complete the distance entered the run with the set intention of running a shorter distance. No one suffered any form of injury on the day and I am unaware of any subsequent injuries occurring as a result of the run. Particularly gratifying was the involvement of many people who, before training for the event, had undertaken little or no exercise. The run began at 5 pm, when the dry bulb temperature was 20°C, relative humidity 67%, and the sky overcast, with a cool breeze. An hour later the temperature had fallen to 17.8°C, with a relative humidity of 81.5%; the sky was now more overcast, with a colder breeze.

We were very much concerned about the possibility of casualties and for this reason the run was held on a running track under the careful supervision of several experienced athletic coaches. In this way we hoped to detect at an early stage anyone who was suffering unduly—fortunately no one came into this category. Whether our precautions would have prevented the problems encountered in the Canadian run is impossible to say, as only 1.5 subjects would have been affected if similar casualty rates had occurred in Birmingham. It seems foolhardy, however, to start such an event in summer during the early afternoon. It would appear that the Birmingham participants were, on the whole, older than the Canadians and this may have engendered a greater awareness of the danger of ignoring signals of discomfort.

We are most grateful to the participants and helpers in our recent event, and, undeterred by problems elsewhere, we look forward to organising a similar event next year.

DAVID HEATH
A M BOLD

University Department of Medicine,
Queen Elizabeth Hospital,
Birmingham

SIR,—The Finnish doctors' run (21 January, p 169) was copied in a run at Leeds on 24 September but over a cross-country course. Eighty-seven doctors aged between 24 and 56 years persuaded themselves to run 10 km on a fine Sunday morning.

The fastest runner completed the course in 33 min 50 s. Twenty-two doctors achieved their "target time" of 38 min for those aged 35 and under, or age plus 3 min for the others. Four did not complete the course, only one involuntarily but not for any serious reason.

Congratulations to all the runners, particularly the five ladies—with the exception of the writer, who had to run, as he foolishly organised the event, which is to be repeated next year.

I D ADAMS

St James's University Hospital,
Leeds

"What Sex is All About"

SIR,—I noted a recent review (16 September, p 823) of the book *Make it Happy: What Sex is All About* by Jane Cousins and decided to read it for myself. The book is aimed specially at teenagers.

The reviewer, while listing some of the contents, has not recognised the main object of the book. This becomes blatantly clear on the second page, where it is stated that the publisher, Virago, is a feminist publishing company: "It is only when women start to organise in large numbers that we become a

political force," etc. The whole approach of the subject of sex is set out with this "political" factor in mind. Thus the facts are seen in a totally mechanistic light, separated completely from any true understanding of the human condition. Sex cannot be separated from morality or the social forces which blend to create a civilised society; but all this is denied.

The perversions and deviations are recounted with just the right degree of hint that perhaps there is no reason why society has formulated these attitudes. This comes out more clearly in the chapter "Sex and the Law," where there is obviously from the outset a failure to recognise why law has to be applied to sex. The comment "Such an old fashioned view of sex needn't matter to most people" sums up this subtle attempt to undermine the control which is so necessary to protect the ignorant and the innocent. "Pornography and censorship are very controversial issues," says the writer and then proceeds to distort the facts so that one is not clearly informed how the present law stands. It is this playing with the half-truth which paints a picture of liberalism leading on to experimentation—and all the increasing evidence shows that it is just this sort of sex education which is promoting the permissiveness which is having such a detrimental effect on the health and potential happiness of our young adults.

I am therefore disturbed that the *BMJ* should have allowed such an uncritical review of a book which, while attempting to be scientific and factual, is in fact setting out very clear aims to alter human behaviour by taking sex out of its context and denying the overriding importance of the sex act as a seal on human relationships.

S E ELLISON
Chairman,
The Responsible Society

London W1

Executive screening

SIR,—Television plays are primarily for entertainment not education. Your reviewer, JRH, of Frederick Raphael's entertaining piece of surrealism "Something's Wrong" (7 October, p 1016) uses the space for polemic on executive screening. He should educate himself from scientific work and observation before making inaccurate statements about health screening.

In this unit, the largest of its kind in Europe, at least a quarter of all attendees present with treatable conditions. Around a tenth have a modifiable affective disorder, which has often been missed elsewhere. More important, however, in a preventive medicine unit historical and physiological predictions of common diseases of the lungs, heart, and gastrointestinal and other systems are measured and a high-risk group for each disorder identified. In this way health education can be focused upon groups of people and individuals most likely to benefit therefrom.

Your reviewer suggests that "someone will have to spill the beans to the Trevors of this life." In most of the quality lay press during 1978 there have been articles discussing various aspects of health screening—stating the arguments for and against in language that the Trevors of the world understand. Argument in the non-medical press has been much franker and more balanced than the few articles I have read in the British medical press this year.

