any conventional system of domiciliary and hospital care." Prevention and pre-emption might well be the mode of action of this domiciliary psychiatric nursing service.—I am, etc.,

JOHN RAPHAEL

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Job Hunting—Why Not Emigrate?

SIR,—Mr. B. S. Sengupta's letter (2 October, p. 52) has already received some publicity. It warrants a good deal more, since the circumstances he now rightly deplores have been largely foreseeable for at least a decade, if not longer—indeed since overseas doctors began arriving here in large numbers.

As Dr. W. K. Cowan (23 October, p. 236) intimates, the answer to the problem is endlessly evasive. In fact there are many conflicting problems, and what is needed first is to establish a career structure for our own graduates, on which, so I am informed, much work is now proceeding. Then we shall be in a much clearer position to tell our overseas visitors—to many of whom we owe a lasting gratitude—how matters stand.

It would now seem helpful to establish in each hospital region to advise postgraduate deans an ad hoc overseas committee able to inquire thoroughly and impartially into the circumstances of every overseas postgraduate student currently employed within it. Such committees might well prove an embarrassment, but they should at least ensure that you will receive no more letters of complaint such as that from Dr. Sengupta. Its implications do us little credit.—I am, etc.,

H. VINCENT CORBETT

Liverpool 1

SIR,—It was with great interest that I read Dr. B. S. Sengupta's letter (2 October, p. 52). It brings back memories of my interview experiences of 16-20 years ago, when exactly the same standard cliché phrases were used by men "sitting in an advantageous position on the opposite side of the table." I sympathize with all the new ranks of registrars and senior registrars presently employed by the N.H.S., but for the sake of honesty in dealing with fellow humans I wish that interview committees would change their tactics.—I am, etc.,

S. RALPH-EDWARDS

Don Mills,
Ontario

Air Embolism during Haemodialysis

SIR,—We read with interest the description by Dr. T. Lindholm and Dr. L.-A. Larsson (30 October, p. 302) of a new type of air detector. Undoubtedly, monitoring for air entry into the blood lines is an essential safeguard during haemodialysis. Since the most likely site of air entry during pumped haemodialysis is the arterial line between the patient's arm and the pump, it seems appropriate to monitor this part of the circuit particularly.

To date most methods have concentrated on the air-bubble trap. For the past three months we have been using an air embolism detector which is based on electrical conductivity measured between two needle electrodes inserted into the blood lines.¹ By

connecting two or more pairs of electrodes in series it is possible to monitor both the arterial and venous lines simultaneously. Ordinary disposable intravenous needles can be used as inexpensive electrodes. The method is sensitive and depends on the rise in impedance which accompanies the passage of air bubbles.

This conductivity method can be used with most commercial types of blood lines if rubber "sampling sleeves" are provided. It does not produce false alarms during the infusion of saline and it can detect froth. Its use can also be extended to switch off the blood pump, sound an alarm, and clamp-off blood lines.—We are, etc.,

M. A. MANUEL
W. K. STEWART

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Maryfield Hospital,
Dundee

¹ Manuel, M. A., Stewart, W. K., Tulley, F. M., Rimmer, A. R., and Brown, J., *Lancet*, in press.

Alcohol and Glibenclamide

SIR,—We are amazed that so many persons are prepared to attempt to refute our objective data on alcohol flushing in patients on chlorpropamide or glibenclamide (31 July, p. 309) by anecdotes based on retrospective questioning. What we witnessed in both groups was "a visible flush usually accompanied by a sensation of unpleasant heat over the head and upper trunk." This same sensation is after all not uncommon in normal persons after a sherry, and we still think that an exaggerated reaction in diabetics may reflect vasomotor instability.

However, we concede that we did not witness any episode of "vasomotor crisis" as has been described in patients taking chlorpropamide. We suggest that there are two types of reaction—namely, "flushing" and "vasomotor crisis." The explanation for the latter may well depend on humoral factors.

We deplore the implication that any diabetic should feel free to take alcohol, since not only might there be some risk of alcohol hypoglycaemia when on calorie restriction and taking potent drugs, but also alcohol causes impairment of glucose tolerance.¹—We are, etc.,

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G. O. RICHARDSON

Newcastle General Hospital,
Newcastle upon Tyne

¹ Dornhorst, A., and Ouyang, A., *Lancet*, 1971, 2, 957.

Winter Abroad

SIR,—It has become increasingly common for doctors to recommend to patients convalescing from severe illnesses that they winter away from Britain in the southern hemisphere. Sufferers from chronic obstructive airways disease also often escape the English winter in the warmer climate of the Republic of South Africa.

May I urge that doctors who send their patients so far away from home send with them also an extract of their medical record, and especially copies of recent electrocardiograms, x-ray films, etc? One need not point out how crucial such records may be if the patient again becomes ill and more especially if the cardiac patient again has chest pain.

Without such a record it may be extremely difficult to decide whether further myocardial damage has occurred. It is naturally also important that the patient has a list of drugs which he is taking, more especially if this list includes any digitalis preparation.—I am, etc.,

H. MULLER

Cape Town

Vitamin E in Athletics

SIR,—I was interested in the leading article "Vitamin E in Athletics" (30 October, p. 251).

Is there perhaps a legal principle involved? In 1952 the Federation of German Sport Physicians stated that the use of any drug, whether effective or not, with the intention of improving one's performance in competitive sport should be considered to be doping. According to the International Rule 144, doping is the employment of drugs with the intention of increasing the athlete's efficiency by their stimulating action on muscles or nerves or by paralysing the sense of fatigue. Is α -tocopheryl acetate a drug?—I am, etc.,

RAYMOND GREENE

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Use of English

SIR,—Biopsy is derived from the Greek *bios* meaning life and *opsis* meaning view. MacNalty's *British Medical Dictionary* gives the definition, "the examination for purposes of diagnosis of tissues cut from the living body," but adds that it is used loosely to mean the removal of tissue for examination. Why should Drs. J. D. Davies and J. A. C. Neely (23 October, p. 235) tell us that it means "the act of removing tissue with a view to later examination," which has nothing to do with its derivation, when writing about the proper use of English? This matter was discussed and disposed of in the *Lancet*¹ 22 years ago with references among other things to both Shylock and camels.

A biopsy is done by a pathologist. A surgeon removes a piece of tissue for biopsy. If the Davies-Neely assertion was accepted, it would condone the absurdity of "a blind biopsy."—I am, etc.,

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¹ Smithers, D. W., *Lancet*, 1949, 2, 1015.

SIR,—The *Observer* of 31 October quotes W. H. Auden on the duty of the poet to prevent corruption of language. This is one of the duties of the editor of a medical journal. Yet you write an editorial about a new society which proposes to call itself the British Society of Digestive Endoscopy (30 October, p. 252) without your making any protest at the corruption of the English language involved in the new group's proposed title. Could you please lend your weight to persuading Dr. K. F. R. Schiller and his colleagues to abandon speaking of digestive endoscopy. Perhaps they could say British Society for Endoscopy of the Digestive Tract. Please try before it is too late.—I am, etc.,

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