ently unaccountable subpopulations appear. Awareness and reporting of similar findings may lead to a better understanding of an important aetiological factor in clinical illness and perhaps aid the cause of preventive medicine.—We are, etc.,

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Licence to Practise in the U.S.A.

SIR,—There has never before been such great geographical mobility as there is today in the medical profession. And the shortage of medical personnel available to the public has been coming into sharp focus, particularly with the wider availability of public-funded care in the United States.

Surely it is an anachronism that in that country—so abundantly committed to fair practices and non-discrimination—that some States still refuse medical licensure to foreign graduates. Nevada, Oklahoma, and Arkansas freely admit to this policy, while some other States simply set unreasonable examination requirements or other qualifications to exclude the physician trained elsewhere.

Until such time as the various States rectify obvious unjust licensing practices, the recent overseas graduate should check very carefully on licensing details before planning on spending much time practising in America.—I am, etc.,

Boston, Mass.,
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A. MOORE.

Tobacco Habit

SIR,—Mr. L. J. Temple (24 August, p. 499) wonders why surgeons do not grasp the opportunity to warn their patients with peptic ulcer to stop smoking. I too am amazed at the complacency of the profession and our failure to grasp numerous opportunities to discourage the tobacco habit. Besides withholding gastric surgery from smokers, we should insist that all sufferers from chronic bronchitis and heart disease give up smoking forthwith. It is no use advising patients to cut down smoking. We must show conviction and galvanize the patient with an enthusiasm for the challenge of self-discipline. Even orthopaedic surgeons like myself can play their part. All sufferers from disc prolapse can be legitimately told to stop smoking because of the harmful effects of coughing. No doubt many other avenues of persuasion are open. For example, anaesthetists could insist that all patients for admission from the waiting-lists for operation must stop smoking for two weeks prior to coming into hospital.

If patients could see that we, by example and precept, show genuine concern about this problem they would begin to take us seriously. The medical profession bears a large share of the blame for the lack of public response to the known hazards of smoking.—I am, etc.,

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Adoption

SIR,—In your leading article on adoption (31 August, p. 509) you state: "One is too conscious of the need shown by children for their natural parents with all their numerous inadequacies even within a stable marriage to be very ready to support greater powers to override parental consents."

It is fashionable to assume that the natural parent has some ill-defined advantage which the adoptive parent can never acquire, but I suggest that where the neonate is concerned there is no physiological or psychological basis for this assumption. We have a clear duty to give a lead to both jurist and judiciary on this point, more especially at a time when further legislation is anticipated. It would be unfortunate if our advice were based on supposition rather than observation.—I am, etc.,

A. J. S. JAMES.

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Fate of Discharged Schizophrenics

SIR,—The disturbing fate of over 60% (45% untraceable, 17% unoccupied) of schizophrenic patients discharged from psychiatric hospitals, as reported by the King Edward's Hospital Fund,¹ confirms the fears many of us have felt as a result of experience with individual cases from time to time. The worthy motive of rehabilitating as many remitted schizophrenics as possible into the general community must be balanced against the careful consideration of what will happen to the discharged patient, and what arrangements can be made to ensure his proper care from every angle.

There is no virtue in reducing the overcrowding of psychiatric hospitals if the end result involves a large percentage of the discharged wandering about aimlessly in streets and parks, sleeping on embankments, or, still worse, ending up in prisons and special hospitals.—I am, etc.,

I. ATKIN.

Weybridge,
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Long Leg Plasters

SIR,—Closed reduction and plaster of a lower leg fracture is awkward because of the weight to the leg, the time for which it must be supported, and the need for controlling position of heavy, mobile parts. Doubtless many techniques have been described over the years, including a recent one by L. E. Vine.¹ The merits of the one to be described are simplicity, lack of special equipment, and use in the ward without transporting the patient or taking up theatre time.

With a fracture board under the mattress the patient is supported under the buttocks by bed-blocks or a carton of plaster covered with several towels. A cot side is supported over the patient by the head of the bed at one end and a transfusion stand at the other. The cot side is secured in place with bandages and the drip stand tied to the foot of the bed. The patient is anaesthetized and stockinet threaded over the leg. Three or four wide linen bandages are looped under the leg and tied over the cot side-rails so that the leg is aligned. A plaster back-slab is applied to the leg and held in position with a single layer of bandage (Fig. 1). With the malleoli padded the plaster is then completed, and as it hardens the linen loops are cut (Fig. 2), the gaps being smoothed in.

FIG. 1

FIG. 2

This method has been far less traumatic to patient and staff than others previously used. While no originality is claimed, it may be of interest to those unacquainted with the technique.—I am, etc.,

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REFERENCE

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Kwok's Quease

SIR,—The question concerning the effect of repeated small doses of monosodium glutamate, raised by Dr. M. Goldman (14 September, p. 682), may be answered as follows.

Glutamic acid is so widely distributed in foods, albeit as a component of protein, that man has always been taking repeated small doses of this amino-acid. Many manufactured foods—and these have for many years formed part of most people's normal diet—contain hydrolysed protein and therefore monosodium glutamate as such. Metabolism