

(cf., e.g., *Leviticus*, xviii, 22 ; xx, 13). Suicide, which is still regarded as a crime by law and Church alike, was, on the other hand, not so regarded by any one of the innumerable authors, of very various periods, whose writings eventually became merged in "the Bible," but was only first definitely condemned by Augustine (*De civitate Dei*, 1, 16 ff.)—that is, about 10 centuries after the Decalogue was formulated.³

Finally, it should not be necessary to reiterate that it has been proved beyond all possible doubt that a high ethical and moral standard (according to whatever code is accepted in a given civilization and century) is entirely dependent on adequate parental influence and suitable education, with the consequent development of an inherent and mature, individual "conscience" (or *superego*), and *not* (where this is unfortunately lacking) on the presumed fear of possible retribution, or the uncertain contingency of the presence of a policeman at a given place and time—which are ineffectual and delusory "remedies" so far as the essential welfare and stability of the community are concerned—I am, etc.,

Bransgore, Hampshire.

R. H. AHRENFELDT.

REFERENCES

- 1 Batten, L. W., art. "Decalogue," *Encycl. Rel. and Ethics*, 4, 513-17.
- 2 Simpson, C. A., *The Early Traditions of Israel*, 1948. Oxford.
- 3 Westermarck, E., *Christianity and Morals*, 1939. London.

Doctors' Letters

SIR,—I read with some amusement Dr. John Fry's allegation (July 30, p. 384) that "lack of time or staff are inadequate excuses" for casualty officers not sending reports on patients referred to their department by family doctors.

A little arithmetic has shown me that I am on duty 14 hours a day, every day of the week. Our department at the Royal Free is by no means the largest in London—far from it—but I estimate that 157 people are examined daily, of whom I personally see about 50—that is, 1 patient every 17 minutes. No one would dispute that the casualty officer holds one of the most responsible and difficult posts in a hospital: he has to rapidly distinguish between the serious and the trivial; he may have to withstand verbal, and perhaps physical, abuse from patients, and criticism from his colleagues; the cost of a diagnostic error may be very high. All too often the casualty officer is a young and inexperienced doctor to whom a diagnosis may present great difficulties, and his task is made even more arduous when he is called to see the diagnostic riddles which have baffled a family doctor, who may be 30 years his senior. 17 minutes is a very meagre time for history-taking, examination, ordering of investigations, prescribing treatment, giving advice, etc., and even casualty officers like to eat and relax periodically. In this particular department, as well as many others, we have no secretary, and the task of writing letters is not a physical possibility.

Of course the family doctor should know of the diagnosis, investigations, and treatment given to his patients in the casualty department, but I strongly contend that lack of time and staff are very adequate excuses indeed for the "discourtesy" of not submitting a report to him—a situation which I deplore but cannot correct.—I am, etc.,

London, W.C.1.

KENNETH LANCER,
Senior Casualty Officer,
Royal Free Hospital.

SIR,—Dr. Fry's important letter (July 30, p. 384) should be brought to the notice of all members of hospital management committees. In particular one sentence might be underlined: "Lack of time or staff are inadequate excuses for these discourtesies." The fault lies with the hospital management committee.

It is a curious fact that consultants are not provided with adequate secretarial help and that hospital management committees exist which cannot be made to see the importance of this, whereas they readily spend small or even large fortunes on flower beds, greenhouses, and unnecessary administrative experiments which do not directly assist in the diagnosis or treatment of patients. Correspondence with the G.P. is perhaps the most important secretarial task in a hospital. Certainly it is of the greatest importance for the hospital's reputation and the one where inadequacy is most likely to be dangerous and most likely to cause complaint.

The consultant's lack of a personal secretary has other drawbacks. It means that a proper liaison cannot be maintained not only with the G.P. but with the various hospitals and departments that patients find themselves in from time to time. How often are notes unobtainable, and how often does the consultant ruefully wonder why patients so rarely complain? It also means that no secretarial time can be "wasted" on the keeping of legible records or even of a nosological index for outpatients, who constitute nine-tenths of those dealt with. Certainly it is not possible to study clinical material or to produce anything more complex than a simple case report for the journals.

All this is due to the regrettable fact that most lay members of the offending hospital management committees are incapable of visualizing the tasks of the consultants for whom they are supposed to provide facilities. The result is the existing state of affairs, which will continue for as long as the unsuitable members predominate.—I am, etc.,

Birmingham, 15.

W. M. PHILIP.

Gentlemen Boxers' Brains

SIR,—In reply to Drs. J. L. Blonstein and J. Sharp Grant (July 23, p. 313) our belief that unconsciousness as suffered by boxers is likely to cause cerebral damage rests on extensive material evidence. Most of this is clearly set out in the medical literature, and medical advisers of boxing associations ought to be thoroughly familiar with it. Although existing techniques are far too crude to detect early cerebral damage with certainty, the punch-drunk syndrome is a form of gross dementia which is now universally recognized as a serious occupational hazard of professional boxing. It is quite clearly the cumulative result of a long series of injuries, to which each knockout contributes its quota of damage.

In their letter Drs. Blonstein and Sharp Grant state that they have examined hundreds of amateur boxers who have had knockouts and found that all neurological, psychometric, and encephalographic investigations were negative. In the handbook entitled *Medical Aspects of Amateur Boxing*, issued by the Amateur Boxing Association, Drs. Blonstein and Sharp Grant and their colleagues on the advisory medical panel of the association nevertheless state that severe head injuries, post-concussional states, incomplete recovery from knockouts, repeated lengthy amnesia, and gross intracranial haemorrhage do in fact occur in amateur boxing, and may bring a youngster's boxing career to an end or even land him

in hospital. The handbook, in fact, provides quite clear evidence, which anyone can read, that brain damage does occur in the amateur.

