

# Correspondence

Letters to the Editor should not exceed 500 words.

## New Medical Schools

SIR,—Your statement that there can be no doubt about the urgent need to train more doctors is warmly endorsed by the whole profession, together with your emphasis on the need for more medical schools. Your leading article (20 June, p. 1581), however, would appear to give the impression that serious thought had only been given to the creation of a new school by one of the existing universities which so far possesses no medical school, and, further, that because less than one-third of medical-school students are trained at schools north of the Wash to Bristol Channel line (because so many are trained in London) any school must be north of this line.

Southampton University has, in fact, for a number of years made plain to the University Grants Committee and other responsible bodies their willingness and desire to add a medical school to its existing faculties, although it has not so far thought it necessary or desirable to publicize this desire as Keele has done by means of a public dinner. Southampton University is, in fact, peculiarly well fitted for the addition of a medical school to its existing faculties, having already a department of physiology with close contacts through this department and in other ways with the hospital service.

The Ministry of Health has accepted plans involving the complete rebuilding of the two main Southampton hospitals, and these rebuilding plans are now well advanced. The hospitals, drawing as they do from the central South of England, will have no dearth, therefore, of suitable clinical material on which to teach students. Further, the University is of the opinion, as I understand it, that if the Ministry approves of a medical school being founded in Southampton it would be able to open its doors to preclinical students within two to three years. The facilities at Southampton are fortunately well concentrated and the medical student would, if Southampton were approved as the site of a medical school, be involved in little travelling between his class-rooms, his hospital, and his place of residence.

It is, I note, suggested in your leading article that because most medical students are trained south of the Wash/Bristol Channel line and because of the shortage of general practitioners in the north of England, the first at least of new medical schools must be in the Midlands or North. This contention, I think, fails to take account of two important factors:

(1) The new South-East Regional plan for England, envisaging as it does an entirely new city between Portsmouth and Southampton, will bring a very large increase of population to the immediate neighbourhood of Southampton, probably 300,000.

(2) Wessex Hospital Region is the only region in the country that has as yet no medical school within its boundaries. Although nominally affiliated to certain London hos-

pitals, these hospitals' commitments to the South-West Metropolitan Region are so great that, in fact, they are not materially able to assist Wessex. A region which lacks the stimulus and facilities of a medical school within its boundaries is materially handicapped in research, access to basic sciences, and facilities for postgraduate education. If a hospital service is to flourish and advance in a region it is vital that these facilities should exist within the region.—I am, etc.,

Southampton, Hants. H. H. LANGSTON.

SIR,—It is good to read of Professor Douglas Hubble's warm support for the Keele Medical School and School of Human Biology (27 June, p. 1707). At Keele nearly 50% of students change from one subject to another during the year of general studies.

There is a great deal of common learning required by every mature and educated citizen. It should be possible to frame this interdisciplinary course so that it develops increased awareness of common problems. Some embryo doctors might change to other fields and some from other fields to be dedicated to the profession of Medicine.

I hope Professor Hubble is too pessimistic in suggesting that no common period of learning can be framed for potential doctors, "social workers, teachers, and the like." Medicine is part of the social services, and, particularly in the schools as part of a future *corps d'élite*, will have a common purpose with education in preparation for living.—I am, etc.,

Farnham Royal, Bucks. M. E. M. HERFORD.

## Emigration of Doctors

SIR,—As a recently registered doctor I find myself facing the decision of my future on whether to stay in Britain or go abroad. The recently published figures show that many other doctors will be thinking along these lines too. Having only started earning a living at the age of 25, and still only just breaking even with my bank, my outlook is perhaps shamelessly economic. The prevailing mood may be judged by prospects as they are seen by the newly qualified doctor to-day.

The present position is one of being overworked and underpaid, this being highlighted by the low salary differential between one's invested education position and that of the surrounding working population. In this materialistic society, in which wages are equated with hours worked or productivity, it would indeed be hard not to feel the inadequacy of this differential. The general argument seems to be, however, that this is a vocational profession and materialistic considerations are of no consequence, but this is the era of collective bargaining which has raised the standards of the working popula-

tion, while because we refrain from exerting such pressures our position has lagged behind. This understanding of the position is not helped by the distrust we have for our traditional representatives, whom many people feel now no longer represent us, and are unwilling to apply sufficient pressures to improve the conditions. All this might be tolerable if it was possible to regard it as a period of experience investment for which a future return was reasonably assured, but this is not so.

The future prospects are bleak with much the same conditions prevailing in general practice although higher up the economic scale. On the other hand there is the struggle for survival up the evolutionary ladder for the uncertainty of gaining a consultant position, and during this metamorphosis the wife must be prepared to become a grass widow. The knowledge that doctors overseas, even without higher degrees, are earning as much as a consultant here (the apogee of our career objective) makes this course even harder. He is not only paid as much but works in adequate surroundings with the full facilities necessary for the practice of modern medicine. Of course he works hard, but with the difference of being paid and respected for it.

Medicine is, of course, a vocational profession; however, to rely on this in order to run a health service is not only dishonest but short-sighted. When the supply of overseas doctors is stemmed, the true position will be revealed, but it will be too late—we will have gone.—I am, etc.,

Mayday Hospital, Croydon, Surrey. T. R. L. BLACK.

## T.A.B. Reactions

SIR,—With reference to the leading article (4 July, p. 2) regarding the occasional local skin manifestations following intradermal inoculation with T.A.B. vaccine, it may be pertinent to record the reactions following inoculation in seven members of the staff of this laboratory. All seven recipients of intradermal T.A.B. vaccine developed a marked zone of erythema, oedema, and local tenderness, with an average diameter of 3 in. (7.6 cm.) within 24 hours of inoculation. The severity of the local reaction was no less than that following the use of subcutaneous vaccine. No febrile reactions were recorded and systemic manifestations were minimal.—I am, etc.,

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## Iron-dextran and Sarcomata

SIR,—The article of Professor A. Haddow, Dr. F. J. C. Roe, and Mr. B. C. V. Mitchley (20 June, p. 1593) relating to the induction of sarcomata in rabbits using intramuscular iron-dextran (Imferon) once again raises doubts about the therapeutic safety of a valuable and widely prescribed drug. Iron-dextran has again become a popular preparation for the treatment of iron-deficiency anaemia, and the technique of giving the