

VASECTOMY FOLLOW UP

Sir,
Dr Jackson (Honorary Director of the Crediton Project) should not allow his temper, or his age, to get the better of his reason (*June Journal*). He has clearly interpreted my letter, written in response to Dr Drury's follow-up study of 175 vasectomised men, as an attack upon the operation his organisation promotes. This was far from the case.

Dr Drury reported an improvement in the physical and emotional relationships of over 50 per cent having used replies to questionnaires (of the simple "better/same/worse" variety) as evidence. The doubts I expressed concerned the fallibility of such questionnaires in the scientific study of the complex field of human emotional responses. To support my point I quoted a paper (Ziegler, 1969), in which a group of workers studied vasectomised men with sexual problems. These men (like Dr Drury's) also reported increased coital frequency and this was interpreted as being neurotic behaviour. The point I was trying to make, therefore, was that "increased coital frequency" may be interpreted either as neurotic behaviour or as "increased libido" depending on the group studied. That such men should not have been vasectomised is obvious now, after the event. The important question is: how can we identify, pre-operatively, those men who would be psychologically harmed by the operation?

It seems perfectly reasonable to me that a vasectomised man should at least wonder whether his sexual abilities have been destroyed or in some way affected by the operation. Why not? Dr Jackson knows that "these things do not occur"—but how can he *know* if he is not prepared to submit his patients to psychiatric investigation? Uninformed assertion by an enthusiast is not only no substitute for scientific truth, it is very worrying. Can he be so sure that 100 per cent of his patients have been "appropriately" vasectomised? I doubt it.

Finally, whether Dr Jackson likes it or not, vasectomy *is*, by definition, a 'mutilating' operation (*Concise Oxford Dictionary*: "render imperfect by excision").

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GENERAL PRACTITIONERS BORN OVERSEAS

Sir,
Please convey my congratulations to Dr D. Irvine on his excellent 'William Pickles Lecture 1975'. I read it thoroughly and carefully in the *June Journal*.

I was naturally interested in his comments on overseas doctors. I am glad that somebody has realised that some of "them" are good.

It seems that the Royal College of General Practitioners, as an organisation has not. After practising for over a decade and after passing two British postgraduate exams (which many of my British colleagues fail) I get letters inviting me to attend a "beginners course" for overseas doctors.

One wonders whether it is the result of incompetence or of maliciousness—"when shall we put our house in order". I would very much wish to know your reaction and that of other members of the Royal College of General Practitioners on this topic.

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BOOK REVIEWS

Screening in general practice (1975). HART, C. R., Ed. Pp. 338. Edinburgh: Churchill Livingstone. Price: £5.00.

Now that many of the major diseases have been conquered, more attention is being turned towards the preventive aspects of primary care and the early detection of disease.

Thus the concept of screening a population for a particular illness arose and many enthusiasts have embarked on screening programmes designed to identify many illnesses from anaemia to phenylketonuria. One might say that many screening

procedures have been initiated with more enthusiasm than thought and anyone considering any aspect of screening should read this book with care.

One of the authors states that probably the screening procedure which has saved most lives was the medical examination of men during the First World War before they were sent to the trenches. Anyone with a systolic murmur was rejected as these were all thought, in those days, to be due to rheumatic heart disease.

Some procedures have been of established value

for many years such as the mass chest x-ray service for detecting pulmonary tuberculosis. In fact, this has been so effective that perhaps one should now question its value for the future.

Before considering any form of medical screening, the criteria listed by Wilson in 1965 should first be applied. This list contains such statements as the detection method being cheap and easily applicable and that there should be an effective treatment once the condition is discovered. The full list contains ten criteria, some of which are extremely difficult to meet.

Further contributors to this book go on to discuss such topics as the economics of screening, the problems of middle age and the various techniques of screening. These are in addition to valuable contributions on specific diseases such as hypertension, diabetes and anaemia.

A final comment from this most interesting book may be made from the chapter on that most popular of screening procedures, the cervical smear. Undoubtedly, some of its popularity lies in the fact that it is one of the very few investigations for which a fee is paid! It comes as a surprise to find that Papanicolaou introduced his staining techniques as long ago as 1928. However, there is a need for caution in adopting screening too readily as the complete answer to the problems of a disease. Although cervical smears were first introduced as a population screening procedure in British Columbia more than 25 years ago, there is still insufficient evidence to show that the incidence of carcinoma of the cervix has been reduced in this population.

Nonetheless, any doctor who considers himself a primary care physician must read this well written and absorbing book as it will undoubtedly provide him/her with considerable food for thought.

K. J. BOLDEN

Communicable diseases: An epidemiological approach (1973), 2nd ed. PARRY, W. H. Pp. 194. London: English Universities Press. Prices: Boards edition, £2.85, Unibook edition: £1.45.

Second editions of a book can either redress the mistaken judgements and material of the first edition, or sadly, fail to recapture the cohesion of the first edition and fail to bring material up to date. Dr Parry's book falls into the latter category. Information which has become available since 1964 is frequently either absent or too obviously added to the well-written text of the first edition.

The author states clearly that his intended audience is medical students and nurses, and in providing a well-organised framework outlining the scope of communicable diseases, he succeeds in this goal.

Although some sections of the book are informative and of practical use to the practising family doctor, there are other fields in which there is misleading information, or lack of what would now be regarded as proper emphasis.

Without doubt the best section relates to water-borne and food-borne diseases, in particular salmonellosis and other forms of food poisoning, and is well worth reading. The section on diseases transmitted by animals and pets is at first sight promising; however, practical detail is neglected for disorders such as psittacosis, toxoplasmosis, hydatid disease, and toxocarisis. The chapter on venereal diseases is too short and would have been better omitted altogether.

A large section on air-borne diseases begins well with cogent worries that the increasing incidence of diphtheria in southern and western Europe may lead to more sporadic cases in this country: it is prudent still to submit throat swabs from patients with severe tonsilitis to laboratories which routinely use tellurite plates for the routine examination of throat swabs. With a decrease of effective vaccination as a result of apathy by medical profession and laymen alike, and the recent worries engendered by adverse publicity of the pertussis vaccine, whooping cough as well as diphtheria may re-emerge as major problems in Britain.

The discussion of less exotic bacterial infections is bedevilled by a poor understanding of current antibiotic prescribing policy. The article on virus diseases betrays an uncertainty of touch, highlighted by the statements that *Mycoplasma pneumoniae* is a virus rather than a mycoplasma, and the retention of *Bedsoniae* in the group of virus diseases.

With great interest in view of the universal practical problem of recognising tropical disease in foreign travellers and immigrants, I turned to the chapters on travel, immigrants, and tropical diseases. With even greater disappointment I turned from them, finding there little practical advice.

In conclusion, this book is not recommended for general practitioners.

B. T. B. MANNERS

The Medical Secretary's Handbook (1975). Third edition. DRURY, M. Pp 328. London: Baillière Tindall. Price: £3.50.

The third edition of a book indicates that it is selling well, and this may be all that needs to be said about it except to indicate those who might wish to buy it. Books are needed at all stages of training and for the experienced operator to use for reference or as a refresher. If a book tries to be primer, advanced text, reference book, all in one, it usually fails to do any of these jobs well.

The medical secretary taking up a post in general practice, unless she is to be flung in at the deep end, should know most of the data presented for her in this book before she is left unsupervised. One must assume that the book is intended for those who have done basic secretarial tasks such as shorthand and elementary book-keeping and who now aspire to become medical secretaries. I have no doubt that it serves this end well.