



Jon Garvey chews the cud

A necessary weevil

Three people are reported to have died of Salmonella food poisoning whilst in hospital in Chertsey. This doesn't seem to be unusual—sporadic out-breaks seem to knock off a few post-op patients every six months or so in various hospitals. What does seem odd is that nothing ever seems to change as a result of these outbreaks. It must be difficult to organise hospital food, with far-flung wards situated hundreds of yards from the kitchens, but one is left with the feeling that no great efforts are being made on a national scale to improve hospital culinary hygiene.

When I was a house-surgeon, my consultant occasionally used to peer into the trolleys bearing lunch to those patients to whom our team had not given a paralytic ileus, and murmur, "What's *that!* This can't be carrot! I wouldn't feed my *dog* that!" and other similar comments. As far as I know, this was the only action he took to improve the cuisine.

However, one morning, one of the patients drew my attention to his porridge, in which could be seen a small settlement of weevils, sipping up his milk. Being young and idealistic, my fellow HS and I were unhappy to accept this high-protein breakfast variation for our charges, and, once we had managed to find the kitchen manager in his office (about lunchtime), we stormed down and confronted him with the offending plate of porridge. The kitchen manager heard us out with that politely bland indifference which administrators carry off so well, and then said how sorry he was that this had happened. He would look into it. Then he added that the food

storage area was to blame, having been badly designed when the hospital was built. The implication

was that this kind of problem was always cropping up. The further implication was that he could do nothing unless the whole hospital was rebuilt. I imagine there are still weevils in certain south-coast hospital porridge bowls, but I do not know.

If three visitors to an ethnic restaurant in Godalming dropped dead of Salmonella poisoning, it's a fair bet that the shutters would be up before long. If they poison you in hospital, it's business as usual once the public health boys have scoured out the saucepans.

I just hope I'm one of the ones with the ileus.

Intromittent therapy

A patient of mine was due for a cervical smear, and asked if she could bring her husband with her for support. I thought nothing of it at the time. But it soon became clear, when the couple returned, that attempting a vaginal examination was a waste of time as she had a classical case of vaginismus. We sat down to discuss it, and it emerged that the unfortunate pair had only managed intercourse in extreme discomfort since they had married a year before. How lucky I suggested that smear, I thought. Good old Masters and Johnson will save the day.

I've been very impressed with what little sexual therapy I've done—when it works, it's more rewarding than nearly anything else. The patients are your friends for life. By employing all that textbook sensate focusing stuff I've managed to mature premature ejaculators, and even to potentiate the impotent (homeopathic sex therapists would potentise them, I suppose). However, I was afraid to attempt tackling this case of vaginismus because I did not have, and did not know where to obtain, a set of vaginal dilators.

So I was about to suggest referring her to our local gynaecologist, whom I know has a set handy, when she explained how her problem had arisen; the very same gynaecologist had examined her when she'd had period trouble at the age of fifteen, and she'd acquired a morbid dread of further interference since.

What to do? Well, I assured her that it was a simple problem, and we

would sort it out in no time. I set out, after surgery, to acquire a set of dilators before she came back the following week.

I thought my partner would know where one could obtain such things. He's such a practical bloke, my partner. No, he said, he didn't know where to get them, but why didn't I use the plastic cases in which they supply syringes? A complete set of 2ml, 5ml, 10ml, and 20ml syringes would give a graduated size range from the size of a little finger to . . . to well above the size required.

I thanked him, awed at his genius. But then, disaster. For some reason, we are not supplied with 5ml syringes in plastic cases. The only ones we have are in cellophane, which would hardly have the desired characteristics. My partner was not to be deterred by such a trivial matter. Why didn't I use the metal tube from a cigar? This was a therapeutic use of tobacco I had seldom seen mentioned in the journals, and I set out on my half day to treat myself, and my patient, to a half-corona.

Have you tried to buy a cigar in a tube recently? I trudged round every tobacconist in Chelmsford, and not a few elsewhere, but to no avail.

"I will have to make one myself," I said to my wife, "of wood".

"Won't the patient get splinters?" she asked.

I laughed disdainfully, "not after six coats of polyurethane varnish," I said.

Obtaining the right sort of wood proved a problem. The timber merchant told me they only kept dowel in eight foot lengths. "You won't see her for dust," said my wife. Nevertheless, with the use of a spokeshave and several grades of abrasive paper, the enterprising therapist was able to make not one, but two, intermediate sized dilators, which looked far more professional than the original syringe cases.

"Look at these vaginal dilators I've made," I enthused to the practice nurse.

"Oh," she replied. "There's a whole set of them in the drug cupboard. Still in the box. Did you want them?■"