Body Weight and Performance in Weightlifting Events (Munich Olympic Medalists, 1972).

advantages: greater weight because of his height and greater leverage. The sporting system is biased in favour of the taller sections of the population; persons of average height, no matter how good they are within the physical limitation of their build, are virtually debarran from some events.^{1,2} Probably shorter competitors in the throwing and rowing events are tempted to use steroids to gain in weight what they lack in height. But they cannot match the advantages taller competitors (of the same weight) have because of better leverage. There is need to emphasize that the use of anabolic steroids will not help to win medals in a large majority of cases. I suggest the administrators of athletics re-examine some of the basic assumptions upon which these events are regulated.—I am etc.,

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- ¹ Khosla, T., *British Medical Journal*, 1968, 4, 111.
² Khosla, T., *British Journal of Preventive and Social Medicine*, 1971, 25, 114.

Moles and Malignant Melanoma

SIR,—Your leading article "Of Moles and Malignancy" (19 April, p. 106) contains many statements of opinion, and not one single reference of support is quoted. You make the following statement: "The moles that are under the greatest suspicion are those that show the most intense and prolonged junctional activity. . . . Moles on the hands, feet, and genitalia often fall into this category, and they have a sinister reputation, so that the mere existence of moles on these sites is an indication for their removal." How many malignant melanomas have actually been seen arising in pre-existing junctional naevi of the palms and soles? Since there are melanocytes present a malignant melanoma can arise there, but they must be very few and far between. I personally have never seen a malignant melanoma arising in such a site.

In a clearly written and authoritative opinion based on their own studies and those of others Clark and Mihm¹ state: "We do not believe that moles have any formal

histogenetic relation to malignant melanoma, and, when malignant melanoma does arise from a mole, it does not differ in any way from malignant melanomas arising from the general epidermal melanocytic system; hence, in our view, moles are not pre-malignant lesions, and removal of these pigmented sites for prophylaxis is not justified."

The data of Allyn *et al.*² indicated that every sixth person has at least one pigmented naevus on a palm or sole. Can you imagine the mass surgery needed to heed your opinion? Surgeons would be busy doing nothing else, and as naevi continue to arise during life repeated surgery would be necessary, eventually causing a new iatrogenic disease entity—the battered hand syndrome.—I am, etc.,

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- ¹ Clark, W. H., and Mihm, M. C., in *Moles and Malignant Melanoma: Dermatology in General Medicine*, ed. T. B. Fitzpatrick *et al.*, p. 491. New York, McGraw-Hill Book Company, 1971.
² Allyn, B., *et al.*, *Journal of the American Medical Association*, 1963, 186, 890.

.* There is no doubt that malignant melanomas can arise in moles, including those on the palms and soles. How often this occurs is hard to say, because one has to rely so heavily on the patient's account of what happened. The advice to remove moles from the palms, soles, and genitalia is the policy of a group, not a personal foible. If it is agreed that moles contain concentrations of melanocytes and that the melanocytes are usually very active in moles of these situations, there is no need to postulate any mysterious tendency of moles to become malignant per se to make their prophylactic removal a reasonable procedure.—Ed., *B.M.J.*

SI Units

SIR,—I write in support of Dr. J. C. B. Fenton's letter (28 June, p. 751) on the subject of SI units. Of particular importance is the question whether clinical staff are prepared to accept this new system, and he is so right when he says that in few instances have their opinions been sought. He is equally right when he feels that many of us in our pathology laboratories have not had our opinions sought either.

For your information, it is interesting to note that in many hospitals in East Anglia the opinion of clinical staff has been sought either through established committee structures or on an individual basis, and so far I have heard no "clinical" voice raised in appreciation of the SI. In fact there is a great deal of hostility and now a number of firm resolutions from clinical staff stating that they do not wish the change to take place. In such a situation it makes the job of a chemical pathologist very difficult, since it would be a foolish man who tried to push an unacceptable change of terminology into a hospital where clinical colleagues did not wish this type of reporting made.

As a final challenge I would ask you to offer the courtesy of your correspondence columns in the weeks to come to any clinician who can present a reasoned case as to why he has or might find SI units bene-

ficial in the immediate care of his patients.—I am, etc.,

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SIR,—Though a whole-hearted supporter of internationally agreed terminology, I have some sympathy with those who are worried about the confusion that is going to be caused by the substitution of certain SI units for familiar terms which everyone understands. They probably feel that the object of changing terminology in science should be to facilitate communications and not simply to bring about change for its own sake.

Those who are worried about this may take some comfort from the fact that their feelings are not new, and perhaps one of the best expressions of them is to be found in the Preface, written in the year 1661, to the *Book of Common Prayer*: "Common experience sheweth, that where a change hath been made of things advisedly established (no evident necessity so requiring) sundry inconveniences have thereupon ensued; and those many times more and greater than the evils, that were intended to be remedied by such change."—I am etc.,

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Spontaneous Pneumothorax

SIR,—Following your leading article on the management of pneumothorax (7 June, p. 526). I wish to draw attention to the fact that the Heimlich flutter valve is no longer imported into this country, nor is there any British-made substitute for this invaluable device. The British distributors have been unable to find any reason for this. Perhaps you or your readers may be able to shed some light on this.—I am, etc.,

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Colour Disturbance as a Symptom

SIR,—As your leading article (5 April, p. 2) points out, approximately one male in 12 has defective red-green colour vision.

This handicap is a bar to a number of occupations—for example, employment in the Forces, in the operational fire services, or as an art teacher. Over the past year I have seen two applicants for training as art teachers who have had defective colour vision (they may become Michelangelos).

It would be of interest to know how this condition affects one in 12 of males working in other occupations—doctors, analytical chemists, pathologists, electricians, public health inspectors, etc. Any person in fact who may have to undertake titration or colorimetric testing on blood, urine (Hemacombistix), or public water supplies; or who may have to distinguish between colours in the electrical and television services.—I am, etc.,

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