began to show after a month's treatment, and within six months the liver had shrunk to half its previous size, the blindness was passing off, the paralysis was no longer present, and the mass in the ilium had disappeared entirely. The patient, who had been bedridden for months, was able to get up and lead an ordinary quiet life, spending part of the summer in the country skating. She died two years later, but apparently of natural causes, and not to be a cerebral tumour. No one could fail to be impressed by such a result, especially when taken in conjunction with others.

At the moment I can only consider H 11 to be an adjunct to other forms of treatment, surgical and radiological. It appears to be an agent which, when certain unknown factors are present, can retard or even stop altogether the growth of malignant tumours. It is relevant to call to mind the stages of the treatment of diabetes by pancreatic preparations, and menopausal conditions by ovarian extracts. Successful results were few, but sufficient to induce further and patient experiment until to-day we have insulin and stilboestrol. So with H 11. There is enough evidence of success, I think, to demand from the profession a complete investigation into the possibility of developing this substance into a reliable remedy. In conclusion I would say that a visit to the Hosa Laboratories will quickly resolve all doubts as to the earnestness and importance of the effort that is there being made to solve one of the world's most serious problems.—I am, etc.


J. W. BARNETT.

Management of Acute Pleural Empyema

Sir,—The answers to Mr. Harold Burrows's questions (Oct. 9, p. 463) are to be found in my original paper (Sept. 25, p. 383). Dealing with non-localized empyema I said: "In such circumstances repeated aspiration of infected pleural effusion may be necessary... In certain cases the same conditions may call for a water-sealed intercostal drain." Both these methods are effective and I use them frequently. The treatment of localized empyema may be by either open or closed drainage. Both these methods are, of course, satisfactory in the hands of those who are experienced in their use. I do, in fact, frequently employ closed drainage. The small patients that I hoped to manage by means that perfectly adequate treatment could be given with the simplest possible equipment. When empyema are being treated in general hospitals or under war conditions, often by those who have no great experience, I feel that the importance of adequate drainage by simple means cannot be over-stressed. The more we become specialized the more I feel that we should try to simplify surgery rather than complicate it.—I am, etc.,

Leeds.

P. R. ALLISON.

Desert Sores

Sir,—The article by Dr. J. M. Henderson (May 29, p. 657) on the relationship of sunlight to desert sores prompts me to put forward a possible aspect of this relationship which has exercised my mind for some time.

The effect of the ultra-violet rays of the sun in decreasing the polymorphs in the lymphocytes, and causing a "shift to the left" in the polymorph nuclei, has been shown by several workers. Shaw (1936) demonstrated the latter in Egypt and Kennedy (1935) in Iraq. Pellicciotta (1939) found neutrophilopenia and lymphocytosis with a shift to the left among white residents in Africa. Stammers (1933) says: "It is an established fact that ultra-violet irradiation leads to lymphocytosis, but it does not seem probable, then, that a neutrophilopenia due to solar irradiation is a further instance. In many instances by the common custom among the troops of sun-bathing, may underlie the reduced resistance to infection of some trivial injury? It is interesting to note that Corkill (1939) in the Sudan recorded a relation between increased infection and increased incidence of cerebrospinal meningitis. Although he postulated a vitamin deficiency as the connecting link, I feel that diminution of the polymorphs might have something to do with it.

As regards the treatment of desert sores, I should like to suggest the application of a wad of gauze soaked in sterile peptone broth as used in the bacteriology laboratory. Applied night and morning for a week or two it often works wonders in cleaning up dirty ulcers and promoting healing. Its efficacy makes me wonder whether the so-called "ultra-virus" preparations may not owe their action not so much to the products of bacterial growth as to the peptone broth which forms their basis. In some cases, after initial improvement an ulcer will again become "indolent," in spite of continued use of the broth. This accords with the experience of Rapport (1942), who, from his experience of treating desert sores, found that it was not advisable to persevere for longer than two weeks with any particular treatment, as the sores tended to acquire a tolerance to it. How the broth acts I do not know; possibly peptone water, or meat extract, or even saline dressings would work equally well. A house not access to sufficient cases to determine the question.—I am, etc.

The Public Health Laboratories, Cairo.

B. R. SANDIFORD.

Correspondence

REFERENCES


Dentistry as a Specialty of Medicine

Sir,—Reading in your advertisements of white-time posts for school and assistant school dental surgeons to the councils of large counties for which about £10 a week is offered, I feel the time has come for a discussion of the following questions.

1. Is the importance of first-rate work in dentistry for children of school age as part of preventive medicine realized by the authorites or ourselves? Can such work be done by the inexperienced or the out-of-date dental practitioners? Whom otherwise do authorities wish to attract by such salaries?

2. Is there any reason, apart from custom, to look upon dentistry as anything but a fully equal partner among the specialties into which modern medicine and surgery are divided?

3. Is it not time that the calling of the dental practitioner is put on an equal level with that of any other branch of medicine in its curriculum, medical and social standing, and its remuneration?

4. Would it not be better to have one dental surgeon in each area with some experience with group practice which may be under way?

5. Would it not be in the interests of a profession which is charged with the maintenance of health in all its aspects to end the seclusion of one branch of practice, if practised at its best, as much knowledge, skill, and disinterested work as any other?

6. Should not medicine as a profession help in removing such outlived drawbacks and prejudices against dentistry as still exist?

7. Have not the last twenty years or so given growing proof of the importance for health of good teeth and gums and of the significance of bad teeth as indicators and causes of disease elsewhere?

