Correspondence

Introduction of "new" drugs

To the editor: The letter from Dr. A.B. Morrison (*Can Med Assoc J* 112: 1285, 1975) defending the activities of the health protection branch in keeping valuable drugs off the market should be reviewed after one has read the article in *Time* magazine of Sept. 29. Dr. Morrison chose to compare Canada with the United States but avoided comparing Canada with, for instance, Britain.

To regular readers of the *British Medical Journal* and *Drug and Therapeutics Bulletin* there can be no doubt that many new valuable drugs are a long time in coming to Canada. Propranolol, trimethoprim, carbenoxolone and beclomethasone are unique, valuable drugs that were kept off the Canadian market for years after they first became available. Other drugs could be cited.

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Congenital absence of vas deferens

To the editor: I was interested in Dr. K. Gopinatha Rao's recent letter to the editor (*Can Med Assoc J* 113: 185, 1975) in which he reported finding unilateral congenital absence of the vas deferens in 1 man of a series of more than 400 undergoing vasectomy.

I have only started doing vasectomies routinely in the last few years, and in my own small series of about 80 patients so far, I have already encountered 1 man with congenital unilateral absence of the vas deferens. This patient, in fact, was about the 29th or 30th in the series.

The patient was 31 years old and had requested a vasectomy. Examination of the external genitalia revealed normal testicles. The vas deferens on the right side was easily palpable, but that on the left was not palpable; because of this, the procedure was performed under general anesthesia. A right vasectomy was done through a small midline incision in the scrotum. Search for the left vas through the incision was unsuccessful. The left spermatic cord was then explored through an inguinal incision and no vas deferens was found. Postoperative semen analysis after about 2 months revealed no sperm cells, thus confirming congenital absence of the left vas deferens.

With the accumulated experience in vasectomies, I have now come to the conclusion that preliminary preoperative examination of the scrotal contents is not necessary. Examination can be carried out at the time of the vasectomy, which is routinely done under local anesthesia through a small midline scrotal incision. By palpating the spermatic cord the surgeon knows whether the vas deferens is there or not. If the vas is felt on one side and not the other, I recommend that vasectomy be carried out on the side where it is palpable, under local anesthesia. If the usual postvasectomy analysis of semen reveals no sperm cells, congenital unilateral absence of the vas deferens is verified. If, however, sperm cells are detected, exploration of the other spermatic cord through an inguinal incision under general anesthesia is indicated.

I believe this proposed scheme has certain advantages: it saves the time of a "preliminary" examination; it avoids the not too uncommon embarrassment and discomfort of the preliminary examination; and it avoids unnecessary general anesthesia and inguinal exploration when congenital absence is the reason for one vas deferens not being palpable in the scrotum.

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To the editor: I am surprised at Dr. Ho's suggestion that a preliminary examination of the scrotal contents is not necessary. I cannot understand how any doctor would undertake any operation, however trivial, without examining the area of operation. It hardly takes 1 minute to feel for the vas deferentia, and surely when the physician is spending 15 or 20 minutes interviewing the couple about a vasectomy, 1 minute spent examining the scrotal contents is not time wasted. Dr. Ho feels he could avoid the "not too uncommon embarrassment" of the preliminary examination: surely a man requesting a vasectomy expects the physician to examine the area of operation and will not be embarrassed by such an examination.

The idea of the preliminary local examination is not to look for congenital unilateral absence of the vas deferens, which is rare, but to decide whether the operation should be done under general or local anesthesia. My policy has been to do the operation under general anesthesia if one or both vas deferentia cannot easily be distinguished from the other structures of the spermatic cord, or if there is any other scrotal disorder. Often the vas deferens is plastered to the other structures of the cord because of previous inflammation, trauma or operation (herniorrhaphy). In such cases, performing the operation under general anesthesia will save the patient a lot of pain and a lot of time, and will avoid embarrassment for the surgeon. If inguinal exploration is needed it can be done easily and quickly.