Finally, like all good medical set-ups, this one has an active research department attempting to quantify its activity and help contribute to the understanding of the diseases for which we screen. We have been supported in our research by major grant-giving bodies which have examined our credentials thoroughly—and if your reviewer really thinks they are sponsoring "medical protection rackets" he'd better come and see for himself, for such a scandal would surely need to be made public.

ALAN BAILEY
Director of Research,
BUPA Medical Centre

London N1

Use of foot for cardiac massage

SIR,—Minerva (30 September, p 966) may be interested to know that the use of sternum foot massage was independently discovered by me some months ago while training nursing staff in external cardiac massage. The training model we use has a pen-writer with flashing light to indicate that adequate sternum compression has been applied.

Over the months I have found several small women, usually weighing less than 9 stone (57 kg) who are simply unable to compress the sternum sufficiently using their hands to activate the light and make an adequate impression on the paper print-out. On one occasion I said to one of these "weak women," "Why not use your foot?" and proceeded to apply external pedal compression over the sternum. I found this considerably easier than the hand massage and in fact my trainee was able to produce adequate massage using this technique.

I think it reasonable to teach this technique to those who are unable to transfer sufficient weight to their arms when applying external massage, but it is obviously wrong for a strong man to apply grossly excessive pressure using the foot and I never show the technique to any trainees who are capable of achieving sternum compression in the normal way.

J M CUNDY

Lewisham Hospital,
London SE13

Rape and the laboratory

SIR,—With reference to your leading article "Rape and the laboratory" (15 July, p 154), may I draw your attention to work carried out at this laboratory which shows that spermatozoa may be detectable on vaginal swabs for considerably longer than 48 hours? Spermatozoa are usually found on swabs taken up to three days after intercourse and can be found on swabs taken up to at least six days later.¹

ELIZABETH M WILSON

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¹ Davies, A, and Wilson, E, *Forensic Science*, 1974, 3, 45-55.

Teaching of geriatric medicine

SIR,—The teaching of geriatric medicine in the undergraduate curriculum is still being debated. As demography and consequently the spectrum of disease will change in the next decade, the doctors of the future will have to familiarise themselves with the

changing pattern of population and of diseases to be able to practise good clinical medicine. Sadly, there is no sign of integration of geriatric medicine into the present curriculum of undergraduate training in most of the universities in this country. So far "geriatric medicine" is being kept outside the main stream of medical specialties, but as the elderly population will increase in the 1980s there will be a need for improving and enlarging the geriatric specialty at a much faster rate than at the present time. The teachers of geriatric medicine should be able to train the present and future generation of medical undergraduates in a right and proper way to help them to become good clinicians who will understand the special problems and needs of the elderly community.

Firstly, how can geriatric medicine best be taught? One cannot become a good geriatric clinician by only listening to lectures away from patients. So it seems that the best way to learn the problems and management of elderly patients would be to attend ward clinics and bedside clinical case demonstrations. Secondly, at what level can the student benefit most? This is also controversial, but I do not believe that only senior medical students should be involved in geriatric training programmes. Geriatrics should be considered as similar to any other clinical specialty and students should start learning the skills from their first clinical year. Lastly, there should be more examiners in undergraduate and postgraduate examinations from the geriatric specialty to achieve a balanced training programme for clinical medicine as a whole.

B C KUNDU

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London SE5

Ventricular tachycardia during exercise testing

SIR,—We were interested to read of the incidence of ventricular tachycardia during symptom-limited exercise testing reported from the Hammersmith Hospital, (9 September, p 733). We are concerned that their results might be misinterpreted as evidence against graded exercise in patients with known coronary disease. This, of course, is not the message of the paper by Dr Stephen Talbot and his colleagues but in these days of increasing interest in and enthusiasm for exercise we would like to report briefly our own experience of ventricular tachycardia during exercise testing. Over the last few years, we have exercise tested 285 patients six weeks after discharge from hospital, following acute myocardial infarction, and these patients have subsequently been retested on 594 occasions. Ventricular tachycardia, by which we mean three consecutive ventricular beats, has been recorded during testing on only two occasions, and on both has ceased spontaneously. Our method of testing was different from that of the Hammersmith group since, if no symptoms developed, exercise was stopped at 85% of the age-predicted maximum heart rate (for example, for a 50-year-old man, the test would be stopped at a rate of 151 beats/minute). Our test was also different in that it was on a bicycle ergometer rather than a treadmill, but this is probably irrelevant. Our lower incidence of ventricular tachycardia cannot be compared

with the Hammersmith series since the selection was different, as was the method of testing. We merely wish to make the point that the incidence of ventricular tachycardia, a potentially lethal arrhythmia, is low in patients after recovery from myocardial infarction. Indeed, with our system of testing neither this arrhythmia nor any other results from the exercise tests have led to any patients being excluded from our subsequent exercise rehabilitation course. Our contraindications to testing and the subsequent course include such obvious features as heart failure and severe or prolonged angina during the convalescent period. In those who are overtly well, however, the incidence of ventricular tachycardia with submaximal testing has been extremely low.

