However, I do agree with Dr Meyer-Bahlburg that further studies are required and would reiterate the closing sentence in my paper: 'This is also seen as an example of clinical observation in general practice and demonstrates how the general practitioner can open the eyes of research workers in other disciplines, who can then probe deeper into the possibilities which have been offered to them'. No one has yet sought to probe deeper into the prophylaxis of pre-eclamptic toxemia with natural progesterone, nor into the effect of natural progesterone on the intelligence of the offspring.

Yours faithfully

KATHARINA DALTON
4 October 1979

References


East Anglian bladder stone

From Dr A Battie Shaw
Norfolk & Norwich Hospital, Norwich

Sir, I was interested in Dr J B Penfold's figures (September Journal, p 710) of the admission rate for bladder stone to the Essex County Hospital, Colchester from 1820-30, for such figures are hard to come by. In my paper on the Norwich School of Lithotomy (Batty Shaw 1970) I gave reference to all the figures I could trace on hospital admissions and the prevalence of endemic bladder stone in Great Britain, but if Dr Penfold's letter brings further figures to light I will be among those most interested.

Among the papers I quoted was a remarkably detailed study by Cadge of Norwich (Cadge 1874), who published the mortality rates for bladder stone from different areas and gave the admission rate for bladder stone cases between 1868-73 for 83 hospitals in England, Wales, Scotland and Ireland to which he had written. The highest number of bladder stone cases proportionate to the total number of cases admitted was at the Jenny Lind Hospital for Children, Norwich, followed by Great Yarmouth, Peterborough and the Norfolk & Norwich Hospitals. Cadge's figures also show the proportion at Colchester, Bury St Edmunds and Ipswich Hospitals where the total number of bladder stone cases admitted were respectively 4, 19 and 15. Thus there are some reliable figures, albeit for a short period, for the hospitals in which Dr Penfold expressed an interest.

Cadge's study, in my view, provides the most convincing evidence that endemic bladder stone was commoner in Norfolk, not only than in any other East Anglian county but, for a reason not yet explained, than in any other county in England. This conclusion I stated in my paper 'East Anglian bladder stone' (March Journal, p 222), so I agree with Dr Penfold that my sentence elsewhere in the paper, if taken in isolation, that 'bladder stones were common in its [East Anglian] counties for three centuries' requires qualification.

I used the title 'East Anglian bladder stone' for two reasons that I stated when I delivered my paper. First, because bladder stone undoubtedly occurred in parts of East Anglia other than Norfolk and I wished to encompass some of the important contributions to the subject that such areas had made. Second, as a tribute to Mr J F R Withycombe of Cambridge as the first East Anglian President of the Section of Urology, who had kindly invited me to give my paper. When I delivered this I also defined my use of 'East Anglia'. In common with other East Anglians I have great affection for Colchester but I used the historical definition of East Anglia's southern boundary, and one usually favoured by others, that does not extend south of the Stour.

Yours sincerely

A BATTY SHAW
27 September 1979

References

Batty Shaw A (1970) Medical History 14, 221
Cadge W (1874) British Medical Journal ii, 212

Otolaryngology in the curriculum

From Mr Norman A Punt
London SW3

Sir, The points made by Mr J F Neil in his Presidential Address (August Journal, p 551) are extremely valuable, and it is to be hoped that notice will be taken of them by the appropriate authorities.

I would add that in my view all medical students should be trained in the use of the forehead mirror. The reason why they do not learn this skill is that firstly it is time-consuming to teach, and secondly the students know that they will not be examined in this proficiency in the final surgical examination. It should be possible for every student attempting this examination to be made to put on a forehead mirror and examine at least one patient. If students know that this will be expected of them and that they may fail the examination if they are incompetent in this respect, then they will take the trouble to learn it. It is not until they turn up in a casualty department or as an ENT house surgeon that they realize their lack of competence in so many procedures which they will need to use both at that time and probably later in general practice.

Yours faithfully

NORMAN A PUNT
18 September 1979