of chemical carcinogens below which there will be no response in man, the absence of papilloma and carcinoma in the stained fingers of man to date is surely significant.

The naive histological demonstration of Dr. F. J. C. Roe and Mr. A. L. Levene (2 September, p. 615) does not have adequate relevance either. Had they demonstrated unaltered epidermal thickness in the stained fingers of heavy cigarette smokers (20 and more per day for 20 years and more) and non-smokers of comparable age, sex, and occupational addition, they would have a leg to stand on. Nor did I ask if tobacco smoke is a carcinogen for man either. What I asked was (5 August, p. 373) whether the absence of "cigarette-smoker's finger," and the fact that not all heavy cigarette smokers develop lung cancer, did not argue for some other essential factor, in addition to cigarette smoke, for the evolution of malignant disease in any particular heavy cigarette smoker. To date I have had no answer.—I am, etc.,

Medical Centre,
Calcutta,
Republic of South Africa.

REFERENCE


Dose of Phenoperidine

Sir,—My attention has been called to a typographical error in the recently published tenth edition of Recent Advances in Anesthesiology, published by J. & A. Churchill Ltd., London.

On page 48, line three the dose of phenoperidine is given as 0.5 mg./kg. instead of 0.05 mg./kg. The publishers have already arranged for an erratum slip to be posted into this page, but some copies had previously been put into circulation. I would be grateful if you would kindly print this letter so that no one holding the book can make the necessary alteration if it has not already been done, and thus avoid any risk of possible overdosage.—I am, etc.,


C. LANGTON HEWER.

Crime and Sex Chromosome Anomalies

Sir,—Recent studies1 have shown a relatively high incidence of chromosome anomalies among mentally disordered patients, a large proportion of whom were mentally subnormal, requiring treatment under special security owing to dangerous violent or criminal propensities. It has been suggested that association exists between the possession of an extra Y chromosome, increased stature, and a tendency to criminal behaviour.

We are therefore undertaking a chromosome anxiety among prisoners received into H.M. Prison, Wandsworth. The two groups being examined are (a) consenting acceptable prisoners of height 6 ft. (1.8 m.) or over and (b) consenting non-presumable prisoners admitted during the same period.

Leucocytes were cultured from peripheral blood employing the method of Moorhead et al.2 Results so far obtained are as follows (a) of 34 subjects examined 31 were normal, 2 were XXY, and 1 47 XXY; (b) of 33 subjects 32 were normal and one a possible balanced translocation with 45 chromosomes (16/21/22). In group (a) there were two subjects with very long Y chromosomes (defined as twice the length of the G group chromosomes). One of these was an XXY subject.

The numbers concerned are too small to allow statistical analysis, but enlargement of the present samples may enable us to examine a number of variables connected with sex chromosome anomalies. J. Z. has been the recipient of a grant from the Mental Health Research Fund.

We are, etc.,

A. W. GRIFFITHS,
H.M. Prison, Wandsworth,
London S.W.18.

J. ZAREMBA.
St. Lawrence's Hospital,
Catterham, Surrey.

REFERENCES


Major Accident Procedure

Sir,—Many of us will recall the tragedy of the 1957 Lewisham train crash, and the haphazard manner in which the various accident services operated. As a direct result of experience gained at that time, major accident procedures were developed covering the whole country. Recently we have experienced another train crash near by, at Hither Green, but on this occasion the accident services worked well, being highly organized in their operations.

As a consequence, the planners of major accident procedures are no doubt resting content, assuming that such efficiency would have persisted elsewhere. However, in my opinion the sole reason why efficiency prevailed this other week at Hither Green was due to the fact that the same teams of personnel were involved as in 1957, having resolved that they personally would never again provide an inefficient major accident service.

Outside the Lewisham area the plans for major accidents are undoubtedly highly organized, but I for one am sceptical that these are anything but paper plans. Having worked as a casualty officer in six hospitals in the North-east Metropolitan Region in the past few years, at only one have I been made aware of the existence of the major accident procedure. As one who is deeply interested in the provision of accident services, I hope that all concerned will review their plans following the Hither Green tragedy, and make certain that the personnel involved are kept fully informed.—I am, etc.,

London E.15.

CHRISTOPHER BOLT.

