

Dr. Hardie, on the other hand, stresses the essentially religious basis of medicine, and recalls us to a more kindly and more humane philosophy.

It is surprising that neither Dr. R. W. Cockshut (November 1, p. 993) nor Dr. Hardie have called attention to the grave insult to general practitioners contained in Lord Moran's Oration: "And the system of merit awards to specialists means that in the future their promotion would depend less and less on the patients' likes and dislikes and more and more on the verdict of their fellow consultants." The success of consultants has always depended upon the opinion of their professional brethren: it is only to the consultant who can "deliver the goods" that the general practitioner will refer his patients, and no consultant sees private patients who are not referred to him by another doctor. Is Lord Moran perhaps confusing consultants and "consultoids"? And is he excluding general practitioners from the concept of "members of his own profession" who should judge the quality of a consultant?

The system of so-called merit awards has not, so far as the profession as a whole knows, much to do with the doctoring ability of a consultant. Admittedly, the whole of the deliberations of the Distinction Awards Committee are carried on in the strictest secrecy, so that we do not even know what is meant by "merit." Is it something that the consultant has done? Or is it something that the committee hopes he will do in the future? And, if the latter, is it something that will benefit the patients of to-day or is it a long-date investment—something that *may* come out of to-day's "research"? My thesis is that general practitioners, who have to live among the results of consultants' treatment, are much better judges of specialist treatment than are "fellow consultants," and that in the past, which Lord Moran seems to regard as so dark, the success of a consultant did depend on the judgment of those members of his own profession who are most competent to form an opinion on the subject.

We cannot go back to the old days, but we can surely do something towards improving the present system. The plan for a medical service as propounded years ago by the B.M.A. was infinitely better than the present mess; and the Willink plan, with all its defects, would not have prostituted medicine as has the Bevan scheme.—I am, etc.,

London, W.1.

A. PINEY.

### Is Boxing Safe for Schoolboys?

SIR,—In my capacity as medical officer to various boxing associations I have examined many hundreds of schoolboys for physical fitness for boxing. I can say that the percentage of deviated septa and chronic sinusitis is no higher in seniors than in novices. I have asked leading E.N.T. and plastic consulting surgeons and they agree with my findings.—I am, etc.,

London, S.W.19.

J. L. BLONSTEIN.

### "Et All., etc."

SIR,—Professor J. W. Howie (October 18, p. 883) would seem to have forgotten that the word "etc." is an abbreviation of the Latin "*et cetera*," meaning "and the other things" or "and the rest." Hence "etc." is already in the plural. Hence Professor Howie's suggestion of "etcc." can only be regarded as his attempt at a reduplicated plural meaning "and more than the rest," no doubt a pretty thought but a term ridiculous in itself, and, of course, from the grammatical point of view unknown in the Latin tongue. One cannot have "more than the rest" of anything, unless, indeed, Professor Howie's "etcc." is interpreted in the same sort of sense or nonsense as the familiar "much of a muchness" occurring in *Alice in Wonderland*. It remains clear that "*et al.*" should be used to mean "and another" and nothing else; if the meaning "and others" is wanted "*et all.*" should be employed. Both are space-saving abbreviations for the printer.—I am, etc.,

Nairobi, Kenya.

A. J. JEX-BLAKE.

### Hunterian Society's Debate

SIR,—I wish to call your attention to two errors in your account of the above debate (November 29, p. 1202). First, I am reported as saying that "medical statisticians . . . were followed by a breed of psychiatrists who inquired into the mental processes of the statisticians. . . ." This is obviously untrue of the present day. I was painting a fanciful picture of the future. Secondly, your account ends with this quotation: "Never was it more difficult than now (owing to birth control) to get oneself conceived, but, that obstacle overcome, never was it more easy to join the human race or more difficult to leave it." These words are attributed to Mr. Dickson Wright. They were mine.—I am, etc.,

Cambridge.

FFRANGCON ROBERTS.

\*\* We apologize to Dr. Ffrangcon Roberts and Mr. Dickson Wright for the errors in our report of the debate.—ED., B.M.J.

### POINTS FROM LETTERS

#### Insulin Injections

DR. HERMON WHITTAKER (London, S.E.10) writes: Diabetics giving their own injections are usually taught to pinch up the skin with the fingers of one hand and push the needle through the slack skin. Some—children in particular—find this difficult. The skin yields to the pressure of the needle point and hesitation may cause pain. There is an alternative, for which no originality is claimed. Instead of pinching up the skin, the child is taught to stretch the skin between the spread fingers and push the needle at right angles to the taut skin. With the popular 20-gauge needle there is small chance of pricking the thigh muscles. It is easy to guide the child's hand and the needle is in almost before pain is realized.

#### Foreign Body in Thigh

DR. A. FRY (London, S.E.25) writes: The following case may be of some interest as it shows the danger of leaving loose needles about. A female patient was referred to me for an x-ray examination. About five weeks previously, while in a bus, she felt a sudden "sting" in her thigh following a knock by her shopping carrier, in which were tins of food. When she got home she noticed a drop of blood on her thigh at the site of the sting. It became painful a few days later and she consulted her doctor. . . . After two to three weeks' treatment she developed a painful swelling. The skiagrams showed the presence of a needle in the antero-internal aspect of the middle of the thigh near the femur. There must have been a loose needle in the patient's underclothing and the knock by the shopping carrier in the bus caused the needle to enter the thigh. . . . This shows the importance of always bearing in mind the possibility of a foreign body in the tissues in any unexplained sudden pricks or "stings" followed by discomfort on movement.

#### Lumbar Lesions

DR. JOHN HEGINBOTHAM (Stockport) writes: What surprises me is the frequency with which "complete" rest in bed is prescribed (*vide* Mr. R. S. Henderson, September 13, p. 597). A considerable proportion of beds still in use at patients' homes have the paraboloid mattress slung from head to foot, often with a surprising sag. Added to this, the patient tends to sit up in bed, eating, drinking, reading, etc., to alleviate the boredom. My own practice is to discourage bed, salicylates, physiotherapy, and counter-irritants, since these tend to perpetuate the belief in a "rheumatic," "fibrositic" or similar causation, responsive to medical treatment. I forbid patients to stay in bed, and, even more strongly, to read in bed (e.g., at night) or drink early morning tea there, unless they are prepared to use a feeding cup, with the head firmly glued to the pillow. Getting up must be done from the prone position, since most patients agree that the worst pain of the day follows getting up in the usual manner. Lolling in an easy chair is banned, or sitting in any chair under which it is not possible to withdraw the feet prior to rising with the spine extended. Stooping is forbidden, even to poke the fire; the "double-knees bend" is stressed instead and the patient with stiff or painful knees is told to poke the fire sitting on a stool. I teach that heavy lifting must be done with the forearms resting on the thighs, and car cranking with bent knees and spread legs (the results of personal experience). Walking is encouraged in a "pompous" attitude, and sneezing, coughing, laughing, and straining at stool must not be done in a flexed position.