the purposes of the research, the procedures, the risks, the benefits, and the subject's right to withdraw at any stage; and they could give encouragement to parents' to question the researcher and, to remain with the child during procedures. The National Association for the Welfare of Children in Hospital would like to see a wider use of such consent forms and was disappointed that greater emphasis was not given to the parents' role in this matter when it was discussed by Denham *et al.*¹ Our association welcomes the British Paediatric Association's comment "It is an advantage if the parents can be present during the procedure," but we would like to see a firmer emphasis on the child's need for the parents' presence.

NAWCH would like to think that members of all ethical committees are aware of the existence of these guidelines and that when difficult and complicated decisions are under debate concerning medical research on children they will use the Standing Ethics Advisory Committee. We appreciate the British Paediatric Association's anxiety concerning the volume of routine decisions being referred to this committee unnecessarily, but our concern is that those trained and experienced in the care of children should be involved in making their views on these matters more widely known. We share the association's hope that in time, if the standing committee is used appropriately, it will establish some uniformity of policy for research on children throughout the country.

We trust that a dialogue on matters of this kind between those providing a caring service and parents of sick children will build up trust and understanding, which in turn will enhance the provision made.

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¹ Denham MJ, Foster A, Tyrrell DAJ. *Br Med J* 1979;ii:1044.

Services for the mentally handicapped: management of hospitals

SIR,—Previous correspondents on the subject of services for the mentally handicapped have presented a dichotomy of views on the care of the mentally handicapped. These need to be bridged by a broad, eclectic approach.

In practice the majority of mentally handicapped people, with mainly social and educational needs, are and should be cared for in the community. For a small proportion of mentally handicapped people in the categories defined by Dr Ruth M Walters (15 March, p 793) there is no alternative at present to admission to hospital. Existing hospitals for mental handicap are likely to remain for many years to come. For the patients there treatment and training is life in the hospital. All facets of the hospital impinge on the patients for good or bad. Hence the management of the hospital is a powerful therapeutic tool.

In the last 10 years numerous inquiries and advisory reports have criticised the management and lack of direction in hospitals for mental handicap. These are faults of the system rather than of any professional group. The regional and area health authorities are too remote from these hospitals. District management teams lack the expertise to appreciate their special problems. The senior officers in the hospitals

do not have the authority, power, and resources to carry out the changes that they know are desirable. Hence good intentions fail to be translated into action.

Hospitals for mental handicap are in need of permanent special management or project teams to which are delegated more clearly responsibility, resources, and executive power. These teams should include the senior hospital officers, a member of the district management team, and a representative of the area health authority. These teams should regularly consult with the consumer interests.

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Medical opportunities in France

SIR,—I would be grateful for the opportunity to comment on the article "Medical opportunities in France" (26 January, p 228) since I am at present spending a year in Lyon in the post of *résident médecin étranger* with Professor R Lambert. It is undoubtedly true to say that the French authorities are keen to promote exchanges, and it was therefore unfortunate that you omitted to mention these posts, which perhaps offer the simplest and most satisfactory means whereby a young clinician or research worker can spend a year working in France. There are 13 such posts offered each year by the Hospices Civils de Lyon, and a similar scheme exists for Paris. The posts are salaried, and are offered at *interne* level irrespective of the seniority of the candidate. However, this does not necessarily mean that the work is that of a houseman or senior house officer, since the posts are supernumerary and the duties undertaken depend on the candidate's needs as well as those of the service. In my own case I was fortunate in that Professor Lambert readily agreed to allow me to do laboratory research, while encouraging me to take an active interest in the clinical work of the unit and to continue my training in endoscopy.

The only absolute requirements are that candidates should be under 35 and speak fluent French. This latter is an obvious stumbling block, particularly if clinical work is to be undertaken, but should not be regarded as a deterrent, since the "examination" consists only of an informal chat with a member of the staff of the French consulate and one rapidly makes progress when thrown in at the deep end. In Edinburgh the French Institute runs conversational classes at all levels, including a course in "medical French", and similar help can no doubt be found in other large cities. In any case the sympathy and kindness shown by everyone in France—colleagues and patients alike—provide constant encouragement.

The difficulties of adapting to a different culture and a very different system of health care are not to be minimised, but the rewards are great at both personal and professional levels. French-speaking "Anglophones" are regarded as rare birds in France, and the warmth of the hospitality shown to us has been astonishing. French medicine is in the process of aligning itself with the English-speaking world, and all research is preferentially published in English. This causes grave disquiet to such bastions of conservatism as the *Figaro* newspaper, but readily explains why cross-fertilisation between the two countries is so actively encouraged, and can only be for

the good of the medical and scientific community as a whole.

Advertisements for these posts of *résident médecin étranger* appear annually on most hospital notice boards, but further details could be obtained directly from the Service Scientifique of the Ambassade de France, 41 Parkside, Knightsbridge, London SW1. I can wholeheartedly recommend the experience and would be happy to advise anyone interested in such a venture.

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Stimulation of dorsal column in multiple sclerosis

SIR,—We are delighted that the careful study (29 March, p 889) of Dr C H Hawkes (who was first introduced to spinal cord stimulation when working in this unit in 1976) and colleagues has confirmed our results, and grateful for the implied compliment that our work¹⁻⁶ is so well known that the usual convention of recognition and citation of prior work was not thought necessary. As a matter of record, the first report of "striking changes in bladder function" was by Cook's group in 1977.⁷

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¹ Illis LS, Sedgwick EM, Oygar AR, Sabbahi Awadalla MA. *Lancet* 1976;ii:1383-6.

² Illis LS, Sedgwick EM, Tallis RC. *Proceedings of the VI international symposium on external control of human extremities*. Belgrade: 1978:523-8.

³ Tallis RC, Illis LS, Sedgwick EM. *Proceedings of the VI International Symposium on External Control of Human Extremities*. Belgrade: 1978:575-83.

⁴ Jobling DT, Tallis RC, Sedgwick EM, Illis LS. *Med Biol Eng Comput* 1980;18:48-56.

⁵ Illis LS, Sedgwick EM, Tallis RC. *J Neurol Neurosurg Psychiatry* 1980;43:1-14.

⁶ Sedgwick EM, Illis LS, Tallis RC, *et al.* *J Neurol Neurosurg Psychiatry* 1980;43:15-24.

⁷ Abbate AD, Cook AW, Attalah N. *J Urol* 1977;117:285-8.

Ear syringing

SIR,—On reading through Dr Stuart Carne's article (9 February, p 374) on ear syringing we note that he did not mention the Water Pik as a means of clearing the ear of wax. The Water Pik consists of a small electric motor supporting a bath of water. The motor sucks in the water and emits it as a pulsating jet. Used initially by dental hygienists, it was found to be equally useful for clearing the ear of wax. The strength of the jet of water can be varied depending on the consistency and adhesion of wax in the ear. There is no sucking or squeezing of syringes, no sore thumbs, no leakages over the patient or indeed the doctor. It is a far more efficient method of clearing the ear of wax, and we would warmly recommend it to your readers. Where the wax is hard the ears should, of course, have oil instilled in them one day prior to their being washed out. The Water Pik at present costs about £20 and is available from Teledyne Water Pik, Heathrow House, Bath Road, Cranford, Middx.

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