

Your implied advice to the individual practitioner that he should be careful not to let Sir John Orr put dangerous ideas into his head, but instead be a busy little doctor getting on with his doctoring, so avoiding political and economic contamination, is most timely. So many members of the community already are under the impression that they are engaged in a war to defend the liberties of citizens against the tyrannies of power-drugged Governments and bureaux. That the cobbler must stick to his last and probably eschew any spare-time process of critical thought or inquiry inherent in good citizenship is, if disregarded in a totalitarian State, so apt to lead to liquidation.

Happily the individual practitioner has, in large part, been saved from these dangerous, citizenly activities by being allowed the barest minimum of spare time. He can now see that the close co-operation of the B.M.A. with the Ministry of Health, resulting in the increasingly onerous terms of service under the Ministry of Health and under central and local government bodies, has ensured his being kept safely tied to his stethoscope.

An editorial caveat against listening to the broadcasts of Mr. J. B. Priestley might guard the individual practitioner from this source of citizenly contamination.—I am, etc.,

Trentham, Jan. 27.

R. CRICHTON PEATE.

SIR.—Surely you dismiss Dr. Maitland Radford too summarily. If we accept Sir John Orr's conclusions (and I take it they are not seriously questioned by the profession), then, since the nation will have to take action, we shall be expected to give some kind of a lead. Action will be political action, so we cannot keep politics out of it. But are we not citizens as well as doctors, and citizens with a special responsibility in this matter? Where but in our professional journals should we discuss ways and means to end this deplorable national failure? Of course there will be differences of opinion; of course our individual party politics will colour our arguments; but out of a free discussion some practical proposals may emerge upon which we can concentrate.—I am, etc.,

London, W.1, Jan. 30.

C. E. WHEELER.

### The Myotonic Pupil

SIR.—As a friend of the late W. J. Adie's my opinion on the direct issue which Mr. R. Foster Moore's letter (January 18, p. 99) raises would inevitably be too biased, and I refrain from expressing any. There are others with fuller knowledge of the circumstances and therefore better qualified to speak concerning Mr. Foster Moore's particular plaint. (It may, however, not be inappropriate to point out that Dr. F. M. R. Walshe, in his recent book *Diseases of the Nervous System*, speaks simply of the "myotonic pupil.") I have been interested to hear in conversation various and contrary opinions expressed on Mr. Foster Moore's letter. Might not the occasion afford an incentive to a discussion of more general interest—for example, on the historical significance of the value attached to academic eponymy, as an implement of success and power, in its broad relationship to various outstanding trends in our present-day Western civilization?

In a previous letter (October 23, 1937, p. 827) Mr. Foster Moore himself confessed that "claims for priority are apt to be undignified," but when we take into consideration the spirit of the times we should allow that there can be justification for such anxiety. In an age which measures "success," "cleverness," etc., on the basis of journalistic "scoops" those of us who might in other circumstances prefer the tranquillity of the study may have little choice than to acclaim our wares from the house-top as the only alternative to relative extinction. The significance of the modern value attached to "priority" in matters of "observation" is a very important aspect of competitive professionalism, if only because it has such a harmful influence on teaching.

It would be interesting to hear a discussion on this subject, and if Mr. Foster Moore's letter reveals—as it probably will—the impossibility of arriving at finality on such a small and particular issue as he raises, it will have served a useful purpose if it initiates some clarification of much more general considerations which its publication stimulates.—I am, etc.,

London, Jan. 27.

BASIL GRAVES.

SIR.—It is clear that both your correspondents, Dr. Parkes Weber and Dr. Pappworth, have found published cases of abnormal pupil reactions which we may accept as examples of the condition under discussion; Dr. Pappworth refers to a case so early as 1813, and, as he very properly says, earlier cases may have been reported. No one, I fancy, would accept the publication of a single case of a condition as being sufficient to justify the application of the term "syndrome" to it; Dr. Pappworth does not state whether any of the published cases referred to by him are sufficiently comprehensive to justify such a term.

Had there been any inaccuracy in my letter it would be proper that it should be pointed out, and as such has not been done it may be taken that its accuracy is accepted, that in fact the characteristics and definition of the condition based on my series of cases were published in 1924—that is, a number of years before Adie published a single case of it. Dr. Pappworth says that my publication "has never received the recognition which it has deserved" because it was published in a specialized journal. Can he, however, suggest a more suitable medium for the publication of a group of cases of abnormal pupil reaction than the *Transactions of the Ophthalmological Society of the United Kingdom* and a textbook on medical ophthalmology? And, in any case, it was in the former *Transactions* that Adie published his cases six or seven years later.

I should like to say one further word on what Dr. Parkes Weber calls "wrangling on the question of priority" and Dr. Pappworth refers to as "haggling." Neither of these remarks seems to me in any way applicable to a letter which was a statement of facts which were left to speak for themselves; there was no mention of priority; it may, however, be noticed that Dr. Parkes Weber goes on "to claim priority" for a single case of his colleague and himself, and is sufficiently dogmatic to state that "this was the first demonstrated case" of the condition.—I am, etc.,

Salisbury, Feb. 3.

R. FOSTER MOORE.

### Medical Examination of Home Guard

SIR.—Dr. E. Wynne-Jones's letter (January 25, p. 137) was especially interesting in regard to the suggested appointment of a medical officer to each Home Guard battalion. This surely should be considered an absolute essential for any unit such as the Home Guard, who are undertaking active service and who, necessarily, should have not only a medical officer but also medical personnel to deal with casualties; also plans must be made in advance so that these casualties may be effectively treated and evacuated.

In the Edinburgh zone Home Guard medical officers have been attached to all the battalions since August, and they have had plenty of work to do, not in examining volunteers as Dr. Wynne-Jones has done, but in training personnel in first-aid work, forming battalion and company first-aid posts, looking after the various sanitation problems which arise, and making the necessary arrangements for the evacuation of casualties to the aid posts and therefrom. All these doctors have enrolled in the Home Guard as ordinary volunteers in the first instance and have then been posted to the various battalions as medical officers, being accorded the same status as that of a company commander. The senior medical officer, who is attached to zone headquarters and is responsible for the co-ordination of all the medical arrangements and collaboration with the military and civil authorities for the evacuation of casualties and other matters, is accorded the same status as a battalion commander. He attends all the zone headquarter conferences so that he can keep *au fait* with all that is going on and can give advice on all medical matters.

It is only by a scheme such as the above that casualties in the Home Guard can be effectively dealt with, and it seems extraordinary that this has not yet been apparently recognized and it has been left to individual Home Guard units to make their own medical arrangements without any help or co-ordination or even recognition of medical officers as such.—I am, etc.,

Jan 27.

W. F. T. HAULTAIN,  
Senior M.O., Edinburgh Zone, Home Guard.