ception that a psychiatrist has an innocuous job, dealing exclusively with "harmless" psychoneurotics. On the contrary, psychiatrists have far-reaching decisions to make, both from the medical standpoint and in regard to the community, e.g., whether to deprive a patient of his liberty by certification, or to allow certain psychotics to continue at work; whether a patient is fit to be safely discharged from hospital; advising how far he is responsible for his acts in case of crime; administering physical therapy by no means devoid of risk. Questions of life and death are acutely raised every time we have to assess the degree of suicidal risk in a depressed patient—a very frequent problem—or the danger of violence in a paranoiac or in a manic, with the possibility of assault or even being murdered as the penalty of mistaken judgment. And the latter risk even the surgeon does not have to run!

No, Sir, I submit there are no grounds for differentiating one specialty from another because of differing responsibility. The reason a specialist gets more pay is surely fundamentally because he has had a longer, and consequently more expensive, training than his non-specialist colleague. Dr. Clifford Allen invites the views of other psychiatrists. I think it would be of interest to hear the views of other specialists as well on what is a particularly important subject at the moment.—I am, etc.,

London, W.1.

W. LINDESAY NEUSTATTER.

Negotiations with the Minister

SIR,—We are told in your issue of Aug. 2 (p. 178) that since the first formal meeting which the present Negotiating Committee had with the Minister it has never met him personally but has conducted the negotiations only with officials (Civil Servants), and that during this interval of six months, while complete secrecy has been observed by the Negotiating Committee, it has had to depend for its contacts with the Minister wholly upon what the officials reported.

One cannot but recall the experience of an earlier Committee called the "Representative Committee" of the medical profession, which had been created at the invitation of the Minister, Mr. Ernest Brown (1942–3). The Minister had promised that the negotiations would be "conducted from the ground," but at his very first meeting with the Committee (March 9, 1943) the Committee was informed by the Minister that "negotiations must be based on the acceptance of the decision by the Cabinet that a single unified health service, covering 100% of the population, would be instituted, the local administration of which would be in the hands of the local authorities, under the ultimate control of a Minister who would be responsible to Parliament," thus breaking his previous promise that the negotiations would be "conducted from the ground." (See my letter in *The Times* of Sept. 17, 1943.)

On April 12, 1943, *The Times*, apprised—not by the Committee—of this development, declared that "the medical profession must recognize that the settlement of the future of medical practice has been reached." This experience is not a good augury for the outcome of the present negotiations, conducted in the same atmosphere of secrecy enjoined by the Minister upon the Committee, but without any corresponding restriction of his own activity. Indeed, the Minister has been extremely assiduous in carrying on with his plans, while enforcing confidentiality upon the Negotiating Committee. He has been busy appointing the Regional Boards which are to govern the profession (his selection largely ignoring the B.M.A.), and his choice of his own partisans to serve thereon has been the subject of criticism in the House.

Still more recently he has given a new exhibition of autocracy in the creation of the wholly novel category of "general practitioner obstetricians," whom I think one can fairly describe as "pseudo-consultants," their selection being governed by the Minister who has the power under the Act of designating any registered medical practitioner as a specialist or consultant. His proposal is to issue a list of general practitioners so selected, whom registered medical practitioners not upon that list are enjoined to consult in midwifery cases. The necessary consequence of this creation must, as I see it, be a denial of the present right secured to every registered medical practitioner to practise medicine, surgery, and midwifery. This contemplated restriction affects at present midwifery only, but unless

now resisted successfully by the profession will, I submit, be extended to other basic branches of medical practice.—I am, etc.,

London, S.W.1.

E. GRAHAM-LITTLE.

The Lazy Eye

SIR,—It is common to see young children wearing spectacles with one eye occluded, in order, it is intended, to "train a lazy eye." One hand, usually the right, is by nature more apt in learning to write, and one eye, usually on the same side as that hand, is more effective in the visual discrimination of the graphic symbol. If that eye is prevented from use, the result is equivalent to immobilizing the dominant hand, and, given equal bilateral vision, the "lazy" eye is never the master.

The general result of this procedure is educational backwardness, which should never be taken lightly, because it is the commonest associated symptom in behaviour disorders, and, in predisposed subjects, it may even initiate neurosis. The backwardness depends on these specific disturbances of reading, spelling, composition, and written work generally, including arithmetic, which follow interference with the development of the natural dominance of hand and eye, and are described in detail in works on education such as Burt's *The Backward Child* and Schonell's *Backwardness in the Basic Subjects*. Disturbances of speech are not uncommon.

