

pensions, pageantry, and privilege would surely welcome the establishment of such a corps. Volunteers would not be lacking.

From the Government side there would be the immense advantage of having a disciplined permanent cadre ready for an immediate switch in the event of war, the movement of doctors about the country would be facilitated, the difficulties of incorporating remote hutted camps within the present hospital service would be resolved by the formation of parachute troops, and whole divisions could be hurled at will into medically necessitous areas.

There would be corps d'élite bearing the names of distinguished leaders: the 1st Bourne Brigade, the Ryle (Duodenal) Division, the Black (Eye) Guards, the Stark Murray Chinwits are only a few of the suggestions which spring to mind. Regimental traditions would develop, and in times to come the veterans of many campaigns would forgather in their beta-screened concrete clubs to show their operation scars and fight over again their old battles with disease, real and imaginary. What heroic tales would be told to stir the blood of the young men (subject to the approval of the State haematologist)—the Colonic Lavage Campaign of 1950, the Preventive Raid of 1952 (a blunder this, based on erroneous information from intelligence as to the cause of the falling birth rate, but none the less glorious), and the mysterious Accidie Revolt of 1955 among the survivors of the middle classes, which was finally defeated by the Hormone (Injection) Division.

The problems of organization are large but not immense. These and the avoidance of duplication of services are surely not insuperable obstacles to those who feel themselves gifted in large-scale overall planning with "blue-prints," "items of service," and all the other semantic devices which now pass for thought. All that is required is the idea and the will. Forward the Brigadiers!—I am, etc.,

Bournemouth.

T. R. AYNLEY.

Standard of Nursing Education in U.K.

SIR,—I am directed by my Council to draw your attention to a letter which has been received from the executive secretary of the Registered Nurses' Association of British Columbia cancelling the existing agreement for reciprocal registration of nurses between this Council and the Association, as it is felt by the Association that the improvements in standards of nursing education in this country, both in respect of general educational qualifications required for entry to the nursing profession and in respect of the nursing training received, have not kept pace with those in British Columbia, and that in fairness to members of the nursing profession in British Columbia and to the public which has come to expect a higher standard of nursing it is not possible to continue the reciprocal agreement entered into with my Council in 1934. In the reply which my Council has sent to the executive secretary of the Association it has been pointed out that, although the hours of instruction a student nurse is required to have undergone before entry to the examinations in British Columbia are considerably in excess of the minimum numbers of lectures laid down by my Council for entry to the examinations in this country, the majority of training schools do in fact arrange for many more lectures to be given than the required minimum, and that, taking into account clinical instruction, tutorials, and revision classes which do not appear on official record sheets, the actual hours of instruction and the variety of clinical experience afforded to most student nurses in this country do approximate much more closely to those in British Columbia than would appear from a comparison of the respective minima laid down. In view of the fact, however, that the General Nursing Council is being pressed from certain quarters to lower its standards of training still further it is felt that attention should be drawn to the fact that nursing education standards in this country would already appear to be falling below those in the Dominions, and that the letter from the Registered Nurses' Association of British Columbia is a timely reminder of the urgent necessity to raise rather than lower the standards of nursing education in this country.—I am, etc.,

M. HENRY,
Registrar.

London, W.1.

General Nursing Council for England and Wales.

Myopathy with Spina Bifida

SIR,—Dr. Ronald G. Paley (Jan. 11, p. 53) points out the coincidence of the combined occurrence of spina bifida and myopathy. As this association is seldom found, which a perusal of the literature on this subject during the last 25 years indicates, Dr. Paley suggests that it is only an accidental association.

I am not entirely in accordance with the opinion that the status dysraphicus, to whose syndrome belongs the spina bifida, is due to chance concurrence. In 1942, in a review on myotonias (Thomson and Steinert—diseases and myotonia acquisita) I described 6 cases out of 14 that presented spina bifida. The others, with only one exception, showed different abnormalities in the vertebrae. Later, Passouant (1943) found 3 patients with dystrophia myotonica in a total of 5 cases with spina bifida. The appearance of such skeletal abnormalities in myopathic cases were known by different authors, and in this respect Hirschfeld in 1925 points out the necessity of a more profound analysis in order to elucidate its significance and causal importance. Consequently I feel inclined to accept the idea that the status dysraphicus can be found more frequently at least in certain myopathies than in normal human beings (10% according to Curtius and Lorenz), and that it represents a favourable genotypic milieu for the occurrence of phenotypic myopathies.—I am, etc.,

Buenos Aires, Argentine.

ALFREDO LANARI.

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Calculation of the Colour Index

SIR,—Dr. W. K. Taylor's letter (July 5, p. 33) is regrettable. The value to the patient is the criterion for the use of any laboratory investigation. Should haematocrit determinations be of enough use in the diagnosis or the treatment of disease, the haematologist must be prepared to perform them even at the risk of becoming a "mathematical robot."

Dr. Taylor states that values for the colour index outside the range 0.9 to 1.05 are probably pathological. In R. G. Macfarlane's study of the error of the Haldane haemoglobin estimation (M.R.C. Special Report Series No. 252, London, 1945, p. 59) the variability of 60 trained observers was studied; 12 had coefficients of variation such that a normal colour index could give values exceeding Dr. Taylor's range (allowing $\pm 2 \sigma$) from variation in the haemoglobin alone without making any allowance for the quite considerable variance of the red-cell count. Finally may I suggest that a nomogram is merely an aid to calculation. Dr. Taylor should construct and use his own nomograms. Was it entirely fortuitous that one of the best photographs of the late Sir Frederick Gowland Hopkins showed him seated in his laboratory holding a slide rule?—I am, etc.,

Sheffield.

ARTHUR JORDAN.

SIR,—Dr. William K. Taylor's arguments (July 5, p. 33) against my suggestion of discarding the conception of the colour index are not easy to follow. Some of them are directed against windmills. Against his opinion that the colour index is a valuable guide to treatment I would say that I should not be surprised if, by and large, the amount of liver extract needlessly administered at private or public expense on the basis of a colour index above unity irrespective of anything else would exceed that given with a properly established indication. Any method of reporting haematological findings which avoids this pitfall and which tends to force the recipient to think in a less facile manner seems thereby alone worthy of consideration.

Regarding the use of a nomogram, Dr. Taylor's twice uttered dictum that a scientist using such a device will thereby convert himself into an automatic machine might have been apposite in a poem condemning time-sparing inventions but sounds a little odd in a note where reasoning is expected to follow logical rather than magical rules. His view that "any improvement in . . . haematology should follow the lines of establishing specialist haematology departments in hospital laboratories" (italics are mine) implies that progress in this subject is not