I noted was mention of treatment by urea. I have had a few quite dramatic successes with this drug in otherwise resistant cases, and feel that it should remain on the list of possible remedies.—I am, etc.,

FRANK W. LAW

London W.1

¹ Hurst, A. F., *Lancet*, 1924, 2, 1.

² Law, F. W., *Transactions of the Ophthalmological Society of the United Kingdom*, 1956, 76, 153.

SIR,—I found myself saddened to read Dr. J. M. Blau's comments in relation to psychotherapy in his article on "Migraine Research" (26 June, p. 751).

I do not intend to go into any counter arguments about the importance of psychological factors in migraine, but merely to comment on his reasons for minimizing them. Surely Dr. Blau does not believe that people with psychological problems can be recognized on sight. He must know that someone with psychological problems is not necessarily mad. Many neurotic people attain high professional status and function very well in their work. The fact that pleasant occasions can precipitate migraine in some people only supports the importance of psychological factors. These people may have great difficulty in being happy. The fact that migraine occurs after prolonged sleep is an argument in favour of psychopathology rather than against it, because the mind is not asleep in sleep.

In the frenzied search for organic causes in migraine and indeed in other illnesses, let us not lose sight of the importance of psychological factors, even if these are more difficult for us to comprehend and to treat.—I am, etc.

RAYMOND GLEDHILL

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Medical Presentations of Choriocarcinoma

SIR,—I really enjoyed reading the article "Medical Presentations of Choriocarcinoma" (12 June, p. 633). I think I have learned a lesson from this article that a pregnancy test of urinary gonadotrophin assay should become a routine in postnatal clinics as well as in abortion and terminations follow-up clinics. The intensive follow-up of diagnosed cases of trophoblastic tumours is now well known to all gynaecologists.—I am, etc.,

N. G. MUSSALLI

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Hydatidiform Mole and Hyperthyroidism

SIR,—I was very interested in your leading article (12 June, p. 606) on the relationship between hydatidiform mole and hyperthyroidism and would like to quote a case of my own.

A 38-year-old Kikuyu woman presented at hospital outpatients with florid thyrotoxicosis and in cardiac failure. On admission she was found to have a mass in the lower abdomen equivalent to a 20-week pregnancy and a history of three months' amenorrhoea, but with intermittent small losses of blood per vaginam.

The human chorionic gonadotrophin titre was raised and a diagnosis of hydatidiform mole was made. Once her cardiac state had been stabilized an evacuation was carried out. Almost immediately her cardiac state began to improve and the thyrotoxicosis disappeared.

I followed her up for 18 months before leaving Kenya, and she had no recurrence of thyrotoxic symptoms or cardiac failure, and there was obviously a direct causal relationship between the two conditions.—I am, etc.,

A. ROBSON

Selby, Yorks

Encouraging Recruits to Medicine

SIR,—Your columns have recently contained a fascinating set of letters dealing with medical students. A main focus of interest has been medical students' grants. I should like to assure Mr. A. R. W. Forrest (1 May, p. 281) that although medical students may not have "the backing of a large and experienced union" or "public sympathy" the British Medical Students' Association has been waging a most vigorous campaign over the last 18 months on his and other medical students' behalf. Surveys were undertaken, the support of deans and vice-chancellors was enrolled, and M.P.s were lobbied intensively leading to a question in the House. I hope that this positive action will encourage Mr. R. D. Clegg (17 April, p. 168) not to fear excessively for the future of the medical profession on the basis of medical students' "self-pity".

Even more important, I trust that Dr. D. J. MacMyn for his part will not dismiss the B.M.S.A. as "smart-Alec, cynical and materialistic" (1 May, p. 281). We feel as much as Mr. J. A. Lourie (15 May, p. 402) "that to be a student of medicine is a very great privilege" and here one passes to the second main focus of your correspondents' concern—recruits to medicine. The two subjects are of course not easy to separate.

Mr. A. D. Shroot (5 June, p. 591) questioned Dr. John McKee's inclination "to accept all doctors' offspring with reasonable standards, as at least they should have a true knowledge of the type of life ahead." (15 May, p. 397). It cannot be denied that there are advantages in favourably considering applications from members of medical families, but clearly the prime duty of selection committees is to ensure that places are offered to candidates possessing that hard-to-define mixture of qualities which goes to make the "good doctor." One hopes that the medical profession no longer bars anyone displaying the necessary academic ability, common sense, dedication, kindness, and sense of humour; what is tragic is that official grants are not available at all for those graduates who may be eminently suited to becoming superb doctors, even when they have gained places at medical schools. Among these people is to be found a supreme sense of vocation that would undoubtedly warm Mr. Clegg's heart and that "humanity and interest in patients as people" the apparent absence of which so rightly concerns Dr. McKee.

A glance at the letters in a B.M.S.A. file in my possession describing various graduates' financial struggles might perhaps convince Dr. MacMyn of the need for all medical students to fight for enough money for them to enjoy the great privilege of

becoming doctors without the one obsessive thought of "Who is going to pay for my medical education?"—I am, etc.,

RICHARD WESTCOTT
Vice-President B.M.S.A.

Oxford

Radiological Training

SIR,—The article by Dr. A. G. W. Whitfield and others (29 May, p. 514) will be read and seriously considered by many others besides all thoughtful radiologists. It is unfortunate, therefore, that there are some inaccuracies in the paper, and a strange statement relating to the policy of the Faculty of Radiologists which is a misconception—strange in that none of the four authors have anything to do with the Faculty's policy and only one is a member of the Faculty.

They state "It is understood that the Faculty of Radiologists have it in mind to reduce the total training period required for their Fellowship in Radiodiagnosis to three years . . . this will obviously lower its academic status." A document which will be published in June 1971 and which has already had confidential prior circulation to certain individuals, including one of the authors, states in relation to a new proposed examination and training structure "It will be seen, therefore, that a candidate could obtain the F.F.R. in a three-year training period. In view of the fact that it is the intention to maintain the same standard in the F.F.R. as at present, it seems likely that many candidates will not present themselves for examination until they have achieved a four-year experience in radiology." It also seems likely that the majority of heads of departments will organize the programmed experience of trainee radiologists working for the F.F.R. to cover a minimum of four years as at present. The intention of the faculty is to provide the opportunity for the outstanding candidate to sit the examination earlier if he should so wish.

If the need (or lack of need) for the F.F.R. is such as is implied by the authors in their paper it is strange that the numbers entering for the examination are still increasing. In April 1971 the highest number ever, 71 candidates in radiodiagnosis, entered the examination. It is equally interesting to review the figures for England and Wales for 1970. In that year 39 consultant appointments in radiodiagnosis were made and of those appointed 26 held the F.F.R. In Scotland, of six appointments made two had the F.F.R., and in Northern Ireland three were appointed all holding the F.F.R. (total for U.K. 48 appointments, 31 holding the F.F.R.).

Dr. Whitfield and his colleagues state: "Nine senior registrars posts in the (Birmingham) Region are vacant at the moment." At the time of the faculty's annual census of radiological posts on 1 January 1971 there were seven vacant senior registrar posts in the Birmingham Region, but only a further seven vacant senior registrar posts in the remainder of England and Wales, and of these latter, five had been vacant less than eight weeks and were presumably in process of being filled. The paper states that those attending the D.M.R.D. course in the Birmingham Region " . . . are given paid supernumerary registrar posts . . . " In this they differ from the remainder of England and Wales. In other training