removed. She sued hospital "B" and the surgeon who had performed the emergency life-saving operation.

Most unfortunately the incriminating swab removed at the third operation had been thrown away, but the opinion of the theatre staff involved was that it was a slightly different type to that used in hospital "B" and evidence was given that packs of that type were sometimes used at hospital "A," though no firm conclusion as to the ownership could be reached owing to its absence.

Varying expert opinion was given as to the behaviour of indwelling swabs, and one brave surgeon gave evidence that he had once removed exactly such a pack from a patient on whom he had operated 12 years previously.

The judge in the Supreme Court found that "the pack had probably been left in at the second operation" and that "the whole circumstances of this operation are more consistent with negligence on the part of the surgeon than the absence of it." Damages in the sum of £2,500 were awarded against the surgeon and the hospital jointly. This judgment seemed unnatural and unfair to all concerned (except the happy patient). The Court of Appeal held that the hospital had been negligent by its servants, reduced the damages to £750 and declared the surgeon to have done all he could and therefore not negligent. The Privy Council reinstated the original judgment.

Several questions therefore remain unanswered.

(1) Did the pack belong to the first or the second operation; is there in law any good reason to show that it could not belong to the first and therefore must to the second? And the corollary—if it did belong to the first what a miscarriage of blind justice this has been.

(2) Are there never any circumstances, however hazardous for the patient, which will allow such a pack to remain without it being held as "negligent" by the surgeon—a word which sounds very sinister to a skilled and honourable professional person?

(3) Must hospitals and surgeons always be held as insurers in all their acts in addition to the anxiety of their so often difficult tasks?—I am, etc.,

Kenya European Hospital Association, Nairobi, Kenya. C. V. BRAIMBRIDGE.

"Slipped Disk"

SIR,—It now emerges from Mr. J. R. Armstrong's recent discursive letter (June 1, p. 1478) that his criticism of the terminology used in the television programme "Slipped Disks and Sciatica" is not confined to "slipped disks," but includes any and all of the technical medical terms in current use. Thus the words "protruded" (used frequently in the programme), "prolapsed," "herniated," "retropulsed," and "displaced" are utterly rejected on the grounds that they are "both incorrect and misleading, being inaccurate descriptions of a transient phase in one stage of a prolonged pathological cycle." By these same criteria it seems that his criticism should apply equally to his own slang expression "burst disk." The term Mr. Armstrong apparently favours is that of "lumbar disk lesion," but to the unbiased observer it would seem that whereas the phrase "protruded disk" does succeed in describing one, the most important, of the pathological results of disk degeneration, "lumbar disk lesion" is successful in describing none.

I am in full agreement with the view expressed by "A Consultant Physician" (April 20, p. 1090) that a television programme is not the place to introduce new technical terms, nor is it the place to exploit whims and prejudices about them. This is particularly true of a nomenclature which, as defined by Mr. Armstrong, has not been accepted nor even generally recognized by the medical profession.—I am, etc.,

London W.1. "SPECIALIST SURGEON."

Use of Bromides

SIR,—In his review of *Practical Therapeutics* by Dr. H.-J. B. Galbraith Dr. A. G. MacGregor states (May 25, p. 1406) that "there is surely no justification for the continued inclusion of bromides among the hypnotics."

I must categorically and emphatically disagree with this statement. I have both dispensed and prescribed many gallons of bromide solution to patients of all ages for over 20 years in general practice with satisfactory results both for patients and myself. Complications have been few and reversible. I am sure that many of my G.P. colleagues will agree with me in this. There are numerous cases in which the intelligent use of bromides works very favourably where the barbiturates and tranquillizers just do not.

Personally I hope bromides remain available for therapy for a long time to come, and my thanks are due to Dr. Galbraith for including a description of their use in his book.—I am, etc.,

Mansfield Woodhouse, Nottinghamshire. KEVIN MCCANN.

Capricious Capitals

SIR,—May I endorse Dr. H. de Glanville's plea (May 25, p. 1417) for consistent, and modern, typography?

Among this "plethora of capitals," however, one notices a particularly capricious point of medical usage. The proprietary names of drugs are always denied a capital, being granted only a somewhat supercilious pair of quotation marks: strange treatment for what is, after all, a proper name. You, sir, would find it not only incorrect usage but also discourteous, I think, if you found yourself addressed or referred to as the "editor" of the "british medical journal."—I am, etc.,

Abbott Laboratories Ltd., M. L. MORGAN.

Myelofibrosis

SIR,—It is a pity that your leading article on myelofibrosis (April 6, p. 900) revived the theory of the compensatory function of the liver and spleen in this disease. "As the increasing fibrous tissue interferes with the production of blood cells in the bone marrow, haemopoiesis recurs in the sites which are important in foetal life . . . consequently the spleen enlarges." It would be interesting to know the evidence on which this statement is based. Experience would rather show that splenic enlargement parallels the development of the marrow fibrosis, and many cases are on record in which myeloid metaplasia of the spleen was discovered in the company of a hyperplastic marrow and well before fibrosis set in. The spleen may also become fibrotic at the same time as the marrow. Were splenic myelopoiesis compensatory in nature, one would expect splenectomy in myelofibrosis to have dire results; the opposite is often the case. It seems in fact doubtful if either liver or spleen can ever "compensate" for marrow failure—they certainly do not when there is marrow aplasia. By now the evidence is extremely strong that both myelofibrosis and splenic myeloid metaplasia are part of the same syndrome of myelo-proliferation; and since the authors of at least one of the two recent reviews quoted