indicate disease. The distinction between subjects with precipitins who have disease and those who have not must be made by clinical, radiological, and physiological means, but the presence of precipitins in a subject with a clinical picture consistent with allergic alveolitis is an important guide to the diagnosis.

The scope of our leading article did not allow full discussion of the immunological mechanisms of extrinsic allergic alveolitis, though, as we pointed out, the Arthus concept is insufficient to explain all the features of the disease. Dr Penny and his colleagues have shown lymphocyte transformation in patients already selected on clinical and radiological grounds but none in asymptomatic subjects with precipitins. Alternative approaches have been to look for immunological abnormalities in subjects without precipitins or to measure complement (C3) consumption in order to detect disease at an earlier stage. Moreover patients have been described in whom precipitins and a positive response to challenge with pigeon serum are present, but lymphocyte reactivity to the serum is absent. For the moment the clinician must still make the diagnosis on clinical and histological criteria, supported but not overinfluenced by those immunological tests that are available to him.

—ED., BMJ.

Doctors, contraception, and sterilisation

SIR,—In these days when so much of the reproduction of the human species and its control it is not unreasonable to pause for thought and review the situation. Our vocation as doctors is to the prevention and treatment of disease and injury; a full-time occupation and one not adaptable to regular hours. We are therefore responsible people and as such should be applying ourselves to administering drugs to control infections and correct deficiencies or deviations from the norm in those who need them. Similarly, when the case requires surgical intervention, operation is undertaken with a view to cure or alleviation.

What justification, therefore, have we in prescribing “the pill” to disrupt the normal hormone rhythm in the female and what right to mutilate the male to the end that he be rendered sterile?

ARTHUR R HILL

Ipswich, Suffolk

Dosage of neomycin sulphate

SIR,—We have noticed a discrepancy in the dosage of neomycin sulphate quoted for use as an intestinal antiseptic between the British Pharmacopoeia and the British Pharmaceutical Codex.

The dosage range suggested in the BP is 2-8 MU, whereas that in the BPC is 2-8 g. Since there is 1·5 g of neomycin sulphate in each megunit the BP dose is 3-12 g, half as much again as that suggested in the BPC. To complicate the matter further, the Extra Pharmacopoeia (Martindale)1 and Goodman and Gilman,2 both respected texts, follow the BPC and suggest a dosage of 2-8 g while the British National Formulary follows the BP in giving a dosage of 2-8 MU.

Since neomycin sulphate is available as a standard preparation of the European Pharmacopoeia, monographed as containing not less than 650 international units of activity per milligram, it must be accepted as a substance that can be determined by weight alone. It would therefore seem that dosage ranges should be given by weight rather than in units.

The discrepancy between the various respected authorities should, perhaps, be explained.

M G THUSRE

Gravesend and North Kent Hospital
Gravesend


Measles encephalitis during immunosuppressive treatment

SIR,—Your recent leading article on this subject (26 June, p 1552) draws attention to an important problem of management. However, while appreciating the importance of T-lymphocytes in the immune response to viral infection, we feel that the statement that “prophylactic irradiation of the central nervous system selectively reduces T-lymphocytes” is perhaps too dogmatic. Certainly the relative radiosensitivities of T- and B-lymphocytes are far from clear. Our own experience1 and that of others2 shows that B-lymphocyte numbers are reduced relatively more than those of T-lymphocytes during remission and we have demonstrated the possibility that radiotherapy may be responsible for this reduction. There is also evidence that, in some B-lymphocytes malignancy is functionally more sensitive to ionisation radiation than at least one subset of T-lymphocytes.3

MICHAEL REID

A W CRAFT

Department of Child Health, Royal Victoria Infirmary, Newcastle upon Tyne

2 Sen, L., and Borella, L., Cellular Immunology, 1973, 9, 84.

United profession

SIR,—Reports of the Annual Representative Meeting in the general press and in your pages convey the impression of a solidarity in our profession which does not exist. In many cases, indeed, the conflicts and the years have been described and we have demonstrated the possibility that radiotherapy may be responsible for this reduction. There is also evidence that, in some B-lymphocytes malignancy is functionally more sensitive to ionisation radiation than at least one subset of T-lymphocytes.

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Staffing in the hospital service

SIR,—With reference to your leading article on this subject (19 June, p 1492) the BMA through its Commonwealth Bureau has indeed helped 60,000 overseas trained doctors in guiding them to suitable employment, but has also followed their fate as to what happened throughout this period?

If you would initiate a follow-up research on the fate of the overseas doctors you will be surprised how correct the statements in the Community Relations Commission report are. Moreover, if you refer to BMA policy as reflected in motions passed by the Representative Body in 1970 and 1972 you will see that the above overseas doctors’ problems were indeed initiated by the BMA.

Your veiled criticism of the formation of the Overseas Doctors’ Association is, I think, unjustified. The Overseas Doctors’ Association...