

discusses the curious variations of incidence of agranulocytosis caused by amidopyrine, which he considers to be related to the total consumption of this drug among the population. Palmer (1952) found that after B.C.G. vaccination Danish children showed strong positive tuberculin reaction; in Egypt, the size of the reaction was one-third of that measured in Denmark; in Greece, the size was somewhere between that of the two other countries. In a series of investigations on the effects of various factors on the allergic potency of the B.C.G. vaccine, he showed that the exposure to sunlight of the vaccine played an important part in the size of the reaction to tuberculin, independently of the number of living B.C.G. organisms present. Palmer suggested that variation of sensitivity in the children of different racial groups may play a part in their responses to B.C.G., but had not yet completed investigations on this point.

All the available evidence suggests that several factors are involved in producing allergic reactions, and much more knowledge is needed to assess this problem. Discombe's suggestion that a special committee should collect evidence on drugs causing injurious side-effects with a view to submitting representations and recommendations to the Poisons Board should be strongly supported.—I am, etc.,

Carshalton, Surrey.

W. N. ROGERS.

REFERENCES

- Freyberg, R. H., Block, W. B., and Buchanan, O. H. (1941). *J. Amer. med. Ass.*, 117, 1561.
Hartung, E. F., Cotter, J., and Yarman, C. (1941). *J. Lab. clin. Med.*, 26, 1730.
Palmer, C. E. (1952). *Lancet*, 2, 935.
Rogers, W. N. (1938). *Quart. Allerg.*, 4, 10.

Anatomical Nomenclature

SIR,—It is with relief that one reads Professor T. B. Johnston's letter (July 5, p. 41) informing us that an agreed international nomenclature is to be established. While congratulating him on the active part he is playing in producing order out of chaos, I would warn him against the optimism of his last paragraph. It is true that "Poupart's ligament" has been forgotten, but "musculo-spiral nerve and dorsal vertebrae" persist in medical and surgical textbooks, radiological reports, and surgical discussions. Professor Johnston must carry his lance into the clinical field.—I am, etc.,

London, W.1.

A. H. DOUTHWAITE.

Osler Memorial Tablet

SIR,—After attending the summer meeting in Oxford last month of the Paediatric Section of the Royal Society of Medicine, with cases and demonstrations in the Osler Lecture Theatre and tea in Osler House garden, one naturally visited the Oslers' old home, "The Open Arms," 13, Norham Gardens, to pay tribute to the memory of one of the greatest clinicians of all time. Sir, imagine one's surprise to find, pinned to the front door, a notice: "The Bureau of Statistics has moved to other premises." The spacious and once beautiful house was empty and in disrepair, and the huge garden a wilderness, overrun with weeds.

It makes one sad to think that this once famous house bears no tablet commemorating the fact that Osler once lived there and, in his will, bequeathed it to his own beloved college, Christ Church, as a suggested home for future regius professors of medicine at Oxford. May I, Sir, suggest that a fund be opened at once to erect such a tablet, the balance of the proceeds from which to go towards some worthy cause such as the committee in charge of its distribution might think fit? The council of the Osler Club of London, jointly with the council of the Osler Society of Oxford, would seem to me to be the appropriate body to put this suggestion into effect; and I appeal to the profession in Great Britain, the United States of America, and Canada to give it their whole-hearted support.—I am, etc.,

London, W.5.

L. CARLYLE LYON,
Assistant Honorary Secretary,
Osler Club of London.

College of General Practice

SIR,—As a new apostle of a century-old idea, Dr. John Hunt (June 28, p. 1410) proves himself convinced of his mission, yet graciously devoid of dogmatism. He shows the utmost deference to the comity of existing medical institutions. Already, too, he has the Rt. Hon. Henry Willink sponsoring the revival, as chairman of the steering committee. Are we in for squalls?

Dr. Hunt addresses himself at some length to the mooted title. "What's in a name?" we may rejoin, adding, "It's what it does that counts." But, at the outset, this wary advocate wants his venture to escape the odium of a wrong label alienating the support that he solicits. He passes on to the possible activities of the College.

Yes, an H.Q. by all means, for it is as vital as the nucleus to the cell. Specially commendable is the early consideration he gives to improving the students' clinical education.

But surely it is the up-grading of practice in the public regard that is the mainspring underlying this revival movement. Are we losing caste in society? During the last decade or two an uneasy feeling on this admittedly rather intangible aspect of practice has grown into a professional concern—this, and its corollary, the influence of status on the efficacy of doctoring. Nothing less than the soul of medicine is at the stake. Does the fire brook delay?

A youngster, taken with acute osteomyelitis, will scarcely appreciate a daily visitor feeling his pulse and, with sympathetic mien, speaking tender words and advice. But give him a shot of penicillin to his bottom and he will soon be greeting your return with a smile. So with a young man, possibly a father, smitten with a dolorous carbuncle of kidney. This is trenchant truth, yet for every one of such there will be scores seeking succour for maladies lacking spectacular cures. What valuable help do we dispense to them? There comes in the art of medicine, which is being ousted by the prodigies of science, and, losing this, we lose caste.

The master of the art is the G.P., daily surrounded by the grim realities, who earned in our profession the coveted title of guide, philosopher, and friend. His armamentarium includes a word of comfort and cheer, an understanding of the unvoiced dreads that may be sapping the morale of a patient—loss of livelihood, anxiety for the children, the collapse of a precious scheme, the prospect of incurable pain. Indeed, the young man with his kidney trouble may be much in need of a reassuring word about getting back to work.

This factor in doctoring counts for very much with humanity, and is not acquired by study but caught by seeing it in action and day after day, which brings home to young folk how greatly patients appreciate the uplift that the doctor's visit may mean. A few months with the ace of exponents—an experienced G.P. gifted with a little innate pedagogy, perhaps—is the training medium *par excellence*. I hope the steering committee may include in its deliberations the possible creation of a cadre of G.P. pedagogy.—I am, etc.,

Bristol.

A. WILFRID ADAMS.

Improving General Practice

SIR,—In the *Journal* of May 10 (p. 1030) I read with great pleasure the letter of my respected colleague, Dr. Desmond MacManus (who is a little senior to me, for I am a general practitioner with 30 years' experience), which comments on the address of Sir Cecil Wakeley on "Clinical Research in the National Health Service" (April 26, p. 917). I would like to declare my agreement, naturally enough, with Sir Cecil's address and also with Dr. MacManus's addition. It is very true that "clinical research is a painstaking investigation of individuals in the course of treating and caring for patients" and "that the essence of clinical research is that it is carried out by a clinician, be he general practitioner or specialist." It is also true that the general practitioner, who