During the last few years it has fallen to me to collect observations and data, documented against a normal background, which corroborate Milgram's findings on the effects of conformity and obedience on ethical standards.

The data I am collecting should, however, in addition provide significant findings in relation to the implications of the final paragraph of your leading article, in that they are showing the cumulative effects of this psychological mechanism, not only on the subjects themselves, but also on the attitude and actions of those to whose authority they submit.

You referred in your final paragraph to the out-of-the-ordinary effects of this psychological mechanism on those in positions of authority over others, such as its exploitation by unscrupulous leaders, or even its possible effect on the ethical behaviour of some devoted research workers. However, the observations I have collected so far appear clearly to point to the fact that normal people holding normal positions of authority over others can also be vulnerable, in that some can be cumulatively affected by their own gradual realization that they can anticipate with confidence the overall frequency, in those submitting to their authority, of the dominance of conformity and obedience over ethical standards.

It can be shown that, with this realization, there comes to be, in some people, no check on latent tendencies emerging, and a deterioration in their own moral, ethical, and even efficiency standards.

This is clearly a psychological mechanism of great significance, in all its aspects, in the analysis of behaviour patterns in the individual and the group, but is no less of professional concern in the pertinence it has to the study of medical professional organization at the present time, when in many countries considerable changes are being sought from many sides in intra-professional relations and relations between profession and Governmental authority.—I am, etc.,

Adelaide,
South Australia.

S. GILLIS.

Trap for Saliva

SIR,—The distress of those condemned by disease and its cure to the repeated mopping

up of some or all of their litre and a half of saliva daily is only too obvious.

An extreme case is illustrated below of a 50-year-old man, transferred to the Wessex Centre for Plastic and Maxillo-Facial Surgery on 30 September 1963. He had had an excision of jaw, tongue, pharynx, larynx, trachea, and oesophagus to the level of the manubrio-sternal notch, and bilateral block dissection of neck, for poorly differentiated carcinoma of the skin of his chin. To the loss of his voice, the pain of his slowly healing neck, and the disablement of his swollen eyelids was added the full-time disposal of the secretion from his parotid glands and the mucus from his palatal glands. Swabs of sponge strapped lightly beneath the upper jaw provided temporary relief but required repeated changing. An acrylic prosthesis was planned, but his skin was too sensitive to allow contact, and in any case the changing shape of face and neck in turning the head would have destroyed any semblance of a watertight fit.

An Oxygenaire mask (Fig. 1a and Fig. 1b) provided a satisfactory answer, as shown above, catching secretions from both parotid ducts and the particularly viscid secretions which ran down the oedematous uvula. This kept him dry by day and, as he habitually slept half sitting, at night as well.

The "oxygen" inlet was connected to a Ryle tube, and the Ryle tube was passed down the oesophagostomy. Kinking of the bag, however, often prevented this from making a satisfactory drain, and shortening the bag made it a less efficient trap. Perhaps as he was on liquid diet the patient was in fact right in tipping saliva away when its weight caused the elastic to pull on his ears. At any rate he gained over 2 st. (12.7 kg.) in weight in one month.

One suspects that he did not wear the pink canvas façade (Fig. 2) often after obliging with it for his photograph, but at least he could write, "I can get dressed now without getting in a mess."

This method assumes that patients are sufficiently distressed by repeatedly having to mop up their saliva to put up with an unsightly bag. Our patient continued to wear the bag for 9 months until the appearance of pulmonary metastases disposed of any prospect of plastic reconstructive surgery. Stenson's ducts were then ligated and this made the patient dry and comfortable.

My thanks are due to Mr. J. N. Barron, F.R.C.S., for permission to publish this case, and to Mr. R. Conroy for the photographs.

—I am, etc.,

Stoke Mandeville Hospital, Aylesbury, Bucks. R. W. FIGOTT.

Emetine in Severe Septic States

SIR,—In a recent Preliminary Communication (13 June, p. 1550) Dr. P. Synek and Dr. V. Synek recently described the results they obtained with emetine hydrochloride in ten patients with severe infections which had not improved after previous treatment with antibiotics. These authors referred to a recommendation by me in 1958,¹ but in fact I started investigations with this drug many years ago. My first communication appeared as early as 1943,² while my conclusions were summarized in a monograph in 1954.³

I have found that the following infectious conditions respond particularly well to emetine therapy: purulent peritonitis of various origin, suppurative kidney infections, severe cholecystitis and cholangitis, acute pancreatitis, gas gangrene, as well as the so-called malignant furuncle of the lip (carbuncle). More than 30 cases of this type, including some severely ill patients with repeated rigors, were all cured with emetine alone. I doubt that another mode of therapy would have been as successful.

