

Correspondence

Compression sclerotherapy of varicose veins

Sir,

I was interested to read the article by Dr Eric Townsend (*Journal of the Royal College of General Practitioners*, 1970, 20, 137). This is the first understandable article that I have encountered on the subject and although I do not use his exact technique myself, there is no doubt that emptying the vein before injecting the sclerosing agent considerably enhances the consequent sclerosis. I have, however, grave doubts as to whether it is possible to sclerose a communicating vein by this method.

There is one point upon which I feel he needs correction and that is the anatomy as shown in his drawing. One of the most important superficial veins below the knee is the posterior communicating vein which runs up *behind* the saphenous vein and not in front, as shown in his diagram. This vein lies between the posteromedial border of the tibia and the Achilles tendon and runs up in this position over gastrocnemius to join the long saphenous vein below the knee. Into this vein drain nearly all the perforating veins which pass between the deep veins of the calf and the long saphenous system below the knee and unless this vein is adequately dealt with, treatment is bound to be disappointing. It is for this reason that stripping the long saphenous vein so frequently misses the communicating veins. This posterior communicating vein has been well described by Cockett, Last and many others and is presumably the one referred to in item 5 (c) quoting Fegan when he says "a varicose ulcer above the medial malleolus is almost diagnostic of incompetence of a lower posterior tibial perforating vein".

Newport, I.o.W.

P. D. HOOPER.

Obstetrical chart

Sir,

I was very interested in the obstetrical chart of Dr Seiler's (*Journal of the Royal College of General Practitioners*, 1970, 20, 59) as I use a similar one myself. However, I measure the height of the fundus above the symphysis, using a pair of calipers such as used to be used for measuring external pelvic diameters. This gives an objective measurement, and is therefore of use in detecting such conditions as hydramnios in subsequent pregnancies.

I also save two lines by representing presentation and position by a line diagram. Thus *d* represents

Vx LOA. The letter P is needed to indicate posterior.

Milton, New Zealand.

J. N. MEIN.

Fluphenazine

Sir,

A new drug is being widely used in the treatment of mental illness. It is long-acting and used by injection—its name is fluphenazine (Moditen). Is this the thalidomide of the '70's? I would like to have the opinion of other doctors.

Whilst it is still new maybe we are lulled into a false sense of security but are we justified in using a drug, which may take up to six weeks to eradicate from the tissues, without being sure of its safety?

Its side effects alone are legion. A study of 13 papers gives the following:

Common side effects reported are: lethargy, drowsiness, dizziness, muscular inco-ordination, paraesthesia, hypotension, blurring of vision, dryness of mouth, malaise, feelings of tension, confusion, nausea, vomiting and aches and pains.

Parkinsonism is extremely common. Incidence in reports varies from 100 per cent to 24 per cent with many reports around 50 per cent.

Depression is quite common and tends to be severe—five suicides reported and two suicide attempts.

Other reported side effects include psychotic relapse and glaucoma.

Devonport.

DOROTHY WEST.

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Psychiatric course

Sir,

Psychiatric courses convened by the Oxford Institute of Psychiatry still enjoy subsistence

allowances and postgraduate training allowances for general practitioners on the basis that general practitioners wishing to take advantage of these facilities must first have approval of the local director or dean of postgraduate studies in Oxford.

I would like to thank all members of the College who in any way have helped to maintain these facilities for general practitioners.

The new address of the Oxford Institute of Psychiatry and Postgraduate Fellowship of Psychiatry is 5 Walton Street, Oxford, and courses are still convened by Dr R. R. Tilleard-Cole.

Norwich.

R. INNES MUIR.

Book reviews

Planning local authority services for the elderly.
G. SUMNER AND R. SMITH. London. George Allen and Unwin Ltd. 1969. Pp. 406. Price £4.

This book is timely in its appearance as there is now increasing concern about the medical and social needs of the elderly and to what extent these needs are known or unknown, met or unmet. Accordingly, any person who is to be involved in the future planning for the care of the elderly in the local authority field, will find this volume a mine of information. The work is based on a survey project, carried out from the Department of Social and Economic Research in the University of Glasgow.

The authors selected a number of health and welfare authorities in England and Wales, and in Scotland, and examined in these areas the level of provision of local authority services at the end of 1965 in respect of residential accommodation, housing and domiciliary services. Part I of the book reports the result of these surveys. Parts II and III are based mainly on discussion with officials in these selected local authorities, part II being concerned with how the level of need can be estimated. Part III deals with the problems caused for planning by the limited availability of resources.

The reader will remark how variable is the extent to which the different local authorities allocate resources for the elderly, how often such resources appear insufficient to meet the known need, and how little is known or attempted to be known by these authorities to discover what the future requirements of this section of the population is. For example, housing needs are based on waiting lists, which the local authorities are the first to admit are misleading and inaccurate. It was interesting to have the impression confirmed in this

factual report, that the use of health visitors in the care of the elderly is under-utilized.

The comprehensive report discussed in this book is designed primarily for the local authority official who is involved in the health and welfare services and it will be of lesser interest to general practitioners. However, the latter may find it of value and interest by reading the useful summaries at the end of each chapter and by consulting part IV of the book in which the authors put forward their conclusions and recommendations for the future. In this latter respect it is of especial interest that one of their recommendations is a plea for the Royal College of General Practitioners to form a group of general practitioners, geriatricians, and experts in record systems, to create a system for linking data based on a medical assessment with the data of social needs. This is something that general practitioners have been doing, in a way unconsciously, for years, without always recording the information. There is no doubt that regularizing this information by an accepted universal recording method would yield a wealth of basic information which would be invaluable to the local authority in their forward planning. It is hoped that those concerned with planning local authority services for the elderly in the future will follow-up the stimulus from this book in supporting and carrying out more of the surveys which are necessary.

The mechanism and management of headache.
JAMES W. LANCE, M.D., M.R.C.P., F.R.A.C.P.
London. Butterworths. 1969. Pp. xii+167. Price £2 5s. 0d. (£2.25).

The family doctor deals with symptoms; they may be trivial or severe, they may be signposts to grave organic disease or the manifestations of