

created. Every minute of the time of every medical man should be devoted to this task.

In these circumstances it is deplorable that the fear of a new Act, the fear of an unacceptable State Medical Service, or of any other drastic reorganization of medical service by the Government, should make it necessary for medical men to be urged, as they are being urged, to attend meetings and conferences, to initiate study circles, to issue memoranda, to spend time and thought, and to deflect to the study of post-war problems the energies which should be spent in the problems of the moment. The Prime Minister has given a lead as to the proper allocation of time to post-war planning. Other Ministers should follow that lead. Let the Ministry of Health concern itself with the present emergency and with that alone. Let us first win the war, and when our primary task is accomplished, then let us turn to replanning and to the more permanent improvement of medical service.

I may add that this is not a personal point of view alone. When it was presented to-day to a meeting of 200 medical practitioners, surgeons, and consultants in Liverpool it was received with acclamation and general approval.—I am, etc.,

Liverpool.

R. WATSON-JONES.

The Teaching of Anatomy

SIR.—The recent correspondence and your leading article serve to emphasize one significant fact. In spite of a great deal of criticism, constructive and otherwise, extending over a period of many years, the teaching of anatomy has not undergone any radical change. There seem to be two main reasons for this.

First, the question of "unnecessary topographical minutiae." The desire to eliminate these is frequently expressed, but as yet is only a desire. One of your correspondents says that "the anatomist of to-day attaches little value to detail." He may be right, but the current textbooks afford no indication of this. It is not surprising, therefore, that the student, on being confronted with the textbook recommended to him, concludes that detail is important and does his best to try and master it. The need for a fundamentally different type of textbook is urgent: not merely one modelled on the same lines as its predecessors of two or three generations ago, with some additional facts and a few x-ray plates thrown in, but one in which anatomists would have the courage of their convictions, and demonstrate to their students (and themselves) that they really meant what they said when they talked about discarding "unnecessary topographical minutiae." Prof. Wood Jones (March 14) is, of course, quite right when he emphasizes the difficulty of securing general agreement as to what minutiae are necessary or not. But are anatomists to allow this difficulty to deter them from ever making the attempt to give concrete expression to what is otherwise destined to remain merely a pious hope? First attempts might meet with abundant criticism and only partial success, but failure to make the attempt is quite certain not to meet with any success whatever.

The second problem concerns the correlation of dissecting-room and clinical work. This really involves two distinct stages, beginning with the application of dissecting-room findings to the normal living body, followed by a comparison with deviations from the anatomical norm as they occur clinically. Most anatomists nowadays accept the principle that the study of anatomy in the dissecting room is not an end in itself, but merely an intermediate stage leading to the study of the anatomy of the living. But it is one thing to state the principle, another to apply it effectively, and the ideal way of doing so has, in most cases, not been attained. Neither in terms of the time allotted to it nor of the relative importance assigned to it in examinations can it be said that the anatomy of the living subject is treated really seriously. The traditional surface anatomy lectures, in which a group of students look on while the lecturer draws coloured lines on a living model, are further proof of this.

The remedy? Primarily a real determination on the part of anatomists and clinicians to collaborate in translating principle into practice. From the point of view of the anatomist, the first desideratum is a considerable increase in the time devoted to the anatomy of the living at the sacrifice, if necessary, of time spent in the dissecting room. The best results—best both because interest is most aroused and because the material is so

readily available—are obtained when the students use themselves as models. Within the scope of living anatomy would come such things as percussion and palpation of viscera, identification of muscles (with much of their attachments) and their actions, tendons, arteries, bone and joint movements, correlated throughout with the actual dissection. This is by no means an exhaustive list—examination of the ear-drum, retina, interior of the mouth, vocal cords, radiographic examination of the body, all come within the scope of living anatomy. The living anatomy classes, which can only be efficiently conducted with small groups of students, take up a great deal of time but are exceedingly worth while.

The collaboration of the clinician is needed in the second stage of the process—the provision of clinical material for the study of simple deviations from the anatomical norm. It is preferable that the "academic anatomist" with all his faults (*pace* Mr. Jessop, Feb. 21) should be responsible in large measure for first introducing the student to clinical material, since he is in the most favourable position for integrating clinical findings with those of the dissecting room. As Mr. Wilfrid Adams points out (Feb. 28), administrative difficulties increase if hospital and anatomy department are some distance apart; but with a little energy and good will this difficulty should not prove insurmountable.

One need hardly add that these observations apply to the ordinary medical student training to become a general practitioner. For higher qualifications different standards would be aimed at once the ordinary degree had been taken.—I am, etc.,

Bristol.

J. M. YOFFEY.

SIR.—It must be well over twenty-one years ago (nearer fifty, I think) that Lawson Tait asked in a lecture, "What use has 'BODFI' ever been to one of you or anyone else?" Your leading article (March 21, p. 390) expands and answers the question. We stuff the innocent student's mind with "BODFI" and its congeners, few of which can ever benefit him or his patients when he becomes a specialist; in which case he will study the mysteries underlying them at the end of his student career instead of at the beginning, when he hardly knows chalk from cheese. It seems high time to get a move on in the direction indicated in your leader.—I am, etc.,

Ambleside.

J. PRICE WILLIAMS.

** Students and practitioners of to-day may not all be familiar with "BODFI," which was a classical "tip" to indicate the meanderings "backward, outward, downward, forward, and inward" of the middle cornua of the lateral ventricles of the brain.

Loss of Vitamin C in Cooking

SIR.—Evidence is accumulating of a vitamin C shortage among members of the Services and others fed at canteens, although they eat plenty of vegetables. The explanation is found in the faulty and destructive methods of cooking, and it is to be hoped that the opinion expressed in your leader (Feb. 14, p. 227), that *saturation* with vitamin C is not necessary for health, will not be used to minimize the need for a plentiful supply of vegetables and so to defend the methods of cooking at civic restaurants and school canteens under the control of the Ministry of Food. That such a danger exists will be seen from a reply received when the Ministry's attention was drawn to the "soda-boiling" of greens at its restaurants. Referring me to the paper issued by the Medical Research Council concerning the preservation of vitamins in cooking greens the Ministry goes on: "You will note that the paper states that the addition of an alkali hastens the destruction of the vitamins and does not necessarily destroy them all." The method of cooking vegetables for school dinners is even worse than this senseless use of soda in civic restaurants, for these dinners are cooked in the early hours of the morning (starting at 7 a.m.) and kept hot until after morning school. As "keeping hot" is perhaps the surest way of destroying vitamin C, these vegetables are treated as if the utmost destruction of the antiscorvy vitamin was intended.

There is another aspect of this matter, apart from the damage to the health and growth of the unfortunate children. The Crandon experiments demonstrated that extreme fatigue came long before any objective signs of scurvy were manifest or anything was noticeable which would even have suggested that