has remained deficient despite the special efforts made to improve it during the period between the two wars." Actually, any lack of organization which exists clearly results from the lack of cohesion, which in turn depends upon too much of the petty parochialism that pervades the medical world throughout the country to-day. One of the best ways of overcoming this would be to have an interchange of teachers from the various medical schools in the British Isles, and later (as has already been instituted in other scholastic circles) from the United States of America as well. The stimulating effect of this contact would be remarkable in itself and not least a broader and more fraternal concept of medicine would be engendered.

Though the statement that the really great clinical teacher must be born is doubtless true, the production of the average good clinical teacher is the all-important aim in preparing the foundation for this work. Not only must he be chosen from that point of view, but the special system of education which is now being adopted should include a broad cultural training, and this is most important, for it takes much more than a good mechanic to make a good physician.—I am, etc.,

Bristol. FREDERICK SUTTON.

Planning for Health

SIR,—May I strongly support Dr. Learoyd's protest (June 7, p. 827) against the anonymity of planners in general and of those in Norfolk in particular? I myself took boys of the 1st Litcham Scout Troop camping on his Diglea Camp at Snettisham Beach before the war, and to suggest that anybody's health could be injured by camping there is so ridiculous as to border on the suspicious. It must be one of the healthiest sites in the country.

I have ascertained that the planning officer's bombastic sentence quoted by Dr. Learoyd—a sentence of death to many a summer holiday—emanated from the County Offices, Norwich, and it is therefore pertinent to ask whether the county M.O.H. or any of his staff took part in suppressing this well-established camp on health grounds. If so, did they act on hearsay and local reports of non-medical men, or did they actually visit the site? If the latter, what was the date of visit, where can one see a copy of their report, what was the camping experience of the M.O. concerned, and who pulled his leg and misinformed him that the land was liable to flood? If this sounds like a questionary, may one not put the boot on the other leg for once?—I am, etc.,

E. Dereham, Norfolk. ERIC PUDDY.

Medicine in the United States

SIR,—I have just had the opportunity of visiting some medical and endocrine centres in the U.S.A., and venture to record very briefly a few outstanding impressions. Interest in the welfare of, and friendship for, Great Britain is enormous. Everywhere I went, and especially at the Annual Meeting of the Association for the Study of Internal Secretions, the cordiality, warmth of greeting, and reception were only interpretable on the basis of an individual being privileged to act as a channel of communication for Anglo-American friendship.

In my own field of endocrinology the United States constitute a vast field of amazingly fertile activity, and the current investigations are of great interest and originality. At the Massachusetts General Hospital and the Memorial Hospital, New York, I saw several cases of thyrotoxicosis treated by radioactive iodine given in a single dose by mouth. The eight-day isotope is now used and comes by air from a central station at Tennessee. The results are conclusively successful in exophthalmic goitre and in toxic adenoma, although the large nodular goitres with pressure symptoms are still thought more suitable for surgery. In simple thyrotoxicosis the goitre ceases to be palpable, and there is considerable shrinking of a toxic adenomatous goitre. Results in malignant thyrotoxic goitres are less satisfactory, as in some cases both the primary growth and the metastases may fail to "take up" the radioactive iodine. It is unlikely that the method will be generally used for some years, as the possible development of late effects from radioactive substances is not yet ascertained. As yet no evidence of such untoward effects—e.g., induced malignancy—is forthcoming.

In general, hospitals of the big cities tend to be very large and imposing, and, as many have been built within the last thirty years, they contain exceptionally adequate laboratory and research accommodation. Even so, in some cases the latter is not sufficient to meet the progressive encroachment of the basic and ancillary sciences on medicine. One of the most attractive and efficient units I met with, however, is the Peter Bent Brigham Hospital, of Boston, with only 250 beds.

A welcome feature, by no means unknown in this country, is the close association between physicians, surgeons, clinical pathologists, morbid anatomists, and radiologists. Sometimes collaborative sessions were organized on a weekly or bi-weekly basis, or a clinician would start off his rounds in a room adjacent to the post-mortem room, where pathological specimens from the previous day's surgical operations or from necropsies, if any, could be inspected under comparatively aesthetic conditions; and representatives of investigatory departments attended in suitable cases by arrangement. As an example of the ready availability of biochemical information I would point out that a reliable flame photometer permitted assays of sodium and potassium concentrations in serum and urine within a few minutes.

It should be pointed out, however, that in spite of the exploitation of all modern ancillary methods nowhere have I seen a greater awareness of the psychosomatic approach, or more kindness, sympathy, and individual attention and understanding, than that received by the patients in even the largest of the American hospitals I visited.—I am, etc.,

London, W.1. S. L. SIMPSON.

