

sib, etc. In short, temporary phases in a child's development which are soon outgrown. Perhaps I am oversimplifying, as the numbers of mothers and children attending the public health clinics here is remarkably low.

May I suggest too that if one asks any young mother whether she has worries in connexion with her child's health she will be only too happy to produce some. The neglected or deprived child doesn't go to the clinic anyhow. Do general practitioners think there is a 50% incidence of behaviour disorders among toddlers? As for problem families, of course their children will tend to be delinquent, but forgive me for thinking that neither antenatal, toddler, or school clinic "chats" can prevent this happening.—I am, etc.,

Brigg, Lincolnshire.

M. C. WILLIS.

Treatment of Lung Cancer

SIR,—I am pleased to see that Mr. Geoffrey Flavell (February 3, p. 284) is an advocate of conservatism in the surgical treatment of bronchial carcinoma. My colleagues and I first published our series of 264 cases in which lobectomy had been done in 1956, and the five-year follow-ups were reported on in 1959.¹ Of the 246 patients who survived operation and whose fate was known (5% were lost in the follow-up) 37% lived five years or more, and if those patients who died of causes other than carcinoma were excluded the figure was 41%.

This rate of survival is not new; Bignall and Moon² in an analysis of 453 patients who had lobectomy or pneumonectomy between 1940 and 1951 at the Brompton and London Chest Hospitals found that 33% of those who survived the operation lived five years.

The work of Nohl³ and of Cotton⁴ has shown that lobectomy is a sound cancer operation and there is no doubt that, as Mr. Flavell says, more of the patients who have the less mutilating operation return to their old jobs. For these reasons I hope that there are more surgeons to-day who are "doctrinaire lobectomists" than "doctrinaire pneumonectomists."—I am, etc.,

The London Chest Hospital,
London E.2.

J. R. BELCHER.

REFERENCES

- ¹ Belcher, J. R., *Lancet*, 1959, 2, 639.
- ² Bignall, J. R., and Moon, A. J., *Thorax*, 1955, 10, 183.
- ³ Nohl, H. C., *ibid.*, 1956, 11, 172.
- ⁴ Cotton, R. E., *Brit. J. Dis. Chest*, 1959, 53, 142.

Discouraging Smoking

SIR,—Being a keen smoker, but ignorant of surgery, I thought the first part of Mr. Geoffrey Flavell's paper (February 3, p. 284) which dealt with the prevention of bronchial carcinoma—in other words the discouragement of tobacco-smoking—most timely.

Discouragement should be directed at the rising generation, as confirmed smokers are generally addicts who will not be dissuaded by a one-in-ten chance of reducing their expectation of life. Of the reasons suggested by Mr. Flavell why in fact so little is done, the fact that the tobacco tax (£700,000,000) just pays for the National Health is probably a bigger political obstacle than that "the custom is hedged around with sanctions"; the interests of the growers, manufacturers, and retailers also have to be considered.

Nevertheless it remains a remarkable anomaly in our "free" society that the manufacture and sale of the potential carcinogens of tobacco should be allowed to

proceed almost hand-in-glove with the Government, while a firm selling "Brighton Rock" recently had to pay £368 (*The Times*, February 2) because it included the potential carcinogen rhodamine B; the defence that a million sticks would have to be eaten before any possibility of danger arose was of no avail.

Some political party will have to grasp the nettle sooner or later, and the solution may be on the lines of the unique good idea I saw in Russia. I went into a State shop to buy a bottle of vodka; it was cheap and there were many brands to choose from. But instead of advertisements the shop was plastered with horrific posters: of those I remember one showed a drunken man returning home and kicking his wife and the other was a gaily coloured representation of a cirrhotic liver.—I am, etc.,

Gerona, Spain.

C. J. COOPER.

Danger of Electrocutation

SIR,—About 100 persons die each year from electrocution in England and Wales and many more receive non-fatal shocks. The risk from an electric blanket to which Dr. Nevil Silverton (February 17, p. 481) calls attention exists with all forms of domestic electrical apparatus and the doctor should be able to advise his patients how to avoid it.

Few appliances have a double pole switch on the lead to them, and it is often assumed that if connected to a switch plug they are safe if this is "off." They are only safe, however, if the switch is wired in such a way that it breaks the live wire to the switch and not the neutral wire. This should be obvious, but I have known amateurs and even electricians wire switches wrongly, and so feel that details of a simple test are sufficiently important to justify a note even in a medical journal.

All that is needed is a lamp in an insulated holder attached to a short length of fairly stiff flex. About a quarter of an inch of each wire should be bare at its end. One wire is earthed by putting it in the earth socket if it is for a three-pin plug or earthed, say to a water pipe, if a two-pin plug is used. The other wire is put into the supply sockets in turn. If the lamp does not light change the lead to the other supply socket and try again. If the switch is correctly placed in the live wire, the lamp will light when the switch is on and go out when the switch is off. But if the lamp lights when the switch is both on and off the supply socket is wrongly wired. Any apparatus connected to such a socket will be "live" whether the switch is on or off and could deliver a shock. It should be added that if the lamp does not light when connected to earth and to either of the supply sockets, it also indicates a dangerous state, for it means that the earth socket is not connected to earth. The electrician's screwdriver containing a neon light and a resistor obviates the use of a bulb and wires but is not a usual domestic tool.—I am, etc.,

Chase Farm Hospital,
Enfield.

C. ALLAN BIRCH.

Cataracta Electrica

SIR,—Burns of the face from high-tension cables probably do not occur very often. However, it should be remembered that cataract may develop even six months to one and a half years after the injury. A case seen by me recently had suffered from first-degree electrical