fresh group of ulcer patients and controls. To use an analogy, if I see three cars with registration plates which all bear registration numbers below (say) 10, I would not be sensible to test if this was an odd distribution by comparing with a matched control of the next three cars; yet this is what Mr Thompson seems to have done. His answer may be correct; his method of examination does not seem to be.

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Drugs for chronic diarrhoea

SIR,—The short report by Drs C D Shee and R E Pounder (23 February, p 524) confirms the widely held belief that one proprietary antidiarrhoeal preparation is much the same as another, but regrettably their study did not go far enough.

The first important question to be addressed is whether any of the preparations they investigated are effective at all. Their study showed that whatever drug regimen their patients followed they still had an average of 3.9 bowel actions a day, of which 72% or 73% were "loose." I do not agree that it would have been unethical to include a placebo in the trial. Two weeks of diarrhoea, while uncomfortable, is not likely to have any serious effect, particularly in this group of patients, and there would have been a high yield of useful information about the efficacy of the drugs under evaluation.

Secondly, it is a pity that the authors did not compare the effect of the "traditional" antidiarrhoeal drugs in their study with prostaglandin-synthetase-inhibiting drugs. There is good evidence¹⁻⁷ that many diarrhoeal states are mediated by excessive production of prostaglandins within the gut. A trial with simple aspirin or one of its analogues may be surprisingly effective in preventing chronic diarrhoea.

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¹ Cummings JH, Newman A, Misiewicz JT, Milton-Thompson GJ, Billings JA. *Nature* 1973;243:169-71.

² Gould SR. *Lancet* 1975;ii:988.

³ Mennie AT, Dalley VM, Dineen LC, Collier HOJ. *Lancet* 1975;ii:942-3.

⁴ Bennett A. *Adv Prostaglandin Thromboxane Res* 1976;2:547-55.

⁵ Robert A. *Adv Prostaglandin Thromboxane Res* 1976;2:507-20.

⁶ Buisseret PD, Youten LJF, Heinzelman D, Lessof MH. *Lancet* 1978;i:906-8.

⁷ Buisseret PD, Youten LJF, Heinzelman D, Lessof MH. *Monogr Allergy* 1979;14:197-202.

Investigating constipation

SIR,—Your leading article (8 March, p 669) mentioned a stricture complicating ulcerative colitis in a manner implying that such a stricture might well be benign. Two clinical dicta must be remembered in conjunction with that statement. A benign stricture in association with inflammatory bowel disease colitis nearly always means that the colitis is granulomatous and not ulcerative. A stricture in association with true ulcerative colitis is nearly always malignant and must be so regarded. Error in the former decreases

diagnostic accuracy; in the latter it may cost a patient his or her life.

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London's medicine

SIR,—The dermatologists working in the South-east Thames Regional Health Authority area are worried by the proposals in the Flowers report (8 March, p 731) on the relocation of the Institute of Dermatology and St John's Hospital for Skin Diseases, in a truncated form, at the new St George's Hospital, Tooting. They support strongly the letter of Dr R H Meara (29 March, p 936).

All of us, and this includes colleagues elsewhere in the Home Counties, lean heavily on the services offered by the institute and hospital. These include separate clinics specialising in the lymphomas, contact dermatitis, occupational dermatitis, leprosy, photo-dermatitis, and urticaria. St John's also has a large photochemotherapy department for patients with psoriasis; many district hospitals do not possess this facility.

While some form of rationalisation of both undergraduate and postgraduate centres is necessary and inevitable, some of the proposed changes seem to be irrational on both economic and demographic grounds, and will certainly—in our specialty—eliminate services which are not available elsewhere.

The journey from outlying areas of Sussex and Kent, and from the Greater London area to the centre of London, is one which most patients can reasonably undertake. Tooting and the site of the new St George's are relatively inaccessible. Likewise our junior medical staff with a heavy clinical commitment will be deterred from attending essential weekly seminars and lectures owing to the travelling time involved.

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Medical school intake and manpower implications

SIR,—The letter "Medical school intake and manpower implications" (22 March, p 859) by representatives of the collegiate members of three Royal Colleges of Physicians suggests that the intake to medical schools should be held static until a standing forum has been set up to provide continuing informed advice on medical manpower from student intake to retirement. This is a striking reversal of the sentiments that were widespread only a few years ago and that led to the conclusions and recommendations of such bodies as the Royal Commission on Medical Education to increase the output of medical graduates.¹

The high and rising prevalence of doctors in the past few years should not have come as a surprise. It could have been predicted. It has occurred in obedience to an epidemiological law—prevalence equals incidence multiplied by duration. The duration of doctors is about 40 years on average. The incidence, the number of new graduates each year, has increased greatly over the past 30 years. This is responsible for the profuse supply which is leading to a surplus. I have to confess rather ruefully that I did not identify explicitly the underlying epidemiological law in my publi-

cations on medical manpower, which began about 15 years ago²; but at least I can claim to have expressed scepticism about the recommendations of the Royal Commission on Medical Education regarding medical manpower.^{3,4} I wish I had been bolder; but then probably no one would have listened even if I had.

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¹ Royal Commission on Medical Education. *Report 1965-68*. London: HMSO, 1968.

² Last JM. *Med J Aust* 1964;ii:244-52.

³ Last JM. *Lancet* 1968;ii:166-7.

⁴ Last JM. *Br Med J* 1969;i:769-72.

Protecting superabundant doctors

SIR,—It is widely believed that in the near future there will be a superabundance of doctors in Britain, and there are already signs that it is becoming less easy to find posts in general practice. Similar conditions prevailed 25 years ago, and at that time many stories of exploitation of young doctors were to be heard. The General Practice Reform Association was formed to try to combat such abuse as the assistantship with view in which the partnership never materialised, and partnerships that were offered on disadvantageous terms with long periods to parity. It was not very successful and was disbanded when the turn of events made its activities unnecessary.

It is our fear that although the structure of general practice today makes some of these abuses less likely other abuses may still be inflicted on too many young doctors competing for too few vacancies. Very shortly all entrants will need to have completed three years' vocational training and are all the more deserving of fair treatment and consideration by those of us who are established principals.

Is there any way in which a code of practice can be introduced which would perpetuate the present customs of a short period of mutual assessment followed by a reasonably generous starting share and not more than three years to parity?

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Clinical complaints

SIR,—Mr William Russell's article (22 March, p 877) on the failure of Jack Ashley's Bill to allow the Health Service Commissioner to investigate matters of clinical judgment does not tell the whole story and should not be allowed to give us the feeling that the problem and threat are now over.

The public, represented by certain politicians and the House of Commons Select Committee, are anxious to see complaints about clinical methods and judgment investigated fairly without the need to start an action for negligence. The Joint Consultants Committee came up with a solution (two independent consultants investigating and reporting to the local regional medical adviser), which I am afraid will simply not be enough to satisfy what occasionally are legitimate complaints. There is also the pressure for automatic no-fault compensation schemes in cases of "medical injury" where negligence is not an issue. We doctors in turn are be-