

care have now been taking this drug continuously for periods of up to a year and there has been no evidence of any late increase in toxicity. The perfect hypotensive drug has yet to be found, but in my experience methoserpidine does offer the possibility of successful treatment without serious discomfort in a fair proportion of the patients who are unable to tolerate reserpine.—I am, etc.,

South London Hospital for Women,
London S.W.4.

MARY C. HOLT.

Postgraduate Training in Hospitals

SIR,—I am encouraged by the letters of Sir Robert Platt (April 21, p. 1142) and in particular that of Mr. H. P. Dunn (April 21, p. 1143) which shines out as a ray of light in bright contrast against the dreary dark background of so much of the recent correspondence on this and allied subjects.

Apart from the obvious fact that we must be glad to have the services of these overseas doctors in helping to run our National Health Service, we should be glad to have them in this country, whether working in hospital or attending postgraduate courses, for other reasons. For many years in the past we have contributed to the medical training and welfare of extensive and widely scattered overseas territories. The Indian Medical Service, as one example, had a fine tradition of service to the Indian people, as did many other medical organizations and institutions in various lands to which our responsibilities extended. Whatever has been and may be said of our association in the past with these countries and their people, their medical care and services in years gone by have been largely dependent on practitioners and teachers qualified in and often originating from this country. Now, most of these "colonial" organizations no longer exist in their original form. Surely, therefore, it is most desirable and most gratifying that medical graduates from lands where we at one time had a direct controlling influence should now wish to come to this country of their own free will to continue their postgraduate training and education. Surely we must believe that it is right and proper for us to continue teaching the sort of principles of medical and surgical practice which we believe to be good principles and which we would hope to practise ourselves. The continuation of voluntary co-operation and friendship in medical and scientific disciplines is something we should do our best to perpetuate and encourage by all the means in our power.

The real problem facing us, of course, is to ensure that the standard of teaching and supervision of junior hospital staff, whether overseas or local graduates, in all hospitals in this country is adequate. Overseas medical graduates will only continue to come and gain postgraduate experience and take our diplomas and degrees before they return to practise good medicine in their own countries if we make them welcome and if we ensure that their postgraduate training is of a high standard. If we do not succeed in these objects, they will go elsewhere. "Experience" alone is not enough; neither is instruction enough. To gain maximal benefit, both must be provided side by side, throughout the hospital service, together with adequate facilities for discussion and the interchange of ideas.

These points, together with a recognition of the size of the problem presented by such a programme of supervision and training, particularly in many of our

general hospitals to-day, have been emphasized by Sir George Pickering recently (February 17, p. 421). Any medical graduate, no matter where he has qualified and no matter in which hospital he works, should be adequately supervised and taught during his first few years after qualification. The solution to this problem is all the more urgent now that we have the responsibility of helping and guiding so many young doctors from so many different parts of the world, and if we believe that the standards and traditions of British medicine are worth perpetuating and teaching to others.—I am, etc.,

Nottingham.

E. V. B. MORTON.

The Co-op. Nurse

SIR,—Dr. H. M. C. Macaulay (April 7, p. 1004) says that nurses' co-operations add no nurses to the number available for hospital work. I doubt if this is true. The evidence adduced in my article (March 24, p. 862) suggests that some nurses will only work in hospitals if they belong to an agency, and that they choose this method of employment deliberately in spite of its manifest disadvantages which a slightly higher income in their earlier years does little to offset. When the agency nurses were taken away from hospitals in 1949 a large number apparently ceased to work in hospitals altogether.

Dr. Macaulay was concerned at the relatively high rates of pay for co-op. nurses in former days. As he says, the situation is ludicrous when a newly qualified nurse leaves her training hospital and promptly returns to it as a co-op. nurse at a higher salary. The Ministry was, in 1949, "in a position to apply a regulation to the whole country," and it robbed the hospitals of co-op. nurses whom they had employed since well before the last war. By administrative action the Ministry sought to save money on nurses' salaries without remedying any of the reasons why nurses try and leave hospital practice soon after qualification. Thirteen years later we are shorter of nurses than ever.

It might well be that if hospitals were allowed to employ more co-op. nurses now the gap would widen between their pay and that of the equivalent nurse on the established hospital staff. However, nearly everyone now believes that nurses are not paid enough, so we ought, perhaps, to support the agencies on this score.

Surely the lesson is plain to see? The only way to keep trained nurses in the hospitals is to make conditions of life there pleasant. One of these conditions, and not necessarily the most important, is the salary.

The hospital service was seriously undermined when the co-op. nurses were removed. Whether this was done for financial or other reasons is immaterial. If we are to have a satisfactory hospital service pre-requisites are adequate pay and tolerable social conditions for the nurses.—I am, etc.,

West Middlesex Hospital,
Isleworth.

N. F. COGHILL.

Syringe Sterilization

SIR,—The publication of the new M.R.C. Memorandum¹ and your leading article (April 21, p. 1126) again highlight the difficulties of providing a safe sterile injection. It appears that even the resources of the hospital service may hardly be adequate to deal with the problem. How then can the general practitioner hope to cope, without setting a lower standard of safety for his patient?

