

Correspondence

Letters to the Editor should not exceed 500 words.

Overseas Meetings and Visits

SIR,—Your leading article on the Karachi Meeting (17 December 1966, p. 1469) has put on record the outstanding success of a historic gathering and pays elegant tribute to the warmth of the welcome afforded to British delegates by their colleagues in Pakistan.

This meeting and visits to other medical centres demonstrate that the number, variety, and degree of all forms of disease in the sub-continent provide a range unknown in the teaching hospitals of Britain and the United States. The enormous numbers accentuate the importance of initial clinical assessment, if the necessarily restricted resources for investigation and treatment are to be utilized to the best advantage. The traditional clinical approach of British medicine has been the foundation of practice in the past and still has more to offer in the subcontinent than the sophisticated research techniques at which the United States excels. If our prestige is to be

maintained we shall have to be prepared to do more than organize postgraduate courses at home. During visits to medical centres in India, Pakistan, Ceylon, and Nepal I was impressed repeatedly by the importance of clinical assessment and by the challenge which this type of postgraduate instruction represents to the teachers of British medicine.

If we confine ourselves to the problems of medicine in the United Kingdom it will be to the detriment of both ourselves and our friends in the East. Many of your readers who, like me, have learned much from visits to the United States may not realize that a medical visit to the subcontinent of India and Pakistan can be just as instructive and important to their own knowledge and to the development of British postgraduate teaching. There can be no doubt of the welcome they will receive.—I am, etc.,

Royal Infirmary,
Edinburgh.

R. M. MARQUIS.

Mental Subnormality as a Specialty

SIR,—I write in support of Dr. D. A. Spencer's contention (14 January, p. 110) that "mental subnormality has been the victim of a vicious circle, as it has been short of doctors to transform it into an exciting and active sphere of work which would attract others."

I recently carried out a survey of the consultant psychiatric establishments in mental subnormality hospital groups of 1,000 or more beds in England and Scotland. A few results are shown in the Table, from which it will be seen that the number of beds per full-time consultant equivalent ranges from 260 in the East Anglian Region to 1,185 in the

South-western Region, the national average being 628.

Such figures speak for themselves as an indication of the importance with which the problem of mental subnormality is regarded by different regional hospital boards. It is no answer to suggest that there is no point in increasing consultant psychiatric establishments because of the lack of suitable applicants. Surely, trainees and consultants who are interested in the activities which Dr. Spencer mentions are more likely to be attracted to those hospitals whose establishments approach the figure of one consultant to 300 beds recommended by the Mental

Regions, Beds, and Consultant Establishment

Regional Hospital Board and Mental Subnormality Hospital Groups of Over 1,000 Beds	No. of Beds (Ment. Sub.)	No. of Consultant Psychiatrists	No. of S.H.M.O.s with Allowance	Total No. of Sessions Devoted to Mentally Subnormal Inpatients or Outpatients	Full-time Consultant Equivalent	No. of Beds per Full-time Consultant Equivalent (Including S.H.M.O.s with Allowance)	Regional Average
<i>Birmingham Region</i>							353
St. Margaret's ..	1,487	3	1	44	4	372	
Colehill Hall ..	1,410	3	1	44	4	350	
Moneyhull ..	1,100	4	—	36	3.3/11	336	
<i>East Anglian Region</i>							260
Little Plumstead	1,109	5	—	47	4.3/11	260	
<i>Manchester Region</i>							611
Calderstones ..	2,055	2	1	31	2.9/11	730	
Brockhall ..	2,045	2	1	33	3	680	
Royal Albert ..	1,092	2	—	20	1.9/11	600	
Crange Hall ..	1,300	3	—	33	3	433	
<i>South-western Region</i>							1,185
Hortham/Brentry	1,400	3	—	18	1.7/11	911	
Royal Western Counties ..	1,797	2	—	16	1.5/11	1,235	
Stoke Park ..	1,793	2	—	14	1.3/11	1,408	
<i>Wessex Region</i>							759
Coldeast and Tachbury Mt.	1,518	2	—	22	2	759	

Deficiency Section of the Royal Medico-Psychological Association in 1960.—I am, etc.,

Clifton,
Bristol.

W. A. HEATON-WARD.

SIR,—Dr. D. A. Spencer in his letter (14 January, p. 110) makes the timely observation that mental subnormality hospitals are the victims of a vicious circle; the shorter they become of staff the less attractive the specialty becomes, and vice versa.

In my opinion there are two steps which could be taken now to narrow the gap between the existing knowledge and the opportunities we have to apply such know-how today, thus stimulating interest in a specialty which, with more than 60,000 beds in over 200 hospitals, is not an insignificant branch of the National Health Service.

Firstly, all mental subnormality hospitals which have no adequate modern facilities available, like biochemistry, audiology, speech-therapy, physiotherapy, etc., should be amalgamated with district (grade A) hospitals, thus bringing them into the orbit of modern medicine.

Secondly, mental subnormality should be taught, for the purpose of qualifying examinations, as a preclinical subject, concurrently with embryology and physiology, thereby bringing to the attention of future doctors the fact that the limits of normality are relative ones.—I am, etc.,

Norwich, Norfolk.

RUDOLPH PAYNE.

Willis Vindicated

SIR,—Drs. P. F. M. Wrigley, P. Sheldon, and C. W. M. Whitty (14 January, p. 93) report a man having normal cerebral function with bilateral carotid occlusion.

More than 300 years ago this possibility was forecast by Thomas Willis, who from the study of the Circle that bears his name concluded that the chief reason for this conjunction of arteries was "that there may be a manifold way, and that more certain, for the blood about to go into divers Regions of the Brain, laid open for each; so that if by chance one or two should be stopt, there might easily be found another passage instead of them: . . . if both the Carotides should be stopped, the offices of each might be supplied through the Vertebrales. . . ."

This opinion was derived by Willis not only from his dissections but also from the results of injecting dyes into the arteries of the cadaver.—I am, etc.,

Ham, Wilts.

C. P. SYMONDS.

REFERENCE

¹ Willis, Thomas, *The Anatomy of the Brain and Nerves*, 1965, ed. William Feindel. Montreal.

Diaphragmatic Paralysis after Herpes

SIR,—I was interested to read the article by Dr. J. Brostoff, "Diaphragmatic Paralysis after Herpes Zoster" (24 December 1966, p. 1571).