"pitocin" can be given after the third dose of ascorbic acid if desirable, often with a very notable oxytocic effect. Higher doses of ascorbic acid are useless. Intravenous use may lead to tonic contractions. Intramuscular administration is of no advantage.

Ascorbic acid proved especially useful in patients with uterine inertia, in which posterior-pituitary extracts were contraindicated. There were no ill effects in mother or baby. In malpresentation, trial labour, antepartum haemorrhage, and foetal distress, where the use of other oxytocics needs greatest supervision and caution in dosage, ascorbic acid is safe and deserves a trial before any other oxytocic agent. Toxaemias of pregnancy are a great field for the use of ascorbic acid as an oxytocic.

It is worth noting that, with the above qualifications, ascorbic acid seems to me an active oxytocic drug which is preferable to posterior-pituitary extract, especially for patients with hypotonia in the dilatation period. The object of this communication is to call for further experimental and practical investigations of a relatively simple and safe chemical substance which appears to regulate and stimulate contractions on the already active gravid uterus.—I am, etc.,

London, W.1.

W. SPITZER.

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Dwarfism, Hormones, and Dieting

SIR,—Dwarfism associated with hypogonadism may be of endocrine origin and may respond to gonadotrophic hormone, testosterone, or anterior-pituitary growth hormone. Preparations of the latter at present available are, on the whole, disappointing, although in October I showed a patient of 15 years of age with infantilism at the Royal Society of Medicine (Endocrine Section) who had grown 3 in. (7.6 cm.) in a few weeks on large doses of growth hormone at a total cost of £60, or \$240, the available preparations being of American origin. The local reactions to these large doses—e.g., 5 ml. b.d.—were severe and painful.

In October, 1946, at one of my hospital out-patient clinics I saw a boy of 15, height 4 ft. 6½ in. (138.4 cm.) with hypogonadism, whom I proceeded to treat with thyroid and pituitary growth hormone (by injection) until April, 1947, at the end of which period of six months he had grown 5⅞ in. (1.6 cm.). I then lost sight of him for five months, and when he reappeared in September of this year he had grown a further 2½ in. (6.3 cm.) in a period of five months. I assumed at first that he had carried on with the treatment, but I was informed by his mother that he had had no treatment whatsoever but had gone to some relatives on a farm in Ireland and had enjoyed open air and some very good food. In the few months he has been home he has ceased to grow. It is difficult to believe that the growth was unrelated to the period of five months in Ireland.

I am reminded of the work of my old professor, the late Sir Frederick Gowland Hopkins, on the importance of animal proteins and some of the amino-acids essential for growth—e.g., tryptophan and lysine. I am also reminded of the experiments of Corry Mann many years ago (1926), who showed that if the population of a large poor-school were divided into two sections and one half received an extra pint (568 ml.) of milk daily the children in that section grew 1 in. (2.54 cm.) per annum more than those of the control section.—I am, etc.,

London, W.1.

S. L. SIMPSON.

REFERENCE

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Remuneration of Specialists

SIR,—A factor which should be considered in regard to the remuneration of a specialist is length of the necessary apprenticeship, though responsibility and annual turnover of patients may also be relevant. It is not reasonable for the man who has worked for a year or two at a special subject and obtained a diploma to expect the same returns as the man who has worked for a higher qualification and is prepared to spend possibly ten years earning little and acquiring the experience to establish himself.—I am, etc.,

Lymington, Hants.

GEOFFREY HALLETT.

Space for X-ray Departments

SIR,—The carefully thought-out plan for a hospital unit which accompanies the article by Mr. H. J. McCurrich on "A Suggested Hospital Unit" (Nov. 22, p. 832) has reminded me once more of the oblivion into which the Recommendations of the British X-Ray and Radium Protection Committee have fallen. This otherwise admirable scheme allows approximately 14 ft. by 11 ft. (4.3 m. by 3.4 m.) for the x-ray room and 5 ft. by 5 ft. (1.5 m. by 1.5 m.) for the dark room and a similar size of store room. The Recommendations referred to above stipulate a minimum floor area of 250 square ft. (23.4 sq. m.) for x-ray rooms and 100 square ft. (9.2 sq. m.) for dark rooms. It is astonishing that only 154 and 25 square ft. (14.2 and 6.7 sq. m.) respectively should have been allowed.

The author expressly states that the plan does not claim to be perfect in detail and mentions the desirability of having the plaster room and x-ray room adjoining. But what interests me is that a plan should be prepared which so flagrantly violates recommendations that are supposed to be accepted by the responsible medical bodies of this country.

Recently another firm of hospital architects raised no objection to a proposal to put an x-ray department in a basement until I drew their attention to the existence of the Recommendations. It was then found that the proposal originated with the architects of the Ministry of Health. On pointing out that one of the Recommendations was that x-ray departments including dark rooms should not be situated below ground level, the proposal was dropped, but my attention was drawn to the fact that many other hospitals have x-ray departments in basements.

Among numerous others the Westminster Hospital, one of the most recently planned and built of large teaching hospitals, has its x-ray department below ground level, I am informed. If this is so, it merely emphasizes the extent to which the Recommendations have been forgotten. They are expressly stated to be minimum requirements and not optimum objectives, and I feel that they should be resurrected and enforced in the way that building by-laws are.—I am, etc.,

Richmond, Surrey.

DOUGLAS GORDON.

Blepharospasm

SIR,—Among the various tics which we are called upon to treat probably none is more frequent or intractable than the twitching eyelid. Some time ago I was consulted by a patient who was greatly distressed by this condition, which had persisted for nearly a month. He had only decided to get medical advice when on the previous day the ear on the affected side began to ache. When I examined the ear it was full of hard wax, the removal of which was followed by an almost immediate and dramatic cessation of the tic, which has not recurred. Since then I have treated another patient for the same trouble in similar fashion, with almost immediate relief of the condition. In this case, however, there was no accompanying earache, deafness, or tinnitus to guide one.

I am writing this because in such literature as I have by me on the subject the causes of tics are variously listed as errors of refraction, conjunctivitis, carious or unerupted teeth, phimosi, worms, adenoids, and constipation. I find no mention of cerumen auris as an exciting cause, a condition which one may easily fail to consider.—I am, etc.,

West Malvern, Worcs.

W. G. SHAKESPEARE.

Health Centres

SIR,—I read with great interest Dr. S. F. Logan Dahne's letter (Nov. 8, p. 744) on the subject of health centres. It seems to me that such a development does give promise of an improvement in the medical services of this country, and it fits in admirably with an idea I have had in mind for some time as to the organization of the hospital service.

For this purpose I should like to see the country divided into areas, each with its base hospital staffed by whole-time consultants and specialists. These would preferably not be on a whole-time salaried basis. The base hospital would be surrounded by satellite (local) hospitals, staffed by such of the local G.P.s as had the desire, ability, and experience to take