failure to reduce the exercise to manageable numbers by a more precise identification of those most at risk.

Mass radiography units in big numbers crossed the border in 1957 to deal with the epidemic of tuberculosis in Glasgow—a new endeavour and a rewarding invasion. Selective surveys should, as you indicate, now displace communal and factory surveys, but selection should not only mean the intermittent examination of special groups—immigrants, residents in model lodging houses, etc.—but must mean sequential x-rays and tuberculin tests, so that aetiological riddles may be resolved and case detection founded on precise knowledge.

The mass radiography departments have made a fine contribution in the past to the control of tuberculosis, and in a very few years, by appropriate selection of subjects, they could construct a national case index register which would rationalize case detection for the era of eradication which we may hope is now imminent.—I am, etc.,

Central Tuberculosis Department,
Glasgow.

J. E. GEDDES.

Clumsy Children

SIR,—The important leading article "Clumsy Children" (December 22, p. 1665) prompts me to write a note on a rare type of "clumsiness" in children. I refer to the condition of "dystonia musculorum deformans," in which children are noticed to become increasingly clumsy, especially in walking, round the age of 5, and subsequently become semi-paralysed and develop a kind of "torsion-spasm."

In child psychiatric practice these children may be referred as cases of conversion hysteria. I have had three such cases. Luckily I learnt of the treatment specific to these cases from a report by Dr. B. Corner.¹

They were admitted to paediatric wards, carefully observed to clinch the diagnosis, and were then put on "artane" (benzhexol), with dramatic results. These cases were described by me in 1959.² This was about six years ago and all three (who were between 11 and 14 years old when treatment started) have kept well up to date on maintained doses—which are easily established, since partial withdrawal renders walking difficult once more. They are all doing normal jobs, one being an optician. Dr. Corner has also followed up several cases and found the same result.³

I bring forward these facts because it is essential that the knowledge of this treatment for these cases should be widespread: it is simple, safe, and specific. There is a danger (as I have learnt from an American report) that such children may be subjected to brain surgery, which is not simple or safe in these cases.—I am, etc.,

CHARLES BURNS.

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Mental Health Act

SIR,—It is to be hoped that the letter from Dr. R. E. W. Oliver on the subject of the Mental Health Act (January 5, p. 58) will receive the attention which it deserves. As one who has expressed many misgivings concerning the Act, both before and after the passing of the Act, I should like to give strong support to Dr.

Oliver's suggestion that the Association should initiate an early realistic comprehensive inquiry into all the difficulties "consequent upon it either directly or indirectly by the unhealthy climate it has created."

—I am, etc.,

Sandhill Park Hospital,
Taunton, Somerset.

M. P. NELSON.

"Alka-seltzer" and Haematemesis

SIR,—Your report in the October 6 issue of the *Journal* (p. 916) on the Symposium on Salicylates sponsored by the Empire Rheumatism Council referred to gastro-intestinal bleeding due to aspirin and stated, "soluble formulations were no safer than plain aspirin." Although this statement might be true for some soluble formulations, it is not true for all of them.

Actually, data presented at the symposium as well as the published observations of three groups of investigators¹⁻³ indicate a marked reduction in the bleeding with the use of buffered effervescent preparation ("alka-seltzer"). This preparation must be dissolved in water prior to ingestion. Other soluble salicylates such as calcium aspirin and choline salicylate^{4 5} and sodium salicylate⁶ also lead to less bleeding.—I am, etc.,

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SIR,—Within the past six weeks I have attended two cases of severe haematemesis occurring within a few hours of taking "alka-seltzer" tablets. Alka-seltzer consists of aspirin plus buffering and effervescent agents, but advocates itself both on television and on the container for "stomach upsets."

In view of the generally accepted relationship between the taking of aspirin in any form and gastro-intestinal haemorrhage, is it not time that measures were taken to prevent the wide advertising of a product for dyspeptic symptoms to dyspeptic patients for whom it is potentially dangerous?—I am, etc.,

Stoke-on-Trent, Staffs.

A. C. ARTHUR.

Medical Officers for St. Helena

SIR,—On account of a quite ordinary accident, St. Helena has figured unpleasantly in the news. And every few months it seems an advertisement appears in the *B.M.J.*—"St. Helena. M.O. urgently required." As a ship's surgeon I have visited the island several times, and, like many others, thought it in some ways a little paradise. But what youngish man would want to spend two years or more in such an isolated dead-end, scarcely more than an English village?

The solution is simple:

1. St. Helena should be treated not as an overseas post but as a ship, and no one be expected to "sign on" for more than six months. In many overseas territories an M.O. doesn't begin to be any real good until he's