In our opinion the medical case against boxing is now so strong that an independent inquiry is long overdue.—We are, etc.,

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Institute of Psychiatry,
The Maudsley Hospital,
London, S.E.5.

F. B. BYROM.
P. M. DANIEL.

Acute Rheumatism

SIR,—I am surprised that there has been only one letter in reply to that by Drs. Victoria Smallpeice and Hugh Ellis (June 25, p. 1952) drawing attention to a recent rise in incidence of rheumatic fever at Oxford. There has been a comparable rise at the two main hospitals I visit, as the quarterly figures for admissions indicate.

| Hospital | 1959 | | | | 1960 | |
|-----------------|----------------|----------------|----------------|---------------|----------------|----------------|
| | Jan./ March | April/ June | July/ Sept. | Oct./ Dec. | Jan./ March | April/ June |
| Orsett | 0 | 1 | 1 | 5 | 7 | 5 |
| North Middlesex | 0 | 2 | 2 | 5 | 4 | 4 |

In recent years the annual average has been approximately 5 cases of rheumatic fever at each hospital. Of the total 36 cases, 27 had active carditis and 14 have residual signs in the heart. There were 2 cases of rheumatic chorea (1 associated with heart failure), and 1 boy had nodules. Prednisolone had a dramatic effect on both cases of chorea after phenobarbitone and "largactil" had failed, and it also greatly speeded the fall of the E.S.R. in cases where recovery was slow. Salicylates, on the other hand, frequently produced toxic effects, and 1 boy, who had received moderate doses for less than a week, became comatose and remained so for three days after the last dose had been given. There has been no local increase in nephritis during the period, but there have been 7 cases of idiopathic thrombocytopenia, which may or may not be relevant.

Coburn's intriguing paper¹ was unknown to me before reading the letter from Oxford. We have carried out a simple inquiry, but the results, for what they are worth, lend no support to the idea that children who get rheumatic fever eat fewer eggs than their peers.—I am, etc.,

Stock, Essex.

IAN G. WICKES.

REFERENCE

- ¹ Coburn, A. F., *Lancet*, 1960, 1, 867.

Backache and Gardeners

SIR,—In reply to the letter by Mr. Frank Radcliffe (July 23, p. 309), might I suggest that, instead of trying to till his garden sitting in bad posture on a box, he would find his back less irksome if he worked in any natural position, but took the trouble to stop at intervals and do a really full extension of his spine. As I have written elsewhere, we spend our lives wearing the joints of our backs in the semi-flexed position, and never put them through a complete full range of movement. Most patients will admit that they have not extended their spines fully since they left school. The cause of the pain in the back can be explained to them by a simple simile. "You are always working with your hands, holding the elbows bent. Now suppose that you had not extended

your elbow since you left school, would your elbow-joint be in good working order and free from pain?"—I am, etc.,

Tunbridge Wells.

W. H. GERVIS.

Late Lactation

SIR,—The *Journal* for April 30, containing the letter on late lactation (p. 1365), has just arrived in these remote islands. Drs. M. and A. Barker may be interested to learn that in a paper¹ read before the International Congress of Obstetrics in New York in 1950 I made the following comments relating to West African women in what was then the Gold Coast.

"I have observed a strange phenomenon where the grandmother of a child whose mother has died in childbirth or very soon afterwards has been able, after a short interval of treatment with certain native herbs, to suckle her grandchild, notwithstanding that she herself may have had no child for many years. Since the preparation of this paper similar occurrences have been reported from French Equatorial Africa."²

—I am, etc.,

Apia, Western Samoa.

LEONARD GOODMAN.

REFERENCES

- ¹ Goodman, L., *Amer. J. publ. Hlth*, 1951, 41, Suppl. 56.
² Rutishauser, A., *Brit. med. J.*, 1949, 1, 736.

Cases of Porphyria

SIR,—We are very anxious to hear from any physician or surgeon who has in his care a case of acute porphyria, either in an acute attack or in remission. We have been carrying out studies in this department on the metabolic abnormalities in these patients, and are now in need of more cases to study.

We are particularly interested in patients who are in, or who have recently had, an acute attack, but we would gladly visit any doctor who has a case of porphyria under his care and explain in detail the nature of the proposed tests.—We are, etc.,

Department of Chemical Pathology,
St. Mary's Hospital,
London, W.2.

A. NEUBERGER.
F. F. RICHARDS.

Medical Aid for Congo

SIR,—I am writing to ask you to bring before your readers the urgent need for medical help for the new Republic of Congo.

When this country became independent on June 30 there were approximately 700 doctors to care for the 14,000,000 population. As a result of the recent troubles there are now fewer than 200 doctors left in Congo, which is ten times the size of Great Britain. The economy of the country has been so seriously disturbed that the Government can no longer guarantee a salary for those doctors who remain, nor is it able to purchase adequate quantities of medicines and hospital supplies.

With the approval of the Congolese Minister of Health a group of missionary doctors here in Leopoldville has started a medical relief centre. We are appealing for gifts of money, medicines, and hospital supplies to be used in mission and Government hospitals and dispensaries throughout the Congo. We shall also be pleased to hear from any doctors who are able to help us for even a short time in this vital work.—I am, etc.,

Congo Medical Relief Centre,
B.P. 123, Leopoldville,
Republic of Congo.

DAVID H. WILSON.