

stood that local authorities might, if they wished, consult the Radium Commissioners, but only informally. Dr. Elliot expressed the hope that this plan would meet the fear of some Members that radium was given too prominent a place in the Bill, and that local authorities were going to be placed under a technical commission. The fears of these Members were well founded. Dr. Elliot no doubt meant what he said, but he was evidently not binding his successors; for the Commissioners, so far from being relegated to the background as was the intention of Parliament, continue to dominate the situation, urging the country to get on with the job and telling us how to do it.

Among other things, they recommend that each centre should be under a whole-time director and that the radiotherapist (who may or may not be the director) should be in full charge of all radium and x-ray therapy. This means that those of us who use x rays only would be faced with the alternative either of subordinating ourselves to men less experienced in x-ray therapy than ourselves or of going out of business altogether, losing our practices and our main interest in life. No doubt the Commissioners regard me and those like me as obstacles to the cure of cancer, so much dead wood to be removed before everything in the garden is made lovely.

Some of us began x-ray therapy long before the Commissioners were thought of. For many years we have instructed and examined for the diplomas most of the younger radiologists in the country. For many years the patients from one of the Commission's own radium centres in another town have been sent to me because the Commissioners failed to provide x-ray therapy, being apparently unaware of its necessity. Most radium centres, having failed to obtain the results they expected from radium, have come to rely more and more on x rays, and some of them have sought my advice regarding technique. Even after the fiasco of the Erlangen school in the early 'twenties a few of us retained our faith in x-ray therapy. It was we who, through years of scepticism, discouragement, and sometimes scorn, rescued and nursed it, believing that the craze for radium, then in full swing, was not destined to last. Events have proved that we were right; for, except in a few situations, radium treatment must, in relation to the magnitude of its promise, be accounted one of the major disappointments of medicine. We backed the right horse, the Radium Commissioners backed the wrong one. They backed our horse when the race was over and now they calmly propose to relieve us of our winnings.

It is, of course, essential to ensure that radium is, within its limited sphere of action, only administered on scientific principles, but this end can be achieved without penalizing those of us who bore the burden and heat of the day in proving to the Commissioners and others the superior merits and wider applicability of x rays. Whether it is in the public interest that those of us who showed a sounder instinct than the Radium Commissioners should now be prevented by them from continuing our work I leave it to your readers to judge. In my opinion, where there is so much to learn, every shade of thought and line of inquiry should be allowed to develop unfettered by artificial restrictions.—I am, etc.,

Cambridge.

FF. ROBERTS.

### District Nursing Service

SIR.—Lord Horder, writing as Chairman of Council, Greater London Provident Scheme for District Nursing (July 25, p. 109), must surely be referring to London only when he says that "much too little use is made by doctors with panel practices of the facilities afforded by the district nursing service."

B.M.A. figures for 1937 show that out of 26,520 general practitioners 17,787 were engaged in panel or "mixed" practices. Figures for 1938 show that out of a population of 46,200,200 there were 19,959,000 entitled to National Health Insurance benefit. It is generally accepted that the latter, with their dependants, account for over 90% of the population. This being so, it would appear that the bulk, if not the whole, of the district nursing services is concerned with panel patients and their dependants, and if the district nurse is a busy person it may well be because her services *are* made use of by the panel doctor. Where her services are not fully used by a particular panel doctor it has to be remembered that there are degrees of competence in nurses as well as in doctors; sometimes,

perhaps, she is not always to be relied upon and the doctor is wise to insist upon seeing the patient himself. Lord Horder instances a case of cellulitis, but we do not know what this means. Perhaps the patient was very ill and should have been in bed; or perhaps it was a mild cellulitis of the finger and the doctor wished to trust to no judgment but his own as to the course that the infection was taking; or perhaps it was discharging pus and perhaps the nurse was in attendance upon one of this same doctor's midwifery cases.

I venture to suggest that Lord Horder's reproof, while no doubt justified in certain instances, is altogether too general, and that the panel practitioner above all others has the most reason to hold in high regard the services provided by district nurses, without whose help he could hardly sustain his work.—I am, etc.,

Buntingford, Herts.

ALAN WIGFIELD.

### Urethral Instrumentation

SIR.—I should like to endorse Dr. Vincent Norman's restrained and convincing reply (July 18, p. 80) to Mr. Gordon Bohn's letter on urethral instrumentation.

Mr. Bohn's letter (July 4, p. 25) is an example of the tendency among some specialists to treat the G.P. with contemptuous tolerance, and though the tendency is confined for the most part to the lesser lights and to the less experienced among the specialists, this attitude of mind appears to wax and wane from time to time. To-day it appears to be increasing, and that it should be so is all the more unfortunate when so much is being written and discussed concerning the medical service of the future.

In an article entitled "The G.P. as the Basis of the Medical Service of the Future," which appears in the *Supplement* of July 18, the following observation occurs: "That the G.P. service should be given such a position that it will not fail to attract men of a calibre reasonably equal to that of the specialist." But what is this calibre? Surely the calibre of the specialist is as variable in worth as is the calibre of the G.P. The far-sighted, expert, and experienced specialist understands and appreciates the worth of the G.P. as fully as the fighter pilot appreciates the worth of his ground staff, but to those who cannot attain such a state of mind, may I suggest that they should assimilate the following facts: (1) that the specialist is much more often the product of his unusual opportunity than of his unusual intelligence and skill; (2) that though the specialist may inveigh against the occasional errors of the G.P., the G.P. has to take the largest share in, and to continue to treat, the consequences of the no less frequent errors of the specialist; (3) that the G.P. has to be competent and knowledgeable about many things to earn a living, but that the specialist has usually to be competent in a much smaller and more highly paid field.

It is, I believe, this last paragraph which explains the attitude of some of the specialists towards the G.P. The specialist, because his scope is small and his earnings large, in some cases tends to become insular and arrogant in his views, and, as Dr. Norman observes, "offers evidence of the fatuous and narrow outlook of the one-specialty man."—I am, etc.,

Hampstead, N.W.

H. J. S. MORTON.

SIR.—The teaching of urethral instrumentation advocated by Mr. Clifford Morson (June 20, p. 771) is in my opinion most important, and in elderly persons the relief obtained by the catheter for retention of urine due to obstruction caused by prostatic enlargement is immediate and safe. The acute discomfort and pain of a distended bladder is immediately relieved, and it is only by the passing of the catheter that the nature of the cause can be clearly discovered, as no local or rectal examination can make the cause obvious, but a supra-pubic palpation will always be necessary and should not be overlooked. I am not referring to organic nervous disease or atony of the bladder, but to retention due to enlarged prostate. I have seen the rubber catheter (normally No. 8 or No. 9) used for years without any unfavourable symptom, and I can speak from personal experience and from the history of other sufferers from prostatic enlargement. I have never seen any haemorrhage from the kidney or bladder, but I have known of ruptures of the bladder walls from over-distension, when the outflow of urine is hampered by obstruction and when a catheter would afford relief.