E. D. TAYLOR

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Department of Microbiology,
Central Middlesex Hospital,
London N.W.10

Adrenal Failure in Bronchial Asthma

SIR,—Drs. Ruth M. Cayton and P. Howard (2 June, p. 547) rightly draw attention to a hazard of beclomethasone dipropionate in the treatment of asthma. Against this, one must balance the clinical benefit obtained by many patients and the fact that the use of beclomethasone, allows patients to stop or reduce oral corticosteroids, themselves a potential long-term hazard.

It is possible to identify patients at risk with reasonable assurance. The response to Synacthen (tetracosactrin) has been shown to correlate fairly closely with the ability to respond to stress, and it is our practice to monitor the adrenal reserve of patients who have had long-term or high-dosage corticosteroid therapy with the Synacthen test. Certainly, until the adrenal reserve is shown to be normal, patients should be advised to resume taking oral steroids in a stressful situation.—I am, etc.,

A. O. ROBSON

Wycombe General Hospital,
High Wycombe, Bucks

Raw Deal for Medical Secretaries?

SIR,—I would very much like to endorse the views of Mrs. M. Gillespie, a medical records officer, on the promotional prospects of medical secretaries (2 June, p. 555).