These effects are neuro-physiological, and follow only after the "treatment" has been continued for a considerable time, but a "lazy" eye is not quickly trained. Since the condition is nearly always optical in origin, often a hypermetropia, surely the rational treatment should be optical too.—I am, etc.,

London, W.1.

WILLIAM MOODIE.

Manifestations of Malnutrition

SIR,—Dr. R. G. S. Whitfield in his interesting article (Aug. 2, p. 164) mentions the fact that the classical conceptions of beriberi and pellagra fail to illustrate the clinical pictures presented by malnourished or starved populations. This was further emphasized, for those who worked in the prisoner-of-war hospital camps in Singapore from 1942 to 1945, by the fact that among many hundreds of cases of malnutrition and deficiency disease scarcely a single clear-cut case of beriberi, and probably no clear-cut case of pellagra, was seen. In fact, these terms were not used after the first few months' captivity, and instead a diagnosis was stated as "avitaminosis B," followed by the principal symptom, such as "avitaminosis B, peripheral neuritis."

The list of conditions thus recognized as clinical entities was:

Avitaminosis B ₁ , oedema and dyspnoea	
"	abnormality of heart rate, bradycardia
"	abnormality of heart rhythm, multiple premature systoles
"	abnormality of blood pressure, hypotension, rising diastolic pressure
"	abnormality of digestive tract, anorexia
"	abnormality of cerebral function, Wernicke's encephalopathy
"	peripheral neuritis
Avitaminosis B ₂ , scrotal dermatitis	
"	angular stomatitis with marginal glossitis
"	ulcerative stomatitis
"	pellagroid skin changes with ulcerative stomatitis and permanent skin discoloration
"	pellagroid dermatitis
"	seborrhoeic dermatitis of face
"	corneal degeneration
"	retrobulbar neuritis
"	"painful-feet" syndrome
"	spastic paraplegia

These conditions occurred either alone or in combination with one another, and a notable feature of their occurrence was the epidemic nature of their appearance. Thus at one time the most urgent problem was the pellagroid dermatitis with ulcerative stomatitis; at another, retrobulbar neuritis; and at another, the "painful-feet" syndrome. Although the "epidemics" overlapped, and although some conditions, especially angular

stomatitis with glossitis, were endemic rather than epidemic, nevertheless it was possible to recognize that certain of these clinical entities were more common at one time than at another, and that an increase of one condition did not necessarily herald or accompany an increase of the others.

Of course many more conditions could be added to this list by those whose practice led them into contact with different climatic or environmental conditions, as, for example, the "human-milk intoxication" of Fehily.¹ Similar observations have suggested to several workers that the symptoms of vitamin-B deficiency depend not so much on the lack of some specific component of the now large list of vitamins but upon the upset of that fine balance of chemical reactions that constitute the "internal milieu" of the organism, and that this upset of balance can be caused not only by deficient intake of certain components but also by abnormal proportions of such components in the diet.²

If the terms "beriberi" and "pellagra" were abandoned and some terminology such as the one described above were adopted we should probably be in a position to understand the vagaries of vitamin deficiency better than we do at present, and also to recognize them more often than we do in the course of normal clinical practice. The term "dietary imbalance" would probably be preferable to "avitaminosis," however, as being more inclusive and more non-committal.—I am, etc.,

Dublin.

B. MAYNE.

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SIR.—I was very interested in Dr. R. G. S. Whitfield's article (Aug. 2, p. 164) on anomalous manifestations of malnutrition in Japanese prison camps, especially with reference to "Fits." I saw a case in Nakom Paton Allied P.O.W. hospital in Siam which corresponds; it was the only one of its kind I encountered.

The patient, a British sergeant from a Malayan volunteer force, aged 40, was of pyknic build and in relatively good condition. He had been lucky, as he was employed as a medical orderly for the whole of his captivity at the base camp of the Siam-Burma railway. He only came to Nakom Paton near the end of the war as a member of the running staff. Without warning one day everything went blank and he fell with a crash, damaging his face. He was not doing any physical work at the time. I did not, unfortunately, see the fit, but onlookers gave a typical epileptical description. He was carefully examined by an eminent Australian physician, who decided on epilepsy. As I had known the patient personally since University days I knew he had no history or suggestion of this, and found myself unable to agree with the diagnosis. I finally decided it was a psychoneurotic manifestation, more especially as I knew he had been worrying about his wife, who had not been heard of since she left Singapore on a ship shortly before capitulation, and who finally was located after the war in a Japanese internment camp in the Dutch East Indies.

Such a suggestion seems also to have been thrown out by Dr. Whitfield with regards to his four "fits" patients in Mitsushima.—I am, etc.,

LENEX MACFARLANE,
Lieut.-Col., R.A.M.C.