There are two other disadvantages

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to Dr. Ho's scheme. First, the patient will feel uncertain whether he has had a complete operation. Second, if sperm cells are present 2 months after the preliminary operation, how can one be sure whether it is because of the vas deferens on the nonoperated side (where it was not palpable) or because of recanalization of the vas deferens on the operated side? If it is so simple, as Dr. Ho says, to tell whether the vas deferens is there or not, how does one decide which side to operate on or whether to operate on both sides?

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Chiropractic

To the editor: In view of the CMA's explicit resolution against chiropractic in June 1972, it is hard to understand why the Journal chose to publish such a blatant advertisement for chiropractic in the article "Chiropractor in medical school sees value in interdependence" (*Can Med Assoc J* 113: 454, 1975). To make matters worse, the article appeared under the heading "Medical Education".

Dr. Haldeman, despite his PhD in neurophysiology and his medical education to date, followed the path taken by most apologists for chiropractic, emphasizing the therapeutic value of manipulation (something that has not been in serious dispute since the time of Hippocrates) but overlooking the basic theory of disease that all chiropractors are taught — namely, that minor subluxations of vertebrae act as mechanical blocks to the transmission of life force along the nerves, an interference that results in disease. Diseases chiropractors have in mind are not only musculoskeletal disorders but such varied ills as diabetes, tonsillitis and hyperthyroidism, to name only a few. Is this the kind of quackery scientifically trained physicians want to be associated with?

In the 10 years or so that I have been concerned about chiropractic I have been repeatedly amazed to discover how ignorant physicians are about chiropractic theories and how apathetic physicians are about chiropractic practice. Publicly, chiropractors, terming themselves "fellow professionals", ingratiate themselves with medical doctors; privately, to patients, they propose a system of health care in parallel with, and in opposition to, what is offered by scientifically trained physicians and surgeons. One chiropractic pamphlet on goitre states:

> Pressure on nerves may cause goiter. This is an impingement upon the nerves over which flow the current of life force (mental impulses) from brain to glands . . . Would you submit yourself to a surgeon? You must bear in mind that every organ in your body has a definite duty and in order to be healthy you must have these organs, and they in turn, must be healthy to function properly. Your chiropractor will make a scientific analysis of your spine, in search of subluxations.

Another pamphlet, this one on high blood pressure, states:

> It has been determined by years of experience that chiropractic is a normal procedure to adopt to reduce this high blood pressure naturally, and being reduced naturally, it stays reduced.

The pamphlets referred to were picked up in an Ontario chiropractor's office.

While the Journal article adds to the reputation of respectability that has grown about chiropractors since our provincial governments began rewarding these quacks with the taxpayers' hard-earned dollars, it has been left to a lay publication of impeccable reputation and integrity, *Consumer Reports*,[1] to expose chiropractic for what it is. On the basis of a 6-month investigation of chiropractic in the United States and Canada by Joseph R. Botta, a senior editor of Consumers Union who specializes in medical and environmental reporting, *Consumer Reports* advised that chiropractic is "a significant hazard to many patients" and that "current licensing laws . . . lend an aura of legitimacy to unscientific practices . . ." The wide acceptance of chiropractic, according to *Consumer Reports*, can be attributed to political action. For example, in the United States, chiropracpractic services were included under Medicare despite the combined opposition of the American Medical Association, the US Department of Health Education and Welfare, the National Council of Senior Citizens "and numerous other groups".

I have become cynical enough to think that medical doctors, despite their alleged concern about public health, will not unite in their opposition to chiropractic until their pocketbooks are affected. Perhaps in the meantime we can expect further enlightening articles in the Journal on "professions" with which we should cooperate. How about phrenologists and teacup readers for a future issue?

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Reference

1. Chiropractors, healers or quacks? *Consumer Reports:* Sept and Oct 1975

More on Sherlock Holmes

To the editor: Over a 20-year period Jefferson Hope showed great intelligence and perseverence. He pursued,