The answer, surely, lies in the extension of the hospital syringe service for those general practitioners who wish it. This, apparently, is at long last envisaged in a recent circular issued to hospital authorities by the Ministry, but a charge of at least 5d. per syringe is proposed. What niggardliness! The more so since this has meant that in one or two areas where a free service has operated in the past these facilities have been withdrawn. Furthermore, I have on occasions been asked to take samples of blood from my patients by *the hospitals* which they have attended.

A sterile syringe service should be extended to general practitioners, and it should be a free service.—I am, etc.,

Edinburgh 5.

JAMES D. E. KNOX.

REFERENCE

- ¹ *The Sterilization, Use, and Care of Syringes*, Medical Research Council Memorandum No. 41, 1962. H.M.S.O., London.

Smoking and Health

SIR,—In view of the current controversy on the aetiological role of cigarette-smoking and lung cancer, even very minor aspects are deserving of all possible accuracy. I hope, therefore, that correction of two misleading statements in your esteemed journal will not be regarded as simply quibbling.

In his excellent paper (February 3, p. 284), Mr. Geoffrey Flavell states that "in Scandinavia manufacturers are obliged to print a ring round cigarettes one-third of the way from the butt. Beyond this point it is dangerous to smoke." Since none of my smoker acquaintances had seen these rings, I made inquiries direct to "Svenska Tobaksbolaget." I was informed that, purely on its own initiative, the company prints these rings on "king-size" but not on ordinary-size cigarettes. There is thus no legal obligation to "ring" cigarettes, and Sweden is the only Scandinavian country to do so even to this limited extent.

Mr. A. Wilfrid Adams (February 24, p. 561) includes the following among his suggestions for combating smoking. "Stop cigarette advertisements. Sweden has given the lead." I enclose advertisements from the illustrated weekly *Se*, from *Svenska Dagbladet* (one of our leading daily newspapers), and from the State-sponsored *Röster i Radio-TV* (equivalent to your *Radio Times*). From these you will see that advertising of cigarettes still flourishes here.—I am, etc.,

Lungkliniken,
Centrallasarettet,
Eskilstuna, Sweden.

IVAR KÄLLQVIST.

SIR,—Like Drs. A. A. Lewis and E. G. Hardy (April 28, p. 1209), I felt so strongly about tobacco advertising that I wrote to a Member of Parliament asking him to urge prohibition of such advertising. His reply was that such action would be grossly discriminatory, highly unfair, and lead to uproarious complaint from a majority of our people.

If the Government is genuinely interested in the welfare of the people, and particularly the welfare of the rising generation, the prohibition of all cigarette advertisements is the courageous action it should take. Such a measure would occasion no hardship on any habitual smoker; it would help those trying to give up the addiction by not reminding them about cigarettes in every magazine, paper, and on the T.V. screen; our children would stand a chance of making up their own minds without being constantly conditioned by the very

skilful methods now employed to seduce them to smoking habits; and the few thousand pounds spent on showing the dangers of cigarettes would not be completely eclipsed by the millions of pounds spent by tobacco companies in extolling their wares.

We as medical men can help by bringing this point of view to the notice of public bodies, Members of Parliament, health committees, town councils, medical associations, etc., and by persuading these bodies to pass resolutions urging on Parliament the necessity of prohibiting tobacco advertisements as a major step to protect the health of the community.

Either the present cigarette-smoking habit dies or we do.—I am, etc.,

Kidderminster.

C. STARKIE.

SIR,—In spite of some paradoxical results there is a widespread consensus that if one must smoke it is better not to inhale. It is possible that some of the non-smoking half of British doctors may not know of a simple yet effectively dramatic "test" which may be advantageously shown to some patients concerned about their smoking habits.

Ask the patient to light a cigarette, inhale in his normal manner, and then blow the smoke out through his handkerchief held over his mouth: then ask him to repeat the "test" but this time taking the smoke into his mouth only. If the patient is a deep inhaler the first stain on the handkerchief may be almost invisible compared to the second one and the patient may go home with something to think about—and the evidence in his pocket. This is at best a rough (but ready) "test," but anyone can improve it in a number of ways if they wish. I use standard cigarettes marked in millimetres, and ask my subjects to blow out through the trumpet formed by the last 4 cm. of a Tiemann's catheter. This gives a neat circular stain of 1 cm. diameter on the linen fixed over the open end.—I am, etc.,

Blanes, Spain.

C. J. COOPER.

SIR,—There must surely be very few reasonable people who, having read the recent report of the Royal College of Physicians,¹ are not convinced that there is an intimate connexion between persistent cigarette-smoking and cancer of the lung.

At the beginning of the century, when I was a medical student, chronic local irritation was reckoned to be a cause of cancer; and as an example of this the part played by the habitual use of the clay pipe in the formation of cancer of the lip used to be cited. This disease was fairly common in men in England, but practically non-existent in women; whereas in Ireland, where women as well as men smoked clay-pipes, cancer of the lip occurred in both sexes.

One would have thought that the persisting irritating presence of cigarette smoke lurking in the air-passages of chronic smokers could be a sufficient factor in itself to incite the growth of a cancer, without it being necessary to invoke a specific carcinogenic substance in the tobacco or paper of the cigarette, as the manufacturers aver.—I am, etc.,

Norwich.

A. J. BLAXLAND.

REFERENCE

- ¹ *Smoking and Health. A Report of the Royal College of Physicians on Smoking in Relation to Cancer of the Lung and Other Diseases*, 1962. Pitman Medical Publishing Co. Ltd., London.