would have been revealed by the acholest method. We should like therefore to issue a warning that the acholest paper strip test may give misleading results.—We are, etc.,

Whittington Hospital, London N.19. MARY F. CROWLEY.
St. Bartholomew's Hospital, London E.C.1. H. LEHMANN.

REFERENCE

1 Churchill-Davidson, H. C., and Griffiths, W. J., *Brit. med. J.*, 1961, **2**, 994.

Pharmaceutical Mailing Lists

SIR,—The secretary of the Association of the British Pharmaceutical Industry says (July 28): ". . . the experience of our members is that the vast majority of doctors find these mailings to be a very useful source of information on drug developments." Since most doctors with whom I have discussed the matter put their pharmaceutical literature into the wastepaper basket unopened, I find this statement difficult to accept. May I urge that the Association of the Pharmaceutical Industry sends a letter to all doctors asking if they wish to receive circulars in future. The cost of doing this would surely be trivial by comparison with the gain from stopping sending circulars to those who do not want them. The letter might also inquire whether doctors wish to see any of the numerous representatives of the pharmaceutical firms.—I am, etc.,

Farnham, Surrey. J. W. TODD.

Indications for Hypophysectomy

SIR,—In your report (August 4, p. 332) of the Jobson Horne Memorial lecture by Mr. J. Angell James, indications for hypophysectomy in hormone-dependent disease are described. While there is no doubt that disseminated breast cancer remains the single most important indication for the operation, and that a good response is also often obtained in patients with disseminated cancer of the prostate and diabetic retinopathy, we disagree with the listing of melanoma as an indication for a pituitary ablative procedure. In spite of early hopes that melanoma would respond to pituitary ablation, our own clinical experience, and that of many others, has shown that no beneficial response to pituitary ablation is obtained in this condition.—We are, etc.,

EVELYN BOESEN.
E. J. RADLEY-SMITH.
Royal Free Hospital, London W.C.1. D. N. BARON.

Pilonidal Sinus

SIR,—Mr. Patrick G. Collins (January 6, p. 55), commenting on Mr. P. Goodall's article on pilonidal sinuses in the *British Journal of Surgery*, states that "as the floor of the sinus usually contains healthy epithelium if not removed by curetting, healing chiefly occurs by epithelization rather than by granulation: consequently the term healing by granulation should be dropped, and with it much confusion."

After examining a large number of specimens removed at operation by wide excision, I have yet to find healthy or even unhealthy epithelium in the actual floor of the sinus. Epithelial lining is found around the mouth of the primary sinus or sinuses and extends down for a short distance into the main abscess cavity where the lining is either an abscess wall and/or granulation tissue.

Buie[1] expressed a similar view when he described his marsupialization operation, stating that the cyst wall is of epidermal character and it regenerates like skin. This is no doubt based on the belief that the lesion is of congenital origin. Much has been written in the last fifteen years to weigh strongly the scales in favour of the acquired theory, the lesion being considered to be an acquired granuloma due to introduction of hair. When the lesion is treated by the open method, whether by excision and packing, unroofing or by marsupialization, the epithelization occurs from the skin edges. If the results of treatment are better following simple exteriorization of the sinus tract, it is not because the wall of the sinus is lined by epithelium. It may be because the resultant relatively wider scar gives a completely hairless area in the floor of the natal cleft. This and other aspects of this interesting lesion are at present under study and will be the subject of a future publication.—I am, etc.,

Punchbowl, New South Wales. A. RUMORE.

REFERENCE

1 Buie, L. A., *Sth. med. J.*, 1944, **37**, 103.

Spinal Tuberculosis

SIR,—I was interested to read the letter on spinal tuberculosis of June 9 (p. 1622) by Mr. N. S. Martin and Mr. C. F. W. Ware. I would agree with them that we want to make up our minds what is the best form of treatment for this condition and we hope to set up a controlled clinical trial in Hong Kong to this end in the near future.

I was interested and would wholeheartedly support his suggestion that an international symposium on spinal tuberculosis should be held to clarify some of the fundamental points.—I am, etc.,

Department of Orthopaedic Surgery, University of Hong Kong. A. R. HODGSON.

"Iatrogenic"

SIR,—It is regrettable that the adjective "iatrogenic" as applied to a disease or illness, alleged to be caused by a doctor's ill-advised treatment, is creeping more and more into medical articles. As used in this context its meaning is wrong, and, moreover, it is an ugly word for English ears. When we speak, for example, of pathogenic we refer to a substance, organism, or influence which produces a pathological condition and not the reverse, which would be that the pathology causes the harmful agent.

Iatrogenic as an adjective means therefore something which produces a doctor, but its present conventional use indicates the opposite. The word is derived from the Greek ἰατρός a doctor and γενάω I produce or create. The noun, iatrogen, is something that makes a doctor—for example, a medical school or subsequent clinical experience—though, fortunately, it has not yet gained currency in this country.

The word "hospital" has suffered suffixes to make hospitalize and hospitalization, but let us hope that we may be spared the verb to iatrogenize and the noun iatrogenization, which will be less likely if we here and now abolish iatrogenic; though it is not impossible that we shall soon hear of some poor fellow whose present parlous condition is due to having been iatrogenized some months ago.—I am, etc.,

London W.1. ALECK W. BOURNE.