

he tells us that in some cases he "would use the method advocated by Sir John Thomson-Walker."

As to results of treatment he is equally difficult to understand. In his letter of February 27 he states: "The Harris wound heals by first intention." Yet three weeks later, in his second letter, he tells us: "It would be wrong to say that after every Harris operation the wound remains absolutely dry when the catheter is removed."

Mr. Galbraith tells us that the result of the Harris operation depends almost entirely on the preliminary treatment, and says that, as regards the patients operated on at St. Paul's Hospital by the late Mr. Harris, he "would need to be assured that in the cases mentioned Mr. Harris had complete control of the preliminary treatment before apportioning any blame for results which did not attain to the high standard he himself set." I can assure Mr. Galbraith that Mr. Harris had complete control of the preliminary treatment in both cases, and that neither healed by first intention. In fact, one of the patients was in hospital for sixty-eight days. Yet Mr. Galbraith tells us that one of the most important points in favour of the Harris operation is "the prompt healing of the abdominal wound."

Mr. Galbraith has stated that my whole paper "bristled with misstatements (to call them nothing worse)." He has now written two long letters and has not produced any evidence of any misstatements. I note that Mr. Galbraith ends his second letter by stating that "prema-
ture judgement, above all things, is to be deprecated."
—I am, etc.,

London, W.1, March 22.

W. K. IRWIN.

** This correspondence is now closed.—ED., *B.M.J.*

British Association of Radiologists

SIR,—All radiologists must, I am sure, thank you for your annotation on radiology in its relation to medicine (*Journal*, March 13, p. 564). The British Association of Radiologists, and in particular its Fellowship Board, should also be grateful to you for your approval of its efforts in the direction of establishing a higher diploma in radiology.

It is proverbially accounted ungracious to look a gift horse in the mouth, or even to appear to glance in that direction. Nevertheless, I trust you will bear with me when I say that your annotation rather leaves radiotherapeutics in the cold, whereas, in fact, the association is as much concerned with it as with radiodiagnosis. When the Fellowship Regulations were being drawn up it was recognized that in large cities there is some tendency for radiologists to devote themselves more or less exclusively either to radiodiagnosis or to radiotherapeutics. For this reason a candidate for the Fellowship is required to choose one or other subject in which to offer himself for examination on an honours standard. If he chooses radiotherapeutics he will be required to pass a modified examination in radiodiagnosis in which importance will be attached to radiographic interpretation, especially in relation to history and clinical signs. As regards the scope of the examination in radiotherapeutics you will perhaps allow me to quote a relevant paragraph from the official guide for candidates:

"The candidate may be examined upon the use of radiation in any morbid conditions where its value has been established. It is particularly to be borne in mind that knowledge confined to the use of radiotherapy in malignant disease will not satisfy the Board. Nor will purely technical knowledge be regarded as sufficient: a general knowledge of the condi-

tions under treatment, including their aetiology, pathology, and symptoms, and of therapeutic possibilities outside radiation therapy, will be required. The expression 'Radiation Therapy' is defined in the Fellowship Regulations (40, xii, e) as 'Treatment by X Rays, Radium, or other forms of Radiation.'

After this year certificates to the effect that they have had special experience in radium work will be required from candidates. In former issues of the *Journal* complaint has been made by correspondents that radiological diploma courses are not sufficiently concerned with treatment. I express no opinion on this point, but I do wish to call attention to the fact that the association is making a serious attempt to establish a diploma which shall guarantee a very high standard of attainment in which ever subject is specially chosen by a particular candidate, and that the test will be no less searching should he choose radiotherapeutics rather than radiodiagnosis.—I am, etc.,

F. HERNAMAN-JOHNSON,
Warden.

Fellowship Board, British Association of
Radiologists, London, W.1, March 16.

Prevention of Silicosis

SIR,—Dr. S. C. Blacktin (*Journal*, March 13, p. 586) has been good enough to take me to task for my remarks with regard to adsorption by coal particles. If coal is a microbiological growth, as suggested by myself (1935) and others, then it is only natural that it will adsorb dyes in the manner mentioned by Dr. Blacktin, just as would any other similar material, but one would expect the adsorption to be of the order of monomolecular thickness, not of particles, such as would be ingested into the lungs during breathing. Through the courtesy of Dr. W. R. Jones I have been able to examine a specimen of a silicotic lung from a South Wales coal-miner, and there is obviously no adsorption of the type suggested by Dr. Blacktin. Moreover, if such adsorption did occur, it is equally obvious that silicosis should not be prevalent in the South Wales coal-fields.

With regard to the possibility of iodizing the air in which those subject to silicosis are working I would draw the attention of your readers to the fact that it has been seriously suggested that human beings derive their iodine from bacteria ingested in the lungs (Gmelin, 1931). I do not accept this theory, but before attempting to iodize the atmosphere as a germicidal precaution I would suggest that some experiments be carried out to discover the toxic dose of iodine to human beings and to micro-organisms in the air, otherwise it is possible that the cure may be worse than the disease. A more practicable method would probably be found to lie in the use of ultra-violet light, since ultra-violet light employed in moderation is beneficial to man, though deleterious to micro-organisms.—I am, etc.,

London, W.C.1, March 15.

THOMAS McLACHLAN.

REFERENCES

Gmelin (1931). *Handbuch der anorganischen Chemie*, 8, 1.
McLachlan (1935). *J. Soc. chem. Industr.*, p. 1100.

Death Following Blood Transfusion

SIR,—Those of us who practise blood transfusion are likely to be disturbed considerably by the fatal cases recorded by Dr. N. S. Plummer (*Journal*, December 12, 1936, p. 1186) and Dr. F. Pygott (March 6, p. 496).

In about 250 transfusions I have had only one fatal case, in a patient who died some ten days after the transfusion from what was proved to be renal blockage with acid haematin due to a delayed agglutination effect (May 5, 1928, p. 754). In repeating the cross-agglutination