same. When it came to weight changes, I found that all but one of the 12 patients lost weight while receiving Sintisone (2–12 lb. (1–5 kg.) in 28 days) and one patient gained 2 lb. (1 kg.) in 28 days while receiving Sintisone. A fact which emerged at the end of the evaluation was that the maintenance dose of Sintisone calculated as prednisolone was lower than that of prednisolone.

On the basis of these findings there would appear to be at least two advantages in using Sintisone: one the lesser water retention, and the other lower maintenance dose. I feel that if these findings can be confirmed Sintisone may prove to be particularly useful in the long-term management of many conditions, not least the asthmatic patient.—I am, etc.,

Chest Clinic, Singleton Hospital, Swansea. T. W. DAVIES.

REFERENCES

1 James, D. Geraint, *Hosp. Med.*, October 1967 2, No. 1, p. 7.
2 Sacchetti, G. Tosolini, G., Ezechieli, S., and Bergamini, N., *Lancet*, 1966, 1, 1329.

Aphthous Ulceration

SIR,—In your leading article (20 April, p. 131) you give a formidable list of suggested causes of recurrent aphthous ulcers. Now the odd thing about these ulcers is that they seem most common in healthy people with otherwise healthy mouths, and I believe there is one simple cause you did not stress—namely, trauma. In a comprehensive survey of this condition Sircus, Church, and Kelleher[1] mention that "local trauma seemed to play a part in some cases, but nothing definite of this nature had been observed by the majority of patients."

I consider that three types of trauma can result in characteristically sited recurring mouth ulcers.

(1) Pressure from ill-fitting dentures, causing single ulcers in the buccal or lingual sulcus.

(2) Accidental biting of tongue or cheek, or irritation from a jagged tooth causing single or small groups of ulcers.

(3) Overenthusiastic use of toothbrushes, particularly the worn, curled, nylon type, causing crops of ulcers on the buccal mucous membrane, the lateral margins, and inferior aspect of the tongue (rarely in the midline of the dorsum except at the tip).

In this third group come many of the cases of recurring crops of aphthous ulcers seen in practice today, and I have found the simple cure is to advise the patient to use a natural bristle toothbrush. After being in use for some time nylon brushes become very hard and curl considerably. When the teeth are brushed with the correct rotating motion the curled very sharp nylon is directly pointed at and can easily penetrate the buccal mucosa or the tongue, each penetration site being a potential aphthous ulcer. The usual distribution of these ulcers corresponds closely to the areas of maximum contact with a curled nylon brush. The peculiar intermittent nature of these crops of ulcers may be explained by the fact that alleviation occurs with the purchase of a new toothbrush. Relief is obtained until the bristles harden and curl once more and again traumatize the tissues. Alternatively, when ulcers are present, brushing must be done gently to avoid pain—this would also tend to produce a temporary remission. To date I have not observed the classical recurring crops of aphthous ulcers in edentulous patients or in those with badly neglected unbrushed teeth.

Sircus *et al.*[1] give no statistics about the dental condition of their patients, but their graph of the age of onset of ulceration shows a clear relationship to what might be called the toothbearing, toothbrushing age (highest incidence in the 10–19 years group, almost nil at 60 years).

I would be interested to know if these observations are borne out by experience in other practices. Meanwhile sufferers from this most unpleasant complaint might well be advised to try the change to a natural bristle toothbrush.—I am, etc.,

Walsall, Staffs. A. J. MOORE.

REFERENCE

1 Sircus, W., Church, R., and Kelleher, J., *Quart. J. Med.*, 1957, 26, 235.

Cervical Cytology

SIR,—I believe that it is generally accepted that ideally cervical smears should be taken not less often than every three years between the ages of 25 and 65. The conscientious general practitioner who works on this basis, once he has taken a smear from those patients on his list who are over 35, can never again collect a fee either for them or for his younger patients as they move into this age group, since the patient has to declare on the claim form that she is over 35 and has not had a smear taken for at least five years.

Now the fee has been increased by 100% from 7s. 6d. to 15s. (11 May, p. 361), which is a further incentive not to take a smear before the age of 35 and then only once every five years. Would it not have been wiser to retain the fee at 7s. 6d. and offer it every three years for the over 25's ?—I am, etc.,

Marlborough, Wilts. T. K. MAURICE.

Paediatric Patterns

SIR,—I enjoyed reading Dr. P. Henderson's article "Changing Pattern of Disease and Disability in Schoolchildren in England and Wales" (11 May, p. 329), but beg to query the statement that "responsibility for deciding the type of educational arrangement most appropriate for handicapped children rests with the local education authority; this is primarily an educational matter." If by "local education authority" is meant the school health service administered by doctors I would have no quarrels with this statement, but would disagree if the primary professional person concerned is a teacher or psychologist.

