opinion, too few nephrologists for its population.

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¹ Knapp MS. *Lancet* 1977;iii:1068.

² Dombey S, Sagar D, Knapp MS. *Br Med J* 1975;iii:484.

³ UK Transplant. *Annual report*. Bristol: UK Transplant, 1979.

Integrated dialysis and renal transplantation: small is beautiful

SIR,—We blush with pride to recognise our own renal unit in the article by Dr A J Nicholls and others (21 June, p 1516). We realise now that as well as being small we must also be beautiful.

Exeter serves a population of over one million people in Devon, Cornwall, and Somerset. The geographical remoteness and rural nature of the south-west peninsula necessitated the establishment of a dialysis and transplant facility in this small but central city. Since the service started in 1966, 175 people have been taken on for long-term treatment, mainly home dialysis. Transplantation started two years later and so far 72 kidneys have been grafted. In the last year 26 new patients came forward for treatment and 13 grafts were performed. In agreement with the assessment of Dr Nicholls and his colleagues, we consider that we have now reached 50% of final unit size.

From the beginning of UK Transplant, we have pursued an active policy of donor kidney retrieval from our own and surrounding district general hospitals and up to now we have been net exporters. For the future we are endeavouring to raise £350 000 to build a new unit since our present building is already bursting at the seams. We need to continue medical education to ensure that renal failure is more widely and more quickly recognised, and to increase the donation of kidneys. Only if we are able to transplant the majority of our patients will we be able to continue taking on new patients at our current rate and grow to our optimum size.

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Doctors and the prevention of alcoholism

SIR,—The role of doctors in combating excessive drinking, one of "man's self-destructive activities" (19 July, p 244), is by no means restricted to early diagnosis, treatment, and rehabilitation of the victims. It is also vital in the all-important task of prevention—for example, by educating government, politicians, and the general public. This was well illustrated by the 1980 Annual Representative Meeting's concern with the need for measures to reduce the nation's high alcohol consumption: the ARM appealed to the Government "to take positive steps, including fiscal measures, . . . to make alcohol an expensive luxury . . ."; and doctors were urged to create "public awareness" of the dangers of heavy drinking (p 244).

Last year an article in your columns posed the question whether alcoholism was "a medical or a political problem."¹ It concluded

that it was primarily a political problem, a view that has recently acquired increasing popularity. But surely in this aspect too, as so often in questions concerning problem drinking, it is not a matter of "either or"²—not a matter of "either political or medical" with little intervening ground. Alcoholism is both a political and a sociomedical problem³ and the medical profession, instead of shifting responsibility on to the politicians, should play a leading part also in prevention by educating government and the general public in the nature of the problem, the risks involved, the need for urgent measures, etc. Not so long ago a slogan became quite popular: "Alcoholism comes in people, it does not come in bottles"; nowadays the trend seems to be towards reversing this slogan. But surely both "people" and the "bottle" have to be considered in a comprehensive multidisciplinary team effort; and preventive measures should not be limited (in the main) to reducing availability of the "agent" by fiscal and legal measures—vitaly necessary as they are—but should also and equally be directed at "host" and environment.²

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¹ Kendell RE. *Br Med J* 1979;i:367-72.

² Glatt MM. *Alcoholism—a social disease*. London: Teach Yourself Books, 1975.

³ Glatt MM. *Br Med J* 1979;i:684.

⁴ Glatt MM. *Lancet* 1980;i:982.

Penile injuries from vacuum cleaners

SIR,—I read with interest the report on penile injuries from vacuum cleaners by Mr N D Citron and Mr P J Wade (5 July, p 26). The condition is not uncommon and was first described by Fox and Barrett in 1960.¹ It represents one of the bizarre methods of masturbation adopted by elderly men.

In a series of 57 penile injuries reported at the annual meeting of the British Association of Urological Surgeons in June 1980, I reported three patients with this condition. Their ages were, typically, 66, 55, and 60 years. They had suffered degloving injuries and two patients required suturing of multiple lacerations and one required split skin grafting. All three patients underwent urethral catheterisation for urinary retention, and were given prophylactic antibiotics.

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¹ Fox M, Barrett EJ. *Br Med J* 1960;ii:1942.

Bone-marrow aspiration and trephine biopsy

SIR,—I was interested to see the two articles on bone marrow aspiration and trephine biopsy in your excellent series "Procedures in Practice" (19 July, p 204 and 26 July, p 280). My experience of patients at this hospital, who have frequently had a marrow examination done previously elsewhere, is that the procedure has a bad name with them owing to excessive pain. This is almost always because an inexperienced operator has not obtained adequate periosteal anaesthesia or has not ensured that the needle enters the bone through the anaesthetised area. If precautions are taken

to ensure this the procedure can be conducted entirely painlessly, except for the actual moment of aspiration.

Another practice which is worthy of record, and which I believe originated in Professor Witt's department at Oxford, is the use of a small piece of waste x-ray film, cut to size, as a spreader of the marrow particles. With experience the slight flexibility of this enables particles to be spread better than with a slide.

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Evolution of colonic polyps

SIR,—I was asked to offer a word of caution over the recommendation that a colectomy and ileorectal anastomosis should be advised in people with multiple polyposis coli (26 July, p 257). I have recently had experience of two young sisters who were so treated where the social circumstances were not ideal for regular follow-up and both within a short period developed invasive carcinoma of the rectum. Certainly in these cases it would have been better to have performed a panproctocolectomy in the first instance as both have adjusted to ileostomy quite satisfactorily.

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Careers for diabetic girls in nursing

SIR,—Like Miss H K E Browning, I have been following the discussion on nurse training with interest. Her letter (26 July, p 307) however, only confirms my impression that most of the prejudice against diabetic girls applying for nurse training comes from the nursing profession itself, and not from doctors in NHS occupational health services, who frequently screen candidates for fitness for such training.

In the school of nursing attached to this area, candidates are accepted or rejected following interview and testing. No health questions are raised by the interviewers, though I suppose that a candidate might volunteer some health information—I would sincerely hope that this would not prejudice any decision. Successful candidates are then screened and medically examined here, and the school of nursing is informed only that a candidate is considered fit or unfit for training. A well-controlled diabetic would be passed as fit. Such a candidate would then be asked for written permission to inform the director of nurse education of the condition, in case any problems arise during training. We also feel that, whenever possible, a diabetic candidate should live initially in one of our larger nurse hostels, where GP access for prescriptions, etc, is somewhat more easily obtained. We have also invoked the help of our dietetic department in adjusting times of insulin dosage and diet during spells of night duty.

Like Dr D G H Sylvester (28 June, p 1616), I feel that there are very few medical conditions which preclude nurse training. Some of these are gross obesity, certain orthopaedic conditions, severe epilepsy, and, arguably, certain skin conditions. There appears to be no bar to the acceptance of prospective students with diabetes in our medical schools, and this training is equally demanding.

It may well be that diabetes does not make a