

ination is usually distributed in the body's extracellular fluid, and a large proportion appears in the thyroid gland. This selective deposition provides a convenient means of assessing the extent of individual contamination. Buchan and Brindle estimated by scintillation counting the amount of iodine-131 in the thyroid glands of each of 39 persons whose households contained a patient recently treated for hyperthyroidism with this isotope. In most of the families the recommended precautions were observed, but in a few, selected for intelligent understanding of the purpose of the survey, the precautions were ignored. In almost all of the 39 persons iodine-131 was readily detected in the thyroid. The doses of radiation they received from it were small, though they were larger than the dose incurred by the thyroid or other organs from a year's radioactive fall-out at present levels. In some instances they were comparable to a year's natural background radiation. Further experiments are in progress to estimate the additional dose due to external gamma-radiations from the patients.

Buchan and Brindle suggest that, except where very young children are concerned, precautions to minimize contamination from iodine-131 in the home should be abandoned and that no restriction is needed on the amount of this isotope that may be given to outpatients—even at the level of 200 millicuries or more used in the treatment of thyroid carcinoma. These proposals may not be readily accepted, but the Plymouth study does show that the contamination hazard is adequately contained by the present regulations.

## Colombo Medical School Centenary

The centenary of the medical school at Colombo, in Ceylon, is an event well worthy of note. The school has sustained and is sustaining a role of outstanding importance in medical research and education in South-East Asia. This has been recognized by the World Health Organization, which last month supported a seminar in Colombo to do honour to the staff and accomplishments of the school; among the secondary objectives of this were to bring together recent work of importance to Ceylon (and particularly that done in Ceylon) and to review the ways in which medicine might be expected to progress in the next few years of the school.

The history of the school from 1870 is one of continual enlargement and achievement. It was recognized by the General Medical Council of Great Britain as long ago as 1887—as the result of a Privy Council held on 29 December at Osborne House in the Isle of Wight. Women students were admitted five years later, in 1892. It was in Colombo, between 1912 and 1914, that Sir Aldo Castellani—now aged 93—discovered *Toxoplasma*, and where in the early 1930s E. Brumft discovered *Plasmodium gallinaceum*, the malaria parasite of fowls. The finding of the pre-erythrocytic form of this organism in the liver paved the way to the recent work by Short and Garnham on the human pre-erythrocytic form of malaria. It was therefore particularly appropriate that Professor P. C. C. Garnham should attend the centenary celebrations.

Among notable work latterly done by Ceylonese has been the uncovering of monkey malaria by Professor A. S. Dissanaiké. Five species have been found and considerable importance is attached to the transmission to man of these forms of malaria. Another notable achievement has been the virtual eradication of the malayi form of filariasis (*Brugia malayi*) from the island and the control of the common filarial infection, *Wuchereria bancrofti*. Malaria eradication appeared

to be coming to a highly successful conclusion in Ceylon until 1967, when a major outbreak occurred, affecting at least two million of its 14 million inhabitants. Nevertheless, the factors underlying this outbreak are themselves the subject of important investigations that are applicable to other endemic areas. Perhaps the most important conclusion to date is that eradication is virtually impossible, and continuous vigilance involving much expense and staff is needed in areas like Ceylon once the transmission of malaria has been reduced to a low level.

Medical educators in Ceylon have been experimenting with changes in the curriculum, and reducing substantially the load of formal work. The need to encourage training in decision taking at the expense of factual instruction was particularly emphasized in the seminar.

The Ceylonese medical profession are to be congratulated on their important achievements in the past 100 years, and we wish them well in the second century of the Colombo Medical School.

## Role of the Nurse

Earlier this year, while Secretary of State in the Department of Health and Social Security, Mr. Crossman circulated a letter to boards of governors, hospital management committees, and others on actions to be taken to improve the nursing situation. He also set up a committee, which has now started work, with Professor Asa Briggs in the chair and these terms of reference:

“To review the role of the nurse and the midwife in the hospital and the community and the education and training required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health service.”

Both actions were prompted by disturbing facts. The number of student nurses is falling. In September 1967 there were 56,141 in training; in March 1969 there were 49,822. Many of the teaching hospitals are for the first time in their history embarrassed by lack of recruits. The growth in the number of trained staff has almost ceased at a time when the demand for their services in specialized units is rising.

A hundred years ago women were pressing for education and employment, and the great nursing pioneers opened up the field of hospital work at a time when medicine and surgery were making gigantic strides. It was convenient to have an assistant to undertake routine observations, so thankfully laying down the scrubbing brush the nurse took up the thermometer and began her progress towards professionalism as the servant of the doctor. The profession as constituted was predestined to exploitation—female, dedicated, living in “homes” that resembled convents. Doctors viewed their progress dubiously. Up to twenty years ago it was common to hear fears that nurses were becoming “little doctors,” but today the need for an educated colleague is apparent.

Nurses are a heterogeneous group. There are students engaged on university courses leading to degrees as well as registration; students and registered nurses who may have G.C.E. A-level subjects, or no educational qualification at all; enrolled nurses dissatisfied with their status; auxiliaries who (if fortunate) have an in-service training. A large number are foreign-born and some have difficulty in speaking English. Is the nation aware of the burden it is imposing on these women? We should be alert to what we are doing to shore up the hospital system.