We should like to thank Professor A. S. Johnstone and Drs. N. L. Hurst and E. Vosloo for their help in the management of the patient.

—We are, etc.,

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Virus in Genital Warts

SIR,—A recent report compares the serological characteristics of the viruses obtained from human genital warts and common skin warts using immune electron-microscopy and complement fixation techniques.¹ The authors suggest the existence of a one-way antigenic cross between the two viruses on the basis of their finding that sera from patients with skin warts reacted with the viruses from both skin and genital warts, whereas sera from those with genital warts reacted with genital wart virus only.

This interesting problem regarding the antigenic identity of the virus in genital warts has also been studied in this department since it was demonstrated that genital warts contained virus particles morphologically identical to those in skin warts but present in very small numbers.² As insufficient amounts of genital wart virus were available here for use in standard precipitation and complement fixation tests, other methods for identifying the virus had to be pursued.

A rabbit inoculated with a suspension of genital wart material was found after the third inoculation to have developed precipitating antibody to virus from skin warts—in fact simple plantar warts. The precipitin line formed by this rabbit's serum gave a reaction of identity with precipitin lines formed against the same virus by serum from a patient with a simple plantar wart and serum from another rabbit immunized with virus from simple plantar warts. These lines are illustrated in the accompanying drawing made from the photographic record of this test (see Fig.).

FIG.—(A) Serum from patient with plantar wart. (B) Serum from rabbit inoculated with genital wart suspension. (C) Serum from rabbit inoculated with plantar wart antigen. (D) Plantar wart virus antigen. The inner continuous line around well D shows the identity of the antibodies to wart virus in the three sera. The other lines represent antibody against other human antigens formed by the rabbits.

In addition sera from patients with genital warts were examined for antibody to the virus from plantar warts. Precipitation and complement fixation tests gave negative results with sera from 20 such patients. Recently, however, we have used a much more sensitive method for detecting antibody, particularly immunoglobulin M, to warts—a passive haemagglutination test. In this test tanned red cells sensitized with plantar wart virus are agglutinated by specific antibody in sera not only from people with plantar or other common warts but also from those with genital warts.³

These results show that human and rabbit antisera to genital warts do react in some circumstances with skin wart virus, though the genital wart sera of Mrs. Almeida and colleagues reacted only with genital wart virus in the test systems they employed. That wart viruses have more than one antigenic component has been suspected from the occasional observation of two parallel precipitin lines in some tests, but the position has not yet been clarified.

The genital wart material and sera for these investigations have been provided by Dr. D. H. H. Robertson, Royal Infirmary, Edinburgh.

The author holds a graduate research scholarship from the Medical Faculty of Edinburgh University.—I am, etc.,

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- 2 Dunn, A. E. G., and Ogilvie, M. M., *Journal of Ultrastructure Research*, 1968, 22, 282.
- 3 Hopkins, R., *An investigation into the immune response of people infected with the human papilloma (wart) virus, using the technique of passive haemagglutination*. (Dissertation presented for B.Sc., Edinburgh). 1969.

Medical Education and the State

SIR,—I enjoyed Professor R. V. Christie's stimulating article (15 November, p. 385) on "Medical Education and the State," but his Table showing the number of whole-time clinical teachers was misleading.

The figures he quotes of 120 in London and 419 in Great Britain are taken from p. 275 of the report of the Royal Commission on Medical Education¹ and exclude all lecturers except senior lecturers, pathologists, and those academic staff engaged in research or administration. They may well not be directly comparable with North American and Scandinavian figures. The approximate total number in Great Britain can be calculated from *The Statistics of Education 1967*.²

The correct figures appear to be three to five times as high as Professor Christie's, depending on whether pathologists are included.—I am, etc.,

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- 2 *The Statistics of Education 1967*, 1969, 6, pp. 104, 105, 108, 109, 142, and 143. London, H.M.S.O.

Consultant—by any Other Name

SIR,—I must apologise for trespassing again on your columns. However, there are two comments in the recent report on hospital medical staffing by the Central Committee for Hospital Medical Services (*Supplement*, 6 December, p. 53) that I feel should not go unchallenged, although in truth over 30 years' experience of the vagaries of our profession should have compelled me to ignore them.

In the never-ending discussion of the sub-consultant grade, Dr. I. McK. Thompson (*Supplement*, 27 December, p. 79) maintains that it should be classified as "Junior." It is said to be permanent. Would this still apply to an incumbent who has spent, say, 30 years in it? This naive and unrealistic approach is nothing compared to that of Mr. H. M. Bennett, who wants a grade "largely for drop-outs". What a future for a so-called learned profession, when a presumably responsible individual can use such language with all the undertones it represents. Would either of these worthy gentlemen accept such an appointment themselves or would they advise their own children to accept one? If not, why not?

Finally, in the interesting Personal View by Dr. R. J. M. Crawford (27 December, p. 802), he states that the larger Gilbert and Ellice Islands have doctors, but the smaller ones medical assistants or nurses. Need more be said?—I am, etc.,

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Publicity and the Pill

SIR,—Professor E. F. Scowen's "apologia" (27 December, p. 805) only confirms the naiveté of the Committee on Safety of Drugs in its dealings with the representatives of the pharmaceutical industry. The principle that medical colleagues should be informed first was sacrificed for doubtful recourse to expediency. But the second issue of principle may be of more importance to the profession—namely, the bald pronouncement by the Committee on the dangers of the particular drug or preparation without any accompanying supporting data and assessments of such dangers in the widest context of the use of the particular drug or preparation.

In our opinion, therefore, the Committee must be severely censured for not fulfilling such criteria, which members of a learned profession are entitled to expect.—We are, etc.,

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