SIR,—Your leading article (February 4, p. 345) certainly touches on some of the potentialities of television in medicine, but suggests that we in this country are insufficiently aware of such developments. I thought you might be interested to know that this topic featured largely in the proceedings of the First International Congress on Medical Photography and Cinematography last year. It has also been the subject of a full-scale lecture-demonstration presented to the Medical Group of the Royal Photographic Society this season, and other meetings are planned.—I am, etc.,

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Clostridium welchii and Food-poisoning

SIR,—In recent years attention has been directed to heat-resistant strains of *Cl. welchii* as a cause of food-poisoning, and isolations are reported weekly in the bulletin of the Public Health Laboratory Service. Having found such organisms fairly frequently in the stools of hospital patients, we studied the incidence in patients on admission without bowel symptoms. The results for 500 patients are shown in the Table.

Faecal Carrier-rate for Heat-resistant Clostridium welchii

	Male		Female	
Category	*No.*	*%*	*No.*	*%*
New admissions	13	22	19	14.5
Routine after admission ...	44	32.5	52	30

Analysis of the figures shows that the number of positive isolates from new admissions is greater in males than in females, and that after some stay in hospital the number increases more in females than in males, so that the initial sex difference disappears. These figures may be of value to those investigating outbreaks of diarrhoea in hospital. Unless the isolation rate of heat-resistant *Cl. welchii* is very much higher than 30%, their aetiological role may be of some doubt if heat-resistance alone is used to differentiate those associated with food-poisoning. We surmise that the higher carrier-rate in males admitted to hospitals may be due to the greater frequency of communal feeding in males.—We are, etc.,

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Medicine in North America

SIR,—Regarding Dr. H. J. Cronhelm's article (January 21, p. 194) on "General Practice in Canada and the U.S.A.," while excellent as a description of the system as developed in the United States, the article is, I think, not critical enough of the shortcomings and weaknesses of the arrangement. My own experience of ten months in a provincial hospital of high standard on the Eastern seaboard convinced me that, whilst in Britain a hospital is synonymous with expert care, this is by no means the case in the U.S.A. A reasonable hospital may enforce what they consider to be reasonable standards, but in the great majority of cases these fall far short of the standard set by National Health Service consultants and registrars. No number of conferences, lectures, and round-table conferences can improve mediocrity, and mediocrity of hospital services is to my mind one of the greatest problems confronting the profession in America. A wise, extremely able, and humbly famous internist now in his seventies put the matter succinctly when he remarked to me that "Nowadays the definition of a cardiologist is a doctor who has bought an E.C.G. machine."

It was in my experience only too common for a G.P. whose chief attributes were a likable manner and a large income to cheerfully admit and treat cases quite outside his competence. A few occasionally called in a consultant, many did not. It is true, of course, that they were able to carry out this mythical ideal of treating patients in hospital. For my part, if sick enough to necessitate admission, I would rather see an N.H.S. consultant twice a week than a G.P., even if versed in the latest journals, every day. It is in fact not true that the division between G.P. and consultant does not exist in America. The division is clearly there, though superficially obscured by the American weakness of acknowledging no superior.

Similar criticisms can be levelled at the surgeons. Surveys of particular areas have shown that the percentage of unqualified surgeons practising major surgery is very high indeed, 80%[1,2] in one instance. Taken over the whole United States the figure is probably over 50%.[3] This is not a state of affairs to be envied in any way whatsoever. Indeed, even amongst qualified surgeons, whilst it is true that the slowest surgeon I knew was the best and quite able to hold his own in any surgical company whatsoever, nevertheless in the majority of cases the incredible slowness of American surgeons is often apparently due to lack of experience, a lack of experience directly resulting from the casual and disorganized nature of the profession in the United States. Achieving his "Boards" within four to six years of qualifying, a surgeon may then go years doing two or three cases a week.

This, of course, is not to say that there are not many fine doctors in the United States, but it is to say that their practice of medicine is on the whole inferior to ours and in the case of hospital practice very much so.—I am, etc.,

Manchester. JAMES LAWLESS.

REFERENCES

[1] Long, C. H., and Rannick, J., *Amer. Surg.*, 1958, **24**, 830.
[2] *Amer. J. Surg.*, 1958, **96**, 368.
[3] Weber, Banice, personal communication.

Relief of Pain by Cooling the Skin

SIR,—I find the article by Mr. Maurice Ellis on this subject (January 28, p. 250) of considerable interest, as it supplements certain observations that I have made on patients treated by a similar method during the past year. I was introduced to cooling of the skin by Mr. W. E. Tucker, who showed me how to obtain full movement of a knee after meniscectomy where the last few degrees of flexion and extension were slow in returning; he told me he had used cooling for very many years with good results. Mr. Tucker's technique is slightly different from that described in Mr. Ellis's paper, as he first sprays the skin with ethyl chloride, and then massages the muscles which are in spasm with a simple vanishing-cream as lubricant; the massage is followed by further spraying and massage, and finally a manipulation of the affected joint is carried out, gently and with great care. The vanishing-cream is used to prolong the effect of the cooling.

I have used this technique for the treatment of stiffness of several other joints, in most cases with success; it is of particular value in cases of frozen shoulder, where spasm of the pectoral muscles seems