tion of many of the notes on return from the Ministry indicates that they have been subject to a separation, because they are not re-inserted into the folder in the normal pattern. The lack of official notification about the photocopying indicates the term "Ministry of Social Security" to be a contradiction.

The Ministry, however, do tend to safeguard the patient by stating on Form 378, "If there is any information in the documents which ought not to be disclosed to a claimant taking his case to the Pensions Appeal Tribunal, because the information would cause him distress or adversely affect his health, will you please note the hospital records accordingly." This might cause some of the notes to be so marked, but would not ensure that the portions so marked would not be copied, and it might be reasonable to extract full psychiatric notes.

Most of the forms from the Ministry of Social Security seem to be sent to the medical records officer of the hospital concerned, and, though some may be sent to other officers in the hospital, all forms should be sent to the medical records officer. These forms, together with the clinical notes, should then be submitted to a responsible doctor within the hospital (medical superintendent, medical director) who should examine the notes prior to submission to the Ministry. Furthermore, the form 378 should have a portion showing the name of the patient, and the signature, and should indicate the patient's willingness to have his notes sent to the Ministry and photocopied for subsequent retention by that Ministry.

This system might safeguard all the persons and institutions concerned but does not solve the problem of full psychiatric notes contained in normal hospital case folders. A brief summary of events will meet the requirements of hospital notes—provided that the full psychiatric notes are readily available for those persons in the hospital who are authorized to peruse them.—I am, etc.,

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Hammersmith Hospital.

Driving and the Heart Rate

SIR,—The fascinating work reported by Dr. P. Taggart and Mr. D. Gibbons (18 February, p. 411) on the rise in pulse rate and alteration in ST-T pattern in motorists driving in peak London traffic makes one wonder whether this may not be the link research workers have been looking for to explain the rising incidence of coronary thrombosis in recent years.

The motor-car has been indicted before in the aetiology of ischaemic heart disease, but the damage has usually been thought to be due to lack of physical exercise among drivers rather than any intrinsic factor in the driving itself.

Whether or not there is a summation effect due to cumulative "anxiety situations," it would seem a very promising line of inquiry, and might well merit a large-scale computer survey. This could correlate the incidence of coronary thrombosis in patients in different parts of the country, urban and rural, with the details of their previous driving habits.—I am, etc.,

Liverpool:

MYER GOLDMAN.

Hazards of Cosmetic Surgery

SIR,—I am worried about possible reaction to your leading article "Hazards of Cosmetic Surgery" (18 February, p. 381). In my experience it is rare to find the frankly paranoid patient presenting himself for cosmetic surgery. Undoubtedly this does happen, but I think there is a great tendency nowadays to stick this label on patients who may be disturbed, or unloved, or worried about their appearance, but who do not deserve to be stigmatized as true psychotics.

For every paranoid patient who presents himself to his doctor there must be dozens who are afraid to do so through fear of ridicule or unsympathetic handling. Often it takes a considerable time and a good deal of perseverance to break through the general-practitioner barrier to get to the plastic surgeon. The advice given in this article, though true in many respects, does little to foster sympathy for distressed patients who have a disfigurement but who, because of ridicule or ostracism over the years, may present a rather bizarre impression on first acquaintance.

I think that the general practitioner and the plastic surgeon should think again and again before labelling a patient as a psychotic, and therefore unsuitable for surgery. On closer acquaintance they will find that many are lonely, deserving individuals, and that very few carry a gun.—I am, etc.,

Birmingham.

D. DENCER.

Silicosis and Alveolar Proteinosis

SIR,—No cause has been found for pulmonary alveolar proteinosis in man. Originally it was thought that it might be related to working in the lumbering industry, but subsequently it was found to have a wide distribution regarding occupation, sex, and age, and no external cause is known.

In experimental animals, however, appearances somewhat like human alveolar proteinosis can be produced by silica. B. Corrin and E. King¹ showed that crystobalite produced many macrophages which degenerated. Foci of lipid pneumonia and interstitial fibrosis developed, but these changes were quite different from the nodules of silicosis. They thought that the alveolar changes produced by crystobalite had some similarity to pulmonary alveolar proteinosis in man. They found no such changes with quartz of equal particle size, but both dusts produced similar silicotic nodules. Heppleston² reported that in specific pathogen-free rats Minusil quartz (particle size $<5 \mu$) and Dörentrup quartz (particle size $<5 \mu$) produced alveolar proteinosis but no silicotic nodules. Like Corrin and King, he believes "alveolar proteinosis" is from degenerating macrophages.

Several years ago Powell and myself³ produced alveolar proteinosis in rabbits, and the development seems to be due to the immunological state of the animals. At that time I did not appreciate the similarity of the macrophage and other changes to alveolar proteinosis. Rabbits made hyperimmune with horse serum showed a changed reaction to quartz. We used "Snowit," a highly pure form of quartz made from a Belgian sand. We reported far greater macrophage reaction

in the animals which had been rendered hyperimmune.

Collet *et al.*,⁴ in France, have repeated our experiments and asked me to look at their histological sections. Although they had not recognized the condition, these also showed appearances similar to alveolar proteinosis, confirming my findings. It would seem, therefore, that alveolar proteinosis might be related to the state of immunity and that silica is one of the substances that can produce proteinosis under special conditions. From my collection of silicosis in man I believe there are also instances where silicosis may have produced a concomitant alveolar proteinosis.—I am, etc.,

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J. GOUGH.

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- Heppleston, A. G., *Nature (Lond.)*, 1967, **213**, 199.
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¹³¹I in Thyrotoxicosis

SIR,—We were most interested to read the paper by Dr. R. N. Smith and Professor G. M. Wilson (21 January, p. 129) on the effect of different doses of ¹³¹I in the treatment of thyrotoxicosis. There is no doubt that after 3,500 rads (the "half-dose" method) there was a marked reduction in the incidence of post-radiation myxoedema, but this was at the expense of the time taken before final cure in rather a large number of patients, though their symptoms were being controlled with an antithyroid drug.

We have been concerned for some time at the delay in control of thyrotoxicosis that may occur in a few patients treated with ¹³¹I, and we are worried that there may be more of these if there is a widespread use of lower dose methods. This delay in control is more frequent in severe cases, which can be particularly unfortunate in those with heart disease, and it has been our practice to give larger doses of ¹³¹I to these patients with the realization that an improvement in the numbers cured with one dose will be associated with a higher incidence of myxoedema.¹

It would be instructive if a comparison were to be made between treatment with a low dose of ¹³¹I followed by antithyroid drugs, as described by Smith and Wilson, and treatment with antithyroid drugs alone. It might then be found that the long-term relapse rate after antithyroid drugs would be markedly diminished by the prior administration of the small dose of ¹³¹I. Such a scheme with a low incidence of myxoedema could be used for mild cases, while in the more severe ones, and in the elderly, a larger curative course of ¹³¹I could be given accepting a higher incidence of myxoedema as a lesser evil than delay in early control and final cure.—We are, etc.,

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