There was a striking cessation in the steatorrhoea and a concomitant rise in some other parameters of malabsorption, particularly in the serum albumin and haemoglobin. However, there was no change, as expected, in the high IgM levels.

While penicillamine therapy is not entered into lightly, it is suggested that this may prove useful in management of such cases where standard therapy has made no headway.—I am, etc.,

BERNARD LAKE

Sydney N.S.W.,
Australia

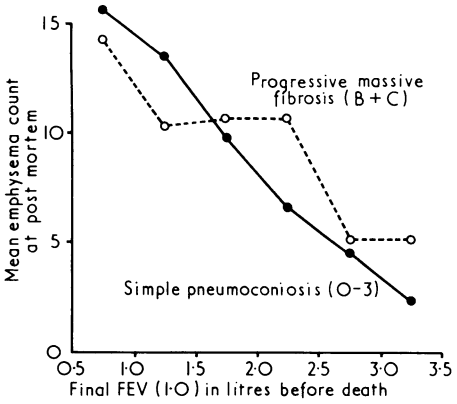
1 Lake, B., and Andrews, G., *American Journal of Medicine*, 1968, **44**, 105.

Coal Workers' Pneumoconiosis

SIR,—Dr. P. D. Oldham and Mr. G. Berry (29 April, p. 292) suggest that we still do not appreciate that cases included in an unselected post mortem series are sampled from the general population at rates proportional to their risk of dying. We do appreciate this and we have discussed it at length.[1 2]

We drew attention to the similarity between our findings relating pulmonary function to *x*-ray category in simple pneumoconiosis and the finding of Carpenter *et al.*[3] and Cochrane *et al.*[4] in order to prompt others to follow our example and to study emphysema in this context. We regret our failure to persuade our compatriots to do so.

Our second conclusion, "The presence of emphysema accompanying simple pneumoconiosis was a more important factor in determining the impairment of ventilation than the radiological category," may be deduced from several of the tabulations in our papers, but it was unfortunate that the subscripts to the figures were not available to us when you, Sir, sent us the proofs for checking and a printer's devil had amended the subscript to Figures 2 and 3. We selected the tables and figures for publication from over 200 tabulations prepared from the study and did not exclude any tabulation which



Mean emphysema count by final FEV (1·0) for cases of simple pneumoconiosis and for cases of progressive massive fibrosis (Categories B+C).

might have thrown doubt on our main thesis. We have available, however, a figure showing the relationship between FEV (1·0) before death with emphysema seen in the lungs after death for both radiological simple pneumoconiosis and complicated pneumoconiosis. This demonstrates the conclusion even more clearly than does the original figure (Fig.).

Those patients with radiological category 0 or 1 at the last *x*-ray before death have always been a source of difficulty to us and we have discussed at length why we consider that these men were nevertheless suffering severe pulmonary handicap which was pneumoconiotic in origin. However, despite our repeated assertions to the contrary, Dr. C. M. Fletcher (6 May, p. 353) insists on concluding that these cases were not suffering from pneumoconiosis. We repeat again that the majority of them were, in fact, so suffering and that many of them had been diagnosed as category 2 or more, albeit often on earlier films, by the Panel. Many had more dust foci and more emphysema with the associated dust related parenchymal changes described in our paper than category 2 and 3 cases. We postulate that these morbid anatomical changes so frequently encountered in our more disabled category 0 and category 1 cases are probably responsible for the irregular opacities of which the 1958 International Labour Office Radiological Classification was a poor reflector. Similar cases would presumably have been excluded from epidemiological studies based on this classification, which are thereby biased and may have confused the issue in the past.—We are, etc.,

J. P. LYONS
H. CAMPBELL
R. RYDER
J. GOUGH

Cardiff

1 Ryder, R., Lyons, J. P., Campbell, H., and Gough, J., *British Medical Journal*, 1970, **3**, 481.
2 Ryder, R., Lyons, J. P., Campbell, H., and Gough, J., *British Medical Journal*, 1970, **4**, 305.
3 Carpenter, R. G., Cochrane, A. L., Gilson, J. C., and Higgins, I. T. T., *British Journal of Industrial Medicine*, 1956, **13**, 166.
4 Cochrane, A. L., Moore, F., and Thomas, J., *Tubercle*, 1961, **42**, 64.

Future of Postgraduate Medical Centres

SIR,—The leading article (3 June, p. 547) and the letter from Drs. J. Lister and D. Ferriman (p. 589) may arouse unjustified anxiety about the development of postgraduate education in England.

The Department of Health and Social Security has no doubt at all about the need for education facilities which are for the use of doctors whether they work in hospital, general practice, public health, or one of the other medical fields. The Department has contributed on a large scale through hospital authorities to the provision of such facilities and pays the major part of the cost of their maintenance. There is neither the wish nor the intention to divert them and no need to start a "hands off" campaign.

Guidance on postgraduate medical centres was last issued in October 1968.[1] This is now being revised in consultation with the profession, including the Association of Clinical Tutors. The proposals that have been made suggest for centres at new hospitals lecture theatres of 1,500 sq ft (150 m²) and good-sized libraries which would have a specifically medical area, but would also be used by professional staff other than doctors, so making it possible to provide appropriate librarian staff. The space allocated for the sole use of medical staff allows for seminar and tutor's rooms, as well as for more social activities. There is plenty of scope for flexibility in planning centres as well as in using them and hospital authorities are not required to adopt a particular layout, but may fit in with local wishes.

Some existing centres "built by doctors for doctors" have been opened to other professional staff entirely on local volition with apparently happy results (as at Corbett Hospital, Dudley). Lecture theatres and libraries can be larger and better equipped and staffed if they are more fully used, without intruding in any way on the separate organization of postgraduate medical education or the areas doctors rightly want to reserve to themselves. Whatever decision may be reached on sharing of staff or some space there must be a clear identity for the postgraduate medical centre or medical institute without, one hopes, treating the other health professions as if we in medicine failed to recognize shared interests in both service and some aspects of education.

Doctors who have attended medical functions in many hospitals as I have done over the last 30 years must recall that many of them have taken place in rooms borrowed for the purpose from nurses and I find it difficult to believe that doctors who have a good lecture theatre at their disposal would begrudge its use at other times by their colleagues.

The remarkable development of postgraduate medical education in regional hospitals in the last 10 years is perhaps the most encouraging advance since the National Health Service was introduced. It has been consistently supported by my Department and that will continue. The clinical tutors have given their time and energy without stint and the real achievement is almost wholly theirs. The discussions now in progress with the Council for Postgraduate Medical Education should ensure that the planning of facilities is on agreed lines. It does seem a little premature to launch a crusade in the middle of the consultation which should lead to that. The most recent letter on this subject from the council was received only about a week before your article was written.—I am, etc.,

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Chief Medical Officer,
Department of Health and Social Security

London S.E.1

1 Ministry of Health. *Postgraduate Medical Centres: A Design Guide*. London, 1968.

Overstimulation of the Brain

SIR,—Dr. William Cowan ("Personal View" 20 May, p. 462) is quite right that young people are subjected to intolerable noise levels, but he does not quite realize the full significance of this.

It is assumed that the human brain has an almost limitless capacity to absorb new knowledge and mental stimulation. This capacity, however, varies greatly from person to person, and in some people is quickly exhausted. It is a fact that the brains of our children are inundated with visual and auditory impressions from the most tender age onwards, and by the time they reach adolescence many youngsters are quite incapable of absorbing any more theoretical knowledge, from books or otherwise.