poem. I was particularly interested as there is a current neglect of medals as a source of medical history.

May I make some observations on the medal itself? The object under the lancet on the reverse is a vaccine point, perhaps of ivory, on which the material, fresh or dry, would be conveyed to the scarified area. Ampoules were not used for biological material until sterilization was understood. Incidentally, the goddess has a bandage round her left arm as though she had been recently vaccinated, surely a work of supererogation. . . .

Schönlein versus Henoch

Dr. S. R. MEADOW (Leeds) writes: Dr. J. Verrier Jones in his interesting letter (15 December, p. 677) draws attention to the various dates which different reviewing authors have ascribed to the historic medical papers by Schönlein, Henoch, Heberden and others. The reason for many of these discrepancies is neither simple typographical mistakes nor the fact that the reviewing authors have not read the early literature. It is associated with the practical difficulty of obtaining the very first edition of something published nearly 200 years ago. . . . I would prefer authors merely to quote the articles which they have actually been able to read themselves. But if they do that . . . they must make it clear in their work that the particular quoted reference is not necessarily the first in the literature; and they should also ensure that the reference specifies the actual edition.

Making Hospital Geriatrics Work

Dr. J. H. MITCHELL (Paisley) writes: The letter from Dr. P. P. Mayer (29 December, p. 784) suggests that semantic differences may be significant. The "geriatric" beds I know in several hospital regions are for "medical" long-term cases (*and not necessarily elderly*)—that is, for "chronic sick." Even this latter term is misleading in that such persons may require only long-term custodial care rather than medical attention. Someone with residual hemiplegia may be no more "ill" than someone with residual polio paralysis. However, the local authorities save money and trouble by "stealing" hospital geriatric beds rather than providing more Part III accommodation . . . There is a slow inexorable build-up in acute medical words of patients waiting for transfer. A regular tally of such blocked beds would be more informative of the efficiency of these acute units than the bed occupancy and other statistics collected at present.

Economy in Prescribing

Dr. N. D. L. OLSEN (Chiddingfold, Surrey) writes: In the present economic climate it is becoming increasingly obvious that it will not be possible for the Government significantly to increase its expenditure on health. Therefore we must all look for ways in which reasonable economies can be made without further reduction in the quality of the National Health Service. One economy which could be adopted at a saving of many, many millions of pounds a year would be a degree of restriction on the prescribing of drugs by limiting all Health Service prescriptions to those drugs included in the *British National Formulary*. . . . While I am sure many doctors will oppose any move to restrict their traditional clinical freedom, I believe we must accept the inevitable fact that there will always be a limit to the amount of money available to the Health Service. . . .

Independence of Review Body

Dr. L. P. RIBET (Folkestone) writes: I am thankful to Dr. J. Ruffell (22 December, p. 735) for highlighting the emasculated role now played by the Review Body—a role so at variance with the aims of the original remit of that Body, as set out by the Royal Commission. This state of affairs should cause no surprise and indeed was spotlighted as far back as June 1969 at the Annual Conference of Local Medical Committees in London.

The question I now pose is, What will the profession do at this juncture? For who can deny the seriousness of the situation from both the doctors' and the patients' points of view. Furthermore, I believe that we have allowed our remuneration to suffer too much erosion over the years, taking into consideration not only actual earnings but also ever-decreasing differential earnings, and especially earnings relative to those of our colleagues in the E.E.C. and in other parts of the western world. . . . Totally new contracts for all branches of the profession must therefore be negotiated, not merely a redistribution of the same moneys with an added carrot, just to stop confrontation. Such contracts must be realistically priced and must not be open-ended from the consumers' point of view only. If this country cannot afford to meet such commitments then, regretfully, the coat must be cut according to the cloth, and the public so informed. . . .

Slavery

Dr. S. E. CROSKERY (Belfast) writes: I refer to the review (5 January, p. 42) of the Amnesty International Report on Torture. The reviewer, Dr. Henry R. Rollin, is in error in his last sentence, "slavery was abolished." Would that it were! Then it would not be necessary for the Anti-Slavery Society for the Protection of Human Rights still to exist with 807 subscribing members. . . .

Thyroid Scanning

Dr. OLWEN WILLIAMS (Department of Therapeutics and Clinical Pharmacology, University of Aberdeen) writes: Drs. K. E. Britton and P. Ell (29 December, p. 782) suggest that any clinical suspicion of thyroid cancer warrants surgical investigation. This may be true in regions where nodular goitre is uncommon, but in areas of endemic goitre so many multinodular goitres occur that it would be entirely impracticable to advise operation for all. In this situation an investigation which can distinguish multinodular thyroid enlargement from an apparently solitary cold nodule is invaluable. It then becomes possible, in the case of a multinodular gland, to advise operation only if there are good clinical grounds (for example, recent enlargement or lymph node involvement).

Secondly, I would disagree that surgery is necessarily the best treatment of an autonomous hot nodule. Radioactive iodine is specifically concentrated by the nodule, and treatment results in reappearance of the normal thyroid tissue. . . .

Launching of New Drugs

Drs. H. J. CARNE, A. J. DELL, DIANA MITCHELL, MARGARET SCOTT ANDREWS, and S. SWIRSKY (London N.16) write: We are concerned at the recent increase in the number of press conferences given to launch new drugs. Very often these are no more than new formulations of known drugs, or very often expensive alternatives to existing therapeutic agents. . . . We would welcome the views of other members of the profession and would also welcome action by the B.M.A. to investigate this unpleasant addition to our lives.

Think Again on Salmon

Dr. W. FINE (Newsham General Hospital, Liverpool) writes: Mr. L. J. Temple's letter (29 December, p. 786) regarding the implications of the Salmon structure should be echoed by every consultant responsible for patients in the hospital service. . . . The present Salmon structure implies that the management of a ward is less important to the Health Service than the management of ward sisters. Thus the vital ward sister post (no. 6) can no longer be a career post.

If we return to first principles, it will be generally agreed that the patient enters hospital to receive nursing and medical treatment. As far as nursing is concerned this means skilled handling by a nurse. An army of managers will not compensate for a non-motivated, inexperienced, disinterested, ward sister. . . . It is essential for the main career post to be that of senior ward sister and for the ladder of promotion to go from junior sister, to sister, to senior sister. The function of the present no. 7 would be better that of a communicator and deputy sister who fills in when hiatuses occur and who acts as a channel to communicate between senior administrative staff and the ward sister, but not in any way senior to the vital centre at ward sister level.

Dr. J. C. LINLEY-ADAMS (Eastbourne) writes: I am sure that most consultants will agree with Mr. L. J. Temple's opinion concerning the shortcomings of Salmon (29 December, p. 786). Certainly all my colleagues here with responsibility for hospital beds are very critical of this unfortunate system, whereby the sister in charge of a ward is considered inferior to junior administrative nursing staff, and is usually paid less. . . . As a member of the General Nursing Council, I hope that all consultants in charge of hospital beds will voice their criticism of Salmon, as a "think again" is urgently necessary.