encountered in otherwise largely psychiatric practice.—I am, etc.,

Ide Hill, Kent.

J. P. CRAWFORD.

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- ⁴ Crawford, J. P., *Practitioner*, 1954, **173**, 696.
- ⁵ Goody, W., Gautier-Smith, P. C., and Dunkley, E. W., *Lancet*, 1960, **2**, 1290.
- ⁶ Crawford, J. P., *Lancet*, 1964, **1**, 878.

Corticosteroids in Laryngeal Diphtheria

SIR,—I have just read Professor A. W. Woodruff and Dr. C. J. Dickinson's communication (6 July, p. 31) in which the use of corticosteroids was life-saving by reducing oedema in a case of cerebral malaria.

On the same rationale I have employed corticosteroids in my last two cases of laryngeal diphtheria. Both children (aged 1½ years and 6 months) had faucial membrane and stridor with indrawing of the ribs. The children had been ill for three and four days respectively. In addition to my previous routine treatment of anti-diphtheria serum (each received 20,000 units), penicillin, and inhalation, these children also received 25 mg. of cortisone intramuscularly followed by oral corticosteroids. As the second child remained critical, a further 25 mg. of cortisone intramuscularly was given after six hours. Both children made dramatic improvement, and within 12 hours were virtually free of stridor. Without cortisone, I am sure the second child would have died, either with or without tracheostomy, and perhaps the first child also. Subsequent recovery also seemed quicker and smoother than with previous cases not treated with cortisone. The oral dose was tailed off within the next five days.—I am, etc.,

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Damages against Doctors

SIR,—I read with interest the letter (30 November, p. 576) from Mr. G. H. Alabaster and the comment thereon from Professor M. F. A. Woodruff (7 December, p. 643). Professor Woodruff seems to suggest that lawyers should provide a solution to the anxieties felt by Mr. Alabaster, and it may therefore not be inappropriate for a lawyer to give his own view.

I cannot believe that Mr. Alabaster or Professor Woodruff would seriously contend that the medical profession should be treated as different from other professions or that medical men are the only defendants in actions for professional negligence. With the exception of the Bar, all those who profess themselves able to provide a service to the public are similarly vulnerable, and it is worthy of note that it costs a doctor far less to insure against liability for negligence than it does a solicitor.

This, however, is not the main point. I detect in both the letters you have published an attempt to blame the law as being unfair. Surely your correspondents realize that, in this country at any rate, damages are awarded by a court only when a judge has been con-

vinced by the evidence of at least one expert medical witness that the defendant doctor's actions fall below the standard reasonably to be expected of a doctor of his qualifications and experience. To quote the classic definition "The true test of establishing negligence . . . of a doctor is whether he has been proved to be guilty of such failure as no doctor of ordinary skill would be guilty of if acting with reasonable care."¹

Mr. Alabaster has only to turn to the judgements of Lord Justice Denning to find how clearly the law recognizes that "accidents will happen" and how emphatically it is laid down that accidents alone do not qualify their victim for an award of damages. If any profession is to retain its right to set its own standards then surely it is a disservice to that profession for its members to plead that failure to comply with its standards should be excused by the courts on grounds that would provide no exemptions for persons not protected by professional status? It would be interesting to know what standard your correspondents would suggest as appropriate to the medical profession and to speculate whether they would be prepared to apply the same standard to, say, a driver whose vehicle collided with them and who pleaded that he was fatigued or made a mistake. They would probably say that he should not have driven in that condition, and the retort in its application to medical negligence is only too obvious.—I am, etc.,

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Legal Adviser,

Manchester Regional Hospital Board.

Manchester 1.

REFERENCE

- ¹ Per Lord President Clyde in *Hunter v. Hanley* (1955) S.L.T., 213.

Imported Doctors

SIR,—It would be ungracious to criticize the personal views of someone whom you have invited to contribute to your columns, and Dr. A. L. Bussey's forthright comments (26 October, p. 250) on the future of medical education as it affects individual doctors in this country are timely, if somewhat misleading. Nevertheless, his interpretation of present trends whereby the hospital services in Britain are now being maintained by Commonwealth postgraduates from India, Pakistan, and Africa is a flamboyant half-truth which must be challenged. His assertion that their presence here creates a plight in the under-developed countries whence they come akin to colonial exploitation worse than any in the nineteenth century is unrealistic. To infer, even to seek to infer, that this is yet another form of neocolonialism is wholly unwarranted. After over 20 years of independence responsibility for the plight of many patients in India and Pakistan must largely rest with their respective Governments and can hardly be blamed on the allegedly deplorable deficiencies of British rule or more recently on a particularly despicable form of neocolonialism.

In the African scene there are still great difficulties from unwillingness on the part of overseas Governments to ask for help. Offering it from this country even when there seems a need, and when it could be made available if only on a small scale, runs perpetual risk of offending political independence.

While, therefore, it is true that many post-graduates from the Indian subcontinent and to a lesser extent from Africa are greatly helping to maintain the hospital services of an affluent society, it is untrue that they are being cynically imported. Admittedly, entry of imported doctors is openly encouraged in that "during the first 10 months of this year Indian and Pakistan doctors accounted for no fewer than 2,275 or more than half the 4,317 B vouchers issued to the Commonwealth, and two-thirds of the 3,739 vouchers issued to those two countries."¹ Nevertheless they come of their own accord, and if many left now, and were only partially replaced by a few sponsored individuals holding travelling scholarships, some means would have to be found of maintaining the hospital services by indigenous doctors. This might happen, and while it would be invidious at this juncture for us to become too involved in current political argument, it is now suggested that the issue of B vouchers should be eliminated.²

Professor D. E. C. Mekie's recent report in the Committee on Overseas Affairs (*Supplement*, 30 November, p. 42) strikes a different note. At least it appears to warrant as of urgency setting up a standing overseas committee in each hospital region in this country, so that a truer overall picture may emerge. These imported doctors, sponsored and unsponsored, come mainly from territories formerly under British rule, supposedly because they find the postgraduate training here more congenial than in other English-speaking countries. It is wholly praiseworthy that this attitude should always continue. Arising perhaps out of this uneasy state of dependence on doctors from the under-developed countries may ultimately come about some workable scheme of secondment overseas of doctors and specialists from this country for relatively short periods. Such a project as a small part of a large organization might prove mutually beneficial in many respects, and is perhaps envisaged in a recent recommendation of the Royal Commission on Medical Education, to which Professor Mekie also draws attention.—I am, etc.,

Liverpool 1.

H. VINCENT CORBETT.

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- ¹ *Sunday Telegraph*, 24 November 1968.
- ² *Daily Telegraph*, 4 December 1968.

Medical Education in India

SIR,—I was interested to read your annotation on medical education in India (21 December, p. 722), but think that your figure for the number of Government medical colleges is inaccurate. Up till 1964 I worked in a medical college in India, and since 1961 until the present day have been in close touch with the situation. According to my information the number of such colleges in 1957 was 72 and at the present time is now 91, a figure that I have checked with India House.

You mention examination results and compare it with some Western figures favourably. You should remember, however, that examination standards are not so high, a fact attested by foreign staff in the country who act as examiners in various colleges.

You may also be interested to know that one of the private and internationally staffed