

Whilst the traditional approach may be effective in the hands of an experienced practitioner, the other methods are often no more effective than random needling.

Based on pioneering work by Voll, Nogier and others in Germany, Austria and France, other more scientifically acceptable methods of acupuncture diagnosis and treatment are currently being used in this country. These consider acupuncture points and meridians as part of an energy system in the body which can be explained in biophysical terms. Treatment is carried out after a proper clinical assessment and subsequent careful measurements of the electrical behaviour of meridian system and acupuncture points. The resultant accurate needling combined with the use of electroacupuncture achieves effective and lasting results in painful disorders and in many conditions seen in general practice.

I agree with Dr Lewith that further competent research is badly needed but this must include a careful assessment of the acupuncture treatment system itself if it is to remain acceptable as a rational therapy to western doctors and a suitable subject for scientific investigation.

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Association of Course Organizers

Sir,

We would like to announce the formation of the Association of Course Organizers for Vocational Training in the British Isles.

The aims of the Association, supported by 80 per cent of all course organizers, are:

1. To explore and develop the role and responsibility of course organizers
2. To plan and implement regular educational opportunities for course organizers.
3. To collect and provide information on all matters relating to the work of course organizers.
4. To represent course organizers on appropriate local and national representative bodies.

The Association looks for support from the College in achieving the above aims.

J. BAHRAMI
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Intrauterine Devices

Sir,

I was interested to read an article in the April edition of *The Practitioner* on the use of IUDs in a North London practice.

The conclusions arrived at are well documented in that we are all aware of the small but significant risk of salpingitis and subsequent infertility caused by this method of contraception. For this reason enlightened doctors do not usually recommend IUDs for nulliparous girls.

I see in this report that 48 per cent of users were nulliparous, 5 per cent contracted salpingitis and 6 per cent became pregnant with a higher incidence of both complications in the nulliparous patients.

It is interesting that the authors commented on the distorting effect of item of service fees on surgical procedures. I understand that this is documented in the USA but not here. However, I think that we can make an educated guess as to the result.

May I suggest that one way of discouraging inappropriate IUD prescribing would be for the fee to be halved and a similar fee to be paid for the less invasive procedure of fitting a diaphragm. It would be illuminating to see the effect of this on IUD item of service claims!

Perhaps the College might interest itself in this question as it would appear to come within its brief for maintaining 'standards'.

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Ice Cream Headache

Sir,

I report a case of an unusually severe single attack of migraine or possibly cold-induced carotid vasospasm.

A thirteen year old schoolboy who had gone out to watch football returned home early. His mother noted that he was hot, sweaty and staggering and that his speech was garbled. She thought he had been glue sniffing.

The main complaints were of frontal headache, feeling sick, legs 'like jelly' and difficulty in seeing. On examination there was no evidence of glue sniffing, the boy was fully conscious and had no sign of head injury or meningeal irritation. However, his gait was unsteady and he had a moderate expressive and receptive dysphasia. Neurological examination was otherwise negative, and the signs regressed spontaneously during the course of the

examination. Further information obtained at this stage indicated that the precipitating factor seemed to have been the consecutive consumption of three large ice creams. Within an hour of arriving home all the symptoms and signs had disappeared.

Raskin and Knittle, studying the incidence of ice cream headache (the brief frontal pain which results from cold food contacting the roof of the oropharynx) showed that 93 per cent of their group of migraine sufferers had had such an experience compared with 31 per cent of the control group.¹

It would appear that this patient could have had a classical migraine attack, with an unusual and severe prodrome, the precipitating factor possibly being the prolonged exposure of the oropharynx to a low temperature. The mechanism of the trigger in this case may therefore be quite different from a postulated humoral factor where chocolate or cheese are precipitants.

I would be interested to hear of any similar case.

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Reference

1. Raskin NH, Knittle SC. Ice cream headache and orthostatic symptoms in patients with migraine headache. *Headache* 1977; 16: 222-225.

Lessons from Abroad

Sir,

Your editorial (March *Journal*, p.123) concerning the 'chilling news from America' that proprietary profit-making entrepreneurs in primary care could actually benefit their patients and have room for charity, would not suit the myths required by the government practitioners of a politically organized health care monopoly.

In the free market, judgement 'on the best service possible' is made by the patient, while 'consensus on clinical policies' dictated by those who know best arbitrates for your patients. Your comment on the good intentions of the practitioners 'to review the pattern and outcome of their work carefully' suggest a divine quality missing on this side of the Atlantic where our brothers in the Law happily test our rationalizations. This helps to keep our wits sharp and our comments unpretentious.

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