

## References

- <sup>1</sup> Epstein W. *The last chance: nuclear proliferation and arms control*. London: Collier Macmillan, 1976.
- <sup>2</sup> Loraine JA. *Syndromes of the seventies*. London: Peter Owen, 1977.
- <sup>3</sup> Rose DJ, Lester RK. Nuclear power, nuclear weapons and international stability. *Sci Am* 1978;**238**:45-57.
- <sup>4</sup> Loraine JA. *Global signposts to the 21st century*. London: Peter Owen, 1979.
- <sup>5</sup> Feld B. *A voice crying in the wilderness: essays on the problems of science and world affairs*. Oxford: Pergamon Press, 1979.
- <sup>6</sup> Lewis KN. Intermediate-range nuclear weapons. *Sci Am* 1980;**243**:41-51.
- <sup>7</sup> Loraine JA. Energy, the hinge of history. *Bulletin of Atomic Science* 1981;**37**:19-23.
- <sup>8</sup> Thorsson I. Disavowing violence. *Bulletin of Atomic Science* 1980;**36**:1.
- <sup>9</sup> Barnaby F. World arsenals in 1980. *Bulletin of Atomic Science* 1980;**36**:9-14.
- <sup>10</sup> *SALT II Agreement*. Vienna: 1979, June 18.
- <sup>11</sup> *The Military Balance (1979-80)*. London: International Institute for Strategic Studies. 1979:88-89.
- <sup>12</sup> Aspin L. Judge not by numbers alone. *Bulletin of Atomic Science* 1980;**36**:28-33.
- <sup>13</sup> Shuman M. The mouse that roared. *Bulletin of Atomic Science* 1981;**37**:15-22.
- <sup>14</sup> Barnaby F. War-fighting weapons in Europe. *Bulletin of Atomic Science* 1980;**36**:8-10.
- <sup>15</sup> *World armaments and disarmament. Stockholm International Peace Research Institute Yearbook 1978*. London: Taylor & Francis, 1978.
- <sup>16</sup> *World armaments and disarmament. Stockholm International Peace Research Institute Yearbook 1979*. London: Taylor & Francis, 1979.
- <sup>17</sup> *World armaments and disarmament. Stockholm International Peace Research Institute Yearbook 1980*. London: Taylor & Francis, 1980.
- <sup>18</sup> Moss N. A global code for nuclear fuel. *Bulletin of Atomic Science* 1980;**36**:8-11.
- <sup>19</sup> Khalilzad Z. Pakistan and the bomb. *Bulletin of Atomic Science* 1980;**36**:11-6.
- <sup>20</sup> Fishlock T. National pride could push General Zia to Islamic bomb. *The Times* 1980 Aug 13.
- <sup>21</sup> Torrey L. Is South Africa a nuclear power? *New Scientist* 1980 July 24.
- <sup>22</sup> Ashford N. Pretoria's policy of deterrence by uncertainty. *The Times* 1980 Aug 15.
- <sup>24</sup> Zheleznov R. Atomic power and non-proliferation of nuclear weapons. *International Affairs* 1977;**2**:46-52.
- <sup>25</sup> Lamarch JR. China's nuclear power programme. *Bulletin of Atomic Science* 1980;**36**:28-31.
- <sup>26</sup> Wohlstetter A, et al. *Moving toward life in a nuclear armed crowd? Report to Arms Control & Disarmament Agency, US State Department. ACDA/PAB-263*. Pan Heuristics 1976 April 22.
- <sup>27</sup> Ranger Uranium Environmental Inquiry. *First report*. Canberra: Australian Government Publications Service, 1976. (Mr Justice R W Fox, presiding commissioner.)
- <sup>28</sup> Barnaby F. The NPT review conference—much talk, few results. *Bulletin of Atomic Science* 1980;**36**:7-8.
- <sup>29</sup> Loraine JA. Time for doctors to take a stand on nuclear proliferation. *Bulletin of Atomic Science* 1977;**33**:6-7.
- <sup>30</sup> National Research Council—National Academy of Sciences. *Long-term world wide effects of multiple nuclear weapons detonations*. Washington DC: The Academy, 1975.
- <sup>31</sup> Feld B. The consequences of nuclear war. *Bulletin of Atomic Science* 1976;**32**:10-4.
- <sup>32</sup> Anonymous. Threat of nuclear war. *Lancet* 1980;ii:1061-2.
- <sup>33</sup> Rosie G. Doctors gag at scenario for holocaust. *The Scotsman* 1981 Feb 13.
- <sup>34</sup> Caldicott H. The issue is survival. *Resurgence* 1980;**11**:6-8.
- <sup>35</sup> Abrams HL. Medical consequences of nuclear war. *Bulletin of Atomic Science* 1980;**36**:15.
- <sup>36</sup> Hiatt HH. Preventing the final epidemic. *Bulletin of Atomic Science* 1980;**36**:15-16.
- <sup>37</sup> Lifton RJ. The prevention of nuclear war. *Bulletin of Atomic Science* 1980;**36**:38-43.
- <sup>38</sup> Loraine JA. Medicine for our grandchildren. *Update* 1980;**21**:923-30.
- <sup>39</sup> Joseph PG. Doctors speak up. *Bulletin of Atomic Science* 1981;**37**:17.

