- 16 Greenspan NT. A descriptive analysis of medical malpractice insurance premiums 1974-1979. *Health Care Financing Review* 1979;1 (2):65-71.
- 17 American Medical Association Special Task Force on Professional Liability and Insurance. *Professional liability in the '80s*. Vols 1, 2, 3. Chicago: AMA, 1984.
- 18 Bovbjerg R, Havighurst C. Medical malpractice: an update for noncombatants. *Business and Health* 1985 September: 38-42.
- 19 American Medical Association Center for Health Policy Research. *Preliminary estimates of the cost of medical professional liability*. Chicago: AMA, April 1985.
- 20 Ginzberg E. The destabilization of health care. *N Engl J Med* 1986;315:757-60.
- 21 Entin FJ. DRGS, HMOS, and PPOS: introducing economic issues in the medical malpractice case. *The Forum* 1985;20:674-84.
- 22 US General Accounting Office. *Medical malpractice: no agreement on problems or solutions*. Washington, DC: Government Printing Office, 1986.
- 23 Owens A. Doctors' earnings: the year of the big surprise. *Medical Economics* 1985 Sept 9:195-215.
- 24 Danzon PM. *Why are malpractice premiums so high—or so low?* Santa Monica, CA: Rand, 1980. (R-2623-HCFA.)
- 25 Tames SR. Malpractice insurance: the market gets tighter. *Washington Report on Medicine and Health* 1986 Feb 3:1-2.
- 26 Mixson WT. The spring of hope. *Obstet Gynecol* 1986;67:153-6.
- 27 Gibbs R. Solicitor's inquiry call on damages is rejected. *The Times* 1986 Sept 4:3.
- 28 Foster C. The story so far. *The Review* 1986 August:4-6.
- 29 American Medical Association and others. *The need for legislative reform of the tort system: a report on the liability crisis from affected organisations*. Chicago: AMA, May 1986.
- 30 American College of Obstetrics and Gynecology. *Professional liability insurance and its effects: report of a survey of ACOG's membership*. Washington, DC: ACOG, 1985.
- 31 Tancredi LR, Baroness JA. The problem of defensive medicine. *Science* 1978;200:879-82.
- 32 Mechanic D. Some social aspects of the medical malpractice dilemma. *Duke Law Journal* 1975;1975:1179-96.
- 33 Project. The medical malpractice threat: a study of defensive medicine. *Duke Law Journal* 1979;1979:939-93.
- 34 Schwartz WA, Komisar NK. Doctors, damages, and deterrence: an economic view of medical malpractice. *N Engl J Med* 1978;298:1282-9.
- 35 Freeborn DK, Baer D, Greenlick MR, et al. Determinants of medical care utilization: physicians' use of laboratory services. *Am J Public Health* 1972;62:846-53.
- 36 Kahn C. Congress and professional liability: what lies ahead. *Proceedings of the council of medical specialty societies national conference on professional liability*. Lake Forest, IL: Council of Medical Specialty Societies, 1984:22-30.
- 37 Somers HA. The malpractice controversy and the quality of patient care. *Milbank Mem Fund Q* 1977;55:193-232.
- 38 Zeckhauser R, Nichols AL. Lessons from the economics of safety. In: Rottenberg S, ed. *The economics of medical malpractice*. Washington, DC: American Enterprise Institute, 1978:19-34.
- 39 Rolph E, Lindsey P. *Medicare prospective payment system*. Santa Monica, CA: Rand, 1986. (R-3418-HCFA.)
- 40 Iglehart JK. Early experience with prospective payments in hospitals. *N Engl J Med* 1986;314:1460-4.
- 41 Bovbjerg R. The medical malpractice standard of care: HMOs and customary practice. *Duke Law Journal* 1975;1975:1375-421.
- 42 Hershey N. The defensive practice of medicine, myth or reality. *Milbank Med Fund Q* 1972;19:939-86.
- 43 Holzer JF. Current concepts in risk management. *Int Anesthesiol Clin* 1984;22:91-116.
- 44 Hein HA. The status and future of small maternity services in Iowa. *JAMA* 1986;255:1899-903.
- 45 Jonas C. This crisis could worsen Detroit's infant mortality. *Mich Med* 1985 July:383-8.
- 46 Iglehart JK. Special report: the professional liability crisis. *N Engl J Med* 1986;315:1105-8.
- 47 Meeker JW, Dombink J, Schumann E. Legal needs of the poor: problems, priorities and attitudes. *Law and Policy* 1985;7:225-47.
- 48 O'Connell J. *Ending insult to injury*. Urbana, IL: University of Illinois Press, 1975.
- 49 Brown C. Deterrence in tort and no-fault: the New Zealand experience. *California Law Review* 1985;73:976-1002.