The assessment—and on such an assessment depends the appropriate placement of any type of handicapped child, be the latter physically or mentally disabled—is largely a medical deliberation, and one simply cannot decide his form of educational placement primarily on educational grounds. I would concede that an educational opinion becomes ultimately necessary, but that it should not take precedence over a medical one. If this were to happen we might find a number of handicapped children subjected to training and teaching techniques far beyond their physical and mental capacity, with the risk of ultimate breakdown. As to more study and research into the disabilities of children, I would wholeheartedly agree, but one finds sometimes that unnecessary obstacles are placed in one's way by some officials who seem to have little conception of what is involved and of methods used.

I am at present investigating the psychiatric disturbances of certain types of handicapped children of school age, and already from the beginning had some education authorities express their uneasiness about the investigation as being possibly too "traumatizing to the children and upsetting to the parents." From personal experience I have not found it so. On the contrary, parents have almost invariably welcomed any study which tried to elucidate some of the disabilities which afflict their offspring, provided, however, that these examinations and inquiries were undertaken by the doctor himself.

One could well imagine that a number of research projects, and all medical people are agreed that these are essential for furthering our knowledge of handicaps, might be stifled by the education system if they were in sole or main control of establishments for disabled youngsters. Therefore I contend, Sir, that the evaluation of handicapped children is primarily a medical one, and let us keep it that way.—I am, etc.,

London N.3. U. P. SEIDEL.

Two for the Price of One

SIR,—In his letter "Two for the Price of One" (11 May, p. 364) Dr. Hugh Gainsborough comments on and criticizes the Ministry's publication *Rationalization of Planning and Design, 1968*, issued in connexion with the twin hospital project at Bury St. Edmunds and Frimley (13 April, p. 113).

A number of the matters he raises are questions of judgement or detail, and the publication sets out the consideration on which the Ministry's proposals, accepted by both the regional hospital boards concerned, are based. I do not propose in this letter to pursue these individual points, but I must emphatically repudiate his claim that the Department has misrepresented the position. On the contrary, all the points discussed in Dr. Gainsborough's letter are fully set out in the publication, and have been discussed with numerous professional and lay audiences. The Department has nothing to hide on this matter.

In general, however, I ought to point out precisely the terms of the main claim made on behalf of this project. To quote the words of the Minister of Health at his press conference on 1 April 1968: "It is likely that the *acute hospital requirements of these two areas* will be met by new hospital construction and the development of some existing facilities, costing in all little more than what would have been needed to provide on a more traditional basis for one such area." Moreover, though the ward accommodation is, as Dr. Gainsborough says, based on an occupancy of two per 1,000, the treatment and diagnostic facilities are at least as substantial as would be appropriate for a traditional

hospital with 50% more beds than this.—I am, etc.,

W. E. TATTON BROWN,
Chief Architect.
Ministry of Health.

M.R.C.P. Examination

SIR,—During the past few years there has been a great deal of shuffle and reshuffle of rules and regulations for M.R.C.P. examinations. Various parts of the examination have been introduced, and I would say that Part 1 examination of the London M.R.C.P., which is a multiple-choice question paper, is very good in assessing the capabilities of the candidate.

I do not understand why a candidate who has been thoroughly assessed by this multiple-choice question paper should be required to take up Part 1 again and again after he fails in Part 2. Why cannot this Part 1 examination be made a little more thorough, if necessary, and made permanent like the primary F.R.C.S.? Why should there be any partiality to M.R.C.P. candidates in this respect, whereas an F.R.C.S. candidate does not have to appear in primary examination again and again?

Is it not time for the physicians to realize the need for making the Part 1 M.R.C.P. examination much more comprehensive, but permanent, like the primary F.R.C.S. examination?—I am, etc.,

R. M. GROVER.
Norwich, Norfolk.

Medical Students and the Royal Commission

SIR,—Several weeks have now elapsed since the publication of the Royal Commission's Report on Medical Education and we as students have now had time to assimilate our views.

The report is largely based on views we have had for a number of years that the course as it stands now is too congested and too factual, and that a large part of medical education should be received in the doctor's postgraduate years. However, the teaching received by the newly qualified doctor is often hardly adequate for his present needs and would fall far short of the suggested requirements. The duties of a student are such that most of his time can be devoted to learning; those of a house-doctor permit little time for his own education. We fear that shortening the clinical course, though it is desirable in theory, may place an extra burden on the shoulders of the junior doctor.

