also by their total inability to inform them of this communication gap, let alone to tune in on the same wavelength as the doctor.

It was Isocrates who once said, "The proper use of language (speech) is the most substantial index of sound thinking." Is there no way of comparing a minimum standard of expressive speech with a clinical test of oratorical competence? This is remarkable when one realises that it is necessary to pass the asessment of spoken English to become an American citizen. Our medical schools and universities so obviously concentrate on the written word that it is difficult to convince them of their one eyed view. The aim of our modern education system is to achieve a competent standard of written composition culminating in that peak of eminent scholarship, the Civil Service memorandum, which every bureaucrat can read and act on. Nowadays there is a great danger that doctors will retreat behind laboratory doors and treat patients only by automatic responses to programmed instructions. There is an astonishing vitality to speech which adds an extra dimension to the power of the spoken word to affect the listener for good or ill. It is this dynamic aspect of speech that chills the heart of every candidate and examiner in the viva voce. In my opinion the examiners of PLAB and the Royal College of General Practitioners are shirking their responsibility to patients.

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Child abuse

The child abuse controversy (16 July, p 190) is beginning to reflect discredit on medical practice. Parents are increasingly terrified of the possible implications of their child being examined by a doctor. This situation is now exacerbated by the assertions of Lord Justice Butler-Sloss and the Department of Health and Social Security report that reflex anal dilatation is abnormal, requires follow up, may or may not be pathognomonic of child sexual abuse, and should raise suspicion.

Anyone who inspects a child's anus needs to know urgently whether physical signs exist that justify the label of anal sexual abuse. The situation is ludicrous—a physical sign which has major implications in one district is regarded as totally unimportant in another. One general practitioner mother said she could elicit the sign while inspecting her own children's bottoms for threadworms.

Some paediatricians have implied that anal dilatation in a child means that large objects have been pushed in from the outside. Coloproctologists like myself point to the enormous size of stool in a small child relative to the size of the child and to the ease with which the normal rectoanal inhibitory reflex may be triggered in children, particularly if a stool is present in the rectum. The internal sphincter is, after all, the lowest part of the gut muscle, and reflex anal dilatation is the most distal component of normal peristalsis.

My anxiety at the beginning of the Cleveland inquiry, now reinforced by as much investigation as seems to be ethical, was that I had seen reflex anal dilatation from time to time in normal children who had not been abused. I discussed this with many of the country's leading coloproctologists and conducted the following survey among 51 specialists who attended two meetings of the Royal Society of Medicine. They were asked for their interpretation of the following: "You turn a child on to the left side, part the buttocks, and inspect the anus for 30 seconds. During this time the sphincters relax so that the rectal mucosa is visible—(*a*) the child has been the victim of anal sexual abuse; (*b*) it is the normal rectoanal inhibitory reflex and there is likely to be a stool in the rectum; (*c*) it occurs in pathological situations (listed)."

Forty two of the doctors had seen the phenomenon—16 only rarely and 26 on several or many occasions. Those who often see children had seen the sign most often. Only three considered that anal abuse was even a possible explanation, but they asserted that it also occurred in normal children and those with constipation and prolapse. Thirty three thought that it was entirely normal, and 30 thought that it was seen in arguably abnormal situations. Constipation was indicated as a cause by 22, prolapse by 21, and threadworms by three. Several thought that a rectal examination was essential to detect stool in the rectum before making any deductions whatever.

Most coloproctologists remain unconvinced that buggery of small children is common. One leading scholar in the discipline has seen only nine cases in a lifetime of record keeping, and reflex anal dilatation was not a feature (J C Goligher, personal communication). He warns emphatically against making the diagnosis on physical signs and is concerned particularly about making it "just on a look at the anal region." An even greater worry now is that prolonged and repetitive looking at the anal region of children, encouraged by the current publicity, may itself produce more positive results. The substantial abduction force applied to the buttocks to allow photography may have increased the frequency with which the sign was observed in Cleveland, and the "knee-elbow" position may increase the number of positives. We must question the wisdom of photographing children's anuses, especially in this position, in the absence of a definite abnormality. Dilatation alone was virtually the only reason for taking dozens of photographs which I have seen.

