

away from general surgery completely as urology has'. He warns that 'the intellectual stimulus of non-specialist paediatric surgery is so limited' that rather than having more paediatric surgeons, 'the sensible alternative is that general surgeons with an interest in paediatric surgery take on the basic work', and that 'although Dennis Browne may have said that setting a standard is not to create a monopoly there is a creeping feeling in all this that there may be a grain of lie in these fine words'.

There is more to paediatric cardiology, paediatric radiology, paediatric anaesthesia, paediatric surgery, paediatric cardiothoracic surgery, paediatric intensive care, and paediatric nursing than is found on the token paediatric pages of adult textbooks. The British Association of Paediatric Surgeons expects high standards; many adult surgeons may have to find alternative intellectual diversions.

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**Safety of herbal remedies**

Debbie Shaw's article (June 1998 *JRSM*, pp. 294-6) raises issues about how and whether routine checks should be done on patients taking herbal remedies. Over the past six years this NHS health centre has employed a traditionally trained Chinese herbalist who has seen over 90 patients aged between 6 months and 90 years. These patients have all been prescribed a form of Japanese herbal medicine, *kanpo*, and 40% of them have used the herbs for more than 6 months. Potential toxicity has been monitored with full blood count and tests of liver and kidney function at intervals of 1, 2, 3 and 6 months thereafter as long as treatment continued. There were no abnormal results attributable to the herbs.

Although we did not restrict the pharmacopoeia we did confine our range of herbal products to tablets or high-potency granules from one company that guaranteed high standards of purity and quality control. We conclude that prescribing in this manner is safe, and have decided to discontinue routine monitoring.

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**Healing research in general practice**

As members of the Doctor-Healer Network we congratulate Dr Dixon on his research paper into healing in general practice (April 1998 *JRSM*, pp. 183-8), and the *JRSM* for publishing it. We do, however, wish to object to the Editor's comment in the same issue (p. 177)—both his approach and his neglect of the scientific literature on spiritual healing. For example, a discussion paper published in the *JRSM* in 1995<sup>1</sup> outlined some of the many reputable trials indisputably showing positive effects of healing on plants, animals, and humans. Dr Fox seemed unaware of this evidence and of the wider discussion on healing. Furthermore, such evidence negates any idea that spiritual healing is just 'one of the numerous and miscellaneous techniques that help patients via caring effects.' The comment that doctors might attend a course 'in white light visualization' was perhaps in part due to Dr Dixon's unfortunate failure to explain fully the method his healer used to help his patients. Spiritual healers know that any healing effect comes as a result of asking 'Source' (God in many religions) for healing for the patient before the act of healing commences. Dr Dixon and his healer probably considered that this fact was obvious. Subsequent researchers will have to learn the useful lesson this mistake has taught us.

There are increasing numbers of doctor/healers and healers (over 10 000 currently registered in the UK, all of whom having found themselves with healing gifts have

undertaken proper training and accreditation), who find that small miracles become relatively common, and thus normal. Spiritual healing may manifest in the physical body, but will first do so on the emotional, mental, or spiritual levels<sup>2</sup>.

Spiritual healing, a science and art, is far older than modern, high-technology medicine and is well qualified to take its place complementary to modern medical practices. It deserves a more balanced assessment than it received from the editorial.

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**REFERENCES**

1 Hodges RD, Scofield AM. Is spiritual healing a valid and effective therapy? *J R Soc Med* 1995;**88**:203-7  
 2 Robertson J. Spiritual healing in general practice. *Int J Alt Compl Med* 1991;**9**(4): 11-13, (5)21-3

**The bosom serpent**

Dr Bondeson's paper (August 1998 *JRSM*, pp. 442-447) brought to mind a clinical meeting at the Christian Medical College, Vellore, India, in the 1960s, when the radiologist Dr C Johnson presented a snake-swallower he had encountered in the local bazaar. The performer swallowed many small live snakes with copious amounts of water, later regurgitating them into a large tub. Dr Johnson, whose special interest was hiatus hernia and the cardio-oesophageal junction, subsequently fed the snakes barium and produced a short film, set to music, on the radiological appearances of the performance. This was presented at several conferences. The snake swallower's technique would no doubt account for most reports of the bosom serpent.

**Anand Date**

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