long stay wards and hospitals. We fail to use the most effective therapeutic weapons we have—civilized and interesting conditions in which to live and meaningful things to do. We cannot plead a poverty-stricken society but like to think in terms of irresponsible families. There is no evidence of irresponsible families.1,3 We cannot really face the facts of difference. The workhouse setup appeared to work in the past only because of the compulsion of the Poor Law, and to expect it to work on a voluntary basis in an affluent society at the end of the 20th century is quite ludicrous.

What Drs. Hodgkinson and Jefferys do not appear to recognize is that the "social dehiscence" which they try so hard to avoid, but are not very clear about, has nearly always occurred already. It is the commonest single reason that brings people to hospital. It is a gaping, a bursting open, and not a withering. The metaphor is crucial because it hangs the validity of their paper.

We have two geriatric units side by side in very similar areas but using very different methods. There is no way of finding out from present statistics what happens to people who pass through hospital except in a very general way. This would appear to be an excellent opportunity for a research project and we should welcome this—I am, etc.

F. A. BINKS
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Sheep's Head as a Source of Orf Infection

SIR,—Orf is a virus infection affecting sheep. In humans it is not uncommon in shepherds and veterinary surgeons, but one could be excused for not thinking of the diagnosis in patients with the ordinary occupations found in an urban community. In 1972 the diagnosis was made in three patients who used almost the same words to describe the source of infection—namely, "cleaning out a sheep's head for the dog."—I am, etc.,

J. SAVAGE
Royal Infirmary, Dundee

Aleutian Mink Disease

SIR,—May I write to correct a possible error in your Christmas Quiz? (23 December, p. 722). One of the very few answers I thought I knew was to the question on Aleutian mink disease. You stated that it was an animal model for human autoimmune disease. However it has been shown to be caused by a persistent virus infection.1 There is an incubation period of 5-6 months before sterility, fever, weight loss, and renal involvement occur. Lymph node and splenic enlargement occur, as does a pancytopenia. Viruria persisted for 136 days after inoculation of the virus into ferrets.2 The disease can be transmitted from mink to mink by crude organ suspensions and cell-free filtrates of diseased tissue.3 The pathological changes in the mink are characterized by generalized lymphocytic and plasma cell proliferation with hypergammaglobulinemia, glomerulonephritis, and necrotizing arteriopathy.1 Aleutian mink disease is significant not only as an example of a persistent virus infection but also as an example of such a disease possibly occurring in man.4—I am, etc.,

L. HERZBERG
Royal Infirmary, Dundee

Conscience of the Profession

SIR,—Some years ago it was my regular evening duty to prescribe thalidomide sedation to patients who had to stay in wards, and to expect it to work—a very clear way of a doctor's drug by doctors in a comparable situation. I cannot accept that doctors are tradesmen. The essence of a profession is not merely that its members should be skilled, but that they should acknowledge a moral responsibility for their actions and the trust placed in their judgement. The responsibility for the welfare of a patient must rest primarily with his attending physician. It does not lie primarily with a drug firm whose product he has taken upon himself to recommend to his patient. At the time thalidomide was distributed to the public its dangers were not known, or at least not appreciated. The Distillers Company and the medical profession are therefore not guilty of criminal negligence. The Distillers Company have offered millions of pounds in compensation. Although individual doctors may have salvaged their consciences in their own ways, the medical profession as a body has admitted nothing and given nothing. This makes me sad.—I am, etc.,

A. J. BARSON
Manchester

Side Effects of the Pilil

SIR,—I would recommend Dr. D. A. Varvel (23 December, p. 729) to use the progestogen pill for his patients complaining of a reduction in libido, and withdrawal headaches. In trials using the single-hormone micro-pills it has been particularly encouraging to find these and other side effects are not appreciated by the patient.

The main disadvantage, as mentioned in Dr. Varvel's letter, is the poor cycle control. As to contraceptive failure, the present continuous low-dose progestogen pills on the market offer good use effectiveness. A recent report comparing the clinical and laboratory findings in a trial of Norgestrel quoted 1·3 pregnancies per 100 woman-years in terms of the Pearl index.1 This compares favourably with the pregnancy rate quoted for intrauterine devices. The later reports show an improvement over earlier figures.2—I am, etc.,

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Anæsthesia by Acupuncture

SIR,—I have received many replies to my letter (16 September, p. 703) asking how the Chinese had overcome the basic problems of an open chest and collapsed lung while performing a pneumonectomy solely with the aid of an anæsthetic. The operation is performed on patients who have a reduced lung function or are suffering from infective lesions such as tuberculous or bronchiectasis. Selection of patients is such that those who are mentally unsuitable to undergo such a procedure are eliminated. This excludes at least 20% of patients (Mr. I. Capperud, 28 October, p. 322).

Two weeks preoperatively an artificial pneumothorax is induced on the affected side. The patient then undergoes breathing control exercises and becomes accommodated to respiring on one lung. Immediately preoperatively a sedative is given. The chest is entered with the aid of local anaesthesia and intravenous pethidine (Dr. D. Salton, 9 December, p. 612). On opening the chest the lung is already collapsed. The mediastinum does not shift as it is fixed by adhesions. Little analgesia is required while working in the chest cavity.

What about acupuncture? The Chinese report that they initially had to place needles into 40 different points on the body. Over the years this number has been slowly reduced, until now only one needle is usually inserted as the primary line of treatment. One wonders whether this technique would still be successful if the final reduction were made and no needles inserted.—I am, etc,

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1 Peking Review, 1972, 15, nos. 7-8 (February).
2 Lam, F. L., University of Hong Kong, personal communication.

Congenital Tuberculosis Successfully Treated

SIR,—We wish to report a proved case of congenital tuberculoses (fulfilling the necessary criteria as laid down by Beitzke) which was treated successfully.

A premature male infant of Indian parentage was born following an assisted breech delivery to a primipara who had good lung function. Gestation was estimated to be 32 weeks and the baby weighed 1,690 g. The Apgar scoring was 7 at one minute, with no sign of cyanosis or absence. The main disadvantage, as mentioned in Dr. Varvel's letter, is the poor cycle control.