

arrangements. Although this figure accounted for only 11% of staff, it had grown from 3.4% in just over two years, and the trend appears to be continuing.

Pioneers naturally stimulate interest and enthusiasm and one should therefore be cautious about accepting their judgement of the value of their developments. However, detailed studies²⁻⁴ examining the work of local authority staff in attached and unattached situations, and in particular a study by this unit³ conducted simultaneously in Oxford (where there was general attachment) and other towns where there were no attachments, seem to bear out Dr. Warin's generally favourable conclusions about this method of working. The next step appears to be the link with hospital services.—We are, etc.,

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PETER DRAPER.

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REFERENCES

- Anderson, J. A. D., Draper, P., Ambler, Mary, and Black, J. M., *Med. Offr.*, 1967, **118**, 249.
- Brewin, P. H., *Med. Offr.*, 1968, **119**, 171.
- Clow, J. T., *Med. Offr.*, 1968, **119**, 173.
- Allen, W. H., and King, V. M., *Med. Offr.*, 1968, **119**, 177.
- Ambler, Mary, Anderson, J. A. D., Black, J. M., Draper, P., Lewis, Janet, Moss, W., and Murrell, T. G. C., in press.

Exercise Tests

SIR,—Your leading article (13 April, p. 67) concisely puts the case for the use of exercise testing in clinical evaluation, and we thank you for your kind reference to our work.¹ We would, however, like to take issue with one passage which is a caricature of our approach. We do not make elderly patients ride a bicycle for half an hour to avoid a needle prick. In this sort of patient exercise rarely lasts for longer than 10 minutes. Furthermore, a properly conducted sampling of arterial blood requires at least half an hour for preparation, performance, analysis, and aftercare.

We agree that exercise tests should be reserved for those patients in whom the cause and degree of disability cannot be predicted from studies at rest, but the suggestion that a blood sample and a few spirometric tests can do this with reasonable certainty begs several questions.—We are, etc.,

E. J. MORAN CAMPBELL.
NORMAN L. JONES.

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REFERENCE

- Jones, N. L., *Brit. J. Dis. Chest*, 1967, **61**, 169.

Poisoning by Oil of Wintergreen

SIR,—I wish to endorse Dr. R. R. Gordon's warning of the dangers of methyl salicylate liniment. His letter (23 March, p. 769) reminded me of an episode of 25 years ago, when I was surgeon on a cargo ship in the Red Sea. I was asked to see an Indian stoker one night, groaning in his bunk with abdominal pain. He was shocked and had board-like rigidity of his abdominal muscles. I was unable to get a useful history, beyond the fact that the pain had begun two hours previously. The wartime blackout made the quarters hot and stuffy, and I missed the characteristic smell. I considered he had a perforated peptic ulcer, so with much trepida-

tion I looked out my instruments, assembled the flimsy operating-table, and warned the second mate I would require him to give the anaesthetic. I had never previously opened an abdomen, and was almost as apprehensive as the patient.

I decided to wait a little while, and when I re-examined the patient I found to my surprise and relief that he had come out in a generalized urticarial rash and was itching all over. He was improving, and when I questioned him closely the next morning he told me he had bought a bottle of wintergreen oil at a previous port. He could not read the English label, but was told it said, "Take two drops on a lump of sugar for a cold." As he had a bad cold, he had decided to take half the 4-oz. (120-ml.) bottle.

He made a complete recovery. Dr. Gordon's letter reminded me of that warm night in the Red Sea during the last war and of how ill that patient had been. I could well imagine a similar dose in a young child being fatal.—I am, etc.,

Farnborough, J. N. A. PRITCHARD.
Hants.

Prescription Charges and Tuberculosis

SIR,—Dr. W. D. Gray and Dr. E. L. Feinmann (20 April, p. 174) draw attention to a serious aspect of the new prescription charges, and their pleas are worthy of the support of the whole profession. The sufferer from pulmonary tuberculosis must be given every encouragement to persevere with the lengthy course of chemotherapy, usually amounting to two years, which will result in the eradication of his disease and thus prevent him from ever infecting another individual. Equally, he should not be subjected to any expense which might lead him to succumb to the temptation to relinquish what is frequently unpleasant medication and thus become infectious again.