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## Letter from . . . Chicago

### Virgins of Delft

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Some chairmen of large medical departments administer their empires from large offices, patrolled by a bodyguard of lady Cerberuses, who keep out intruders and admit suspect strangers only by appointment. This fortress mentality contrasts with the open-door style, where anybody can walk into the office, though not necessarily to find the incumbent in it. Yet whether you run a closed office or an open office the results are the same: the visitors still get in. In fact, this morning I counted at least three unwelcome guests: one was climbing up the wall; another disappeared into a filing cabinet marked "departmental budget"; and the third was quietly drowning in a cup of coffee.

It was therefore with great pleasure that I learnt about the reactivation of the pest control management programme. This effort is being co-ordinated by the environmental services department and requires a set of new guidelines, revised complaint forms, and new phone numbers for pest problem reports. To allow the pest control technician to co-operate most efficiently (for "remember, preventive pest management as with

preventive medicine is best for all concerned") [sic] one must be specific when reporting a pest problem. "Be specific," the memo urges, "give exact location, area, number of pests seen—for example, two cockroaches seen in cabinets under sink in clean utility room." Yet, although these insects are usually viewed with disgust, they are not devoid of interest, being described in the *Encyclopaedia Britannica* as most primitive of all winged insects and among the oldest fossils known to man. Traditionally they have selflessly, though somewhat passively, furthered the advance of the biological sciences—as shown by the recent discovery that tight junctions between the lateral borders at the luminal aspect of their rectal mucosal cells allow water and ions to be reabsorbed via intercellular spaces by a process similar to that described in the human nephron.<sup>1</sup>

Also illustrative of these insects' dedication to science is the news from Delft, Holland, that 75 000 virgin cockroaches died immolated on the altar of science to allow the extraction of 200 µg of periplanone B. Four research groups subsequently co-operated successfully to conclude a 30-year effort to work out the chemical structure and to synthesise this 10-member ring sexual excitant (pheromone) secreted by female cockroaches to attract the males.<sup>2</sup> Less is known, so far, about the clinical structure of the other female excitant, periplanone A, or about seducin, a compound secreted by males to entrap unsuspecting

females. But periplanone B may soon be used to confuse the males, prevent them from mating, or even trap them—a grossly unfair strategy were it not to be applied to what has been termed the most obnoxious insect known to man. Indeed, it was probably *not* the cockroach that William Hazlitt had in mind when he suggested that violent antipathies often betrayed a secret affinity—this despite the recent discovery that men also secrete pheromones in their sweat and that one such substance is so attractive to women that it would make a sensational aftershave lotion were the aroma not repulsive to other men. Nor is the concept of cockroach virginity easily translated into human terms, especially since *Ms Periplaneta Americana* engages in two kinds of sexual behaviour, one lasting for only a few seconds and producing neither babies nor regrets, the other lasting for well over one hour and leading to a 90% pregnancy rate.

This odd morality characterises not only the life of *Periplaneta Americana* but presumably also its other 3500 related species, including the Teutonic and oriental cousins, *Blattella Germanica* and *Blatta Orientalis*, and even the nasty tropical cousin *Blaberus Cranifer*, the giant death's cockroach. These unattractive personages all started off in Africa some 248 million years ago, venturing forth more recently abroad Phoenician triremes, slave ships, jumbo jets, and even space capsules—with some species settling down in the most exclusive kitchens. Here they resist drowning by waxing their cuticles; defy armies of exterminators; eat copiously and indiscriminately but only once in 24 hours; are best killed with boric acid powder; and are panicked by the sound of a switch but not by the light itself. After a suitable period of courtship, cockroaches produce enough pods to hatch some 500 offspring in a life time, suggesting that they have not read *The New Celibacy* by Gabrielle Brown PhD,<sup>3</sup> though they may well have walked across it. Nor do they seem to need Ovid's *Art of Love*; for, whereas the courting human must study rhetoric, wear the right clothes, consult an expert for shaves and haircuts, make sure no hairs are protruding from his nose, and watch out for halitosis and body odour, the male periplaneta Casanova, careless of his own appearance, merely sprays about a few drops of seducin to win the object of his heart's desire, thereby avoiding the disappointments described in *The New Celibacy*.

