research would arise mainly from, and would be closely related to, medical practice, it should be financed either by the Ministry of Health from National Health Service Funds or by local bodies from their own resources.

(*a*) Within this field there should be the greatest possible freedom from detailed supervision.

(*b*) Responsibility for the distribution of Exchequer moneys for research purposes should lie with regional hospital boards and boards of governors. Each board should set up a research committee after consultation, and in agreement, with the associated university or medical school, to advise on the spending of the research budget.

(*c*) In determining the amount of Exchequer money to be allocated to boards, regard should be had to the amount of endowment moneys available locally.

(*d*) Annual progress reports should be submitted to the Ministry of Health, who would seek the advice of the central organization for clinical research upon them.

(*e*) Advice from this central research organization might be sought on schemes financed from endowment funds.

3. Careers in clinical research should be equated with careers in the National Health Service. They should confer the same status, carry the same salary and superannuation rights, and entitle the holder to the same distinction awards.

(*a*) There should be opportunity for free interchange of staff without loss of status, remuneration, or prospects. In particular, provided it were insisted that appropriate clinical training and responsibility were being continued, junior posts in clinical research should rate for seniority in the same way as National Health Service posts in the corresponding branch of medicine.

(*b*) (i) Whole-time research workers within the central research organization above the grade of Senior House Officer should be employed and paid by the Medical Research Council on the recommendation of the Clinical Research Board. (ii) Regional boards and boards of governors should appoint, on the recommendation of their research committees, only research workers up to and including the grade of Senior Registrar.

(*c*) Clinical research units should be set up and administered as part of the central research organization and situated at particular hospitals on the basis of mutual arrangement.

(*d*) Clinical research workers employed by the Medical Research Council should be regarded as members of the Council's staff placed at particular hospitals by mutual arrangement.

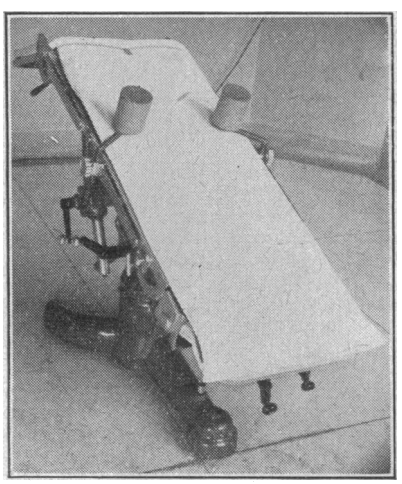
(*e*) Any criteria for determining the training of consultants and specialists should recognize research and clinical experience in a field of clinical research as appropriate training for according full consultant or specialist status in that particular field.

4. Provision should be made for appropriate workers to carry out clinical research abroad.

Preparations and Appliances

PELVIC RESTS

Dr. F. G. WOOD-SMITH, Department of Anaesthetics, Postgraduate Medical School of London, writes: The grave danger of producing brachial plexus palsy by suspending a patient by means of shoulder-rests in operations in the Trendelenburg position has given rise to a search for other means of suspension. Ogier Ward has designed pelvic rests which are in many ways satisfactory. They are, however, somewhat difficult to adjust; the rubber supports which grip the patient are apt to interfere with the surgeon when the incision is laterally placed, and the supports may swivel, with the result that the patient slips down the table.



The pelvic rests here described are simple and easy to fix, and have given satisfactory service at the Hammersmith Hospital for some months. They have been used with the Lloyd-Davies supports for synchronous combined abdomino-perineal resection of the rectum and most other operations in the Trendelenburg position. They consist of a pair of angle brackets (see Fig.) that fit into the standard slides which normally carry the operating-table lithotomy arms. The reverse end of the bracket is fitted with a sponge-rubber-covered block which fits into the patient's loin above the iliac crest. By adjusting the locking nut on the slide the angle and height of the bracket can be altered to fit individual patients. The height of the block should be flush with the anterior superior spine of the pelvis, and the angle of the bracket 45 degrees approximately with the long axis of the table (see Fig.).

I am indebted to Mr. M. Ewing for his advice and criticism in the testing of these rests, and to Messrs. Allen and Hanburys for the production of the prototypes. The rests are now in production and may be obtained from the above firm.

Correspondence

Because of the present high cost of producing the Journal, and the great pressure on our space, correspondents are asked to keep their letters short.

Cancer and the Public

SIR,—The British Empire Cancer Campaign has on several occasions considered the question of lay education in cancer as a means of earlier diagnosis of the disease. It will be realized that this question is a difficult one and one which meets with opposing views among both medical men and laymen. Those who favour a campaign of intensive lay education in cancer argue that even at the worst it must bring to light some cases in the earlier and potentially curable stage, and that in any case a policy of diffusing knowledge is more likely to abolish, than to create, fear, which they feel is largely born of ignorance.

Those who take the opposite view argue that the early diagnosis of cancer is unlikely to be appreciably affected by a campaign of lay education; that the best course at the present time is the strengthening of the relation between patient and family doctor; and that a policy which risked the danger of producing cancer neurosis in the population might render the family doctor's task more difficult. This might happen in two ways: first, by fear engendered by the propaganda keeping some genuine cancer cases away, and, secondly, by overloading the doctor with cases of cancer phobia.

As a step in its inquiries, the British Empire Cancer Campaign recently decided to take the opinion of the general practitioners of the country. All general practitioners in Great Britain and Northern Ireland were circulated and asked to give an answer to the following question: "Do you consider that the launching of a scheme of lay educational propaganda on cancer (by pamphlet, lectures, films, etc.) would be of assistance in securing the earlier diagnosis of cancer, and thereby improving the chances of a cure? Please answer 'Yes' or 'No.'"

21,040 letters were sent out and there were 5,053 replies, a proportion of 24%, which is a particularly high proportion of replies to a circular letter. Of the replies, 2,148 were an unqualified "yes" and 2,683 an unqualified "no." In the qualified answers, the main qualification was that the scheme would only be possible with increased facilities.