The members of the Commission, like us, are concerned by the too rigid division between the more academic preclinical course and the rather more practical clinical course. We certainly agree that the examination hurdle between the two should be made less formidable, and that clinical topics should be discussed in the preclinical course to give this course more relevance to medicine in practice. Basically we are in agreement with the Commission's recommendations on changes in the medical school curriculum, and we are particularly pleased that they strongly advise schools to allow their students elective periods. These are periods in a student's course when he can travel to another part of the world and study medicine practised there in a different environment on a different population. This has proved particularly valuable to students. It has not only helped them in their understanding of medicine but also in their understanding of many of the world's problems, and it has broadened their outlook on the world.

During the preregistration year most young doctors have to live in the hospital, and, as already implied, we are pleased that more time is recommended to be given to the house-officer for his future education. Also we are pleased to see that the Commission strongly recommend that married quarters should be provided where necessary. The medical course is a long one, and at the end about 20% of students are married and many of them, because of inadequate facilities, will have to live alone for a year, apart from the odd days and week-ends off. Apart from the many personal problems this presents to the young family, it also means that in many cases the young and not-very-well-off doctors are having to support two homes. This is a further strain put upon the young doctor, and is a situation that should be remedied as soon as possible.

In conclusion, we of the B.M.S.A. welcome the basic tenet of this report that we will need more doctors and a more efficient use of the facilities available for medical education.—We are, etc.,

GEOFFREY J. LLOYD,
President,
PAUL ABRAMS,
Education Officer,
British Medical Students' Association.
London W.C.1.

Real Reasons for Emigration

SIR,—The *B.M.J.* for 20 January has just arrived here, and I would like to add some thoughts on the emigration problem highlighted in the letter from Dr. A. M. O. Blood (20 January, p. 186) and the review of Ann Cartright's book (20 January, p. 169).

A significant factor in this matter which I have not seen emphasized is the geography of Britain in comparison with that of the countries to which many emigrants are going. Back home no one is ever more than a few hours from a good hospital and an expert doctor, and so no one but the expert doctor or his subordinates has any real excuse for tampering with hospital-style "interesting" cases. This is not altogether the fault of the N.H.S., either; although it is conceivable that in an "all private" service people would go more readily to others besides the acknowledged consultants for at least the minor things.

This restraint on any but the best tackling the "interesting cases" is fine for the consultant and his team, as it is for the general practitioner who is quite content with general practice as it presently exists in Britain, but it is far from fine for the substantial group of doctors who would dearly like to have a go for themselves, but who just do not make the consultant grade. For this sort of person the ideal place of work is a small town fairly cut off from the big centres by either long distances or rugged terrain, where he can in all good conscience tackle in his small hospital a great deal of interesting material with benefit to those in the town and to himself, but not (unfortunately) to the country that trained him for this work but cannot offer him anything comparable *because of its kindly geography*. For I cannot honestly see that any amount of refurbishing of the N.H.S. can make an emotionally satisfying niche for this type of "neither/nor" doctor. If we do not want him to go abroad to the job he fits best then stop training him for it.—I am, etc.,

NOEL GREENHALGH.
Hospital Evangelico, Lamas, San Martin, Peru, South America.

Review Body Report

SIR,—In common with many of my colleagues, part of my week-end has been taken up in going through the latest report from the Review Body (11 May, p. 360), together with the Memorandum of Evidence given to the Review Body (11 May, *Supplement*, p. 127) on behalf of the profession.

Our team of negotiators deserves our sincere gratitude and unstinted praise, but my reaction must be that it was all so much wasted effort by these busy and dedicated doctors. This sentiment is not born of the fact that no general increase in remuneration was granted. Few of us had any hope in that direction, so that I had no feeling of disappointment, but having read the two documents referred to I experienced a sense of complete frustration.

There was brought home to me as never before the hopeless position in which we now find ourselves. We are no more than fettered slaves ensnared in a web of political humbug. A once proud and honourable profession must now go cap in hand, at an appointed time, to plead its cause before a panel of Government-appointed individuals who, it would appear, regard themselves as not only judge and jury but also prosecuting counsel. Under these conditions it is doubtful if the Review Body serves any useful purpose.

Is it worth the expense to the profession as a whole and the heavy burden cast on a chosen few, to gather and present detailed evidence, only to have such evidence virtually ignored? Would it not be as well to do business directly with the devil we know?—I am, etc.,

JOHN MACKAY.
Glasgow.

The First Cuckoo?

SIR,—Is this a record? Last evening my house-surgeon removed a coin from the post-cricoid pharynx of a 3-year-old child. It proved to be a new fivepenny piece.—I am, etc.,

J. D. TRETHOWAN.
Tunbridge Wells.