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This is the first of two papers.

Portraits from Memory

15—Professor James Walter McLeod, OBE, FRS (1887-1978)

JAMES HOWIE

In 1932 I worked in Muir and Browning's department in Glasgow at the same bench and sink where McLeod had done his classical work on streptococcal haemolysins in 1910-1. I also worked with streptococcal haemolysins; and one day McLeod walked quietly into the room and stood watching me. He said, "I'm glad to see you wash out your own tubes, as I did." I confirmed that I did so because the routine wash did not guarantee perfect cleaning. But McLeod firmly made the point that the real merit of cleaning one's own tubes was that it provided a pause in which to assess the results of the last experiment and plan what would be the best objective of the next.

Professor J W McLeod.

"My thoughts grow as I wash," he said, "just as a gardener's grow when he is weeding."

He was in every way a big man: tall, handsome in appearance, and generous in spirit. I

well recall his being challenged at a meeting of the Pathological Society by a sharp and persistent critic of smallish stature about his applying the terms *gravis*, *mitis*, and *intermedius* to his recently identified three biological types of diphtheria bacilli. Nature, said the critic, did not arrange living creatures in such a disciplined and repeatable way as these terms implied. Would not types 1, 2, and 3 be better labels, not implying that the clinical infections caused by these types would always be grave, mild, or intermediate? The critic had a good point, as later events have confirmed, but McLeod's polite negative did not silence him. He persisted a second time. McLeod remained polite but firm. At the third challenge, however, his politeness remained but his firmness perceptibly increased. McLeod's well known bulldog expression appeared in all its glory, and Carl Browning whispered to me, "Can you see how the bulldog longs to grab the terrier by the neck?"

Epstein was obviously the sculptor to do justice to so striking and distinguished a head, and a notable bust was duly made and presented. In McLeod's own view the bust was a perfect replica not only of his own but also of his mother's head, showing incredible skill in the portrayal of essential features.

Track records

McLeod's distinguished scientific career has been adequately described in obituary notices, and is so well known that it is unnecessary to repeat the details of a long record to which he was still adding right into retirement and up to his final years. He was a remarkable man, a tireless and purposeful worker as well as a person of indomitable courage and complete personal integrity. In the first world war he ran a mobile laboratory, did excellent work on trench

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fever, nephritis, bacillary dysentery, and the influenza bacillus, was mentioned four times in despatches, and was awarded the OBE. In 1919 he joined the pathology department of Professor Matthew Stewart in Leeds (portrait 9) as lecturer in bacteriology. In 1922 he was promoted to be professor of bacteriology.

He was a good family man, being the father of five daughters and one son. He was also an active outdoor athlete, being keen on rugby football, fishing, and golf, and he would gladly walk 20 miles at one stretch. On one Saturday afternoon he left Edinburgh by train after a meeting of the Pathological Society expecting to reach Leeds that evening. But his train went no further than York. He set off to walk to Leeds, because he was determined to be in his place in church on Sunday. Colleagues in Leeds, realising that he would have been stuck at York, set out by car to bring him home. They met him on the outskirts of Leeds. He thanked them for their considerate

thoughtfulness but said that he was enjoying the walk and would continue on foot.

As a resolute Presbyterian he was also an active worker on behalf of the Boys' Brigade and other youth organisations. He was also a loyal observer of the ten commandments and disapproved of using public transport on Sundays. On one very wet Sunday his youngest daughter, on their way to church, asked, "Daddy, are you quite sure that all these people in the buses are bound to end up in hell?" McLeod confessed that her question was a difficult one. If he said "Yes" he would be showing a lack of Christian mercy. If he

Bust of McLeod by Epstein.

said "No"—then why were we walking? Obviously he adhered strongly to his principles, but not always just because of Presbyterian rigidity: one of his colleagues told me that he resigned from a much loved golf club because he regarded one of its actions as showing antisemitic prejudice.

