

a recollection of one of Miss Nightingale's aphorisms: "Bad administrative arrangements often make it impossible to nurse."<sup>1</sup>

—I am, etc.,

PEGGY NUTTALL  
Editor,  
*Nursing Times*

London W.C.2

<sup>1</sup> Florence Nightingale, *Notes on Nursing: What it is, and What it is Not*, London, Harrison and Sons [1859].

### Recent Research into Psoriasis

SIR,—I was interested to read the review on recent research into psoriasis (24 July, pp. 231 and 234), in which Professor S. Shuster states that although the dermis plays an important role in epidermal differentiation this aspect has received little or no attention in psoriasis. Preliminary investigations on the Koebner reaction in psoriatic subjects using dermal extracts<sup>1</sup> suggested the presence of a factor in the dermis of active lesions and uninvolved skin of the active patient which has a stimulant action. This factor did not appear to be present in normal non-psoriatic dermis.—I am, etc.,

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<sup>1</sup> Stankler, L., *British Journal of Dermatology*, 1969, **81**, 207.

### Cerebral Vasodilators

SIR,—Dr. C. G. Elliott (17 July, p. 185), commenting on cerebral vasodilator drugs, inquires whether or not such drugs have been given early in the course of cerebrovascular disease.

We have just completed work in this department where cyclandelate (Cyclospasmol) has been given to elderly patients in good health in their own homes. These patients appeared mentally normal in conversation but, on psychometric testing, had early intellectual impairment. Cyclandelate was used in a double-blind crossover trial and statistically significant improvement in the mental function occurred with the drug. The detailed results of this trial will be published later.—I am, etc.,

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### Gaps in Venereology

SIR,—The letter from my former colleagues Drs. F. M. Lanigan-O'Keeffe and W. Fowler (17 July, p. 184) is becoming a hardy perennial but is none the less timely for that and deserves support.

The centripetal collapse of the V.D. services will be fascinating to watch. Apart from there being no newcomers to learn the specialty now, there will shortly be no one left to teach, for those now in harness shall surely all die or retire.

The profession and its administrators must awaken to the fact that there are major specialties and minor specialties, popular ones and less popular ones, lucrative and otherwise. Unsuccessful candidates for the major and popular and lucrative branches of medicine and surgery (same thing), many with three or more years experience as registrars behind them and with higher

degrees in medicine, surgery, or obstetrics and gynaecology, should not only be enticed but should also be considered acceptable and even desirable candidates for senior registrar posts in the minor specialties, without the purblind insistence by effete committees upon their doing a further year or more, still at registrar level, before being thus considered.

You think this opinion is based on hypothesis?—I am, etc.,

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### Double Distinction

SIR,—I read with interest the medical memoranda on dystrophia myotonica presenting with dysphagia (22 May, p. 443). The paper confirms our more recent impression that dysphagia is not uncommon in advanced cases of dystrophia myotonica, and it is not necessarily seen in the terminal stages of the illness.

I note that *Punch* in a recent parody (9 June, p. 778) on the *B.M.J.* has selected part of this paper for its spread, and has quoted our book (Caughy and Myrianthopoulos).<sup>1</sup> This is a rather nice distinction; to attempt a serious monograph and then to find it takes a mention in the humorous columns of *Punch*. What would you do about it?—I am, etc.,

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<sup>1</sup> Caughy J. E., and Myrianthopoulos, N. C., *Dystrophia Myotonica and Related Disorders*, Illinois, Thomas, 1963.

### False Positive Tests for Abnormal Haemoglobins

SIR,—The Sickledex (Ortho) test for the detection of haemoglobin S is a convenient and speedy method for the screening of patients suffering from sickle cell disease (homozygous haemoglobin S) or the sickle cell trait (heterozygous haemoglobin A S). Reliability has been impressive as shown by several authors<sup>1-3</sup> who, in over 1,000 cases, failed to demonstrate a false positive result. Diggs *et al.*,<sup>1</sup> however, also state that false positive results are seen in some cases of dysproteinemia, such as myelomatosis, with high plasma levels of gamma globulin. They suggest that distinction can be made between the flocculation seen in this situation and that seen in the presence of haemoglobin S.

Recently, however, we have found a positive test in a 42-year-old Tanzanian male, who was shown subsequently by cellulose acetate electrophoresis to have only haemoglobin A present. His metabisulphite test was negative. He presented with acute abdominal pain, with a haemoglobin of 7.0 g/100 ml (thus necessitating the addition of 0.4 ml of peripheral blood to the test solution). Eventually he was shown to be in renal failure, and this prompted us to test a number of routine specimens received from cases of chronic renal failure, and later other cases of profound anaemia.

Out of 22 samples tested six gave positive results. So far four of these samples have been re-examined with the cells washed and resuspended in isotonic saline. In all cases the test was then negative. To minimize the chance of observer error these tests were

done in duplicate in two separate laboratories, and on these four cases haemoglobin electrophoresis showed haemoglobin A only. Abnormal proteins have not been demonstrated in these patients but all were anaemic (haemoglobin less than 7.0 g/100 ml), and therefore 0.4 ml of blood was added to the test.

Further studies are being done to confirm these observations. The cause of the false positive results is not entirely clear, but our preliminary tests indicate that it is associated with anaemic patients and the necessity of adding 0.4 ml of blood to the test solution. It seems to us, therefore, that false positive reactions do occur and may provide an erroneous diagnosis if this fact is not appreciated.

We would like to thank Mr. C. K. Campbell of Ortho Diagnostics for his help and generous supplies of Sickledex.

—We are, etc.,

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<sup>1</sup> Diggs, L. W., Schorr, J. B., Arcari, W. O., and Reiss, A., 1968. In *Proceedings of the 23rd Joint Annual Meeting of the American Society of Clinical Pathology and College of American Pathologists*.

<sup>2</sup> Canning, D. M., and Huntsman, R. G., *Journal of Clinical Pathology*, 1970, **23**, 737.

<sup>3</sup> Loh, W. P., *Journal of Indiana State Medical Association*, 1968, **61**, 1651.

### Status of Radiology in Britain

SIR,—In the past few years a great deal has been written on this topic in the general medical press. The comments seem to be unanimous in stressing the inadequate provision and lack of academic departments in radiology in this country.<sup>1</sup> In the light of some discussions at a meeting a year ago, our deficiencies became very obvious.<sup>2</sup> An editorial in *Radiology*<sup>3</sup> clearly stresses and highlights the deficiencies in academic departments in diagnostic radiology in Britain.

To quote but one point from this editorial: "The slowness and lack of recognition of the great potential in radiology in teaching and research have had bad effects on the status of British radiology and have hampered the quality of British medical schools."

Having recognized our deficiencies and having the facts so clearly stated, what can be done about it? The present state of affairs of inadequate provision of academic departments in radiology cannot continue indefinitely if the specialty is not to suffer further and irrevocably. The deleterious effect on recruitment, teaching and research,<sup>4</sup> and even routine services can no longer be denied. For instance, the intake of trainee radiologists in the United States before the widespread creation of new academic departments was relatively low, but the demand is now so great that numbers may well have to be limited and last year approximately 11% of graduate students showed an interest in radiology, intending to specialize in this field. There is little doubt that this success story could be repeated in Britain if we only had the means to do so, but so long as we are housed, staffed, and equipped the way we are at the moment such developments are totally Utopian and quite out of our reach.

We can only hope that our universities and medical schools in particular will recog-