

## Channel 4 Television

*Well-being*, a series of 10 television programmes made with the advice and support of the College, is to be shown on Channel 4 at 22.30 to 23.15 hours on Fridays. The following titles are provisional at the time of our going to press.

12 November: A Weight Off Your Mind. *The problems of obesity*

19 November: Push Harder. *Maternity services and primary care*

26 November: Take It Easy. *Coping with stress*

3 December: Breaking Out. *Some non-drug approaches to mental ill-health*

10 December: Use It or Lose It. *Adding life to years*

17 December: Chips with Everything? *Food and health*

7 January: Name Your Poison. *Addictions (tobacco, alcohol and tranquilizers)*

14 January: The Medicine Chest. *Home remedies*

21 January: A Woman's Lot. *Some gynaecological problems*

28 January: The Second Sex. *Approaches to gynaecological care*

A paperback book, *Well-being* (Penguin Books), providing background material to the series, should be available in bookshops by mid-November. Each programme will also be supported by a brief 'fact sheet' available to the public from the television company.

## Enuresis

Both praise and criticism are handed out to general practitioners in a small discussion paper recently published by the Family Service Unit. While it reminds us that urinary tract infections are five times more common in enuretics, the main purpose of the paper is to point up the failings and inconsisten-

cies in central and local government policies. It gives recommendations aimed at making improved and more consistent help available for families with enuretic children. The point is well made, but much progress could be achieved not by a major input of resources, but just by working energetically and sensitively in an area where so many families are made so unhappy. Available (£1) from the FSU national office, 207 Old Marylebone Road, London NW1 5QP.

## Health Education Council

Mr. Brian Bailey is joining the Health Education Council and will become Chairman for four years from 1 January 1983. He is currently Chairman of the South Western Regional Health Authority and a member of the Medical Research Council.

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## LETTERS

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### Healthier Children—Thinking Prevention

Sir,

It makes me sad to discover that a vast amount of time spent by nine eminent members of our profession, and the use of four tons of paper, should produce in "Healthier Children—Thinking Prevention" a document (with the College arms on its cover) which is seriously inconsistent within itself.

The crucial paragraph 7.25 refers to 20 "interventions . . . scientifically validated", which makes nonsense of much that follows. After such a superb, clear and attainable list, why is it suggested that we should ask if a child is dry at night when we are going to do nothing about the answer? Such inconsistencies cast doubt on the wisdom of the rest of the document, not least in the minds of those outside general practice, which is a great pity.

No, sir! Most of us should show that we can achieve 95 or even 90 per cent of what has been shown to be effective. We would then show that general practice is the right setting for promoting the health of children. We would gain most of the improvement in their

health which is capable of being made by the intervention of medicine, as opposed to politics or social engineering. We might also gain self-respect or even hard cash! The minority who have the skill and inclination can show us in due course whether there are any other items which should be added to the list of 'interventions'.

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### Ultrasound Therapy for Herpes Zoster Pain

Sir,

A few physiotherapists have been using ultrasound therapy (US) for herpetic pain for many years. Miss M. K. Patrick and Mrs E. M. Oakley introduced it to us, but we are not aware of any scientific publication of results.

We have treated 20 cases within three weeks of the onset of the rash. All have had considerable relief and most have been cleared of pain at the first application. The pain has returned with

less intensity within a few hours. Subsequent US has been followed by longer relief and all have been free of the need for analgesics within 1 to 2½ weeks. US can be given when the rash is still active and can be given concurrently with idoxuridine (Herpid) paint. We have also treated eight cases between 1 and 15 months after the rash appeared; the same rapid relief of pain has occurred in all but one. This man has severe scarring; he has had great relief, but not as much as other patients. In a further eight long-standing cases—15 months or more after the rash appeared—most have benefited and have been able to stop or greatly reduce analgesics. Some, particularly those who have had injections to relieve their pain, have had little or no benefit. One, previously treated with paravertebral injections and acupuncture, had an increase of pain after US applications. On the other hand we have seen success after 14 years of pain. Residual paraesthesiae or sensitivity to cold is not always cleared. It is the pain and the need for analgesic and psychoactive drugs with their side-effects that have been rapidly eliminated.

US has been applied at 1 MHz, 0.25 W/sq cm at the rate of two minutes for every 12 sq cm. In extra-sensitive areas, pulsed US has been used. Occasionally it has been necessary to skirt the area with pulsed US before treating an extremely sensitive area. There is some evidence that 3 MHz is more successful. We have only recently bought this