Obviously there are some disadvantages: in clinical medicine an absence of six months may jeopardize a doctor's career, though there are signs that some clinicians are now viewing such a tour of service as an asset. There is also the problem of finance: obviously the shorter the tour of service, the less any hospital will feel inclined to pay travelling expenses. Nevertheless, there is no hard-and-fast rule about this and a single doctor working among the Bantu and Zulus in South Africa could return home with a net profit after only three months' service.

Besides individuals, there are several ways in which groups of doctors can help: general practitioners can arrange for one of their partners to have a sabbatical; doctors retiring from the N.H.S. can spend a year in a reasonable climate overseas; postgraduate deans can encourage hospital staff to rotate abroad by ensuring them a place on their return; and deans of medical schools can encourage medical students to spend their elective periods in developing countries. None of these suggestions are original. They have all been tried and worked. I would be happy to meet and try to help any such body of people or indeed any individual who is interested in working in any part of the third world.—I am, etc.,

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Vice-Chairman,
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Aetiology of Varicosity

SIR,—With regard to the letters by Dr. A. A. R. Gossage (8 July, p. 112), Dr. R. H. Johnson (2 September, p. 590), and Dr. K. M. Waddell (30 September, p. 826), contending that the large colonic contents of Africans eating unrefined carbohydrates would lead to greater, not smaller, pressures on the iliac veins at the pelvis, may I venture to disagree? The abdomen, owing to the peritoneal fluid, may in some ways be likened to a tank of water, and the resulting complex hydrodynamic factors present within its walls would, I submit, preclude the above contention being true, *however voluminous the colonic contents*, unless the specific gravity of these contents were sufficiently raised above that of their fluid surroundings. This, for evolutionary reasons, would be unlikely to occur except in the presence of an unnatural stasis (and consequent accumulation of intestinal sand, which forms a considerable proportion of these contents). The behaviour of a stool in water may be deceptive, owing to trapped gases of intestinal fermentation. With relevance to the above Mr. Anthony Barker has recently informed me that it is most exceptional to find any accumulations in the colon at operation in tribal Africans, living on unrefined carbohydrates.—I am, etc.,

T. L. CLEAVE

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** This correspondence is now closed.—ED.,
B.M.J.

Suicide Rate

SIR,—In a recent communication (2 September, p. 590) Dr. B. M. Barraclough reported upon the decline during the past decade of the suicide rate in England and

Wales and endeavoured to show that this decline was a valid phenomenon and not due to a change in criteria for classifying mode of death by coroners.

It is perhaps important to note that the decline in the suicide rate is not found in all age groups. In a recent report¹ the suicide rates per 100,000 per year for 1956-7 and 1966-7 among persons aged 15 and over for England and Wales were given as follows:

Age (years)	Males		Females	
	1956-7	1966-7	1956-7	1966-7
15-24	4.4	6.5	2.0	3.2
25-44	11.1	12.5	6.0	7.3
45-64	27.1	19.6	17.4	14.5
65+	43.3	27.1	20.0	17.0

It is clear that, for both males and females, the suicide rate has declined markedly in those aged 45 or more but has risen in those aged 15-44. The rise of almost 50% among teenagers and young adults (age 15-24) is especially notable and illustrates the difficulty of delivering mental health care to the younger members of the population.—I am, etc.,

DAVID LESTER

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¹ *Statistical Bulletin, Metropolitan Life Insurance Company, New York, 1972, 53, 3.*

Aspirin and Haematemesis in Children

SIR,—Severe haematemesis in children due to ingestion of acetylsalicylic acid appears to be a rare event, to judge by a review of four standard American and British textbooks of paediatrics. However, it is likely that many instances are unreported or a detailed history of drug-taking by the child is not obtained. Failure to take an adequate history may lead to needless and dangerous investigations and treatment.

We report the case histories of three children seen during the past two years and would suggest that the condition is more common than is generally realized.

Case 1.—A 3-year-old girl had had a sore throat for 14 days and was treated with oral phenoxymethylpenicillin and soluble aspirin tablets B.P. (containing 300 mg of aspirin intermittently). Three days before admission to hospital all treatment was stopped, but aspirin was restarted on the day of admission. Three hours later she started to vomit copious amounts of fresh blood. When seen she was shocked, her haemoglobin level was 6.7 g/100 ml, and urgent resuscitation was required. Barium-swallow and barium-meal examination and investigations of bleeding and clotting factors gave normal results.

Case 2.—A girl aged 2½ years had been irritable and unwell for a few days. She was given two soluble aspirin tablets B.P. on three occasions, but four to six hours after the last dose she began to vomit large quantities of fresh blood. After a 24-hour period of observation at home she was admitted to hospital for investigations. Haemoglobin was 5.9 g/100 ml and she was a little tender in the right hypochondrium but no masses were palpable in the abdomen. A blood transfusion was given and laparotomy performed, with normal findings. X-ray findings and bleeding and clotting factors were normal.

Case 3.—A 9-year-old boy complained of vague upper abdominal pains for about three months and was treated with Disorin tablets (each containing 300 mg of aspirin) intermit-

tently. On the day of admission to hospital he took one Dispirin tablet and six hours later vomited a small amount of altered blood. Shortly afterwards he started to vomit large amounts of fresh blood and continued for about four hours. On examination he was shocked and his haemoglobin level was 6.2 g/100 ml. He required urgent resuscitation. Again x-ray findings and bleeding and clotting factors were normal.

According to the records of the Committee on Safety of Medicines at least 43 deaths occurred in Britain between June 1964 and October 1971 from bleeding into the gastrointestinal tract due to salicylates. One of the victims was a boy of 14 years and there were two other, non-fatal, instances of haemorrhage in children. The toxic effects of salicylates on the gastrointestinal mucosa have been well reviewed by Salter.¹

Clearly it is both the parent's and the doctor's duty not to give aspirin or proprietary preparations containing aspirin to a child for any trivial, non-specific illness. Moreover, the definite indications for the use of salicylates in children are very few indeed, and any child with high fever or dehydration should never be given salicylates because he is very prone to develop signs of intoxication.

We wish to thank Dr. K. Lovel, of the Committee on Safety of Medicines, for helpful information and advice.—We are, etc.,

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¹ Salter, R. H., *American Journal of Digestive Diseases*, 1968, 13, 38.

Anaesthesia by Acupuncture

SIR,—Regarding the recent correspondence on this subject by Dr. M. A. E. Ramsay (16 September, p. 703), Dr. S. G. Hamilton, and Mr. I. Capperault (28 October, p. 232) I wish to confirm some of the observations which have been mentioned. I also was present in China at the lobectomy operations described. In neither case did we witness the "induction of anaesthesia" but we were taken into the operating room after the skin had been incised and while the chest was being opened. The patient was fully conscious and was clearly not suffering. Local analgesia and intravenous pethidine had already been administered. Acupuncture anaesthesia should really be regarded at best as a form of analgesia and the term anaesthesia should not be applied as it is a misnomer.

During the lobectomy operation, in which there was a single acupuncture needle in the left arm that was being rotated manually, I observed that the anaesthetist stopped rotating the needle for up to 10 minutes on several occasions. These occasions were clearly (to me) haphazard and were so admitted to be when I inquired. The anaesthetist was not a medical graduate as we know them, or a nurse, but a young girl who had undergone a course in acupuncture at the School of Traditional Chinese Medicine; she did not appear to have any responsibility for transfusion or other therapy, and rapport with the surgeon and what he was doing was noticeably absent. The last sentence in Mr. Capperault's letter is well worthy of note.—I am, etc.,

DAVID SALTOUN

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