have a most deleterious effect on the health of children. I think, therefore, it is not unreasonable that the school doctor should consider the whole environment of the school and not be concerned with development of the school medical officer. Most authorities tend to have separate sessions at which medical officers may be asked to undertake such examinations and, again, I do not feel that they can be completely divorced from concern for the health and welfare of the child. There can be few more harmful influences on a child’s career than to be subjected to a physically or mentally disturbed teacher. Again I speak from personal experience and I think it is sound that doctors who work in the school health service should have some opportunity of considering the suitability of teachers, on medical grounds, to work with children.

Finally, it has long been considered a duty of all doctors in the preventive field to practise health education, and why this should be considered wrong for school doctors beyond my comprehension. I would have hoped that both Dr. Bamford and Professor Davis practised health education diligently during their work as paediatricians.

I would not wish my criticism of one section of the paper to imply any other than general agreement with the views of the authors and respect for their excellent paper.

— I am, etc.,

ANTONY J. ESSEX-CATER
Monmouthshire County Health Department, Newport, Mon.

Occupational Medicine

Sir,—Your leading article (3 February, p. 250) expresses criticisms of the Robens Report that will find a wide measure of agreement among doctors working in industry. However, the statement that “occupational physicians and occupational health nurses spend up to 100 hours in their time in aid of the service. I would have hoped that both Dr. Bamford and Professor Davis practised health education diligently during their work as paediatricians.”

I would not wish my criticism of one section of the paper to imply any other than general agreement with the views of the authors and respect for their excellent paper.

— I am, etc.

T. G. F. HUDSON
University of Bristol

Children’s Wheelchairs

Sir,—In reply to Dr. R. H. Taylor’s letter (20 January, p. 173) concerning children’s wheelchairs, the equipment is traditional not only because the engineers who design it do not have correct training but also because those who prescribe it do not give the correct details. It is not for the engineers to prescribe.

There are few anthropometric data on normal children under the age of five and none on handicapped children. The clinical involvement of engineers is, as Dr. Taylor states, non-existent. Equally, there is no move in the medical, nursing, and para-medical professions to include modern technology in their trainings—that is, anatomy in relation to biomechanics and anthropometrics, physiology in relation to work, and environmental physiology and psychology in relation to skill and occupational psychology. These are the components of ergonomics. Poor ergonomics can exist only when ergonomic principles are applied.

Ergonomics is a technical subject which is concerned with the careful collection of data about individuals as physiological and psychological beings in an endeavour to make the physical working environment compatible with them. It is used by industry in car design and in the armed forces, but rarely in the National Health Service. It is time that it became a subject of serious postgraduate study for relevant sections of the profession.

If the design of equipment and aids, not only for children, but for handicapped and impaired people in general, is to be improved, then those who prescribe them must be correctly trained. Do not let us condemn the engineers and designers who are doing their best to provide equipment when they are not given the correct specification because of lack of training of the prescriber. Let the blame be fairly taken.

I am a nurse and an ergonomist but was unable to find any post in the Health Service where I could use my ergonomic training. Fortunately for me, industry is not so backward. I am, etc.,

PAULINE BRETTEN
London E.18

Sponsored Hospitality

Sir,—Mr. K. Norcross in his letter (3 February, p. 294) concerning drug firm hospitality raises what appears to be a disquieting point.

As a junior doctor I have attended many such meetings in a number of hospitals in this region and I can see how distasteful such hospitality can appear to be if it is misunderstood by those not attending the meetings. This hospitality certainly provides the likes of me with some light relief, but I feel that the lure of some food or drink only increases the enjoyment of the meeting and the numbers attending. I do not feel any more favourably disposed to the drug firm’s products. Indeed, the atmosphere merely favours a more lively, critical, and often amusing discussion.

I think it is a shame that these meetings should be viewed with such suspicion and even banned in some hospitals. We should surely not admit that we could be bribed into using one product rather than another, and the banning of such meetings does just that. — I am, etc.

STEPHEN BRENNAN
Royal Hospital, Sheffield

Insulin Syringes

Sir,—There has long been concern over mistakes which are made, particularly by patients but also by nursing and medical staff, in the dosage of insulin. This is due in large measure to the various strengths per ml available on the market. Some effort to minimize these mistakes has been made by attempting to insist that only the B.S. 1619 insulin syringe should be used. Even this allows of mistake because of the use of terms like “single” and “double” strength. This can be confusing with soluble insulin, which is still supplied in strengths of 20, 40, and 80 units/ml.

In the U.S.A. it is proposed that only a single strength insulin of 100 units/ml shall be supplied. I do not think this is suitable, as the greater the “strength” of the insulin, the greater the difficulty of measuring small doses or small dose changes.