

CORRESPONDENCE

The Rothschild principle S Shuster, FRCP; H A F Dudley, FRCS....	1344	Chronic bronchitis and emphysema H G J Herxheimer, LRCP.....	1348	Maintenance treatment of duodenal ulcer with cimetidine K G Wormsley, FRCP, and N R Peden, MRCP.....	1351
Beta-adrenoceptor blocking agents Sir Eric Scowen, FRCP.....	1344	Schumann's hand injury R A Henson, FRCP.....	1348	Serum ionised calcium concentration B E Monk, MRCP; B E Walker, MD and R B Payne, FRCPATH.....	1351
What kind of cot death? Elizabeth Tylden, MRCPsych; Patricia E Hinton.....	1345	Help for parents of the handicapped C Appleton, MSC.....	1348	Diffusing capacity in patients with chronic airflow obstruction K N V Palmer, FRCP.....	1352
Vitamin E and malignant hyperthermia P James, FFARCS.....	1345	Dental caries and between-meal snacks A K Adatia, FDS.....	1349	Prolactin-secreting tumours C H Hawkes, MD, and L Symon, FRCS....	1352
Psychological evaluation in cases of self-poisoning Joy E West, MRCPsych.....	1345	Choice of contraceptive method in teenage girls G R Kinghorn, MRCP.....	1349	A British "Doctors' Ten" I D Adams, MD; Barbara Covell, BM....	1352
Treatment of chlonorchiasis W H Jopling, FRCP.....	1346	Heart-rate response to standing as a test for autonomic neuropathy D J Oliver, BSC.....	1349	New consultant contract J S S Stewart, MB.....	1353
Prognostic value of oculovestibular reflex N E F Cartledge, MRCP, and others; J B P Stephenson, MRCP, and K Evelyn Byrne, MRCP.....	1346	Safety in laboratories I A Harper, FRCPATH, and R G Thompson, MRCPATH.....	1350	Academic staff and the new contract W L Whitehouse, FRCOG.....	1354
Confidentiality of medical records C P Treves Brown, MRCPsych.....	1346	Antibiotic-associated colitis J Alexander-Williams, FRCS, and M R B Keighley, FRCS.....	1350	Devolution and the NHS A W Wright, FRCPE.....	1354
Price of survival in childhood leukaemia S M Shalet, MRCP, and others.....	1346	Management of severe acute asthma J A Hughes, MRCP; A J R Waterston, MRCP	1350	Subcommittees and management costs S C Hamburger, CBE.....	1354
Pneumonia C M Ogilvie, FRCP.....	1347	Contraceptive steroids and breast cancer B A Stoll, FRCR.....	1350	Continuing study for doctors? B S Smith, FRCP; C J D Aitken, MB.....	1354
Poisoning with alkylmercury compounds Horia I Popescu, MD.....	1347	Antibodies to foodstuffs in schizophrenia I Mascord, and others.....	1351	Points from letters Schumann's hand injury (K I Nissen); Whooping cough (A S Cullen, and Helen B Cullen); Leucopenia during treatment with cimetidine (J S Ghosh); A truss record? (D G Jenkins).....	1354
Whooping cough R J Fallon, FRCPATH; S T H Jenkins, FRCP	1347	Fetal abnormalities after abortion C B Goodhart, PHD.....	1351		
Beta-blockers and plasma triglycerides L Wilhelmsen, MD.....	1348				

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

The Rothschild principle

SIR,—While I agree that State funds for medical research remain with the Medical Research Council, you are wrong (6 May, p 1167) in believing they ever left. And you are also quite wrong in the belief that the Rothschild principle was found wanting—it was never tried. As a member of the Chief Scientist's Panel of Advisers called (we supposed) to help dispose of the Rothschild gold I found myself instead with a front seat at a slightly dubious Whitehall farce. It was quite evident by our first meeting that there was no intention of finding ways to support applied research. Instead, we were asked almost immediately to approve the nomination of a preselected group of *already established* MRC research projects which the Department of Health and Social Security could then pretend were the applied research projects it had funded for the year. This was the mode of operation during my stint on the panel (and as far as I know it has not changed): papers on research already funded by the MRC were shunted back and forth between the offices at the MRC and DHSS and somewhere along the route a spurious price tag was put on by (or on behalf of) the DHSS. Thus money for "Rothschild" projects was taken from the MRC and given to the DHSS; the DHSS then nominated some of the existing MRC projects as "Rothschild" and paid the money back again. By shuffling the papers in this way the pretence

was maintained that the DHSS was operating the Rothschild proposals and funding applied research.

The proceedings were so fraudulent that several of us decided to quit the job after the first meeting but then decided to stay on to insist that we did the job for which we had been appointed. And we had one or two ideas about how to go about it, but all that was stopped by the brilliant and simple expedient of never calling a meeting of the advisers again. Appropriately to our work of ghosting non-existent research we were now a ghost committee.

I am not sure about the Rothschild principle and perversely, for that very reason, wanted to see it tried out. It was sad it didn't succeed but don't let anyone go away with the idea that it failed.

SAM SHUSTER

Department of Dermatology,
Royal Victoria Infirmary,
Newcastle upon Tyne

SIR,—Though I find your leading article which outlined the failure of the Rothschild principle (6 May, p 1167) stimulating and informative, I must disagree with its conclusion—that control of the whole budget (for medical research) should be returned to the Medical Research Council. As a result of a long development of tradition and attitude the

MRC is thoroughly attuned to the formal biological approach which, if it were not an emotive word, could be called "reductionist." Put another way, the research which they have supported with such conspicuous success has been mostly concerned with mechanisms and processes.

There exists a great body of work, particularly in the clinical field, where the rigorous methods of the laboratory apply with less force and where by the nature of the clinical task the work is untidy, at least in its initial stages. Here, in spite of the much beloved controlled clinical trial (a concept that has become something of an *idée fixe* in British clinical science), I believe the present organisation of the MRC has been less successful. The analogy with the Science Research Council's equally unsatisfactory past support of engineering is tempting but fails in that the latter council is doing something about it. If, and only if, the MRC were to show signs of a reorganisation which redressed the imbalance of their present support would I for one be happy to see all the money in one budget.

HUGH DUDLEY

Surgical Unit,
St Mary's Hospital,
London W2

Beta-adrenoceptor blocking agents

SIR,—In December 1976 Sir Theo Crawford, then vice-chairman of the Committee on Safety of Medicines, wrote to all doctors giving an account of reports received by the CSM of suspected adverse reactions to drugs in this therapeutic group and asked doctors to continue to report. Since that date approxi-