Blood Gravity and Haemoglobin

SIR.—I would like to add a more critical opinion as to the value of the estimation of plasma and serum protein by the copper sulphate specific gravity technique than that expressed in the annotation (Aug. 9, p. 217). To the repeated assertion that this is an accurate method of estimating protein my findings in a large series of tests make it impossible to agree.

In 450 tests where duplicate estimations of the protein content of plasma and serum were made by the falling-drop specific gravity technique of Barbour and Hamilton¹ and by an accurate micro-Kjeldahl technique,² in 12.4% of these tests there was a difference of 0.5 g. per 100 ml. or over: in one instance this difference was no less than 1.76 g. The changes in the non-protein nitrogen were insufficient to explain these differences. No test was found by which to foretell whether the correlation of the results by the two methods would be close or widely divergent. Later experience with the copper sulphate method of estimating the specific gravity has been no more satisfactory than the Barbour and Hamilton technique.

Criticism of the specific gravity technique of estimating protein has been made by Looney³ and by Zozaya.⁴ The latter found that the test could not be used even to follow the protein changes in an individual patient where the non-protein factors which affect the specific gravity might be expected to be fairly constant. Contrary to the statement in the annotation, the specific gravity of plasma and serum is markedly affected by factors other than the proteins.

A more detailed report of our results will appear elsewhere.⁵—I am, etc.,

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Royal Infirmary, Sunderland.

JOHN HARKNESS.

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- ⁴ Zozaya, J. (1935). *J. biol. Chem.*, 110, 599.
- ⁵ — (1938). *J. phys. Chem.*, 42, 657.
- ⁶ Harkness J. and Whittington R. B. *Anal. chim. Acta* (in press).

Transport of Patients to Voluntary Hospitals

SIR.—In these days of strenuous work it is necessary that general practitioners should be obliged to undertake the duty of arranging with voluntary hospitals for the transport of patients who are to be admitted to the general wards? The present ambulance organization in London is deplorable except for patients going to municipal hospitals. County Hall now refers us to the voluntary hospital concerned. The hospital telephonist has no idea whose department is responsible. The secretary's office is no better informed. The almoners are anxious to be helpful, but take a long time to discover which administrative rope should be pulled. When their department is shut our plight is indeed desperate. I have frequently spent a half to three-quarters of an hour on this job, which formerly was completed in less than five minutes when it was done by direct contact with County Hall.

Who benefits by this new scheme? What disadvantages lay with the old scheme, which appeared from the doctor's angle to be a model of convenience and efficiency? The new scheme is time-consuming and infuriating to all concerned.—I am, etc.,

London, S.W.10.

A. E. B. HARDING.

POINTS FROM LETTERS

Cloud Cuckoo Land

Dr. G. C. PETHER (Colchester) writes: Mr. Wilfrid Adams's commentary (Aug. 2, p. 190) on my letter to you is perfectly fair, and I should be the last to suggest that before the war all was perfect in the medical world. But I do suggest very strongly that the public and the politicians have seized upon our imaginary shortcomings to save their own consciences. I think it is true that medicine is distinguished by a complete absence of secrecy about recent and proven advances. Its outlook is humane and international, and it is particularly well informed of progress in other countries. Can we say the same of those who build our houses, grow and merchant our food, provide our daily papers, and spread hatred and distrust from the political platform? It is surely these people who can make or mar our physical and mental health. Our contribution must ever be small relative to that of the non-medical groups.

Concerning his last point I think it is true that we have made no secret of our views about proprietary medicines and patent foods. With a few exceptions others in the public eye seem neither to know nor care. . . . I still think that our professional contribution to health is creditable and that standards in many other occupations fall far below our own. . . .

Treatment of Hydrocele by Injection

Dr. R. M. S. MCCONAGHEY (Dartmouth) writes: Dr. J. W. Nicolson (Aug. 2, p. 188) states that for many years several sclerosing substances have been used for the treatment of hydrocele. James Syme, of Edinburgh, in a clinical lecture dated 1851, said that "he had long since ceased to employ port wine for injection into the tunica vaginalis, on account of its proving very uncertain; and that during the last five years he had always injected the tincture of iodine alone and without a single case of failure. . . . The quantity required was about a teaspoonful, or as much as filled a common pewter sixpenny syringe, which was the most convenient instrument for the operation." (*Memorial of the Life of James Syme*, by Robert Paterson, Edinburgh, 1874.) One is at liberty to ponder whether the uncertainty of action of the port wine was dependent on the vintage.