Obscure addresses

Although a splendid research worker, he was a very confusing communicator. In 1950 he submitted a manuscript to the *Journal of Pathology and Bacteriology*. It was clearly a major work, drawing together many aspects of his work on diphtheria. It came to me as one of Matthew Stewart's two assistant editors. Several passages seemed to me to convey more than one possible meaning. I asked Matthew Stewart what was to be done: I could not see myself editing McLeod. But Matthew had no hesitation. He said, "McLeod will not be upset if you ask him what he really wants to say. Offer him a choice of alternatives. He's accustomed to that. If his wartime notices giving orders to his fire watchers had been sent out without being edited the party could never have mobilised at one time or place." According to one of his students his lectures represented the incomprehensible addressing the uncomprehending.

As an examiner of undergraduates, however, he was fair and generous; but his approach worried W J Tulloch (portrait 14), who was his external examiner at one time. Tulloch told me: "Here was this majestic Scotsman asking nervous Sassenach boys quite difficult questions in a dialect they doubtfully understood—and almost certainly could not hear properly, for he had closed his eyes and addressed his questions to the ceiling. I was extremely worried about what my duty was until I realised that McLeod was not only asking these difficult questions but also answering them."

One story remains from his days in Glasgow in the pre-1914 period—perhaps the golden era of Robert Muir's famous department of pathology, of which McLeod was proud to have been a member, along with Carl Browning. As Browning became busier he worked later and later. As McLeod became busier he came to work earlier and earlier. Inevitably the day came when Browning, homeward bound, greeted McLeod coming in to begin the day's work.

"Good night, McLeod," said Browning cheerfully.

"Good morning, Browning," said McLeod sternly, conveying his impression that work had a higher moral value if it were done early rather than late.

After retirement McLeod married for a second time and continued, with his wife, to work well, happily, and productively in Edinburgh. So he rounded off a full and useful life of devoted service to his family, to science, and to his friends and colleagues.

MEDICINE AND THE MEDIA

IT WAS AN INSPIRED idea by the National Association for the Welfare for Children in Hospital (NAWCH) to make a short video of an interview with the late Sir Harry Platt to mark its 25th anniversary. For not only was Sir Harry 100 in the year that it was 25 but also NAWCH grew out of the government report that he produced on the welfare of children in hospital. He began his work in 1956, when cots were a common sight in adult wards, and he describes in the video the struggles that he and his committee had to improve the lot of children in hospital. The work is not finished yet, and the video ends with Sir Harry giving his blessing and strong encouragement to the work of NAWCH.

I interviewed Sir Harry for the journal in the summer of last year,¹ and I can understand how difficult it must have been to make a short video—he was very deaf and had 100 packed years to recollect. Sally Carroll, the interviewer from NAWCH, and the producers confront the difficulties well by concentrating on Sir Harry's work with children, sympathetically editing the interview, and including some archival photographs. But Sir Harry's advantages as an interviewee far outweigh his disadvantages for not only was he a living piece of history but also, despite being born half a century before the medium of television began, he seemed wholly uninhibited by the camera.

(The video is available from Panda Films, 8 Princess Road, Urmston, Manchester M31 3SS, price £20 plus £1.08 postage and packing.)—RICHARD SMITH, assistant editor, *BMJ*.

1 Smith R. Sir Harry Platt: 100 not out. *Br Med J* 1986;293:864-6.

Is zinc of any value in the treatment of alopecia?

Zinc is an important element in the growth of normal hair. When zinc metabolism is abnormal and the serum zinc concentration is low diffuse hair loss occurs as one of many symptoms and signs. Loss of scalp and body hair, nails with many transverse ridges, and an acral dermatitis sometimes looking rather psoriatic are the commonest manifestations. This syndrome may be seen in the congenital abnormality *Acrodermatitis enteropathica*, the hyperalimentation syndrome in parenterally fed very young babies and in alcoholics with overt nutritional abnormalities. The administration of oral zinc to otherwise normal individuals presenting with diffuse loss of scalp hair has no rational basis and so is not indicated.—R P R DAWBER, consultant dermatologist, Oxford.