

## Points

### Blood pressure measurement

Mr A J COSSOR (AC Cossor and Son (Surgical) Ltd) writes: I have been in touch with Dr Eoin T O'Brien and we have agreed that I should bring to the attention of your readers the fact that the blood pressure cuff with a bladder size 35 cm × 13 cm recommended by him and Professor Kevin O'Malley (6 October, p 851) has been available from my company since 1977 . . . (details are shown in an illustrated leaflet available from our distributors). In the last section of the article it was stated that "the control valve is a common source of error, especially in sphygmomanometers with an air filter rather than a rubber valve." This statement tends to give the impression that an air filter is an alternative system to a rubber valve, but this is not in fact the case. The air filter is used to protect the rubber valve from contamination by particles in the atmosphere and, as such, prolongs the life of the rubber valve.

### A mild traumatic lesion

Dr J H GERVIS (Hoddesdon, Herts) writes: I have had personal experience of the lesion described by Dr G L Bolt (1 December, p 1443)—namely trauma leading to painful bruising of the terminal phalanx. I would generally suffer these having administered a sharp slap to one of my children. Fortunately they are older now so we suffer no longer. . . . I am sure it is a common lesion—a few of my patients even consider it worthy of a consultation.

Dr DAVID A VARVEL (Norwich, Norfolk N13 5RP) writes: I was interested to read the letter from Dr G L Bolt (1 December, p 1443) concerning haemorrhagic swelling of the volar surface of a finger. I have seen at least five such cases in the last 11 years. All the patients were female, and in one patient the phenomenon was recurrent. No history of even trivial trauma was elicited. . . .

### Recording the whoop

Dr P H TATTERSALL (Durham DH1 1QU) writes: . . . A patient brought to my notice recently a new aid to diagnosis in whooping cough. I have been seeing a 3-year-old on a number of occasions because of a paroxysmal cough and had never heard him whoop; but his parents managed to produce a tape recording of him whooping, which helped to clinch the diagnosis. With the wide availability of small tape recorders, perhaps this aid to diagnosis could be more widely used.

### Subsidy of social functions by drug companies

Dr DEREK WILKINS (Clanfield, Hants) writes: Dr D C W Hilton (15 December, p 1588) seems to be thrilled by the decision of Exeter trainee general practitioners not to seek subsidies from pharmaceutical companies for social functions. . . . May I ask if I am alone in being wearied by the constant assumption

that general practitioners (even, presumably, those who are members of the Royal College) are babes in the pharmaceutical world? We are, I suggest, as capable of sensible discrimination in this as indeed most other fields as any professional group.

Dr CHARLES KENT (Royal Devon and Exeter Hospital, Exeter EX1 2ED) writes: The meeting at which it was decided no longer to seek for subsidies from drug companies (15 December, p 1588) was in fact an impromptu and informal meeting and was not attended by all trainees in the district. The majority was 14 to 12 and when members who had not been present were informed of the decision they were frankly appalled. . . . I detect a certain note of hostility to pharmaceutical promotions. . . . But the present relationship between the local GPs and representatives is an excellent one and I hope that Dr D C W Hilton's letter will have done no harm in this way—though I gather that some subsidies that were due to be presented by two companies are probably to be withheld. I do not believe that the decision from this impromptu meeting was truly representative. . . .

### Towards fewer handicapped children

Dr M R BAH (Guy's Health District, London SE1) writes: . . . Many centres in the country lack the tools—the technique of recombinant DNA mapping, ultrasonography, and fetoscopy—necessary for the detection of handicaps and therefore for the primary prevention of babies with severe handicaps. Paediatricians, community physicians, psychiatrists, family practitioners, and other medical and paramedical personnel are available for secondary and tertiary prevention of handicaps in children. Centres of excellence are available in few regions where developmental screening and assessment is undertaken to detect congenital anomalies and for early treatment and training. By these means an attempt is made to modify the effects of the handicap to the individual and the family members. . . .

### Accident and emergency services

Dr O AHMED (Accident and Emergency Department, Pinderfields General Hospital, Wakefield, W Yorks) writes: I would like to congratulate Mr W J Morgan for his excellent observations (15 December, p 1590) regarding appointment of consultants in accident and emergency services in Great Britain. Too many posts of consultants have been created by the DHSS over the past few years and quite a few consultants have been hastily appointed who have not gained enough experience in the field of accident and emergency work. . . . I personally feel that no consultants should be appointed unless they have gained at least four years' experience in general surgery or general medicine as a registrar and at least three years as senior registrar in an accident and emergency department, at the same time rotating in other specialties such as paediatrics, neurosurgery, burns, etc. In some regions consultants have been appointed who have been general practitioners and have not had enough experience in the field of surgery or orthopaedics. I would like to know . . . the criteria of appointment of consultants in accident and emergency

departments as I have noticed over the past few years that some authorities have appointed consultants who had been medical assistants with many years of clinical experience (but without a diploma of FRCS), but on the other hand some authorities insist that a candidate cannot be appointed unless he has a diploma of fellowship, however meagre his or her clinical experience. . . .

### Once an alcoholic, always an alcoholic

"Elderly doctor" writes: I read Paula Wye's article (22-29 December, p 1665) with pity and sympathy for the author and anger at all her therapists. . . . I was an alcoholic for 16 years. . . . Twice a week for several months I visited Dr A, until he enlisted and referred me to a colleague. I identified much better with Dr B, but with equally negative results. . . . After two years or so, Dr B . . . referred me to Dr C, an older man. In modern parlance my psychoanalytic sessions were a chat-show. I had a six-month dry period some time later. . . . But the swing-back was so severe that my alarmed friends recommended a psychiatrist. I waited outside the building while my wife, who stood by me through all this, gave Dr D a fairly detailed history and asked what help I could get. The verdict was none. In the great man's opinion I would be dead within three months. Not only did I not die as predicted, but, having met the late Dr John Dent, I was cured before the three months were up. At the age of 72 and completely desiccated for 34 years, I can claim on behalf of John Dent a complete cure. Dr Dent devised his own method, administering apomorphine and alcohol simultaneously. In one week exactly I parted company with alcohol for good. Like all cured alcoholics, I have remained a total abstainer. This is no problem for Dr Dent's patients (that is, for the 75% successes). . . .

### BMA at Hong Kong

Dr DOREEN H ANNEAR (Bridgend, Mid-Glam CF35 5AW) writes: Having been privileged to visit the Peoples Republic of China prior to the BMA meeting in Hong Kong, I read the account of the meeting in the recent *BMJ* (24 November, p 1339) with interest and appreciation. I must, however, draw your attention to one misleading statement. You mentioned that the Chinese had a high tolerance for noise, citing the floor show (prior to the excellent Chinese banquet on 5 November)—which, you assert, caused some BMA members to block their ears. While I realise that Chinese opera music is strange to Western ears the bulk of the noise was caused by BMA members, who quite drowned the voices of the opera singers. . . .

### Correction

#### Diagnostic kits and the clinical chemist

In the letter "Diagnostic kits and the clinical chemist" (15 December, p 1581) we regret that Miss Mary Warner's address was given incorrectly as Musgrove Park Hospital, Taunton. It should be Yeovil District Hospital, Yeovil, Somerset BA21 4AT.