Duration of Council Membership

SIR,—I was interested, but dismayed, to see the short shrift given to Dr. G. D. H. McQuitty's proposal (*Supplement*, 1 August, p. 92) concerning the long stay of various members of the Council—that they should give way to younger men, perhaps more in tune with the present-day practitioners.

It is the natural reaction of those in power to protect the establishment, and while this applies to the practitioners it applies perhaps just as much to the consultants and their representative committees. Many of the members have been giving judgments and making decisions ever since the inception of the National Health Service, and I feel that it is perhaps time that those who are more in touch with the opinions of the present-day consultants should have their chance.

I have had experience of this; it is amazing how once a representative committee is formed they perpetually vote each other on to the more senior committees, and any proposals to replace them are met with horror and indignation. The usual response is that, of course, they, after about six years' service as members of a committee, only now are able to appreciate nuances and subtleties of dealing with the Government representatives or with their own particular committee work. This says little for the average intelligence of most medical men, and I am sure it does not take all this time to appreciate the work of a committee and become *au fait* with the various intricacies of business, either as medical representatives or on regional hospital boards. This is due, I am sure, to the fact that none of the hospital committees, or very few of them, has any limit to the time for which their representatives can serve, and I regard this as the crux of the matter. I feel sure that the spark kindled by Dr. McQuitty has not been entirely damped out by the cavalier way in which his proposal was dealt with, and I wish him every success should he try again. I only hope that this could apply to the members who have been our representatives on consulting committees for the last 18 years, many of whom have become, I am sure, almost fossilized in their opinions.

It would appear that no medical man under the age of 35 is capable of dealing with our overlords. I might say that I myself served for a short time on the Central Consultants Committee, but now in no way could I represent the feelings of the present generation of consultants and have no wish to do so.

Like many of my colleagues all I am hoping for now is that I can get through the next seven years without too early an acquaintanceship with the obituary column.—I am, etc.,

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World Health Research Centre

SIR,—I should like to support Professor K. W. Donald's plea (25 July, p. 245) for a more balanced judgment regarding the establishment of a World Health Research Centre in this country. Your editorial (27 June, p. 1653) brought out many of the points against

the project without at the same time giving due weight to those in its favour. It is for instance scarcely fair to refer in slighting terms to the proposed centre "with half a million mice in Edinburgh" as a "grandiose misconception" without referring to the arguments put forward by those who have expended not only "sincerity and enthusiasm" but much thought and hard work in preparing the scheme. Certainly any unwise and overlavish expenditure is to be deprecated, but in a year when one leading country has trebled its expenditure on biological and chemical warfare, involving a sum over five times that envisaged for even the fifth year of the proposed research centre, it is at least refreshing to contemplate a project which will absorb medical men and scientists from many different countries into constructive activities, the results of which will be openly published. I am sure you will agree that international co-operation in the medical field is particularly important at the present time and that any scheme which promises to extend and deepen this co-operation should be given a fair hearing. Personally, I regard the progressive extension of international co-operation amongst medical men as a vital need not only for the progress of medicine

but as a means of creating saner and healthier contacts between nations.

Next year, 1965, has been designated International Co-operation Year by the General Assembly of the United Nations, during which it is suggested that existing co-operation between nations should be accorded greater emphasis not only by Governments but by non-governmental agencies. This would seem to offer a useful—and indeed exciting—opportunity for national and international medical societies to renew or extend their international contacts. The B.M.A., which has a fine record of achievement in this field, will no doubt be giving due consideration to this matter and to the various means by which it can be implemented. As Professor Donald implies national organizations should be able to rise to the challenge of international problems. It is scarcely comforting to think of the possible outcome should we fail.—I am, etc.,

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** The leader of 27 June stated: "The project has been described as a 'grandiose misconception.'" This description was *The Guardian's*—Ed., B.M.J.

Hyperparathyroidism and Cancer

SIR,—I read with interest the case report by Professor C. E. Dent and Dr. L. C. A. Watson (25 July, p. 218). The differential diagnosis of hypercalcaemia when more than one known cause is present is indeed a challenging problem, and I should like to mention a similar patient who was investigated recently by Professor L. N. Pyrah, Mr. M. Fox, Dr. C. K. Anderson, and myself.

A woman, aged 59 years, was admitted to this hospital in November 1963 with left loin pain. A radiograph of the renal tract revealed a large stone in the left kidney. There was also a hard mass in the left kidney on palpation. Radiographs of the skull and hands were normal except for very slight subperiosteal erosions in the metacarpals.

The serum total calcium varied between 15.2 and 16.3 mg./100 ml., phosphate 3.7 to 4.2 mg./100 ml., alkaline phosphatase 13 to 15 K.A. units, CO₂-combining power 22 mEq/l., urea 105 mg./100 ml., sodium 105 mEq/l., potassium 2.6 mEq/l., total protein 7.2 mg./100 ml., A/G ratio 0.7. An electrophoretic pattern of the plasma proteins showed slightly increased α_1 and α_2 globulins.

A surgical exploration of the neck was carried out by Professor Pyrah in December 1963, when a right superior chief-cell parathyroid adenoma weighing 442 mg. was found. Post-operatively the serum calcium fell to between 12.0 and 12.5 mg./100 ml. and remained at this level despite a second exploration of the neck when the mediastinum was divided and both the lower lobes of the thyroids were excised. The patient's condition gradually deteriorated and she died on 30 January 1964. At necropsy a poorly differentiated transitional-cell carcinoma of the renal pelvis was found with extensive squamous metaplasia. There was also extensive histological evidence of osteitis fibrosa cystica (Dr. C. K. Anderson). It seems probable that the residual hypercalcaemia following parathyroidectomy was due to the renal tumour. In retrospect I feel that greater attention should have been paid to the raised serum α_1 and α_2 globulin pattern, which is indicative of cancer.

The association of clinical and biochemical indications of primary hyperparathyroidism with malignant non-parathyroid tumours not

metastatic to bone is now well recognized.¹ It has long been suspected that these tumours might be producing parathyroid hormone or a very closely related protein,² and recent immunochemical evidence supports this view.³

Finally, I should like to refer to Professor Dent and Dr. Watson's comment on a recent paper of mine.⁴ Since this paper appeared there have been further reports⁵ indicating that bone involvement in primary hyperparathyroidism is more widespread than is generally believed. The present case provides further evidence of the limitations of x-rays and alkaline-phosphatase levels for detecting small bone changes. This and the evidence quoted in my paper strongly suggests that the distinction of primary hyperparathyroidism "with" and "without" bone disease is not warranted on scientific grounds though the distinction may well have clinical usefulness.—I am, etc.,

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Endocardial Fibroelastosis

SIR,—The paper by Professor J. O. Forfar and his colleagues (4 July, p. 7) on endocardial fibroelastosis interested me. However, I noted that the authors in their aetiological considerations did not mention recent findings suggesting a prenatal virus infection as a cause of endocardial fibroelastosis.