Points

Rebreathing in a subject wearing an integral crash helmet

Mr S P HAWKINS (Guy's Hospital, London SE1 9RT) writes: While wishing to applaud the efforts made by Dr R Greenbaum and others (13 March, p 774) to ensure adequate ventilation in integral crash helmets, I feel the following points should be considered.

On the open road travelling at even quite moderate speeds there is a very significant increase in air flow within the helmet. . . . During low speed riding, that is, below 20 km/h, especially in traffic, most riders raise their visors to prevent them being misted and to improve vision and hearing. The experiments did not include "visor-up" tests. Also, motor-racing drivers wearing both flame-proof balaclavas and bibs have air forced through their helmets via flexible tubes connected to air collectors on the body of their cars. Finally, the helmets are not designed to be used with scarves wrapped up inside them around the wearers' necks. Whatever their efforts, helmet manufacturers are fighting a losing battle if the user deliberately intends to restrict his own air supply with such garments.

Pleuritic pain: Fitz Hugh Curtis syndrome in a man

DR H DE GLANVILLE (Weybridge, Surrey KT13 9EQ) writes: I know that Americans these days tend to dehyphenate the language rather as they decaffeinate coffee, but if one wishes to deprive Dr T Fitz-Hugh, junior, of his customary hyphen, would not FitzHugh, or even Fitzhugh, be better than Fitz Hugh? (13 March, p 808).

"That's Life—Having a Baby"

Professor HUGH CAMERON MCLAREN (Birmingham B15 8UP) writes: No doubt many obstetricians watched *That's Life—Having a Baby* (BBC1, 18 March) with interest. I was very interested in our French colleague supporting the patient rather like a mobile delivery stool during the delivery of a small baby by the breech. Some 20 years ago in Rhodesia in the country I noticed that an untrained native midwife used the same technique with the labouring woman seated on her lap. She also used an intravaginal stone: extruded to press on her thigh this announced the second stage. With this signal she grasped the patient round her abdomen and squeezed with the uterine contraction. This friendly arrangement had gone wrong on the morning of my visit: the stone had entered the rectum. (I collected it and duly mounted it for the museum of Birmingham's medical faculty.) . . .

Masturbation and fornication

Dr DAVID J HILL (Addenbrooke's Hospital, Cambridge CB2 2QQ) writes: Questions of morality aside, Professor Alwyn Smith is quite wrong to write (27 February, p 669) that: "There is certainly no reason to suppose that either unwanted pregnancy or venereal disease is more or less common when [sexual intercourse] is undertaken outside marriage. . . ." On the contrary, pregnancies within marriage are far more likely to be wanted pregnancies, and, if all sexual intercourse was confined to the marriage partnership, venereal disease would all but disappear. More of a service to his patients and to preventive medicine than a flippant attitude to marriage would be to advise that sexual activity should be confined to the marital state. If all doctors stressed this advice, an enormous amount of illness and unhappiness could be avoided, and the advice would have biblical authority. . . .

Changes in the ratio of consultants to junior staff

Dr PETER SCHUTTE (Ryde, Isle of Wight) writes: Dr Colin Flowers sees the Short Report as a threat to the status, job satisfaction, and lifestyle of the consultant (27 February, p 668). Nevertheless, he offers no alternative solution to the manpower problem. . . . As a general practitioner I would like to see (no less than any hospital doctor) the consultants' high morale and high level of specialised expertise maintained. It is, therefore, incomprehensible to me that the hospital practitioner grade still faces opposition from some consultants. Without the hospital practitioner grade few GPs will be prepared to act as registrar substitutes in acute specialties with a heavy out-of-hours commitment. . . . And without GPs working in the hospital services simple arithmetic dictates that a larger number of consultants in peripheral hospitals will find themselves effectively demoted to the rank of "specialist" in 15 years time.

Services for children: primary care

Dr M F GUYER (London SW6 2TB) writes: I am surprised by the omission in the article by Dr L Peter and Dr H B Valman (6 March, p 725) of any suggestion that it is perhaps a wise investment to attempt to educate parents in what to expect and how to cope with childhood illnesses before they occur. An ideal time is during the "novelty" period—that is, at the postnatal routine home visits, where the GP can formulate and cement his relationship with the parents and child. . . . I believe that the successful application of this principle is the foundation on which better health care should begin. The art is in how the communication is presented.

"Non-accidental injury" and wild parsnips

Professor F F HELLIER (Leeds LS2 9PF) writes: Dr A N Campbell and his colleagues (6 March, p 708) have rightly drawn attention to this condition which is familiar to dermatologists but the cause of which is often misinterpreted by lay people and sometimes even by doctors. During the war, when I was in Belgium, I was instructed to go to Ghent to examine two army cooks who had developed severe blisters on their hands. It was suggested that these were the result of sabotage by someone who had contaminated their cooking utensils with mustard gas. When I spoke to the men the cause was obvious: they had been preparing some parsnips, and as it was a fine day took their work out into the bright sunlight. Similar cases were seen among men during exercises on Salisbury Plain who developed blisters on their backs, etc. It was again thought that they might have been due to mustard gas, but actually the men had been stripped to the waist and had been in contact with wild parsnips on a sunny day.

Families in high-rise flats

Dr R H JACKSON (Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP) writes: I was interested in Dr D A G Cook's and Professor H Gethin Morgan's leading article on "Families in high-rise flats" (20 March, p 846). They ask for further research into the problems which beset these families and pose the question of how to identify families able to adjust to some degree and even derive satisfaction from their accommodation as well as those likely to suffer adversely.

They will find some further attempts to answer these points in the recent Department of Environment study *Families in Flats*.[1] One point mentioned there is the increased satisfaction which results from the removal of families with children from the higher floors of multistorey accommodation to the lower floors, especially if the children are of school age. Mothers with several small children are more likely to be dissatisfied with their housing whether or not they live in flats.

[1] Littlewood J, Tucker A. *Families in flats*. London: HMSO, 1981.

Primary health care in residential homes for the elderly

Dr F D DANIEL (London SE24 9HB) writes: I would like to write in support of Dr M E M Herford's letter (30 January, p 347) concerning the health care in residential homes for the elderly. It is current practice to appoint administrative staff to these homes who have no nursing training. Owing to the policy of "keeping old people in the community," people are not admitted for residence unless they have some mental or physical disability—or both. In my opinion it is entirely unsuitable that numbers of severely disabled people should be in an institution with no nursing care.

In some areas the difficulty is overcome by refusing to admit people into residence who have disabilities—the result for the community can be imagined.

Constructively, many of these difficulties could be overcome by accepting that the residents do need relatively simple nursing care and providing staff with nursing training.

Missed injuries of the spinal cord

MR P S LONDON (The Accident Hospital, Birmingham B15 1NA) writes: Mr G Ravichandran and Dr J A Silver have drawn timely attention to the risk of overlooking spinal paralysis (27 March, p 953) and have shown clearly some of the reasons for the oversight. I should like to add to their advice by mentioning the significance of bruises, grazes, and wounds, however mild or severe, on the face and brow as warnings of hyperextension injuries of the neck and particularly of the odontoid process in the elderly. The absence of radiological signs of injury does not rule out the possibility of acute spondylotic myelopathy, to which the elderly are particularly at risk.