*** On radio-iodine some points made by Prof. Robley D. Evans, of the Massachusetts Institute of Technology, in his lecture at the Royal Institution, were summarized in a recent annotation (June 21, p. 894).—ED., *B.M.J.*

State Medical Services

SIR,—Without wishing to enter the lists either *pro* or *contra* State medical services, surely to attribute "a growing and already appreciable dearth of specialists" in New Zealand to the ten-year existence of a partial State medical service leaves out of consideration the effect of the war on the desire and opportunity for such training. A very considerable proportion of the younger men must have been in the Armed Services for a considerable proportion of the ten-year period and hence in large measure have been prevented from taking training that would qualify them as specialists. Furthermore, I believe I am correct in assuming that a large proportion of New Zealanders who do take higher qualifications do so in the U.K., and conditions existing from 1939 down to the present time were and still are such as to discourage private travel, to say the least. Another point, mentioned by Mr. Porritt (*St. Mary's Hospital Gazette*, 1947, **53**, 54), but not by Sir Ernest Graham-Little (May 3, p. 611) is the "immediate financial lure to the newly qualified." This is indeed a point, as the specialists are out of the State Medical Service and must presumably depend on fees. If they were in the Service at a higher rate of remuneration than G.P.s, the assured higher financial rewards would operate as an incentive to qualification as specialists. At the moment all that can logically be inferred is that New Zealand practitioners prefer an assured income in the State Medical Service to the uncertain income of private practice as specialists. This surely is of itself no condemnation of a State medical service.

Here in Canada, in Saskatchewan, we too have a partial State Medical Service. I understand there are many imperfections in that service. However, one point worthy of note is that there is a provision for regular postgraduate courses of study for those in the Service to enable them to become more proficient and to qualify as specialists if they so desire. Some, not all, specialists are in the scheme, which has only been in operation a short time. Here in Ontario the present trend is a little different. In a recent plebiscite of the medical practitioners of Ontario, specialist and otherwise, over 70% declared themselves in favour of prepaid medical and surgical care, and the Ontario Medical Association, which conducted the plebiscite, is taking an active interest in getting the scheme going, although it is not itself operating it. I am not of course confusing prepaid medical care with a State medical service, which are totally different things.

With Mr. Porritt's other conclusions I have no issue to take but accept them as observed facts, also the inference that they are due to the existence of a State medical service. I also of course accept as a fact his statement that there is "a growing and appreciable dearth of specialists," but not his nor Sir Ernest's inferences from that fact.—I am, etc.,

Auden, Ontario. S. J. NAVIN.

International System of Weights and Measures

SIR,—Dr. J. M. Hamill (May 17, p. 693) points out some obscurity in my previous letter (May 3, p. 613): may I attempt to clarify this? The criterion of significance that I intended to apply was that the number produced by the measurement should differ observably according to whether the unit used was the $cm.^3$ or the ml. In normal laboratory practice the difference between $cm.^3$ and ml. is so slight that it is quite submerged under the normal errors of measurement.

Dr. Hamill says, "The description of units of measurement should depend upon the units actually used . . ." But it is in practice frequently impossible to decide uniquely what units have been used. The unit to be attached must then depend on other considerations.

The practical processes of measurement differ radically for most quantities (the principal exceptions are mass and length, and the best examples the electromagnetic quantities) from that used in the definition. The fundamental definition often stipulates complicated processes which are impossible to perform accurately without elaborate precautions. Therefore actual measurements are made with reference to substandards or calibrated instruments. The former are either quite arbitrary or depend on a particular quality of a particular substance. All are ultimately measured at infrequent intervals by reference to the absolute definitions. It must be admitted, if practical metrology is to be possible, that a comparison with a substandard is a good measurement in terms of any unit in terms of which the substandard is known to the required accuracy.

Some of the substandards are officially recognized (examples of such are the "international ohm" and the "litre"). There is therefore the choice of more than one unit for the quantity. The substandard may either be considered as a mere stage towards the fundamental unit, or as a unit in its own right. Thus, though the immediate measurement of a volume may be a volume-volume comparison and be expressed in litres, it may, if desired, immediately be converted to *and quoted as* $cm.^3$ or gallons on multiplication by the appropriate factors. Volume is by no means the only example of this ambiguity, and all others must be treated similarly, or individual treatment justified. Dr. Hamill has not attempted the latter, nor adopted the former.—I am, etc.,

Dorking, Surrey. HARRY V. STOPES-ROE.

Services Medical Examinations

SIR,—I note that the Minister of Defence stated in the House of Commons on June 4 (Medical Notes in Parliament, June 14, p. 868) that miniature radiography of the chest was carried out, in the Navy "when a person was entered, or as soon as practicable afterwards." *X*-ray of course detects many lesions that cannot be identified without its aid. All of the cases will have been examined prior to entry by National Service Medical Boards, and accepted. They will therefore have an unassailable claim for pension. It appears to me that a great deal of public money would be saved by conducting the essential mass radiography prior to entry.—I am, etc.,

London, N.W.1. H. SEARLE BAKER.