Furthermore, there is some evidence that emetine also has a favourable action on virus infections. Goldmann⁴ reported encouraging results in patients with ophthalmic herpes zoster. I myself have obtained rapid improvement in cases of hepatitis which judging from their clinical aspect could only have been of viral origin. Since it is often supposed that the aetiology of leukaemia could be viral, a trial with emetine in acute cases would certainly appear to be justified.

Of course it would be a mistake to suggest that emetine should always be considered an effective drug in all septic bacterial infections. Nevertheless, there is no doubt the drug undoubtedly offers good chances of recovery even when antibiotics and/or surgery have been ineffective. Moreover, any favourable response to emetine is usually very rapid—often within 24 hours. Even when such a spectacular response is obtained, however, emetine therapy must be continued for 8 to 10 days, since otherwise a recrudescence of the infection may occur. This suggests that the mode of action of emetine may be of an antitoxic nature rather than antibacterial. On the other hand, if marked improvement is not obtained within three to four days it is generally useless to continue this therapy.—I am, etc.,

Jugenheim, West Germany. E. MELCHIOR.

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- ¹ Melchior, E., *Ars Med. (Liestal)*, 1958, 48, 548.
- ² ———, *Schweiz. med. Wschr.*, 1943, 73, 385.
- ³ ———, "Emetin, seine Wirksamkeit auf schwere chirurgische Infekte," 1954, Ferd. Enke Verlag, Stuttgart.
- ⁴ Goldmann, H., *Ars Med. (Liestal)*, 1958, 48, 55.

Factors in Hypertension

SIR,—Systemic arterial hypertension may sometimes be secondary to renal or adrenal disease and be a potentially reversible process. I was therefore surprised that in the Clinicopathological Conference (10 October, p. 923) the role of the kidney in the pathogenesis of the hypertension was considered with complete exclusion of the associated adrenal disease.

The problem of incriminating renal artery stenosis as the prime factor was stressed, however, and the investigative findings cer-

FIG. 1a

FIG. 1b

FIG. 2

tainly pointed to the atrophic kidney as the leading suspect. The history of polyuria (nocturia) at the onset of the patient's symptoms, however, would suggest the possible role of increased aldosterone secretion. The values of serum sodium and potassium would therefore be of some interest. The malignant phase of the disease is against primary aldosteronism,¹ but would appear not to be completely inconceivable or incompatible.² The finding of a small adrenal adenoma in "slightly heavy" adrenals is therefore of some interest in a hypertensive patient, even in the presence of proved renal artery disease.

I raise this point because primary aldosteronism can easily be missed if a diligent search is not made for evidence of potassium depletion with autonomous adrenal secretion of excessive aldosterone. Difficulties arise only in cases with hypokalaemia, normal serum sodium, and increased aldosterone secretion in association with obvious renal artery disease when definite proof of the participation of the kidney is lacking. Particular attention to the degree of cellularity and granularity of the juxtaglomerular apparatus in the smaller kidney might have been an important clue in this particular case, except that prior diuretic therapy had been given. In primary aldosteronism the juxtaglomerular apparatus might appear inactive because of increased aldosterone production from a tumour.

Of course, the finding of an adrenal adenoma in a hypertensive patient does not justify the diagnosis of primary aldosteronism, but neither should the finding of renal artery stenosis always convict the kidney.—I am, etc.,

Toronto, Canada. E. CARL ABBOTT.

REFERENCES

- ¹ Conn, J. W., Knopf, R. F., and Nesbit, R. M., *Amer. J. Surg.*, 1964, 107, 159.
² Kaplan, N. M., *New Engl. J. Med.*, 1963, 269, 1282.

Attitudes to Nursing Among Intelligent Schoolgirls

SIR,—We do make a great effort to recruit nurses "personally" in some hospitals, and I would like to outline some of the methods we have adopted in a large recruitment campaign just being completed by the three hospitals of which I am matron:

(1) During the autumn 24 career talks were given at local schools. To each we took a staff nurse or student nurse, in uniform, who was a good looker and a good speaker. After the talk had been given the student nurse was frequently left alone with the schoolgirls to answer their questions informally—many more questions were asked in this way.

(2) At two of the hospitals the trained staff invited all the school heads and their deputies to a sherry party. These were a great success and were very good for communications.

(3) At St. Margaret's Hospital, Epping, 450 schoolgirls attended open days and a hospital exhibition, which was held for girls and boys interested in nursing and other hospital careers. Films were shown on student and pupil nurse training and the nursing cadets acted as guides to take parties of schoolgirls round the hospital, the school of nursing, and the nurses' home.

Similar open days are being held at Harlow Hospital in December for schools in this area.

