

chest pain caused by thoracic disc lesions. It would seem that some patients are suffering unnecessary anxiety and investigation because routine spinal examination is not being carried out in all cases of abdominal and chest pain.

The flight from science

Mr J CHALKER (Ruscombe, Glos) writes: In your alarmist leading article "The flight from science" (5 January, p 1), you start by naming acupuncture and moxibustion as two of several alternative medicines. You fail to mention either of them again, but succeed in giving the impression that both of them suffer from the deficiencies outlined in the rest of the article. You are correct to seek reliable evidence of treatment efficacy; but with even a fleeting acquaintance of the *Chinese Medical Journal* you will know how much work is being done there in this direction with different acupuncture procedures. Acupuncture . . . has a systematic theoretical foundation, which has developed in a culture quite different from our own but is nevertheless precise and scientific.¹ . . . To be worried about those practising acupuncture with minimal training is one thing. There are many general practitioners treating patients with needles after a mere three-week course. But to blithely write off the achievements of millennia of work does not become a distinguished journal such as yours. . . Those of us who have studied acupuncture clinically and theoretically for a minimum of three years would welcome State registration, together with set training standards, professional conduct, and inter-professional relationships, precisely to reverse the flight from science that your article discussed.

¹ Porhert M. *The theoretical foundations of Chinese medicine*. Cambridge, Massachusetts: MIT Press, 1974.

Dr E K LEDERMANN (London W1) writes: To what alternative do patients fly from science? . . . Science is systematised knowledge and the systematisation can be effected in an analytical and in a holistic way. Present-day medical science is organised analytically, which is evident in the emphasis on specific causation and treatment. The legitimate proof of the efficacy of any such treatment is by means of a control experiment. Holistic systematisation is unspecific and concerned with beneficial and harmful effects on the whole person. Health and disease are related to the conditions under which a person lives, his life style. Proof of efficacy of this approach does not rest with control experiments. Influential voices^{1 2} have recently been raised against the over-emphasis on the specific medical approach and against the neglect of the holistic one. . . .

¹ Dixon B. *Beyond the magic bullet*, London: Allen and Unwin, 1978.

² McKeown T. *The role of medicine: dream, mirage or nemesis?* Oxford: Nuffield Provincial Hospitals Trust, 1976.

Perioral dermatitis

Dr K D CROW (Princess Margaret Hospital, Swindon SN1 4JU) writes: The conclusion of your leading article (19 January, p 136) on perioral dermatitis is entirely unjustified on the evidence. This could equally well indicate (as I believe) that perioral dermatosis exists as an idiopathic condition in a small

number of cases, as well as being due to halogenated steroids. The fact that almost every rash has had some sort of steroid on it when it reaches the consultant—and that this is now likely to be non-halogenated—perfectly adequately explains Dr J A Cotterill's data. I cannot therefore accept your leader writer's conclusion that 2½% hydrocortisone on the face is likely to cause perioral dermatosis.

Drug names that look or sound alike

Dr M B REDDINGTON (Maroubra Junction, NSW, Australia) writes: . . . Of possibly even more significance than drug names that look and sound alike (6 October, p 836) are names which look similar when hand written. Some years ago a patient came to see me extremely ill from multiple haemorrhagic phenomena. He had previously seen a psychiatrist who had prescribed Concordin (protriptyline) 10 mg three times a day. A locum pharmacist dispensed Coumadin (warfarin) 10 mg tablets, which the patient took dutifully three times a day for 10 days, with predictable results. . . .

Seat belts

Dr R J STEEDS (Woodbridge, Suffolk) writes: Some years ago I bought a Humber Sceptre, and had it fitted with inertia-type seat belts. Although both my wife and I are of average height, the belt cut right across her throat and was high enough to be quite uncomfortable in my case. Consequently I had to lower the upper attachments by 7.5 and 10 cm (3 and 4 in) by inserting steel strips. If further legislation is envisaged, is not the provision of alternative fixing positions essential?

Drugs before driving tests?

Dr JOHN STEWART (Randalstown, Antrim BT41 3BE) writes: The local press in Northern Ireland gave prominence on 26 January to what is described as a plan recently presented to the DHSS by the BMA. The news report included comments attributed to the chairman of GMSC, Dr Tony Keable-Elliott, on the services for which fees might be charged by doctors under this plan. One of these services was described as "Giving an anxious person something for his nerves before a driving test." I am certain that all police surgeons throughout the United Kingdom—of which I am one—will read with horror of this quite extraordinary suggestion. So also will the traffic branches of police forces throughout the country. Pills which calm the nerves have no place for anyone taking a driving test or indeed driving at any time. If a person thinks that he must have a pill to calm his nerves before he can drive sufficiently well to pass a driving test, he has no place on our roads at all. . . .

Soya milk for infants

Mr C A LING (Plamil Foods Ltd, Folkestone, Kent CT19 6PQ) writes: May we without disrespect to the authors of "Infant feeding practices: a cause for concern" (22 September, p 707) . . . say that it has now come to our notice that two other journals have been misled into believing that (i) the two cases referring to Plamil occurred during "the past

12 months"; (ii) potassium and calcium levels were low at the time of publication; and (iii) the soya milk may only be suitable for "older children." . . . Owing to the lack of specific dates in the article, it is necessary to state that an analysis done at least a month before publication showed the potassium level to be 70 mg/100 g; and it is significant to quote from an independent laboratory report on samples of our Plamil taken as far back as 2 November 1978: "These give fairly consistent results at about 850 ppm calcium" (we claim 80 mg per 100 g). The report concludes, "Plamil undiluted contains therefore approximately two-and-a-half times the amount of calcium in human milk, but naturally when diluted the calcium content would be satisfactory for the feeding of neonates and more mature babies and far nearer to human milk than cows' milk." . . .

Tea and iron-deficiency anaemia

CAROL S FARKAS (University Department of Man-environment Studies, Waterloo, Ontario, Canada) writes: . . . It would be of interest to ascertain the source of iron in the diets as well as the amount of tea consumed daily of the workers discussed in the paper "Iron deficiency anaemia and its effect on worker productivity and activity patterns" (15 December p 1546). Recent works have called attention to the interference with absorption of non-haem iron by tea.¹ This effect has been ascribed to the formation of insoluble tannate complexes in the gut.² It has been suggested that tea contributes to the pathogenesis of iron deficiency if dietary iron consists mainly of non-haem sources. In addition, the effect of tannin on non-haem iron absorption is greater when ascorbic acid intake is low.

¹ De Alarcon R, Donovan M, Forbes G, et al. *N Engl J Med* 1979;300:5.

² Disler F, Lynch SR, Torrance J, et al. *S Afr J Med Sci* 1975;40:109.

"Trainee general practitioner"?

Dr H M S NOBLE (Sheerness, Kent ME12 1TR) writes: I have felt for some time that the term "trainee" is rather derogatory. It suggests to patients that he (or she) is not a "proper doctor." (How would you like to be operated on by a "trainee surgeon?"). In fact, some of my trainees have been very experienced, albeit mainly in hospital practice. Can we think of a better name? For a start could I suggest "registrar in general practice?" That has a certain ring about it.

Concepts of bacteriology

Dr P J HOYTE (Clitheroe, Lancs) writes: I greatly enjoyed Mr James Owen Drife's article (9 February, p 389) recording the clinical and forensic detail present in many children's books. A notable addition to his list of examples appeared in one well-known journal¹ a year or two ago, when young aficionados were introduced to the important concepts of bacteriology by illustration of a "germ"—a small round ten-legged organism wearing a red and black striped rugger shirt, and a steel helmet with a spike on it.

¹ *Beano*, 1978.