A second point, and this was emphasized by Dr. Powles and his colleagues, is the problem of the transmission of serum hepatitis, the risk of which constitutes a major theoretical disadvantage of using freeze dried plasma. The type of patient usually put on the blood cell separator is, because of his reduced immunological competence, at considerable risk from serum hepatitis. Using pooled plasma it is impractical to test for Australia antigen and one must therefore obtain plasma from "safe donors" with the co-operation of the regional blood transfusion service.

In some ways the problems of patient selection and the transmission of hepatitis are similar to those encountered during haemodialysis. It seems likely that continuous flow blood cell separators will become increasingly important in rapidly removing relatively large volumes of plasma during exchange procedures and in the procurement of therapeutically useful numbers of formed elements. It is therefore important that the logistic problems associated with the use of haemodialysis should be closely studied by those involved with blood cell separators.—I am, etc.,

C. B. FREEMAN

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Manchester

Antileprosy Drugs

SIR,—I was interested to learn of Dr. A. S. Garrett's early experience with dapsone (23 October, p. 300) and was surprised that in the early 1950s he was giving such very large doses (1,200 mg/wk). At that time I was giving 700 mg/wk and had a 10% incidence of psychosis among my patients in the Jordan Hospital, Redhill, but no psychosis among larger numbers of outpatients treated with the same dosage. But among my cases of psychosis were patients receiving drugs other than dapsone, which confirmed the findings of psychiatrists who had studied psychosis in leprosy, that in leprosy hospitals one must expect an incidence of psychosis in the region of 10%, irrespective of the type of drug given. For instance, Lowinger¹ found an incidence of psychosis at Carville, U.S.A., of a little over 10%, and after studying an earlier report by Cazenette, deduced that of 427 leprosy patients admitted to Carville between 1923-27 (that is, before the introduction of sulphone therapy) psychosis occurred in 9%. Hence I am surprised that Dr. Garrett claims that he "scarcely ever had any mental trouble" prior to the introduction of sulphone therapy.

The only thing that can be said for certain is that dapsone, given in the dosage now generally used, will not cause psychosis, and I am sure that Dr. Garrett will agree with this.—I am, etc.,

W. H. JOPLING

London W.1

¹ Lowinger, P., *American Journal of Psychiatry*, 1959, 116, 32.

Hyposensitization Treatment

SIR,—Dr. A. P. Smith (23 October, p. 204) ascribes improvement in asthmatics to hyposensitization to *D. pteronyssinus*. In view of the small number of patients, the fact that only patients receiving the course of hyposensitizing solution (8 out of 11) had

sore arms, and the absence of any data on improvement in ventilatory function, the quality of the assessment must be questioned. Though it is possible that hyposensitization had a beneficial effect, in view of the side effects of treatment not found with placebo, it does not seem that observation can have been totally "blind." Patients also must have had an inkling that they had received effective therapy, and a counter-irritant effect could have been beneficial to their asthma.

I cannot feel that Dr. Smith's conclusions are yet fully justified.—I am, etc.,

W. J. H. LECKIE

County Hospital,
Hereford

Future of Hospital Management

SIR,—Recent minutes of a district hospital management subcommittee disclose the recommendation that "a Senior Management Group be established, consisting of the Group Secretary, Treasurer, Chief Nursing Officer, and the Chairman of the Medical Executive or his deputy."

I have thought for some years that medical responsibility for administration in hospitals was, with a few exceptions, on the decline, but surely this represents the nadir so far. May I make two comments. First, there is no member to represent patients' interests directly. Second, there will be only one doctor on this powerful committee of four and he will need to be superhuman to embrace the interests, for example, in the district hospital I know best, of 668 patients in geriatric and psychogeriatric beds, some 600 in psychiatric beds, 272 in acute wards, 187 in maternity, and 151 in general practitioner beds. And how one may ask would the majority of these patients fare under a senior management group if all the members have a general hospital background and none are experienced in the present practical provisions for, and differences between, geriatric and psychogeriatric care, psychiatric care of the elderly, and care of the older mentally handicapped?

The hospital exists primarily for patients, not for administrators, nurses, or even doctors. Surely any proposal like the one above should be thought out afresh, paying closer regard to the functions that the district hospital actually performs and the needs of the people whom it aims to serve.—I am, etc.,

R. W. PARNELL

Sutton Coldfield,
Warwick

Motor Race Rescue Unit

SIR,—We are a group of motor race officials who over the years have become appalled at the lack of safety at some motor race meetings.

Last year we instigated a rescue unit and with considerable assistance from many parties interested in the sport we now have a comprehensive range of rescue equipment. However, we feel that our service would be of more use to race organizers if we could incorporate a medical service with our rescue unit.

We wonder if through the columns of your journal we could contact any doctors who live in our vicinity and who are interested in motor sport and who might be interested in joining our unit. If any members of the profession are interested I would be glad if they could contact me when we could discuss details and arrange a meeting.—I am, etc.,

RUSSELL S. J. MARTIN

4 North Street,
Nazeing,
near Waltham Abbey,
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S. Luke's Medical Fellowship

SIR,—We would desire the courtesy of your columns to bring the attention of communicant Anglican doctors to the fact of the existence of S. Luke's Medical Fellowship. This is a revival of what used to be known as the Union of S. Luke. We feel that there is definitely a place for such a fellowship in order to deepen the spiritual lives of Anglican doctors and at the same time to foster a warm alliance with the clergy. The two callings have much in common with each other and can benefit from discussion of common problems.

The first meeting of S. Luke's Medical Fellowship has been held. It included a celebration of Holy Communion at the Church of S. James, Piccadilly and the first annual general meeting.

Full particulars of membership can be obtained from the honorary secretary at the address given below.—We are, etc.,

J. B. GURNEY SMITH
Chairman

BARBARA SHUTTLEWORTH
Honorary Secretary

Rowanhurst,
Northbrook Avenue,
Winchester, Hants.

Dissect

SIR,—The di-semination of di-similar pronunciations of "dissect" has caused recent correspondents (2 October, p. 51, and 23 October, p. 235) to express their di-satisfaction. This di-sension over the di-sonance of "di-sect" does us a di-service. If the dis-senters read this di-sertation aloud, perhaps they may be di-suaded from further di-sidence.—I am, etc.,

JAMES R. NOLAN

Edinburgh

Normal Range for Serum Transaminases

SIR,—Professor D. N. Baron and his colleagues rightly draw attention to the danger of uncritically accepting manufacturers' stated normal ranges (4 September, p. 583). Three is, however, a risk that their own values may come to be accepted as correct and their stated range indiscriminately applied although this does not seem to be intended by the authors.

We wish to describe our own experiences with the spectrophotometric assays according to Henry *et al.*,¹ and to offer a possible explanation for Professor Baron and colleagues' findings. Until recently, these assays were performed in our laboratory using the Unicam SP 800 spectrophotometer.² We then changed to the LKB Reaction Rate