doctors and pharmacists in the Federal Republic of Germany were informed accordingly by their Medicines Commission.

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SIR,—I was most interested to read the article by Dr P J G Forster and his colleagues (4 August, p 308) as I have recently seen a patient who obtained the same dramatic remission of symptoms in rheumatoid arthritis after taking Chuei-Fong-Tou-Geu-Wan. The samples of these pills have not yet been analysed but it would seem from the speed of the remission that these also contain steroid drugs.

It appears from discussion with my patient that quite a number of people in Britain are taking these pills, as the dramatic relief afforded by them caused the patient to recommend them to all his friends. As far as I can ascertain, all these pills have been obtained by individual patients from Hong Kong by post, therefore avoiding distributors and the need for a product licence. I feel that through your columns the widest possible publicity should be given to the dangers of these pills, and, indeed, perhaps attempts should be made through the Hong Kong authorities to ban their manufacture.

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Epidemic hysteria—divide and conquer

SIR,—Your leading article (18 August, p 408) brings to mind my single experience of epidemic hysteria. This occurred in a double-decker-busload of morris dancing girls on their way home at night from a long day's competition. They were laid out on the verge of a main road, and a fleet of ambulances ferried them to our casualty department. Already slightly sheepish, they were split again into small packets in cubicles and some were admitted. These were redivided and slipped into a bed wherever one could be found.

The episode started about 10 pm; by 2 am it had completely evaporated. The girls were from many different schools and did not meet again next day. There was no recurrence by the group or by any individual. Divided they were conquered. It was lucky that it was only a busload and not a whole school.

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Gout and port

SIR,—In his article on gout Sir Richard Bayliss (23 June, p 1695) states that "port probably has its reputation for inducing gout because in the past it was drunk in large quantities, and today is drunk at the end of a meal, before and during which other alcoholic drinks have been served." Having been a martyr to gout for just over 50 years, and having consumed port on and off for as many years, I have had ample opportunity of studying this famous factor in the causation of gout. While agreeing with Sir Richard that quantity

is very important, I think that there is more to it than that.

I have observed that the longer the bottle of port has been opened, the greater is its goutogenic properties, dose for dose. I can safely consume up to half a bottle of freshly uncorked port without suffering later but if I were to drink even one glass of the same wine after it had stood in a decanter on the sideboard for three or four days, especially in warm weather, I would have gout within a day. Keeping the decanter in a refrigerator will reduce this effect, though not eliminate it entirely. I am therefore convinced that it is the oxidation of the wine that is the cause of the trouble. In the homes of both my grandfathers wide-based decanters of port were kept in readiness on the sideboard. I believe that this custom was prevalent in many middle and upper class homes in England and that it was due to this practice that port has got its reputation.

Port is not alone among wines in causing a gout attack. Indeed, most wines can do it, especially when they have been exposed to the air for an appreciable length of time. The sweeter wines and those which have been fortified with brandy such as sherry are more likely to cause trouble than the light dry wines, the exception being the cheaper wines made from second pressings (the grape juice of these will have been exposed to the air already during the waiting time between the first and second pressing). Even brandy, when the bottle has been left half empty for a week or two in warm weather, can precipitate an attack.

Perhaps some interested biochemist will discover which oxidation product of port is the one that cannot easily be tolerated by the inheritors of gouty genes. If it were to be found that "broken up" fructose was the cause of the trouble, this would fall into line with my observation that over-ripe fruit can also act as a precipitating factor, as can stale maltose-containing products. I am sure that a reawakening of interest into the dietetic aspects of gout is long overdue.

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AID for lesbians

SIR,—I was extremely surprised to read Dr M J G Thomas's statement (25 August, p 495) that artificial insemination by donor is "treatment." Treatment for what, I asked myself. Infertility? No, it can't be that or it would not work. Treatment for lesbian tendencies? No, because the women are still lesbians after conception has occurred. Treatment for the psychological strain of having "married" someone of the same sex and so being unable to conceive naturally? This seems to me to be the only possible way in which the process can be regarded as "treatment."

If this is so, then it would appear that the chairman of the Central Ethical Committee is approving the action of a doctor who helps in the creation of a child as a means of psychotherapy. I personally would consider this to be unethical.

To use an unnatural method of conception to bolster up an unnatural relationship is unlikely to produce a satisfactory result. For a child to grow up and discover that both its "parents" are female will surely impose on it even greater psychological strains than its

conception was supposed to resolve. Quite apart from any ethical consideration, this must be bad medical practice and should not receive the support of the British Medical Association.

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SIR,—Your leading article "Artificial insemination for all?" (25 August, p 458) states that there is no centre in the south providing artificial insemination by donor.

I wish to correct this mis-statement. A limited AID service has been provided by the professorial department of human reproduction and obstetrics at the Southampton General Hospital for some time. In addition, the service has now been accepted as a regional service by the Wessex Regional Health Authority, which will contribute to its future development.

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SIR,—I am astonished that the ethical issues of artificial insemination by donor are dismissed so lightly in your leading article "Artificial insemination for all?" (25 August, p 458). It is perfectly right and proper for parents to have children to satisfy their own needs—but surely the hallmark of responsible parenthood must be the asking of the question "Am I providing the best possible environment, accepting my own limitations, for the child I wish to parent?" I suggest that AID does not measure up to this test. Either the child must be told a deliberate lie about his father, and the family has to live with a guilty secret which may well come out one day, or the child must be told that his biological father can never be known. Both situations are detrimental to the child's emotional development. How well he copes with the disability will, of course, depend on many factors, not the least of which is his genetic make-up.

I take Dr Michael Thomas's point that decisions on medical treatment cannot be taken on moral grounds—but is AID a treatment? It is only a "treatment" if we confine our attentions to the emotional demands of the mother. As a treatment for the baby this procedure is at least questionable. This is an excellent example of the extension of the medical model to avoid emotional issues.

In my view it is ethically wrong deliberately to inflict a handicap of this sort on a child.

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Gutter treatment for ingrowing toenails

SIR,—I read with interest the article "Gutter treatment for ingrowing toenails" by Mr W A Wallace and others (21 July, p 168). My interest in this subject stems from a bizarre nightmare I frequently had as a child, in which I saw a somewhat bulbous hallux growing suddenly large. I always woke with a feeling of incongruity and horror. These feelings, however, are as nothing to those evoked by the mutilated toes I see in young people when bathing, which result from the radical surgical procedure of nail fold advancement and hemiphalangectomy. One thing