T wave in lead III. A tracing taken next day showed the mature picture of a posterior infarct.

There are a number of possible explanations for this phenomenon, but a failure to find any reference to it in the standard textbooks prompts the submission of this report.—I am, etc.,

Camberley, Surrey.

A. M. W. PORTER.

REFERENCE

- ¹ Solomon, R. B., and Shapiro, H. H., *Amer. Heart J.*, 1966, 71, 582.

Nursing Attachment Scheme

SIR,—In view of the possible increase in nursing attachment it may be relevant to consider the present schemes in more detail in order to determine their uses and possible abuses. The full value of any such scheme must surely be measured by the benefits it confers on those whom it serves in relation to its total cost and its efficient use of manpower, rather than by its power to shift a work load or its provision of job satisfaction for some of its participants. It is important to know if the improved communications described by Dr. J. F. Warin (6 April, p. 41) have resulted in improvement in local authority services, and, if so, whether improved communications could be introduced by less radical means or means less costly in terms of skilled woman power.

There is a shortage of general practitioners, and many of them are grossly overworked. There is also a shortage of health visitors, and many of these are also grossly overworked, but under the direct administration of the local health authority their work load can be planned so that priorities are met and deficiencies known and measured. If there is fault in the present system of health visiting this is not necessarily due to the health visitor, her work load, or the system itself, but to the lack of appreciation of priorities. Is the general practitioner in a better position to organize her priorities, or is there a danger that in an attachment scheme the health visitor becomes a buffer between those who contract to provide a medical service and those who are duty bound to provide ancillary nursing care for the community as a whole, with particular reference to disease prevention and health promotion?

Dr. Warin has pointed out that a successful attachment scheme revealed the need for an increase in the establishment of health visitors. This need has been felt by health visitors themselves for a very long time, but certainly not for the purpose of "regular visiting" of elderly patients or "follow-up visits in connexion with the common infectious diseases."

Of course this kind of work will lighten the work load of general practitioners, but is it the work for which health visitors are being trained? Does it lead to a more efficient health-visiting service, does it help to lighten the health visitors' case load, or is their work of so little importance that these questions are of no consequence?—I am, etc.,

MILDRED F. DAVEY,
Superintendent Health Visitor,

Health Department,
Town Hall,
Merthyr Tydfil.

Royal Malady

SIR,—When I read that Professor C. E. Dent was attempting to sum up the recent correspondence on the royal malady I expected an objective and fair summation of the various points of view, but in this I have been disappointed. It is for this reason that I write to you again.

It is quite unfair of Professor Dent to call upon physicians with experience in this field, as he did (3 February, p. 311), and then to throw out all the opinions with the exception of those of Dr. G. Dean (17 February, p. 443), in spite of the fact that I admire Dr. Dean's work in this field. It is of course unrealistic to state that "only one clinician has really adequate and reliable knowledge of variegate porphyria." This type of old-fashioned authoritarianism does an injustice to Professor Dent himself and takes no account of the clinicians in U.S.A. and in this country who have had first-hand experience of this disease, not to mention Professor L. Eales and Dr. E. B. Dowdle, of Cape Town, whose carefully reasoned letter (30 March, p. 841) I applaud, even though it comes out against the hypothesis. The variegate type of porphyria has become increasingly recognized in this country, and we have already sufficient knowledge of it to say that quite severe attacks can be provoked by factors other than drugs. There was no suggestion in my letter (24 February, p. 509) that acute porphyria and porphyria variegata are not two diseases, but they do share a common enzyme defect, and the clinical pattern of the acute attacks is the same in both conditions, as are many of the provoking factors.

By inference Professor Dent suggests that the proponents of the theory consider that this has been proved. My own position, stated in my previous letter (24 February, p. 509), and I sense that of many others, is that this is a hypothesis which has certainly not yet been proved, but which has been rendered more likely by the investigations of Professor C. Rimington and his colleagues (6 January, p. 7). Professor Dent states that he was "most distressed to note that one historian seemed to have swallowed the story hook, line, and sinker." May I reassure him that historians are a hard-headed lot, quite able to look after themselves in the jungle of historical theory.—I am, etc.,

Department of Medicine, A. GOLDBERG.
University of Glasgow.

Use of Amphetamines

SIR,—I must protest about the attitude of your "expert contributors" towards the amphetamines (20 April, p. 164). The statement "The amphetamines are of little use in any but the mildest cases of endogenous depression" could not have been phrased more dangerously. Are your experts not aware that mild endogenous depression is the commonest encountered by the general practitioners? As it is written, the statement made by the "expert contributors" suggests that amphetamines *should* be used for the treatment of mild depression.

Why on earth cannot these contributors say quite clearly that there is no place for the use of amphetamines in the treatment of depression? Do they in fact use amphet-

amines themselves? And if they do can they justify the risk of addiction?

Surely the time is long past when any of us can properly sit on the fence and watch a growing addiction problem.—I am, etc.,

Oldham, Lancs.

GARETH LLOYD.

Hiatus Hernia Box and Scoliosis

SIR,—Mr. J. Lister describes radial nerve palsy due to direct pressure from the edge of a plastic box used for the treatment of hiatus hernia (9 March, p. 643).

I am concerned about the possible effects of this hiatus hernia box on the vertebral column. Infantile idiopathic scoliosis is a lateral curvature developing in the first three years of life in a spine without demonstrable abnormality. It is commoner in boys than girls, commoner to the left than the right, progresses usually to 15° or 20° at the most, and then the great majority resolve spontaneously. Why most resolve is not known, but probably the normal development of power and tone of the spinal musculature plays a part.

We have recently reviewed 60 children with this diagnosis and found that 40 resolved within the first 18 months of life to become normal children. The 20 children whose curves had not resolved at 18 months are made up of 13 in whom a possible cause for non-resolution could be found (seven with mental retardation, two with congenital abnormalities, and four with double curves), and seven in whom none of these features were present. Of these seven three had oesophageal reflux in early infancy and had been nursed for long periods in a hiatus hernia box. Of these three two developed curves of 25° and did not resolve until aged 3½, and one deteriorated.

This one, a boy, is known to have had a normal spine when radiographs were taken at 2 months of age and revealed a hiatus hernia. He was nursed in a box until 9 months old because it was impossible to prevent vomiting any other way. His scoliosis then was 60°. At the age of 3, when his hernia was repaired by a transthoracic