tion. This is not correct as regards polio. In the last documented outbreak in England and Wales (1976–77) 26 cases of paralytic polio were recorded of which 20 cases were non-vaccine associated.[1] At least six of these were in gypsies who were unimmunized. It has been commented that 'the outbreak demonstrated that wild poliovirus could spread in well-immunized populations and cause paralytic disease in the unimmunized'.[2] In addition, low rates of documentation are likely to be due to reporting bias, for example when there has been an earlier unrecorded exposure to infections such as hepatitis A. Taken together it is most unlikely that the traveller population has lower rates of infection for many diseases than the settled population.

Secondly, the report makes little of the differences in culture and perspective which may help us to understand some of the reasons for conflicts and failures of communication between travellers and the health service. These differences can explain why travellers appear to be 'bad patients' and health care workers appear to be 'dirty' from the travellers' perspective.[3] While different groups of travellers may vary in their outlook and the degree to which they accept the culture of the settled population, it appears that cultural differences, so often stressed as factors affecting difficulties of access to care for other ethnic minority groups, are less often considered for travellers. For example, different conceptions of cleanliness and dirt helps to explain the reluctance of some travellers to have their children immunized.

Thirdly, there are many practical problems that travellers may face in obtaining access to health care which are often not apparent from the perspective of settled populations. Lack of a postal address, geographical mobility, common family names and literacy difficulties all mean that appointments and information may not reach travellers and health education material may be inappropriate.[4]

By trying to understand the health service from the outside in rather than the inside out it may be that different problems, and hence different solutions will become apparent.

ALLISON STREETLY

Directorate of Public Health
Riddell House
St Thomas's Hospital
London SE1

References

1. Collingham KE, Pollock TM, Roebuck MO. Paralytic poliomyelitis in England and Wales 1976–1977. *Lancet* 1978; **1:** 976-977.
2. Galbraith NS. CDSC: from Cox to Acheson. *Community Med* 1989; **11:** 187-199.
3. Okley J. *The traveller gypsies.* Cambridge University Press, 1983.
4. Streetly A. Health care for travellers: one year's experience. *Br Med J* 1987; **294:** 492-494.

How long should appointments be?

Sir,

I agree entirely with Dr Roland's editorial (December *Journal,* p.485) that consulting times are very variable, but I cannot agree that 'booking intervals of more than 10 minutes are incompatible with a list size of over 2000'. My list, in London, was near the national average of 2200 patients, and I booked at 15 minute intervals. In addition to these allocated times, I also held a surgery for quick consultations, without advance booking. This combination was popular, and the booked patients rarely had to wait for long.

GUS PLAUT

233 Boroughbridge Road
York YO2 6AY

Incidence of pelvic inflammatory disease

Sir,

Avonts and colleagues (October *Journal,* p.418) misquote the incidence of pelvic inflammatory disease after insertion of a copper intrauterine device reported by my colleagues and me.[1] We were quoted as having reported incidences of 15.5 and 1.5 per 1000 woman-years for nulliparae and multiparae, respectively, thus suggesting that the incidence was some 10 times higher for nulliparae. Just the reverse was found. We reported 15.5 and 19.5 cases per 1000 woman-years for nulliparae and multiparae, respectively. The difference between the age-stratified incidences was statistically significant ($P<0.05$).

FRANK M STURTEVANT

G D Searle and Co
4901 Searle Pkwy
Skokie IL 60077
USA

Reference

1. O'Brien FB, Stewart WC, Sturtevant FM. Incidence of pelvic inflammatory disease in clinical trials with Cu7. *Contraception* 1983; **27:** 111-121.

The spagyric art

Sir,

I agree with John Justice (Letters, November *Journal,* p.480) about the advertisement for 'spagyrik therapy' in the Royal College of General Practitioners' *Members' reference book 1989.* I join with him in his protest about its inclusion. However, it has given me, and probably others, some mild entertainment and even a little instruction while browsing among books of reference.

'Spagyrik' is presumably from the obscure though historically correct word — 'spagyric' — pertaining to alchemy and probably invented by Paracelcus, a spagyrist being an alchemist, alchemy being 'the spagyric art' (*Shorter Oxford English dictionary* and *Brewer's phrase and fable*).

Paracelcus, who was born near Zurich, was of course 'the name coined for himself by Phillipus Aureolus Theophrastus Bombastus von Hohenheim (1490–1541) implying that he was superior to Celsus, the famous writer and physician of the 1st century' living in the time of Tiberius (see Lempriere's *Classical dictionary*). Brewer goes on to say that Paracelsus 'made many enemies owing to his disputatious temperament and flouting of academic traditions'. Douglas Guthrie, in *A history of medicine* (1945 edition, p.157), said that at Basel where Paracelcus was lecturer in medicine at the university, he 'allowed his intolerance to outweigh his discretion' — compounding his own medicines and vehemently condemning not only ancient writers but also the methods of his colleagues and contemporaries and publicly burning the works of Galen and Avicenna.

BRENDAN JACOBS

Bramleys
10a Redhill Road
Arnold
Nottingham NG5 8GP

Ill person clinics

Sir,

As it appears we are to be encouraged and possibly paid to set up various health promotion clinics under the new health service regulations, it occurred to me that a novel idea would be to set up an ill person clinic. This would target people who either were ill or perceived themselves to be ill and after the usual history taking and examination, advice would be given on how to improve their current state of health. I hope to attract health board funding for these clinics and with a bit of luck, I will be able to fit one or two of them in between screening clinics.

G M BROWN

129a Victoria Road
Kirkcaldy KY1 1DH