Infectious Ectromelia in Wild Mice

SIR,—I note that in the annotation headed "Vaccinia and Ectromelia" (May 24, p. 729) you state: "It is unfortunate that little or no evidence is available as to the natural occurrence of ectromelia in wild mice or other rodents." May I draw your attention to a communication by Dr. R. Whitehead and myself published in the *Journal of Pathology and Bacteriology*, 1933, 37, 253, and entitled "Outbreaks of Infectious Ectromelia in Laboratory and Wild Mice."—I am, etc.,

Cambridge. C. A. MCGAUGHEY.

POINTS FROM LETTERS

Land of Excuses

Dr. BRUCE WILLIAMSON (San Marino, California) writes: I received my M.D. here in California, and later took the Edinburgh Triple Board and the conjoint D.P.M. I practised near London from 1937 to 1941, at which time I was embodied into the Army, serving five years. With the background of this experience, taken together with first-hand knowledge of medical education and practice in the States, I might perhaps be forgiven for certain criticisms. Healthwise, England is a land of excuses for the backward conditions that prevail, excuses that never quite convince. . . . The disparity between the skill of the physician on the one hand and the primitive sanitation and poor nutrition on the other ever presents an unhappy paradox of failure on the part of the profession to accomplish its purpose. It would appear that the public has sensed its want and, like the Athenian democracy it is, is about to treat itself to the "health for all" schemes now purveyed by the Socialists. There would never have been serious support for the root and branch transformations upon which the Minister is now bent had there remained any material confidence in existing means for promoting the nation's health. In their defence the doctors could not point with any pride to comparative excellence of sanitation, nutrition, health education programmes, and the like. They blithely relegated such responsibility to the public health men, towards whom their attitude is competitive rather than co-operative. It is unbelievable how completely the conscience of physicians is allayed by the offices of that minute priesthood, the medical officers of health. If the new Minister now afflicts them, let them realize that never a robust, but rather a decayed, national health supplied him the power he wields. . . .

Tobacco

Dr. A. G. PANNET (London, S.E.6) writes: For over twenty years I have smoked tobacco purely for enjoyment without ever having regard to its therapeutic value. This unconscious drug-taking has so warped my judgment that I now value tobacco more than silver and pay, out of my taxed income to a Government apparently reluctant to receive it, an impost of some 3s. 5d. per ounce for the privilege of continuing my enjoyment—or should it be indulging my vice? I am sorry to learn that, on matters concerning tobacco, tobacco smokers are exceedingly untruthful, but your correspondent could, by taking a little trouble and examining the figures intelligently, verify from published figures that he was grossly in error in stating that one-third of the American loan is being spent on tobacco. In fact our expenditure on American tobacco for home consumption in the first year of the American loan will represent less than 7% of our total drawings on the loan.

A "Medical Certificate"

Dr. JAMES O'GRADY (Swinton, Manchester) writes: Dr. E. Rowland Williams (May 31, p. 785) refers to an objectionable form of "medical certificate" which is demanded by some insurance companies in connexion with claims under their "sickness and accident" policies. He rightly states that furnishing a reply to all the questions, many of which have no bearing on the patient's actual illness, gives the company a free report on the patient as a "life." May I suggest a simple remedy? All the questions which have no real bearing on the illness for which the patient is claiming compensation should be answered, very simply, "not relevant." At the same time the patient should be advised to threaten legal proceedings against the company if the legitimate claim is not met.

Pruritus Ani as an Allergic Condition

Dr. G. L. DAVIES (Hove, Sussex) writes: Is it not possible that the clue to the pruritus of Dr. E. M. Fraenkel's patient (June 7, p. 823) is contained in the words: "The skin proved to be allergic to skin disinfectants"? Some makers of toilet paper make much ado of the fact that their toilet paper contains some kind of disinfectant. . . . One imagines that the frequent application of such toilet paper to a more or less perpetually moist area such as the perianal region would be enough, in certain predisposed people, to set up a troublesome pruritus.

The "Pemmican" in China

Surgeon Lieutenant J. M. CLIFF (Hong Kong) writes: We all appreciated your efforts during the fuel crisis, which showed enterprise that is sorely lacking in other spheres of life at home. The first number of the Pemmican *B.M.J.* reached me in North China about ten days after it had left London.

Medical Library

Prof. F. C. PYBUS (Newcastle-upon-Tyne) writes: I would like to assure my friends, including the writer of the sympathetic note under "Nova et Vetera" in your issue of May 31 (p. 768), that my collection is intact and that the Sothebys' sale was of duplicates, etc.