nose anthrax during life by finding the organism in the cerebrospinal fluid, but the patient died despite treatment with penicillin.—I am, etc.,

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Glucagon and Growth Hormone

SIR,—I read with interest your leading article on the effect of glucagon on growth hormone release (27 January, p. 188).

In a study on 28 children who were investigated for possible growth hormone deficiency¹ we found that twenty-three showed a marked rise in serum growth hormone level during a glucagon test. In 20 of these patients a significant rise took place within two minutes of injecting 15 µg of glucagon intravenously. The mean level at two minutes was double the level before glucagon administration. In stress tests, such as administration of insulin, there is usually a latent period of 15-30 minutes before growth hormone levels rise. We therefore consider that glucagon has a pharmacological effect either directly on the adenohypophysis or secondary to a rise in the level of cyclic adenosine monophosphate.

Glucagon given intravenously appears to be without effect on adult males, whereas intravenous insulin and heavy exercise produce growth hormone release in these subjects. It is possible that more growth hormone is readily available in growing children and hence is more easily released by lesser stimuli than in the adult whose growth has ceased.—I am, etc.,

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¹ Snodgrass, G., and Stimmler, L., *Journal of Clinical Endocrinology and Metabolism*, 1972, 34, 410.

Ethics in Epidemiological Research

SIR,—Your leading article (27 January, p. 187) on the Medical Research Council's statement on "Responsibility in the Use of Medical Information for Research" (p. 213) states, quite rightly, that "the need to communicate confidential information is particularly evident in epidemiological research" (though "need to obtain" would have been a happier phrase, and "desire to obtain" even happier). However, in its statement the M.R.C. acknowledges "the help and advice received from its Committee on General Epidemiology, which was responsible for drafting this statement" (my italics). The impression is certainly given that what is printed is a statement written by the committee and then formally approved by the M.R.C.; and if this is not the case, perhaps we may be told, at least in general terms, who it was who prepared a modified version of the committee's draft, and with whose help. There is no mention of lay persons with experience in the handling of confidential information—say, lawyers or journalists—let alone members of the general public being asked to help in any way with the drafting of the statement, though the M.R.C. itself received assistance from "the chief medical officers of the Health Departments, the British Medical Association, and the directors of certain of its own establish-

ments." Were there no priests available, no patients, no common or garden jurymen?

Like the other persons involved, the members of the committee, I have no doubt, are all most able and conscientious men (and I am not here concerned with the intrinsic merits of their statement). But it does seem curious, as it is mainly epidemiologists who want this confidential information, that the rules that shall govern access to it should be formulated primarily by epidemiologists. I suggest that the M.R.C. was mistaken not to keep in mind that justice, in the drawing up of a code of conduct as in a law court, must not merely be done but must be seen to be done; or to put it a shade differently, that men should never be the sole legislators in respect of a cause to which they are very interested parties.

The M.R.C. has kept this in mind in relation to its new Standing Committee on the Use of Medical Information for Research, which is to contain representatives of the public. That committee, however, is to carry out its functions in accordance with the principles contained in the present statement. If it is thought appropriate that members of the public should help to interpret the principles, why was it not thought proper that they should help to enunciate them? After all, it is confidential data concerning individual members of the general public that we are talking about, and neither the M.R.C. nor epidemiologists nor anybody else, apart from the personal physicians involved, can claim a prescriptive right to any kind of access to it. Eminence in no way blurs the distinction between a right and a privilege. I suggest the M.R.C. should think again and give its standing committee a different and a wider mandate.—I am, etc.,

S. BRADSHAW

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An Integrated Child Health Service

SIR,—I read with interest the article by Dr. F. N. Bamford and Professor J. A. Davis (*Supplement*, 20 January, p. 20), particularly those aspects which relate to school doctors. In support of the suggestions made by the authors and to illustrate how the role can be filled by a married woman doctor working on a part-time basis, I write to describe the arrangements for school work which apply here in an expanding town of about 12,000 inhabitants.

Early in 1968 the group practice for this area and the local authority invited me to do local school work in liaison with the practice as part of a local authority pilot scheme for attachment of local general practitioners to health clinics. I was to be employed by the local authority on a sessional basis during school terms, aided by a health assistant and a clerk. I had just returned from abroad with young children of my own and had done paediatric work previously at home and overseas. With one weekly session, I began. Despite policy changes and administrative difficulties I have remained "the school doctor" here ever since and have recently been able to combine this with a limited amount of hospital paediatrics.

This arrangement provides continuity of medical service in the same schools, with obvious advantages. With head teacher and doctor well acquainted, problems can often

be raised and sorted out without delay or referral; familiarity with teaching staff and children's backgrounds clarifies situations more readily. By agreed arrangement with the local general practitioners, referrals are made directly to consultants in the more specialized fields—unless special considerations arise. Follow-up, in application to school problems, is assured, which is particularly helpful for the handicapped or deprived child. I am not involved in school buildings or kitchen hygiene, although occasionally it has been possible to help in these fields if help or advice has been sought.

Only 5-year-old children are seen routinely in this county now; older children attend by a system of selection. It is therefore mainly with the infant and primary schools that the arrangements described above are concerned, and it is there that they seem most appreciated by head teachers, staff, and parents. Indeed parents (usually mothers) attend "school medicals" almost unflinching and with interest—sometimes with over-enthusiasm, when sick children have been brought from bed at home to attend.

After five years in this field I am sure that school medical work should not be limited to screening, immunization, filling in forms, and collecting statistics, as some might have it now. It can offer much more both to the child and to the doctor and so could play a useful and practical part in an integrated health service. Further, bearing in mind the present efforts to attract married women doctors back into medicine, I suggest that school medical work could be an ideal field for the doctor with paediatric experience and young children of her own. The hours of work are convenient and the doctor is closely in touch with children and children's problems. At the risk of an outcry by women's lib. and male doctors in school medical work now, may one not envisage the school doctor of the future as a married woman, with children, employed on a part-time contract, attached to a paediatric unit or a local group practice or both, trained in paediatrics, and having an interest in and concern for children—both other people's and her own?—I am, etc.,

HELENOR PRATT

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SIR,—In their interesting paper Dr. F. N. Bamford and Professor J. A. Davis (*Supplement*, 20 January, p. 20), referring to the duties of school doctors, note that "they are expected to give advice about school buildings and kitchen hygiene, to examine teachers to ascertain their medical fitness for employment and supperannuation, and to take part in health education."

The authors state that it is wrong that school doctors should be diverted by the problems of environmental health and occupational medicine from their most essential study of child development. This is such an extraordinary statement that it suggests that the authors have a limited idea of what school medicine entails. It is not possible, in my opinion, to separate the consideration of school buildings and kitchen hygiene from the general health and welfare of the child in the school and, from personal experience, I consider that unsatisfactory conditions can