A successful "back to nursing" course is also under way—an average of 36 candidates attend classes each Thursday afternoon, and we have a waiting-list already for a similar course in the spring of 1965.—I am, etc.,

MARY W. BOURNE,
Matron,
Harlow Hospital,
St. Margaret's Hospital, Epping,
and Honey Lane Hospital, Waltham Abbey,
Essex.

Typical Medical Students

SIR,—Mr. M. J. R. Healy (31 October, p. 1138) doubts whether the analysis reported by Dr. Walton and his colleagues (19 September, p. 744) has indeed identified "types" of medical graduates, and suggests that the bipolar factors are better regarded as "continuous scales along which the actual individuals can be located." Such a definition would be correct in relation to factors derived by R-technique (i.e., "ordinary" factor analysis). "Delegate analysis," however, is in essence a variant of "Q-technique," in which correlations are carried out not between *tests* but between *persons*. Consequently, in interpreting the data one must—if one can, and it is quite a difficult exercise—adjust one's thinking so as to consider tests in the role of persons, and vice versa. In R-technique a factor may be regarded as a "dimension," as Mr. Healy suggests, but the consensus of opinion is that for Q-technique this is not so. Thus, Guilford¹ writes: "What the Q-technique brings out is personality types or syndromes. . . . Only when a syndrome is dominated by a single common factor would a Q-technique factor coincide with an R-technique factor."

The extent to which individual graduates resemble the types can in fact be determined, and in any case one "recognizes" individuals in the types. But one does not expect any individual to be representative of a "pure" type, any more than one would expect a test to be a "pure" measure of a factor in which it has a loading. The very considerable residuum of what constitutes the individual personality remains, and it is this that corresponds to the specific factors to which Mr. Healy rightly calls attention.—I am, etc.,

Department of
Psychology,
University of Edinburgh,
Edinburgh 8.

BORIS SEMEONOFF.

REFERENCE

- ¹ Guilford, J. P., *Psychometric Methods*, 1954, 2nd ed., p. 529.

Family Planning in London Teaching Hospitals

SIR,—Mr. Elliot E. Philipp (31 October, p. 1132) has pointed out in his letter the lack of training in contraceptive techniques in London teaching hospitals. I would like to emphasize the point which he also makes, that nurses and midwives rarely receive any instruction whatever in this subject. It might be argued that this is outside the scope of a general nursing training, but midwives and health visitors at least ought to have some knowledge of contraception, and this subject should be included in the regular curriculum.

A few of the training schools do include one lecture on family planning, and an opportunity is given to attend a clinic, but many

of these otherwise highly trained nurses know nothing about contraception, and they have told me that they have had to learn from their patients. This subject is often included in refresher courses if the programme allows, but provision for this is inadequate and years of work precede attendance at a refresher course.

If doctors were willing to use their influence on those who decide the curriculum of training then this vital subject might be included in the education of all health visitors and midwives.—I am, etc.,

London S.W.7.

ALISON GILES.

SIR,—May I be allowed to congratulate Mr. Elliot Philipp on his timely and excellent letter (31 October, p. 1132)? There is no doubt that the teaching of contraceptive techniques to medical students and even to the newly qualified doctor is grossly inadequate at present. The basic reason for this is that the provision of contraceptive advice and help is not a part of the National Health Service, excepting in cases where there is a "medical" indication.

In order to give contraceptive advice one must have a regular clinic so that patients may return for checking of appliances and for careful follow-up. The establishment of such a clinic is not at present possible in a National Health Service hospital. Those of us who are keen to teach medical students the rudiments of contraceptive techniques find it necessary to demonstrate on a small and highly selected group of patients for whom one can establish adequate physical medical reasons, and even here one encounters considerable difficulties in obtaining and dispensing supplies of contraceptive equipment.

At the present time the oral contraceptive in its many forms is being used on a very large scale in this country, and, virtually speaking, all clinical experience is in the hands of the Family Planning Association. There are very few gynaecological consultants who can claim to have large experience in the use of these potent drugs, since, broadly speaking, they will be using the drug only on private patients. Since the progesterone/oestrogen mixtures are an exceedingly important part of the modern armamentarium of hormones it is a particular pity that their main usage should not be under the supervision and control of the appropriate specialist concerned.

The failure of teaching is not solely confined to imparting the skill to fit and test contraceptive appliances but also in the wider and more important aspect of psycho-sexual medicine, and no doctor or midwife is qualified for very long before the lack is apparent. Dr. Sylvia Dawkins (14 November, p. 1267) makes this point most clearly, and I am sure that the popularity of her clinic is due in no small degree to the fact that patients find it possible to discuss sexual problems there—a thing all too frequently impossible with the family doctor.—I am, etc.,

London W.1.

PETER DIGGORY.

Cephaloridine

SIR,—We would like to voice a strong protest at the manner in which the new drug Ceporin (cephaloridine) was brought to the