Membrane Disease."¹ Unfortunately, you have seriously misrepresented our results. Our survival figures do not refer to "overall survival rate," they refer to the survival rate for infants who are severely affected by the illness, as defined in the article. Our overall survival rate is much higher.² Furthermore, the numbers you quote are wrong. The survival rate for all seriously affected infants in 1970-2 was 69%, not 63%; and the survival rate for the ventilated ones in 1967-9 was 11% and in 1970-2 49%, not 15% and 44% as stated in your article.—We are, etc.,

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London W.C.1

¹ Reynolds, E. O. R., and Taghizadeh, A., *Archives of Disease in Childhood*, 1974, **49**, 505.

² Reynolds, E. O. R., *British Medical Bulletin*. In press.

**Our leading article recognized the high standards of the neonatal unit at University College Hospital, and we regret that these errors gave a false impression of the results of treatment there.—ED., *B.M.J.*

Jaundice after Halothane

SIR,—There is no doubt that the paper by Dr. W. H. W. Inman and Professor W. W. Mushin (5 January, p. 5), and the associated letter circulated by the Committee on Safety of Medicines to all doctors, dentists, and pharmacists within the United Kingdom has changed the practice of clinical anaesthesia both in Britain and abroad. There is equally little doubt that such change has not necessarily been to the advantage of the patient. The paper by Dr. Inman and Professor Mushin has been widely criticized—a reflection of the major flaws in the data and arguments presented. It is possible that the allegation of a positive direct association between multiple exposures to halothane and postoperative liver damage, supported by Dr. Inman and Professor Mushin, may eventually be substantiated—indeed, we have never dissented from the view that the possibility of such a direct relationship exists. However, the evidence presented in their paper did not entitle the authors to draw such a conclusion.

By far the most disquieting feature of this unfortunate affair has been the attitude of the Committee on Safety of Medicines. Implicit in the effective function of this important body is that it must have the confidence, respect, and trust of the medical profession. The position of the present committee in this respect must now be a matter for debate. Why were the members of the committee unable to discern the major limitations of the data on which the analysis by Dr. Inman and Professor Mushin was performed—limitations so readily made apparent in the correspondence columns of this journal? Why did the committee not seek expert opinion before taking the drastic step of issuing its inopportune letter? Perhaps it did?

The committee has maintained an obdurate silence despite the many and serious doubts which have been cast on the validity of Dr. Inman's and Professor Mushin's conclusions. Furthermore, the committee has ignored not only the temperate and carefully worded statement by the Medical Re-

search Council (27 July, p. 268), but also pleas for the circulation by the committee of a moderated version of its document by the Anaesthetic Research Society, the Association of Professors of Anaesthesia (with one notable abstention), and the Anaesthetists' Subcommittee of the Central Committee for Hospital Medical Services.

The functions of the Committee on Safety of Medicines are fundamentally too important to be prejudiced by such behaviour. We respectfully suggest, therefore, that the present members should offer their services for alternative, less demanding activities.—We are, etc.,

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LEO STRUNIN

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Dr. Mikhail Shtern

SIR,—I wish to draw the attention of professional colleagues to the appalling case of Dr. Mikhail Shtern of Vinnitsa, Ukraine. The details are as follows.

Dr. Shtern is a leading endocrinologist in Vinnitsa. In November 1973 his son applied for a visa to go to Israel and subsequently Dr. Shtern was advised to forbid his son to emigrate. He refused and consequently lost his job. In May of this year his apartment was searched by the K.G.B. Dr. Shtern was arrested and imprisoned. Every attempt was made to find something to accuse him of. These attempts failed. Finally the authorities resorted to the mediaeval accusation that Dr. Shtern had poisoned some of his young patients. After much difficulty they have found "witnesses" to provide evidence and a trial was due to start on 2 December. This is reminiscent of the infamous "Doctors' Plot" of 1952 and cannot but cause grave apprehension. In addition, Dr. Shtern has been very ill in prison and has had recurrent haemoptyses.

I am sure we are all saddened at the treatment of a professional colleague in this way and I ask for support for him in his difficulties.—I am, etc.,

JOHN COHEN

London N.W.11

Value of Hospital Case Notes

SIR,—Dr. A. A. Lewis does himself and his colleagues in hospital considerable injustice in his letter (23 November, p. 468) on the matter of general practitioners' access to hos-

pital case notes. I recognize and respect his feelings on this subject, but he must not allow the facts to be obscured. He knows very well, for he is on the district medical committee, that it is the district hospital medical committee and not the staff of St. Mary's Hospital alone that has incurred his anger. He knows very well that the hospital staff committee welcomed visits by G.P.s to their patients when in hospital and agreed to free access to the case notes *with the permission of the consultant concerned*. He ignores the very proper reservations of a few consultants in sensitive specialties and instead claims a divine right for the G.P. to read, without consultation, the records made by a specialist colleague. There are some things a patient, rightly or wrongly, wishes to keep from his G.P. but tells a specialist and I am sure there are many things the patient tells his family doctor but keeps from the hospital staff. We both have to respect these confidences and yet work together to help those who put their trust in us.

Dr. Lewis knows that no affront to G.P.s was intended—quite the reverse—and he should also know that working as a team sometimes involves accepting that opinions can differ.—I am, etc.,

A. J. HARROLD

Chairman,
Kensington and Chelsea and
Westminster Area
North West District Hospital
Medical Committee

St. Mary's Hospital,
London W.2

Diagnostic Test for Multiple Sclerosis

SIR,—The absence of technical detail in the communication from Foster *et al.*¹ denying the specificity of the linoleic acid depression (L.A.D.) test for the diagnosis of multiple sclerosis (M.S.) makes it difficult to analyse the possible sources of the discrepancy between their findings and those in the original positive report.² However, one of us (B.K.S.) made the actual measurements in Foster *et al.*'s work and is aware of certain differences which obtained in the two series of studies.³ It now seems that a major factor was their use of tuberculin purified protein derivative (P.P.D.) instead of thyroid as test antigen. The former would have been quite in order had the test animals been free from "spontaneous" sensitization.

We have now repeated a double-blind trial using thyroid (F1 fraction) as well as P.P.D. (as used in the Foster experiments) since the latter has antigenic determinations in common with encephalitogenic factor (E.F.)⁴ and guinea-pigs become sensitized to both if

Percentage Reduction in Response to Antigen Brought about by Linoleic Acid (L.A.) in M.E.M. test with Lymphocytes from Two M.S. Patients and a Normal Control using "Spontaneously" Sensitized and Non-sensitized Guinea-pigs as Source of Indicator Macrophages.*

Antigen	Sensitized guinea-pig			Non-sensitized guinea-pig
	Patient 1	Patient 2	Control	Patient 1
P.P.D.	43.6	32.7	75.5	91.4
Thyroid (F1)	95.0	91.4 (88.0)	51.0 (45.1)	89.7 (84.4)
Animal Sensitization (Diengdoh and Turk*)				
E.F.	8.4	—	8.4	—
P.P.D.	6.6	7.8	6.9	1.2

* % reduction = $\frac{\% \text{ slowing with antigen} - \% \text{ slowing with L.A. + antigen}}{\% \text{ slowing with antigen}} \times 100$

Figures in parentheses are those obtained on aliquots by another observer using a different cytophotometer.