8. Should not the existing professional organizations unite in consultation and action on such questions of scientific, educational, organizational, and health-political interest as constantly arise at present?

My reason for writing is this. We need more dental doctors and more of them who attain the highest standards. We cannot expect to get them unless we give this medical specialty the honour which it deserves and which the profession which, on theoretical and practical grounds, it deserves. Dental medicine and surgery are doing good work. Witness the collaboration of dental surgeons with plastic units or the outstanding book on The Principles of Dental Medicine, by F. W. Broderick. I myself am neither a dental surgeon nor related to one.—I am, etc.,


L. MICHAELIS.

Hospital Posts Under Local Authorities

Sir,—The letter from Mr. Edgar W. Thomas (Sept. 25, p. 405) on appointments to hospital posts strikes a sympathetic fibre in my being. For young men, in and out of season, driven to bring before the profession the injustices of the system of selection perpetrated on unsuspecting aspirants for appointments to the staffs of provincial hospitals.

Mr. Thomas says: "This system whereby lay committees appoint medical men to hospital and other posts is both ridiculous and demoralising." I would point out that the fault does not lie with the lay committee: they merely go through the form of making the appointment; their crime is one of ignorance. The real appointment is made by the medical committee of the hospital; they are the "bands behind the
The Classics in Medical Education

SIR,—I trust you can give me a little space to protest against Prof. Major Greenwood's conditional plea for making Latin a compulsory subject of medical pre-education (Sept. 18, p. 375). If there is any of that increasingly precious commodity time to spare, in Heaven's name let it be spent in preparing the student in a realistic way for the problems he is liable to meet. Surely to base a scientific method is likely to be much more valuable than acquiring the ability to construe the Latin authors, and, in fact, has been left far too long out of the curriculum.—I am, etc.,
FREDERICK DILLON.

Unity in the Profession?

SIR,—My letter (Sept. 25, p. 405) makes it clearly perfect that it is to Dr. Buchan's views on State medicine (Aug. 28, p. 278) that I am opposed. I do not possess Mr. McCuritch's knowledge (Oct. 17, p. 496) of his activities in the discussions with the Government. I am quite aware that he was chosen by the Society of Medical Officers of Health—a component of the Representative Committee. I carefully made no reference to his having been chosen by anyone. The B.M.A. did choose at least one member of that Society and others whose views in the past have closely corresponded with those of the M.O.H. group. I still maintain that men with such views should not be elected to the future negotiations committee. It seems ludicrous to have them when unity of outlook and purpose is essential on so vital a committee.

The drawing of his obviously false inference gave Mr. McCuritch the opportunity to write a letter in which he lifts the edge of the veil which, I believe, perhaps in ignorance, is still tightly drawn over the discussions between the Representative Committee and the Government. I wonder who authorized this? Mr. McCuritch complacently states that "that [M.O.H. group] presumably will let the G.P.s settle what they want." Will they? I glean from Dr. Buchan's letter that the M.O.H. group desires full State medicine and to control it, but there is no need for haste. I would be among the first to agree with Mr. McCuritch concerning Dr. Buchan's knowledge of his job and of the administration of Government Departments. These officials can take the thick or thin of these discussions, but it is probably the case that the Department should be brought out, in spite of the fact that they are notoriously jealous of the scope of their administration. It is not with the integration of the various Departments and the Public Health Services that I am particularly concerned. I would leave that to Dr. Buchan and others like him who know about it and who are capable of dealing with it. Such men should be on the Government side of the fence when negotiations begin. It is in the future position and status of the general practitioner consultant group that I am interested. Their representatives on any future committee should be "elected"; and to give doctors a proper opportunity of voting correctly candidates for election should issue a manifesto stating clearly their views. The present official position of any doctor elected in any society should not make him sine qua non a member of this vital committee. It is quite possible that by holding such elections some experienced men may be passed over, but a committee so elected, with a clear policy and backed by the profession, will be able to negotiate with strength. So it seems to me now the discussions are over.—I am, etc.,

DONALD WATSON.

Obituary

ERIC Pritchard, M.D., F.R.C.P.

Eric Pritchard, who died at Exmouth on Oct. 20 after a long illness, was widely known for his work, extending over thirty years, in the cause of infant welfare. He was a pioneer in many aspects of child hygiene, a brilliant organizer of infant care, and a lecturer and writer of distinction, but his crowning work was his fourteen years' medical directorship of the Infants' Hospital, Vincent Square, Westminster. This post, to which he was appointed in 1922, was rather an uncommon one in British hospitals. It was created to meet the need for a hospital dealing exclusively with children, which, like other hospitals of the kind, had suffered from the diversion of public attention during the years of the last war. When owing to Pritchard's efforts and those of the generous friends whose sympathy he enlisted, an annexe was opened, bringing up the accommodation to 100 beds and the new out-patients to 3,000 a year, it claimed to be the largest hospital of its kind in the British Empire.

The Infants' Hospital remains in a sense Pritchard's monument. Those who went round the new extension under his guidance were impressed not more by the originality of the design and planning than by the enthusiasm of the medical director. The arrangements for ensuring light and ventilation and avoidance of cross-infection, the open-air balconies to which every ward and wardlet had access, the provision of a doctor for each section in the establishment, the bath thermometers, the clinic for deaf and partially deaf children, everything from the special floor to the special ceiling betokened Pritchard's mind. Most of all he delighted in the lecture hall.