many people tend to take up positions of extreme polarity. Dr Meadows' statement that " It is now widely agreed amongst psychiatrists that the removal of a man's fertility by a mutilating operation causes profound and serious disturbances to a man's body-image, evoking fears of castration " falls into this group. Not only is it unscientific but as Lear (1962) points out " Psychiatric literature is describing the three per cent of applicants who should not have been vasectomised."

Ziegler (1969) stated that increased coital frequency is neurotic response to vasectomy. If Dr Meadows believes this to be true, and yet as he states " fortunately most vasectomised men easily make the required psychological readjustment " why did 60 per cent of couples in my survey report an increase two years later? With my tongue in my cheek I am tempted to enquire whether diminution in sexual frequency indicates a quieter adjustment until total abstention is the most satisfactory response of all!

With his last paragraph I will agree. Here research is needed. In my view one way of doing this is to mount a prospective study of vasectomised males and their families. Perhaps this can best be done by matching them in the same way that the oral contraceptive survey has done. A follow-up of this nature, lasting five years, might give an answer to the question we want to solve. How to identify in practice the few couples who are unsuitable for vasectomy?

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Sir,

Though now an old man I find it hard to keep my temper with some of the points raised in Dr Henry Meadows' letter (March *Journal*). He quotes with some doubt Dr Drury's report of " an improvement in the physical and emotional relationships of over 50 per cent." I would—and can—put this figure considerably higher than Dr Drury's.

It is widely agreed " among psychiatrists ", but by very few others, that a number of adverse effects follow vasectomy e.g. " fears of castration, impotence and demasculinisation ". Any man considering this operation will have had all these fears discussed beforehand. Should a man still harbour such doubts after discussion he is strongly advised against having the operation by his doctor and certainly by the surgeon.

Appropriately vasectomised men do not seek reassurance about loss of sexuality because these things do not occur.

Vasectomy is not a *mutilating* operation because the subject is not deprived of any limb or organ—unlike hysterectomy.

" The vasectomised man is very likely to be driven by anxiety to dwell on sexual matters. . . ." Why? This is not borne out by facts. Ziegler and others reported sexual problems after vasectomy. How many? Why should post-vasectomy increased coital frequency be *neurotic*? Why not a result of relaxation, of relief of tension, and of the fear of pregnancy?

The Wolfers' have " probed " a very small number of vasectomised men. They criticise the postal method of questionnaire. What is the alternative? A long interview with a psychiatrist asking loaded questions (" are you sure that you feel all right etc.? ") in an effort to stir up doubts?

With reference to the penultimate paragraph psychiatric investigation is not needed because appropriately vasectomised men are not psychologically disturbed by the operation.

Dr Meadows' " latter group " will be identified and excluded from operation by the good family doctor or the surgeon. The vast majority of men who have vasectomies do so because conventional methods of birth control have proved unsatisfactory or unreliable. These men and their wives are entirely content with, and enthusiastic about, the results of the operation.

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USE OF COMPUTERS IN GENERAL PRACTICE

Sir,

While it may be gratifying to see that my recent paper stimulated correspondence in your pages, I naturally take great exception to Dr Sowerby playing games with my research method (March *Journal*). Others have similarly treated the matter lightly: perhaps you will allow me space to justify my position.

The approach I adopt is based on a careful study of the philosophy of science, especially that by Immanuel Kant. It is the most rigorous available in general practice, and in five or ten years, all other research methods will be obsolete.

Those who doubt this claim should consider the following. In my earlier paper (1972), the analysis of one year's data required 250,000 counting operations. If each of these took two