### "The New Celibacy"

Dr Brown, incidentally, dedicates her book to her parents, yet had her parents read her book there might have been no Gabrielle Brown in the first place—because the book explains that we are in the midst of a reaction to the sexual revolution, with more men and women "abstaining from sex and enjoying it." Not only has sex been vastly overrated, writes Dr Brown, but it also leaves people unfulfilled and emotionally starved, as they discover sex to be a meaningless experience and an unsatisfactory basis for human relationship. Dr Brown has observed that a wave of asexuality is sweeping the nation, as men and women seek to escape the pressures and demands made of their time and energy; and she sees the celibate as a liberated person with heightened perception of himself and of others, more able to form true close relationships with the opposite sex. She also believes that celibacy, far from being harmful, is beneficial to health, and that psychotherapists have over-emphasised sexuality to the exclusion of other needs.

Doctors wishing to counsel patients suffering from unfulfilled expectations may find this book useful. Yet since few people are likely to follow the course advocated in *The New Celibacy* they may still have to fall back on Ovid. In that event they should heed his precise instructions on choosing the right time to make advances, making a decision about first seducing the maid, enlisting the help of Bacchus, undermining the object of one's designs with flattery and gifts and promises, and, if all fails, consider crying, pleading, or using brute force. A more modern approach would be to go to court, such as happened recently in

Chicago, where a doctor filed suit demanding that a certain nurse keep her promise and marry him. He also threatened to seek damages for "chest pains consisted of angina and probably related to a broken heart."

### Art of the bedside manner

So much for the Art of Love. But the art of clinical medicine also needs periodic reformulation of established principles. We were recently reminded that the patient-audience expects the theatre of medicine to go on, and that the much maligned term bedside manner needs to be restored to its just importance.<sup>4</sup> Doctors who err by being too cold and detached should consider attending actors' workshops, especially if they happen to lack the natural gift of showmanship, for the show must go on, particularly as the patients seem to benefit from it.<sup>4</sup> But bedside manner requires as a prerequisite that one go to the bedside in the first place; yet the typical academic American professor is often reluctant to move the show out of the conference room; and he may even rationalise that taking morning report in a room filled with smoke is a more efficient use of his time than walking the wards. The latest "case for bedside rounds" comes from Drs Linfors and Neelon, who have found that less than 20% of teaching rounds' time is being spent with patients, and that presenting a case history in the corridor or conference room has become the accepted practice in many American teaching hospitals.<sup>5</sup>

And yet we are also reminded that patient teaching rounds have been the essence of the educational experience for residents since the inception of training programmes in internal medicine.<sup>6</sup> Such rounds should be primarily educational, formal, and have as their purpose the in-depth study of disease. They should be conducted by a knowledgeable and skilled attending doctor at regular times for about one to one and a half hours three times a week, and should "involve the patient through direct interaction by those attending in the evaluation of the history and physical examination." Teaching rounds should be selective rather than comprehensive, and limited to a few patients to allow in-depth discussion. In this respect, they differ from patient management rounds, in which those attending and the resident are concerned mainly with the care of the patients, and from house-staff rounds, in which the interns and residents conduct business without an attending consultant.

Perhaps much of this is self-evident; and, although some doctors might argue that teaching and patient care cannot be separated, there may be some virtue in formally separating these functions, at least in one's mind. This could help obviate the periodic complaints from residents that Dr X is very interested in patients but does not teach; or that Dr Y is a wonderful teacher but wants to see only the interesting patients and takes no interest in the others. Attending doctors having difficulty in combining these two functions may well consider instituting a formal teaching session separate from business rounds. Chiefs can also be unduly oppressive to house staff by being present all the time; and the conscientious attending doctor who conducts lengthy daily rounds on every patient might remember that the house staff need time to make formal rounds on their own as part of their intellectual and professional growth.

### References

- 1 Lane NY. Tight junctions in a fluid-transporting epithelium of an insect. *Science* 1979;204:91-3.
- 2 Stinson SC. Scientists synthesize roach sex excitant. *Chemical and Engineering News* 1979;Apr 30:24.
- 3 Gabrielle Brown. *The New Celibacy*. New York: Mc Graw-Hill, 1980.
- 4 Oaks WW, Rubin B. Is bedside manner an art? *Forum on Medicine* 1980; Sept: 595.
- 5 Linfors EW, Neelon FA. The case for bedside rounds. *N Engl J Med* 1980; 303:1230-3.
- 6 Milnor P. Current concepts of rounds. *Update* (Association of Program Directors in Internal Medicine) 1980 April.