which a high rate of amino-acid transport is observed. The enzyme plays a key role in the γ-glutamyl cycle, which has been proposed as a system for amino-acid transport. It is worth noting that many symptoms of M.D. are manifested in organs in which γ-GT is concentrated. The high levels of the enzyme are consistent with its specialized function in reabsorption of amino-acids. Aminocuduria is confirmed in M.D. γ-GT is also found in high concentrations in the seminal vesicles, epididymis, and prostate, and hyponagadism is a usual manifestation of the disease. In the lens high levels of γ-GT and glutathione have been found. Since cataract is a common symptom in M.D., its formation may be associated with an amino-acid transport defect and abnormal γ-GT activity. In the bronchi γ-GT is bound to the epithelial membrane and a defect of the γ-glutamyl cycle may participate in bronchitis which is usually present in patients with M.D. γ-GT has also been demonstrated in the thyroid gland, which is usually affected in M.D.

γ-GT activity in M.D. combined with some of its clinical manifestations, together with the fact that the enzyme is membrane-bound, while there is support for the membrane localization of the defect in M.D., the disease may be associated with abnormal γ-GT activity and a defective γ-glutamyl cycle. We are, etc.,

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Injudicious First-aid

Str,—I, too, have been interested in your leading article of 5 April (p. 5) and, like Dr. D. A. Chamberlain and his colleagues (26 April, p. 191), have felt concern about its content. The report of the pathologist in the case quoted was of course inconsiderate and any lessons to be learned have to be considered carefully before adverse criticism is pronounced. Heart-lung resuscitation is given prominence in first-aid training because it has the best chance of saving life. First-aiders may rarely if ever meet a case of cardiac arrest, but when they have to act in this emergency there is no time to lose. Absolute confidence in what they are doing is essential if the best chance of survival is to be afforded.

Adult training is thorough, as may be seen at the Police Training College at Bramshill, Hants. Here, as elsewhere, training aids are used. The latest in the Resusc-Ann series is the recording model which shows graphically the progress of the first-aid procedures from the clearing of the airway to the final compression of the chest which is essential to diagnosis of heart stoppage and circulatory failure is reached after the preliminary steps have failed to get response. Heart compression is not emphasised until confirmation of circulatory failure—that is to say, absence of the carotid pulse among other signs—is obtained. Fracture of ribs should be accepted, particularly in the elderly, as a normal result, and successful resuscitation has been recorded after multiple rib fracture necessitating tracheostomy.

What attitude is then to be adopted towards the first aider? Is he or she to be encouraged to perform resuscitation or be expected to act at a critical time to stand aside and perhaps watch the patient die? There is only one answer.

To be sure, the following pathologist’s report on the death of a woman of 64 years—what of heart failure resulting from sudden fright? This is not unknown. In March this year the decision of a jury was that the death of a coronary patient was a direct result of being put in a state of fear and alarm.2—‘I am, etc.,

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2. The Times, 5 March 1975, p. 4.

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Arbuthnot Lane and "The Doctor’s Dilemma"

Str,—In his Personal View (19 April, p. 136) Dr. Henry R. Rollin makes a gross error when he implies that the character of Sir Cutler Walpole in George Bernard Shaw’s "The Doctor’s Dilemma" was based upon Sir Arbuthnot Lane. This error has been made before and I quote below a letter from George Bernard Shaw to the late Mr. T. B. Layton which categorically states that there is no connection between Sir Arbuthnot Lane and Sir Cutler Walpole.

"13th March 1948

'I never met A. L. Cutler Walpole was in print years before I ever heard of Lane. You have been misled by the fact that Lane, because he was inventing and practising the operation of short-circuiting the bowels by cutting out yards of colon: a surgical monstrosity which obsessed him as the nuciforam obsessed Walpole. But, unlike Walpole, he came to his senses about it and gave it up. The original of Walpole was a laryngeal special who practised a very simple operation.

‘“Lance attracted my notice by a speech he delivered at a club with a queer name which I forget. It invited him to dinner as a celebrity and had interested it by a half jocular address to which he attached no importance. I, however, saw that it was quite revolutionary in its bearing on the speed of evolution, and called attention to it. He was naturally pleased and friendly after this; but still we never met. Whether he had ever heard of me before I do not know. I had heard of him through his operating on Lady Sinsom (Lena Ashwell), then a leading actress.

‘As to the idea Walpole’s obsession and reduced him to powerlessness, whereas I praised Lane and gratified him, I think you had better leave Walpole out of the book. Any allusion to him will start a legend that I dispaired of"

"G. Bernard Shaw."

Before impugning the reputation of so great a surgeon as Sir Arbuthnot Lane I