The assertion that reflex anal dilatation represents an adaptive response to a repetitive painful experience is improbable. Nowhere else in human neurophysiology does an adaptive response to pain result in muscle relaxation. Anal fissures, corneal foreign bodies, abdominal guarding, etc, all cause reflex contraction of muscles, not relaxation. Reflex anal dilatation is neither diagnostic nor even suggestive of anal sexual abuse.

What of the other signs? Fissures and perianal soreness are common symptoms in children, particularly those with constipation, and cannot stand as evidence of sexual assault. A leading paediatric surgeon regularly makes the following statement in his lectures: "Anal fissures in small children can often be seen in different situations on different days, and a gentle parting of the buttocks will usually result in spontaneous relaxation of the sphincters to make such fissures readily visible to the examiner" (H H Nixon, personal communication). What is this but reflex anal dilatation?

It is impossible, in the absence of anal injury or the presence of spermatozoa, for a doctor to examine the anus of a child and conclude that sexual abuse has occurred. If this assertion is true then no parent need fear that a doctor's inspection can be the starting point for proceedings to remove children from the family, and no magistrate should accept purely medical evidence as the basis for a place of safety order.

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With the publication of the Butler-Sloss inquiry (16 July, p 190) it is apparent that there is an unacceptable amount of child sexual abuse in Britain. My experience in a rural community in central Scotland, however, causes me to wonder whether adolescent fantasising is not leading to overreporting of this phenomenon in older children.

Over the past 18 months I have learnt of five adolescent girls (aged 10 to 16 years) attending one secondary school who were investigated by the caring professions because of alleged sexual abuse. The police have been concerned in three cases and medical and social work personnel in all five. The allegations were made by the children themselves in three cases, and the other two cases were reported by other people. Considerable doubt has been expressed by the carers in two of the cases, and the allegations have been dismissed as groundless after investigation of the remaining three cases. Only one child has been removed from her parental home.

This evidence should engender caution in people dealing with such allegations in adolescent children.

ANONYMOUS

Irritable bowel syndrome in a non-Western population

Dr D Danivat and others (18 June, p 1710) failed to consider two common intestinal protozoal infections present in the tropics. Chronic amoebic colitis and giardiasis may present with symptoms similar to those of irritable bowel syndrome.[1,2] In particular, chronic diarrhoea with episodes of abdominal pain may be the presenting features of these infections. In proved amoebic colitis we too have often seen painless diarrhoea which occasionally could be precipitated by mental stress.

The questionnaire adopted by the authors was based on a survey carried out in a Western population, where the incidence of parasitic intestinal infections is negligible. An identical questionnaire should not have been used in a non-Western population, in which these infections are more prevalent. Furthermore, the authors did not consider the possibility of their subjects having had antiprotozoal treatment that would have altered the clinical presentation. A lack of laboratory facilities means that doctors in the tropics sometimes prescribe antiprotozoal agents, such as metronidazole, for patients with symptoms of amoebic colitis and giardiasis without definite microbiological proof of infection.

Irritable bowel syndrome is diagnosed by excluding organic disease of the large bowel.[3] For this purpose, particularly in the tropics, an examination of faeces for parasites is mandatory. A prevalence rate obtained without carrying out this basic investigation would not be accurate.

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3 Manning AP, Thompson WG, Heaton KW, Morris AF. Towards positive diagnosis of the irritable bowel. *Br Med J* 1978;ii:653-4.

Babywalkers

Dr J D Middleton (16 July, p 202) concludes that babywalkers are potentially harmful. Unfortunately, he also concludes that we should make no further efforts to improve the design standards because babywalkers are of no benefit to infant development and, therefore, are unnecessary and should be removed from the market.

This misses the whole point of babywalkers. As any parent will tell you, children enjoy them. To infants not yet able to crawl and often bored while their carer is occupied with household chores babywalkers provide independence, freedom to explore their surroundings, and a source of extra stimulation. It was because of his obvious delight