	Deprived (n=70)	Affluent (n=71)	p Value
Mean (SD)			
haemoglobin (g/l)	119 (12)	122 (12)	0.206*
Mean (SD) cell volume (fl)	77.1 (4.4)	77.6 (3.3)	0.493*
Mean (SD) cell			
haemoglobin (pg)	26.4 (1.8)	26.8 (1.6)	0.248*
No (%) anaemic (Hb < 11 g/l)	11 (16)	8 (11%)	NS†
No (%) iron deficient‡	5 (7)	0	NS†

*t test.

†χ² test.

‡Mean cell volume <70 fl or mean cell haemoglobin <24 pg.

deficiency in these children highly unlikely. Haemoglobin values in individuals show a high degree of variability, and capillary samples may introduce further error.⁷ Mean cell volumes and haemoglobin values, however, are much more consistent. While there are many causes of anaemia, in the absence of haemoglobinopathy lowered mean cell volume and mean cell haemoglobin strongly suggest iron deficiency.

Future studies should ideally measure ferritin concentrations in venous blood and then do a therapeutic trial of iron. In practice such a study in well babies would be a major undertaking. In the mean time our study suggests that iron deficiency may not be a major problem in white toddlers and that capillary haemoglobin estimations are a poor way of measuring anaemia or iron deficiency in the community. The latter point is particularly relevant after the recent Hall report on child health surveillance, which, while not recommending screening for iron deficiency, does suggest that further research is needed and that haemoglobin estimations may be a useful "screening" test. We would disagree.

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Newcastle1 Oski FA. Iron deficiency—facts and fallacies. *Paediatr Clin North Am* 1985;32:493-7.2 Armstrong PL. Iron deficiency in adolescents. *Br Med J* 1989; 298:499. (25 February.)3 Aukett MA, Parks YA, Scott PH, Wharton BA. Treatment with iron increases weight gain and psychomotor development. *Arch Dis Child* 1986;61:849-57.4 Ehrhardt P. Iron deficiency in young Bradford children from different ethnic groups. *Br Med J* 1986;292:90-3.5 Dallman PR, Siimes MA. Percentile curves for hemoglobin and red cell volume in infancy and childhood. *J Pediatr* 1979; 94:26-31.6 Nathan DG, Oski FA. *Hematology of infancy and childhood*. 2nd ed. Philadelphia: Saunders, 1981:1554.7 Moe PJ. Haemoglobin, haematocrit and red blood cell count in 'capillary' (skin-prick) blood compared to venous blood in children. *Acta Paed Scand* 1970;59:49-51.

of the lessons to be learnt are identical with those included in the report of the M1 disaster. These are problems of communication, terminology, documentation, and procedure. It seems that such difficulties are universal and there is an urgent need for the establishment of a national protocol.

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1 Staff of the accident and emergency departments of Derbyshire Royal Infirmary, Leicester Royal Infirmary, and Queen's Medical Centre, Nottingham. Coping with the early stages of the M1 disaster: at the scene and on arrival at hospital. *Br Med J* 1989;298:651-4. (11 March.)

System review

SIR,—Dr B I Hoffbrand is concerned that medical students are still taught to include a systems review in their history taking, when it has "a high degree of observer variability" and may "seriously interfere with the diagnostic process."¹ He does not consider one of its substantial advantages in medical training.

Somehow medical students have to find out the vast range of replies that patients without disease of a particular body system may give to questions about that system as well as what patients with disease may say. They have to learn the overlap of the results from the two groups of patients and develop a notion of the variability among patients to reduce their own observer variability in obtaining useful information.

Given the present numbers of hospital in-patients and clinical students, this learning phase is shortened by asking patients seemingly irrelevant questions, just as students obtain valuable experience of the great range of physical signs shown by healthy people by examining the nervous system in patients recovering from a pulmonary embolus and the chest in those with disease of the motor system.

Of course, this thorough explanatory phase should evolve into one of parsimonious decisiveness, but the question of how trainees become independent practitioners is a different one not unique to medicine and not dealt with by Dr Hoffbrand.

