and then to school medical officers without the prior knowledge and consent of the referring general practitioner. I further understand that this practice is not peculiar to my district.

This raises considerable ethical problems, as I am sure that in certain circumstances the information may be considered to be of a highly confidential nature. There is no guarantee of security of records kept by school medical officers and I am sure that the parents are not aware of the dissemination of information about their children. An important point is the fact that it is no longer obligatory for children to be examined by school medical officers so that information about these children is being distributed to people with whom they may never have any professional relationship.

We are living at a time in which there is increasing concern about personal liberties and privacy and I would like to have the response of other practitioners about what I feel is a rather sinister procedure.

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Aortography in infantile coarctation

SIR,—I wish to confirm Dr B R Denham's finding on the usefulness of the balloon angiocatheter in producing retrograde flow of contrast in children with congenital heart disease (13 May, p 1282). The use of balloon-directed angiography in patients with congenital heart disease was reported from this unit to a recent meeting of the British Cardiac Society.

The technique is applicable not only when the descending aorta can be entered through a ductus as in severe coarctation or atresia of the arch, but also in cyanotic heart disease. If the catheter is passed through the aortic valve and the balloon inflated in the descending aorta, it will cause obstruction to forward flow, and balloon-directed flow of contrast will fill any major aortopulmonary anastomoses which are present. The technique has now been used in over 20 patients ranging in weight from 2 to 20 kg. No adverse effects have occurred.

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Isolation of campylobacter

SIR,—The discussion in your pages of campylobacter enteritis has been most interesting. We have been comparing the methods of Butzler *et al*[1] and Skirrow[2] for the culture of *Campylobacter jejuni* and have found no notable differences in selectivity and sensitivity between the media.

Overgrowth with yeast was a problem, but addition of amphotericin B (2 mg/l has resolved this. We now use Skirrow's medium plus amphotericin B. Filtration, while it eliminates other bacteria, also decreases the recovery of campylobacter. We do not use filtration except when culturing the faeces of animals. This has been necessary owing to growth of spreading proteus despite the presence of antibiotics in the medium.

Alkaline peptone water, as suggested by Tanner,[3] has proved to be useful to recover *C jejuni* from faecal suspensions inoculated with these organisms when incubated at 42°C for 6-8 h. Incubation for longer than 8 h results in overgrowth of other intestinal flora. However, when this medium was used for patients' stool specimens isolation of *C jejuni* was not as good as with the other media described.

As a holding medium, especially useful for transporting swabs, we use thioglycollate broth containing 0·16% agar and the same antibiotics as in Skirrow's medium plus amphotericin B. After inoculation this medium is refrigerated overnight and then plated.

We have also found that *C jejuni* stains poorly with safranin as the counterstain in the Gram method. The substitution of 0·06% carbol fuchsin for safranin has overcome this difficulty.

Using these methods we have recently isolated *C jejuni* from five patients with diarrhoea. Further discussion will be forthcoming.

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[1] Butzler, J P, *et al*, *Pediatrics*, 1973, **82**, 493.
[2] Skirrow, M B, *British Medical Journal*, 1977, **2**, 9.
[3] Tanner, E L, and Bullin, C H, *British Medical Journal*, 1977, **2**, 579.

George III's offspring

SIR,—My attention has been drawn to Dr Shirley Fisher's assertion (3 June, p 1479) that George III had descendants by an illegitimate line. This suggestion would have been more possible if made about almost any other member of the Hanoverian royal family, including brothers of George III, but it is totally at variance with all the very considerable evidence available to historians about the king's character and personality. He was a man of strong moral principles and sincere religious convictions. Again, under the conventions of the time there would have been no reason for secrecy about the existence of a royal bastard, had one been born, but in 30 years of studying this period I have never come across a fragment of social gossip hinting at the presence of one in the circumstances posited by Dr Fisher. Letters offering patronage and support are no evidence of such a liaison. Indeed, they suggest the opposite; for had there been a liaison ample provision would have been made at the time and occasions for promises later would have been unlikely.

The temptation to make pretensions to royal descent is not uncommon. These pretensions may sometimes begin with a deliberate fabrication, or perhaps more often with a wild guess based on inadequate evidence which hardens a generation later into firm belief. Except in those cases which have been publicly known and acknowledged from the beginning, such claims are in my judgment likely to prove empty if exposed to the rigours of historical investigation. If Dr Fisher will refer to Patricia Storrar's book, *George Rex: Death of a Legend* (Johannesburg, 1974), in which I had some share, she will see how this was demonstrated in the most famous case of an attempt to foist an illegitimate brood upon George III. Some of the crucial evidence in that case was also discussed by me in *Notes and Queries* for January 1975.

Of course—reflecting on the controversy in your pages some 10 years ago—if porphyria is endemic in the family to which Dr Fisher refers, then I would concede a strong presumption for a Hanoverian descent, though not from George III.

IAN R CHRISTIE

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The consultation and the therapeutic illusion

SIR,—Dr K B Thomas is to be congratulated on his brief but important and profound paper (20 May, p 1327). He finds that in general practice undiagnosed patients who receive no treatment do as well as those who are given a symptomatic diagnosis and medication.

This principle can, and arguably should, be extended to no treatment for self-curing conditions. To take but one example from orthopaedic practice, if the patient with a frozen shoulder is told the good news that it is not arthritis or cancer, that no other joint than the shoulder is ever affected, and that the pain will inevitably go and the movement be restored completely or almost completely he usually receives with equanimity the bad news that recovery will take a long time and that no treatment hastens it.

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Cough mixtures

SIR,—Dr D Adler (3 June, p 1489) has clearly never suffered from a nocturnal cough and perhaps never had children who did. Neither investigations nor antibiotics will give immediate alleviation of what can be a distressing and disturbing symptom in the common cold, bronchitis, bronchial carcinoma, etc. But the despised symptomatic remedies he mentions (Actifed compound linctus, Benylin) do provide exactly this relief and allow a therapeutically beneficial night's rest in such conditions. They were never intended to do more than this. We should remember that good doctors treat symptoms at the same time as effecting cures and consider the patient's comfort as well as his diagnosis.

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Housing and violence to children

SIR,—The report issued by the Department of Health and Social Security entitled "Violence to Children,"[1] which was recently presented to Parliament, merits discussion. I would like to comment upon one of the issues raised in this document—namely, housing (paras 29-32).

The first part of the recommendation on housing stresses that young people have to be housed in the area in which they have grown up so that they can have the support of their extended families. This is in keeping with current research, since most of the studies show that violent parents are socially isolated[2 3] and detached from their roots,[4] and have very little contact with their extended families.[5] But the report then proceeds to suggest that better housing conditions and