In the interests of the public health the Minister of Health must be persuaded to include pulmonary tuberculosis in the list of diseases for which prescriptions are to be issued without charge. If he is not so persuaded he must surely realize that the only alternative is for chest physicians to advise general practitioners to issue prescriptions for quantities of drugs large enough to suffice for long periods of treatment. Should intolerance to any of these prescribed drugs develop, large amount of drugs, which in some instances are extremely costly (prothionamide at least £14 and cycloserine at least £17 10s. per three months), may be discarded by the patient.

I am taking Dr. Gray's advice by sending a copy of this letter to my Member of Parliament, asking him to use his influence in this matter.—I am, etc.,

JOHN HAMILTON GIFFORD.
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Liverpool.

"Portraits of Guy's Men"

SIR,—I was surprised to read that "Thomas Addison was a Cumberland man of a long line of Cumberland yeomen" (3 February, p. 307). Certainly the Addison family had long been resident at Banks, near Lanercost, and Thomas is buried there near other relatives. But he does not seem to have been born there and he did not spend

his childhood there, for his father, Joseph, left Cumberland and settled in the village of Longbenton, four miles north-east of Newcastle. There he courted and married, at the age of 38, in February 1793, Sarah Shaw, the daughter of the village grocer, and later succeeded to the business. They had two sons, and the parish registers, verified by the courtesy of Canon P. G. Morgan-Dennis, the priest incumbent of the parish, gives the following dates for their baptisms:

1794, 13 April, John.
1795, 11 October, Thomas.

Thomas, the younger son, was brought up in Longbenton, attended the village school and later the Royal Grammar School in Newcastle before proceeding to Edinburgh to begin his medical studies. His connexions with Longbenton were noted by Drs. Wilks and Daldy in 1868 in the New Sydenham Society publication of Addison's work,¹ but at some time later appear to have been forgotten, together with the correct date of his birth, for Cameron in his history of Guy's Hospital² states:

"Thomas Addison (1793-1860) was elected Assistant Physician four years after Bright. . . His yeoman forefathers had lived for generations at Banks, near Lanercost, in Cumberland, where he was brought up [my italics], a place which he always loved and where he was buried."

The late Dr. Charles Brooks, a practitioner in Longbenton, was greatly interested in Addison's association with his birthplace and published details in the *Newcastle Medical Journal*,³ and through this interest the nearby secondary school has been given the name of Thomas Addison. It seems his association with Northumberland and Newcastle upon Tyne should be more widely known.—I am, etc.,

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University of Newcastle upon Tyne.

REFERENCES

- Wilks and Daldy, *A Collection of the Published Writings of the Late Thomas Addison*, 1868, p. X. London.
- Cameron, H. C., *Mr. Guy's Hospital 1726-1948*, 1954, p. 130. London.
- Brooks, C. M., *Newsc. med. J.*, 1963, **27**, 255.

** We have shown the above letter and others received on the subject to the Clerk of the Governors, Guy's Hospital, who writes: "Cameron's statement in *Mr. Guy's Hospital* that Addison was brought up in Cumberland is to some extent misleading, but it is generally known from the *Dictionary of National Biography* and other sources that he was born and received his early education in Newcastle. On this point Wilks and Bettany, in their *Biographical History of Guy's Hospital*, published in 1892, recorded that 'It was by accident of birth he was a Northumbrian, but in blood and origin he always regarded himself as Cumbrian.' I am, however, indebted to Dr. Miller for pointing out that Addison was born in 1795, and not 1793, the year given in the three works I have named.

"I would like to take this opportunity to add that, contrary to what was said in the text with which the *B.M.J.* was provided (3 February, pp. 307-308), Bright's younger son (by his second marriage) was a doctor practising in Cannes and not an Anglican vicar in the same town. Thus, one of his sons became Master of University College, Oxford, and another a doctor who practised in Cannes."—ED., *B.M.J.*