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1 Hoffbrand B. Away with the system review: a plea for parsimony. *Br Med J* 1989;298:817-9. (25 March.)

Popper and Lakatos's syndrome

SIR,—John Gabbay's article made the following statement: "Stephen Black's work published in the *Lancet* of 1954 . . . claimed to have reversed positive Heaf test results by hypnotic suggestion, which, if true, should have been enough to blow immunology sky high. . . ."¹

The work in question appeared not in the *Lancet* of 1954 but in the *British Medical Journal* of 1963;² Mantoux not Heaf tests were used; and no claim was made to have "reversed" the results. As these misquotations do great disservice to the memory of three distinguished medical scientists, none of whom are now alive, I hope that you will allow me to put the record straight.

The research in question was done at the National Institute for Medical Research by Stephen Black, John Humphrey, and Janet Niven, the last two being, respectively, directors of the divisions

of immunology and cytology. The original account, later supplemented in a book,³ contains a description of an experiment that formed part of a series of studies on modifying allergic responses by hypnosis.

In brief, tuberculin positive volunteers responsive to hypnosis were given a Mantoux test with doses of tuberculin individually titrated to give standard areas of induration one centimetre in diameter. Control areas were injected with saline, and a Mantoux negative control subject given a high dose of tuberculin was also included. The tests were repeated after 12 daily sessions of hypnotic suggestion that no lesion would develop. Full thickness skin biopsy specimens were taken from all lesions and control areas under general anaesthesia and repaired by a plastic surgeon. The specimens were all serially sectioned and stained by various techniques.

The conclusions, backed up by photomicrographs, were clear. Erythema, induration, and exudation of fluid into the tissues were completely inhibited, or nearly so, by hypnotic suggestion, but "the cellular infiltration characteristic of the delayed type response was essentially unchanged." In other words, the fundamental immunological reaction was unaffected by suggestion whereas the vascular component was abrogated. In view of the well known skin reactions to psychological stimuli this finding is not surprising; in no way did it "blow immunology sky high."

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1 Gabbay J. Popper and Lakatos's syndrome. *Br Med J* 1989;298: 611. (4 March.)

2 Black S, Humphrey JH, Niven, Janet SF. Inhibition of Mantoux reaction by direct suggestion under hypnosis. *Br Med J* 1963;i:1649-52.

3 Black S. *Mind and body*. London: Kimber, 1969:230-43.

Finding a doctor: too much of a lottery

SIR,—I disagree totally with Dr Irvine Loudon's suggestion of an interview with a new general practitioner before joining his or her list.¹ There is only one possible reason for this exercise and that is so that either the doctor or the patient can then decide not to have medical dealings with the other. If the interview is satisfactory on both sides then it is completely unnecessary.

I believe that it is my medical duty to accept patients on to my list if they live in my practice area, regardless of age, sex, colour, creed, political persuasion, medical and psychiatric history, and—dare I say it—possible demands on the National Health Service budget. On the general practitioner's side a pre-acceptance interview can be an exercise only in instant discrimination. On the other hand, if patients find my personality and medical approach inappropriate for their needs—however long they have been registered with me—then of course they must exercise their right to seek medical attention either from my partners or from another practice as easily as possible.

In the 12 months from July 1987 our four partner practice in suburban Birmingham had over 27 000 face to face consultations with a list of 7000 patients. Over the same period we accepted 500 new patients, which makes up a rather lower patient turnover figure compared with that of our inner city colleagues. I do not think that it is fair on our registered patients to offer two appointments (in the surgery or in the home if the potential patient is housebound) per working day to people who have not even registered with us—or perhaps it should be eight appointments so that the potential patients can interview all four of us to see whom they prefer? And should we be available for interviews for all the patients registered with

Coping with disaster

SIR,—One week after two trains travelling to London collided close to Purley station we read the report from the staff of the casualty departments who dealt with the M1 disaster.¹

After passing through a stage of euphoria at having coped with most of the casualties from the railway crash we have started our more sobering audit of the incident. It is premature to draw conclusions, but our initial impression is that many