PETER CARSON
ROSALIND PHILLIPS

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City General Hospital,
Stoke-on-Trent

"Crucifixion" crucified

SIR,—I read in your correspondence columns (7 October, p 1024) a statement that a consultant has been "publicly crucified." Ritual murder is a crime in this country and I hope therefore that the murderer, who is identified by office, will soon be brought to trial.

Seriously though, sir, some analogies are unacceptable, and this is one of them. The word "crucified" has a narrow and precise meaning; it is not a suitable word to be used in place of "held up to public obloquy" or "public vilification" or "publicly accused of infamous behaviour." I am surprised that a presumably educated person should misuse the word in such a way, and that you, sir, should permit this misuse to appear in print.

GEORGE DISCOMBE

Haywards Heath, Sussex

* * Dr Discombe's rigid interpretation of the term "to crucify" is not shared by, for example, *Chambers Twentieth Century Dictionary*, which includes together with the more literal definition "to subdue completely: to mortify: to torment."—ED, *BMJ*.

Polymorphism in drug metabolism

SIR,—We were very interested by the paper of Mr T P Sloan and colleagues on the polymorphism of carbon oxidation of drugs and its clinical implications (2 September, p 655). Their findings might also be clinically important for beta-blocking drugs, especially if they are metabolised to active compounds.¹ Of nine healthy volunteers studied by our group, one was a poor metaboliser in respect of aromatic hydroxylation of tolamolol and aliphatic hydroxylation of bufuralol. It was interesting to note that this subject also showed an exaggerated sensitivity to the effects of these two beta-blocking agents. We thus fully agree with the conclusions of Sloan and his colleagues that the current practice of using hybrid pharmacokinetic parameters such as the apparent elimination half life or whole-body clearance is "singularly ineffective" in detecting interindividual variations in drug metabolism. As a matter of fact, for both drugs our "outlier" subject showed

metabolite plasma levels significantly lower than the other subjects, the other overall pharmacokinetic parameters being within normal limits. We consequently advocate that, whenever technically feasible, at least one metabolite should be monitored for the pharmacokinetic study of drugs which are extensively metabolised, whether this metabolite has pharmacological activity or not.

L BALANT
P DAYER
J FABRE

Policlinique Universitaire de Médecine,
Geneva

¹ Balant, L, et al, *Schweizerische Medizinische Wochenschrift*, 1976, **106**, 1403.

Breathing other people's smoke

SIR,—Mr Sherridan L Stock (2 September, p 699) drew attention both to the nuisance value and health hazard arising from ordinary domestic bonfires. These are an increasing problem, especially in urban areas, where gardens seem to be getting smaller and smaller, with the result that space for the storage of waste, including compost, is often at a premium. The policies of the collection and disposal authorities have not helped either, as the former seem sometimes only to be prepared to take less and less, while the latter so often have their disposal points at such inaccessible sites that people are just not encouraged to take their refuse for proper disposal. The result is that more refuse is being burned in people's gardens than need be.

Although, as it happens, my authority has a very good and accommodating refuse collection system, it also has a continuing environmental health education programme which includes reference to bonfires. This involves the wide distribution and display of leaflets and posters and over the past few years there have been definite indications that the message is getting through and that less nuisance is being caused or, perhaps more important, that it is not increasing despite the reasons why it might be. One of the leaflets, for example, advises members of the public on the advantages to be gained from composting refuse, while another gives full information on how they may dispose of any awkward household waste which might otherwise be burned on the bonfire. Early attention to persistent offenders is important and we find that, once approached, most people acknowledge the problem and accept the advice of officers on how to dispose of their refuse more sensibly and less offensively.

GRAHAM ASTON
Borough Environmental Health
and Housing Officer

Borough of Epsom and Ewell,
Surrey

SIR,—As medical officer for environmental health and chief environmental health officer to a district council, we would not like your readers or Dr Sherridan L Stock (2 September, p 699) to think that he is "conducting something of a lone battle against the bonfire." Before local government reorganisation and since, the local councils in this part of Buckinghamshire, noted for its trees and beech woods, have publicised the works of Professor Pybus and the Henry Doubleday Association. The leaflet *Give Up Smoking Bonfires—Make Compost and Leafmould*