Sir,
We read with interest the article by Raghu et al.\[1\] and have been following the correspondence till date. The system of education and training in the UK is going through a metamorphosis, though not much of an emphasis is being given to the overseas doctors to be a part of it. In the midst of this, the sudden change in the immigration policies for the overseas doctors is a shock. The articles in Minerva section of the British Medical Journal (2006)\[2\] and Press Release from the Department of Health UK\[3\] are sensational shocking news for the thousands of overseas doctors among whom Indians form a major chunk. Currently, there are well over 115,000 doctors practicing in the NHS. Of these, 45% are overseas-qualified doctors. This compares with 40% who have qualified in the UK and 15% within the European area.\[4,5\] There are pros and cons associated with the sudden, unexpected, uncautioned change in the immigration policies. Loss of health professionals from underdeveloped and the developing countries would decrease, which would benefit their healthcare system. The unemployment rate of the homegrown graduates in the UK would decrease.\[7\] On par the extent of impact, it

Is rectal lubrication the key to non surgical removal of rectal foreign bodies?

Sir,
We read the Case Report of Dr. Bhanot et al.\[1\] with great interest. The paper highlighted the adjunct use of laparoscopy but we are concerned that the authors have not emphasized the importance of rectal lubrication for removal of foreign bodies of rectum (FBR). In our understanding, if rectal lubrication is used in ample amounts, it can make nonoperative FBR removal more successful. We would like to present our view in this aspect.

Blocki et al.\[2\] had hypothesized the development of proximity forces on interaction of two objects/surfaces. In our understanding these are the forces that come into play on contact of FBR and rectal mucosa. The subsequent vigorous defecatory attempts by the patient accentuate the van der wall forces between the two surfaces and also create a negative intraluminal pressure. This results into impaction and difficult removal.

Physicists have proved that dynamic wetting of surfaces (lubrication) creates a kinetic slip by decreasing intermolecular interactions.\[3\] Similarly physiologically in lungs, surfactant facilitates decrease in surface tension and glycoproteins assist free chest movement by providing ample lubrication.\[4,5\] This in simple terms may be interpreted as slipping of body membranes.

If these concepts are applied for FBR removal, we opine that rectal lubrication should provide decrease in intersurface forces between rectal foreign body and mucosa, creating a slip on manual abdominal pressure and defecatory efforts thus making removal of FBR easy by nonoperative means.

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