key posts are for the most part held by regular officers. The medical officer is not assessed on clinical merit: I know of an expert in tropical diseases who functions as a medical transport officer abroad. A large part of medical organization could be fulfilled by non-professional officers performing the house governor's duties of a civilian hospital.

How many patients in Service hospitals seek the advice of their own family doctor privately while on sick leave or when the opportunity presents itself? There are many illnesses of mind and body which the patient prefers not to include in a Service record compulsorily reported by the Service medical officer.

Do let us think more of the art of medicine—of clinical work first and foremost—the best possible treatment for all and sundry by every available means; but doctors and not administrators must work out the best means how.—I am, etc.,

"PERMANENT RESERVE."

Psychological Medicine and the Family Doctor

SIR,—I think it only fair that a senior family doctor be allowed some observations on Dr. Gillespie's article (Aug. 26, p. 263).

The whole article suggests that the family doctor does not realize the psychological basis of his patients' complaints. This is not true. Dr. Gillespie states: (1) Dr. Halliday found 35% of his chronics to be entirely psychological. (2) Clouston found 50% of his immediate neighbours aberrated. (3) Two people in uncongenial jobs developed the one vertigo and the other headaches. (4) A man in the Army developed a skin disease because to please his father he volunteered for dangerous jobs he had no intention of pursuing further.

In answer I would say: (1) Halliday's material consisted of a fraction of the family doctor's work. How many did he cure? (2) Clouston was the only constant factor among those demented variants. Could it not be that Clouston was abnormal? (3) The only cure for those two people would be to change their jobs to suit them and to promote the stick-in-the-mud. As society is constituted one cannot do this. The only effect would be to have all the rest of their mates becoming vertiginous and "headachy" as the shortest road to a change of job and promotion. (4) Similarly the cure for this man is to give him suitable environment and please his father at the same time. How can you run an Army on such a footing?

Assuming that the psychologists are correct, is it right treatment to mass the ordinary sick in hospitals and the mentally sick in mental hospitals? The psychological pattern of the average hospital ward would puzzle a psychiatric Solomon. How terrible that little children when sick should be massed together in order that their complexes may be fixed for life!

The family doctor gets tired of the specialists talking down to him. It would be laughable were it not that the general public more and more are reading those medical articles and the sensational press delights to exploit them. How it loves to cull from the oratory of the specialist the shortcomings of the family doctor!—I am, etc.,

Glasgow. JAMES COOK.

Prevention of Industrial Dermatitis

SIR,—In his further letter on this subject (Aug. 26, p. 290) Dr. L. B. Bourne misquotes the incidence figures for industrial dermatitis in 1943, as set out in my report (May 13, p. 660), by adding the machine-shop totals to those of the factory as a whole, in which of course they were included. He claims only "two cases in many thousands of workers this year," but I note that in his former letter (July 8, p. 57) he gave "two *notified* cases during the past year," and he then admitted also "a number of rashes of various types due to sensitization from industrial products." He does not give the total incidence of all industrial dermatoses in his factory and those losing any time, as I have done, and without which no comparisons can be made. Two notified cases—that is, cases absent from work over 3 days—may mean a large case incidence, and even skin diseases that are cured at the factory surgery without absenteeism cause a great deal of lost working time in attendance for treatment. Dr. Bourne infers that I rely solely on skin cleansing by means of the neutral sulphonated castor oil (N.S.C.O. cleanser), and ignores the stress I laid upon the Factory Department's recommendations as to machine guarding, protective clothing, and adequate supervision. I would remind him also that my success with the N.S.C.O. cleanser followed my previous failure to prevent the occurrence of oil and paraffin dermatitis with barrier creams before, and lotions after, work. My statistics for all industrial dermatoses to date are as follows:

	1942	1943	1944 (7 months)
Case incidence	414	185	7
Ratio to personnel	12.5%	5.7%	0.03%
Notifiable cases	6	2	2

The N.S.C.O. cleanser was first used in Nov., 1942, and its use was gradually extended to workers on all "dirty jobs" throughout our factories. My own experience with it is being confirmed by the experiences of 54 other large industrial concerns and Royal Ordnance factories to which it has been supplied. Even if barrier creams, in machine shops, would do all Dr. Bourne claims, I greatly prefer the simplicity of the N.S.C.O. cleanser to the application and removal of the barrier substance. The N.S.C.O. is obtainable from Reynolds and Branson Ltd., 13, Briggate, Leeds, 1.—I am, etc.,

N. HOWARD MUMMERY,
Medical Officer, Aircraft Factory.

Thumb-sucking

SIR,—Dr. Mary Sheridan, writing of certain speech defects and malocclusion of the jaws (Aug. 26, p. 272), says: "The frequency with which I either observed thumb-sucking myself or obtained a history of the habit from the mothers leaves no doubt in my mind of the permanently harmful effects of this practice." Is her mind not shedding its doubt on this subject much too easily? Did she contrast the percentage of thumb-suckers among her maloccluded cases against the percentage found in normal controls, or is she merely mistaking her clinical impression for scientific observation?

My own clinical impression, although gained from a much smaller number of children, is precisely the reverse of hers—namely, that thumb-sucking is not important so far as dental occlusion is concerned. I have noticed, too, that it is the flesh-mortifiers who inveigh most heavily against the habit. If any scientific observations on thumb-sucking have ever been made the references would be of interest. If there are none we ought not to make any further oracular statements about it.—I am, etc.,

COLIN EDWARDS.

Débridement

SIR,—In your leading article on the control of gas gangrene in your issue dated May 20, 1944, I was surprised to find the word "débridement" misused by the writer when he meant to say "excision." Reference to a dictionary or a work by a French surgeon will show that "débridement" means the opening up of a wound and all its recesses to facilitate the removal of foreign bodies and the establishment of drainage. A leader-writer's use of words should be above reproach.—I am, etc.,

India. R. F. W. K. ALLEN.

Dental Caries

SIR,—Dental caries is not a rare disease; most of us, although we are not dentists, have had an intimate acquaintance with it. We are familiar with the whited sepulchre which shows only a slight stain although caries has penetrated to the pulp tissue. It is highly probable that cases of this type were missed by Mellanby and Coumoulos in their survey of London school-children (*B.M.J.*, 1943, **1**, 837). But to explain the increase of the "non-caries" group that they found it would be necessary to assume that the percentage of children who had caries of this type and no obvious caries had increased by 17.7 between 1929 and 1943. Would not this be much more improbable than an actual reduction in the incidence of caries? It should be possible to get statistics that would answer this question. Without some statistics to support it the objection raised by Miss Smith (*B.M.J.*, 1944, **2**, 94) does not seem valid.—I am, etc.,

London, E.1. J. R. MARRACK.

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