Computers in Medicine

Sir,—Do you think that our profession has seen what is in this Pandora's box (4 November, p. 609)? We like it open and cannot be closed—but shall we be servants or masters of its contents?

Every technical advance of our era has, through our own folly, brought more harm than benefit. Need one give an example? The telephone has destroyed the privacy of thousands; the internal combustion engine the civilization of our cities; the television the freedom and originality of our minds; the chemical advance the practical certainty of world starvation; and nuclear fission the high probability of the destruction of life itself. It is a solemn warning we are generally afraid to heed.

There are ominous signs that the computer is already becoming an instrument of depersonalization and intimidation. It could be a source of new knowledge and power for the good of our strange race, but we shall not indefinitely encourage it unless we ourselves modern standards of physical efficiency and nutritional well-being, and, for the most part, among those who make the grade and stay with us, we succeed very well. In consequence, lack of stamina and many otheraccommodations of poor physique are reminiscent, as well as obesity reduced, and in addition we see little of the problems of abnormal behaviour and aggressiveness which are characteristic of this age group today. Our regiment does seem to possess something helpful for growth into maturity which is lacking in much of what society today offers young people. We do in fact provide that "whole man" care which Dr. Herford advocates.

Judging from the other week it seems to me that a medical service to young people in industry must include among other things provision for a number of routine medical examinations designed to assess growth, physique, and nutrition, so that appropriate treatment may be given. In putting forward this proposal I do not intend in the least to belittle other aspects of health which
Correspondence

Dr. Herford has in mind, upon which I cannot comment because I see little of them in my own work. Supplementing these examinations there should be facilities for remedial exercises, where indicated, and for proper midwifery care for all in this age group. In order to test out such ideas, would it not be possible to run some pilot schemes in which the results in all-round well-being after two years could be compared with those of areas where matters are allowed to proceed as at present?—I am, etc.,

R. Y. TAYLOR.

Yewill, Somerset.

REFERENCES

1 Taylor, R. Y., Publ. Hist (Lond.), 1966, 80, 146.

Countersigning of Forms

SIR,—After a long and distressing illness a patient of mine died last month of carcinoma of the bronchus. The appropriate form for a night visit (E.C. 81a) was sent to me by the Southern Relief Service, having been signed by their doctor but not by the patient's widow. I cannot bring myself to profane my profession by taking this form round to the house of my deceased patient at the time of his widow's grief. For this reason I am sending the executors of the estate to the council in its present state.

I feel the larger issue of having similar forms countersigned at all is a source of deep concern and dissatisfaction to all members of the medical profession.—I am, etc.,

WALLINGTON, CAMBRIDGE.

C. R. NUNAN.

Approval of Emergency Treatment Service

SIR,—Your correspondent Dr. A. Dowling (25 November, p. 490) attempts to defend the Emergency Treatment Service and suggests medico-political influences as the reason for its "non-starter" status in London.

I would like to question whether there is any real need of the service at all in a well-organized general-practitioner service. Surely in most towns (at least of the size where E.T.S. operates) it should be possible for doctors to organize themselves in efficient practices with four to five partners and thus ensure about one night on in four. Is that asking too much? And also are doctors really happy about State Registered Nurses answering the phone?

There is a lot of emotional talk about whole patient care and responsibility for one's patients, but if one of a group of general practitioners cannot be on call to deal with one of their patient's acute appendicitis, cardiac asthma, or simply answer a pertinent question are those doctors really providing a service in keeping with the tradition of good family doctors? The answer is "no," and as soon as doctors do something about making their services efficient the sooner will schemes such as E.T.S. wither and patients will be much more satisfied.—I am, etc.,

LONDON, S.W.17.

F. T. PITT.

Educating the Public

SIR.—The Government, we are informed, has agreed to continue with the "education of the public in the use of doctors' services," for which we must be grateful. However, I am sure that this has been used as an arguement between our negotiators and the Ministry.

Surely, if they really wished to improve the lot of individual doctors, it would be much more efficient if they set aside a proportion of the sum they are now making available for leaflets, posters, and newspapers for a grant to individual practitioners, who could then compose their own "notes for the guidance of patients," which, if approved, could be included with the medical card sent out by the executive councils. This is a practice which has been carried out for many years by our very helpful council and ceters for the vast variety between different practices.—I am, etc.,

HALESWELL, ESSEX.

W. A. L. COLLIER.

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