

in sarcoidosis and the normal levels. A further study of this interesting condition is called for especially in view of the evidence (reviewed by Drs. Willoughby and Mitchell) that Crohn's disease and ulcerative colitis may sometimes share so many features that the distinction between them has become blurred.—We are, etc.,

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Safety with Lasers

SIR,—With reference to your leading article on "Safety with Lasers" (3 July, p. 3), may I be allowed to make the following points?

A determination of damage threshold has been carried out in a human eye using a 1 msec ruby pulse and found to be 2.6×10^{-4} joules incident on the iris. Unfortunately the ophthalmic surgeon failed to note the iris aperture area and so this figure cannot be converted into joules/cm² incident energy.

You mention the need for immediate examination following laser injury. May I point out that several cases of delayed lens cataract have been reported and that a need for follow-up examination may exist. The source of cataract generation has not, to my knowledge, been determined, but is most likely shock wave polymerization.

Cases have arisen of laser laboratory personnel having congenitally defective vision in one eye. For their safety, we have recommended a change of occupation. The co-operation of ophthalmic surgeons carrying out the preliminary eye test is of paramount importance in such cases.

The present cost of regular ophthalmic investigation precludes the widespread commercial use of lasers to some considerable extent. In many cases, methods can be devised for complete separation of personnel from lasers but a need does arise for a simplified code of practice if the laser is to become a commercial viable tool.—I am, etc.,

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Pregnancy Advisory Services

SIR,—There can be no doubt that the Abortion Act is variously interpreted by doctors, and conditions which satisfy one that termination of pregnancy is required will not satisfy another. Since the operation is actually performed by gynaecologists their differing opinions are of most consequence and make for widely differing opportunities for abortions under the National Health Service in different areas. Many patients have to have the operation carried out privately in cities far away from home.

I feel there is a need for local authorities to set up advisory services on the lines of the Birmingham Pregnancy Advisory Service, a voluntary organization. Here all women with an unwanted pregnancy can seek advice, either through referral by their general practitioners or directly. If the patient fulfils the necessary conditions for termination the required forms are completed and she is referred to a sympathetic

gynaecologist, privately if necessary. The doctors who staffed such a service would obviously become familiar with the views of the gynaecologists in the area, and if necessary with those in surrounding areas and those running private nursing homes for abortion cases.

Where termination of pregnancy was not recommended, any necessary arrangements for social support could be put into action.

There must be many doctors who believe in the ideal of the Family Planning Association "every child a wanted child" and would be willing to staff such a service. By referring to gynaecologists only cases where two medical recommendations for termination of pregnancy have been obtained gynaecologists would be spared much form-filling, which I believe many find irksome. In rural areas and small towns the service could well be combined with a local authority family planning service.

The turnover of the Birmingham Pregnancy Advisory Service is ample proof of the demand for an advisory service. There may well be other such voluntary organizations in existence of which I am not aware. They would all no doubt be only too happy if statutory bodies would take over their function. The service need not necessarily be free. I am sure that patients would not be discouraged by a fee.—I am, etc.,

BARBARA BRUMBY

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Working of the Abortion Act

SIR,—The arguments over termination of pregnancies following the passage of the Abortion Act continue unabated. I have long found that the public have no knowledge that certain criteria have to be fulfilled before a pregnancy can be legally terminated, and where there is any doubt I have always asked patients to read the four clauses on the green form and requested their personal opinion. Whenever they have considered one of these clauses to apply to them I have referred the patient to the appropriate specialist, be it medical social worker or psychiatrist or physician, though I have always believed that there is practically never a purely obstetric or gynaecological indication for the termination of a pregnancy.

I feel that, in view of the present committee which is investigating the working of the Abortion Act, the time has come when gynaecologists should only have to include in their routine hospital practice those cases where there is a true medical indication for the operation. If Parliament really accepts that the public should have the service provided by the private nursing homes surely it would be more politically honest that they should alter the wording of the Act to indicate this, and at the same time provide the centres where this can be done. If they consider that some fine or deterrent is needed to dissuade people from becoming pregnant irresponsibly then they could impose a charge for the operation, perhaps adjusted by a means test. Operations carried out in other institutions could then be made illegal and so we might eradicate from our profession the stigma that has attached to us.—I am, etc.,

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Starvation Therapy in Obesity

SIR,—Dr. F. Cavagnini and others (29 May, p. 527) support starvation therapy in obesity.

As a prisoner of war in the second world war I dealt with malnourished men, and was myself subjected for a period to almost complete starvation. The main consequence of lack of food was infection, particularly pulmonary tuberculosis. Deaths probably did occur from malnutrition per se, but emaciation in such cases was extreme.

Here we are also faced with the problem of gross obesity and have used complete starvation up to a period of 90 days in a number of cases. It must be realized that these patients are at risk, as most of those we have seen have E.C.G. changes suggesting myocardial ischaemia and some have presented in heart failure. However, we have had no fatalities. Postural hypotension has been the main side effect, which on reflection probably affected me as a prisoner of war. The serum uric acid has risen to levels of 20 mg/100 ml and we now use allopurinol. Ketosis has not been a problem, nor have we encountered hypoglycaemia. No electrolyte disturbances have been observed. Most of these patients have difficulty at times in excreting water, and we commonly use a diuretic, taking care to avoid potassium depletion.

While I should avoid this treatment in hepatic or renal failure and perhaps in diabetes mellitus, heart failure in our experience is not a contraindication. In fact, this is the reason we have used this regimen in several patients.—I am, etc.,

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Congenital Hip Dislocation

SIR,—I was most interested to read Mr. Geoffrey Walker's cogent article on "Problems in the Early Recognition of Congenital Hip Dislocation" (17 July, p. 147). I wish to support his views wholeheartedly and, if I may, to underline some of the points he raises.

Many of us practising paediatric orthopaedics are concerned about the continued presentation in our clinics of patients suffering from dysplastic hips, despite the widespread belief that early neonatal screening has solved this problem once and for all. We feel that the Department of Health and Social Security's publication on this topic is due for early revision, particularly in view of the possible medicolegal implications. The following relevant points need emphasis.

(1) There exist two main aetiological types of congenitally dysplastic hips. Firstly, the relatively common unstable hip at birth, due to hypermobile joints and hypotonia, which responds well to neonatal splintage, and secondly; the rarer primary acetabular dysplasia, probably genetically determined. This latter is often a difficult group to diagnose and does not necessarily benefit from the regimen of early splintage.

(2) One source of misdiagnosis by inexperienced and even experienced observers is the small group of babies who have fully dislocated, irreducible hips where the von Rosen sign is negative and indeed the limited abduction sign is negative, too.

(3) We consider that a child reported by