

bromsulphthalein retention, but in these cases the serum bilirubin remained normal. Three of the 71 patients treated by Lehmann and Hanrahan¹ developed jaundice "with the attendant blood and urine abnormalities," and in these patients the cephalin-cholesterol flocculation test was abnormal. These authors found minor abnormalities in the cephalin-cholesterol flocculation test in one-half of their series of patients receiving chlorpromazine, although jaundice was observed in only three cases. If, in these reported cases, jaundice was in fact attributable to the action of chlorpromazine then the published clinical and biochemical findings show considerable variation. A plea is made for more detailed study of these cases, including liver biopsy, so that the mechanism of this important complication of chlorpromazine therapy may be elucidated.—We are, etc.,

J. G. MACARTHUR.
BERNARD ISAACS.

Glasgow, W.2.

REFERENCE

¹ *Arch. Neurol. Psychiat.* (Chicago), 1954, 71, 227.

Selection of Medical Students

SIR,—Dr. F. Gugenheim (*Journal*, September 11, p. 647) is quite wrong. The very last thing any reasonable man wants is a mass standardized student; for if the standard chosen is wrong, every student in the university will be unsuitable. Let Mary's choose brawn, U.C.H. brain, and let Bart's continue to let in what she deems to be gentlemen. The result will be the British doctor, which I am sure Dr. Gugenheim will agree is the best that privilege can buy.—I am, etc.,

Ipswich.

JOHN STEVENS.

SIR,—It was with considerable interest that I read Dr. Maurice Davidson's letter (*Journal*, September 4, p. 594) on the "Selection of Medical Students," following as it did upon Dr. D. Brinton's earnest article (*Journal*, August 28, p. 483). Perhaps these eminent gentlemen, and others, would be interested to know how much many of us recent graduates regret the lack of a grounding in the humanities. It was my own experience to enter medical college straight from school, where latterly the educational bias was, perforce, upon scientific subjects. At college I found myself in fierce competition with newly returned war service men who undoubtedly, as Dr. Brinton observed, set a very high standard. Now, however, when I am in the company of friends who pursued more intellectual paths at university, I am well aware of my insufficiency in their conversation. Only since embarking upon my National Service does there seem to have been the time to indulge in the more gracious pursuits of literature, music, and art. I know I am not alone in this cultural poverty.

What, then, is the answer? To add two or three more years to the already lengthy period encompassed by training, pre-registration, and National Service would mean that a man might well be 30 before he could at last embark upon his chosen career. But how much better fitted would he be to take his place as an intelligent member of society. It would be of interest to learn the views of your readers on this vexed problem.—I am, etc.,

B.A.O.R., 8.

WILLIAM M. WILSON.

Why be a Doctor?

SIR,—Of course the great majority of those who take up medicine want to be good doctors. Equally, we expect that hard work when we are young will earn us a fair chance (we have never asked for guarantees) of being able as we grow older to continue working in our chosen field at a reasonable income. The suspicion that this chance is being denied will degrade our work from a service to others down to a cut-throat competition amongst ourselves. At a time when everyone is talking about a surplus of doctors, the medical schools are maintaining their present high intake, or even in some instances increasing it. Why?—I am, etc.,

London, W.1.

P. MESTITZ.

The Work of a Ship Surgeon

SIR,—Dr. G. L. Alexander's letter (*Journal*, September 4, p. 594) is a timely reminder that the life of a ship surgeon can be a full one, rewarding in the wide range of clinical experience offered and in the changing population which comes under his care. He has referred to the fact that this branch of the profession is little known. It was interesting to note that it was not even referred to in the annual educational edition of the *Journal* (August 28) although many other fields of medicine were brought to the notice of the young practitioner.

A large ship is a small town in itself and the community on her will provide examples of all the types of patient to be met with in general practice—and more. Not only will the ship surgeon be called on to deal with the many aspects of disease that his shoreside brothers will, but also with a broad spectrum of mankind from all corners of the world. The doctor thinking of going to sea need not fear that his talents will be wasted, nor that he will lack in clinical material. His work will include the normal run of less dramatic cases, of course, but he will also be called on to deal with accident casualties, the management of epidemics in a closed community, and acute medical and surgical emergencies. His role will be manifold. The "surgeon" is public health officer, physician, casualty officer, paediatrician, psychiatrist, and dentist. He will also be clinical pathologist (and sometimes morbid pathologist and radiologist: most big ships have facilities for minor laboratory procedures and x-ray apparatus). Thus, the responsibilities are many and varied, but medicine can be practised to the fullest extent that the ship surgeon wishes. Life at sea is an interesting one and a full one. As Dr. Alexander pointed out, it is not one for escapees. It has its drawbacks as well as its rewards, but the rewards outweigh the drawbacks.—I am, etc.,

Fowey, Cornwall.

D. HOLMAN MATTHEWS.

Treatment of Status Asthmaticus with Nitrogen Mustard

SIR,—Dr. D. D. Vora (*Journal*, July 24, p. 242) has raised two points regarding the data presented in my case report on "Treatment of Status Asthmaticus with Nitrogen Mustard" (*Journal*, June 26, p. 1475). Regarding the first point, I would like to state that the white blood cell count was done by the late Brigadier R. P. Cormack, of the Laboratory of Clinical Medicine, Nairobi. I referred the question to Dr. A. Henderson-Begg, his colleague at that time and the present director of the same laboratory, who comments as follows:

"The point that Dr. Vora raised about the white cell count is rather a peculiar one, and does not appear to have any bearing on your case one way or another. I suppose what is worrying him is the fact that the figures suggest a degree of accuracy that our present methods are incapable of attaining. He is quite right, but it should not be very difficult for him to correct the figures to the nearest 50 or 100 or even 200, whichever he prefers. The count was done by the late Brigadier R. P. Cormack, a very experienced pathologist, and he always reported them like this—a personal idiosyncrasy if you like—relying on the intelligence of the doctor to whom the report was made. All bulb pipette methods of counting blood cells are highly inaccurate (especially red cells) and we have recently discarded these methods altogether. I think, however, that you can safely assure your correspondent that the figures given are accurate within the generally recognized limitations of the method."

As to the second point raised by Dr. Vora, that at the commencement of treatment I stated that vomiting might help the patient by liquefying the tenacious secretions, and that in the second and further treatments an attempt was made to prevent the vomiting by giving phenobarbitone, it appears that Dr. Vora did not read the case report carefully. The answer appears to be fairly obvious. The first injection of nitrogen mustard was given when the patient was in an acute asthmatic state. It was considered that liquefaction of the tenacious bronchial secretions was desirable at this stage, and hence no attempt was made to prevent the vomiting. A few hours after the injection the tenacious