It seems obvious, therefore, that if these suggestions were acted on semi-permanent banishment of the child from its home environment would be necessitated, and I cannot feel that this disruption of family life would be approved of either on humanitarian grounds or by child psychiatrists even if practicable, I was glad to read in your leading article that tuberculin-negative nurses certainly need protection, a point I endeavoured to make in your correspondence columns some three years ago. Unfortunately, some of our leading tuberculosis workers still await conversion to this belief.—I am, etc.,

London, N.W.9.

W. E. SNELL.

Student Health and the B.M.S.A.

SIR,—As a medical student who happens to have begun his studies a decade later than the majority I was greatly interested by the letter of Dr. G. H. Blair (Dec. 6, p. 931) on the B.M.S.A.'s proposal to make it compulsory for students to be medically examined. Your correspondent implies, in my opinion correctly, that this is an example of the political orientation which tilts the views of the organization, but I should like to discuss the probable aetiology of this "revolutionary" bias. Most students being in their adolescent or early adult phase of life, it seems not unexpected that a high proportion of them should be susceptible to impulsive social feelings. At this age, when the rational faculties tend to be submerged by the emotions, one would surely anticipate that impatience with prosaic conventionalism found its outlet in a sincere but quite misguided appetite for revolt. Unhappily, more experienced advocates of political extremism (whether to the "left" or to the "right") exploit and manipulate this common leaning.

I certainly recall going through this phase myself many years ago, but in my contact with students I have seen little sign of it among those who have reached the clinical stage of the curriculum. I did, however, encounter much of it at an institution where I studied First M.B. subjects, though this included a large proportion of general science students. Significantly, perhaps, these were composed of the much younger groups. Because such manifestations are the outcome of a psychological immaturity, much might be done by skilful and timely guidance. Young men should be taught to adopt an objective attitude towards social problems, just as they are trained in the impartial handling of professional controversies. If it were possible to reduce the incidence of this revolutionary passion, which I venture to christen the "Emotional Diarrhoea Syndrome of Adolescence," we should almost certainly control a great deal of current and future unrest.—I am, etc.,

London, S.W.10.

J. A. FLETCHER.

SIR,—I am grateful to Dr. G. H. Blair for making his remarks (Dec. 6, p. 931), not because I agree with what he has said, but because it gives me an opportunity of replying and providing certain relevant facts which he either did not possess or overlooked. First, as a result of the B.M.S.A.'s resolution calling for compulsory annual medical examination of clinical students, a meeting was held in Edinburgh on Nov. 26, 1947. Roughly one-third (approximately 200) of all clinical students of the University attended, and the following resolution was debated and carried by a 73% majority of those voting:

"That the clinical students of this University are in favour of yearly compulsory medical examination with provision for genuine objections."

As far as is known no "expert to study and report on student health" has ever been appointed by the medical school, as was suggested by Dr. Blair. I need make no further comment, therefore, about the first part of Dr. Blair's letter.

I should, however, like to explain what the resolution aims at and why it was made. It was felt that in the matter of student health the clinical students should give an active lead to the rest of the student body. The examinations are to be for the benefit of the students themselves and presumably also for the benefit of the public with which clinical students come into intimate contact. It is true to say that almost all students realize the value of thorough medical check-ups, but obviously they are not unanimous about compulsion. The word compulsion has unfortunately acquired a very political significance, and we have attempted in this case to consider it purely on its merits in relation to the problem discussed. In the light of past

experience compulsion seems to be the only possible way in which the majority of students will benefit from the amenities offered to them. This has been adequately illustrated by the provisions made in the University of Aberdeen, where, I understand, medical students are compulsorily examined (no objections have been raised so far), while the students in other faculties have been encouraged to make use of the same facilities voluntarily, the response being about 25%. Recently in a questionnaire to all students at St. Andrews University it was found that a two-thirds majority was in favour of compulsion. In actual fact those who are against the examination itself, not merely against compulsion as such, will still have the chance of objecting in the recognized way, while the compulsion will aim at those who are simply apathetic (still a very large group).

Secondly, I shall deal with the entirely unwarranted attack on the B.M.S.A. This body was formed by, and at the request of, medical students in 1941. It was formed because there are many problems which concern all medical students and also because it was felt that an exchange of views and students between the various schools was highly desirable: this has since been proved to be the case. The headquarters of the B.M.S.A. are in B.M.A. House, London, and all but a few London schools are members. The policy is laid down by the Annual General Meeting and the Association has so far succeeded in concerning itself entirely with matters pertaining to medical students. The work of the Association has now received recognition from most medical students in the country and from very many senior members of the staff, who take part in our many activities. The insinuations of Dr. Blair are without any foundation whatsoever, and before making derogatory remarks of that nature I think one ought at least to be sure of the facts.—I am, etc.,

Edinburgh.

S. M. DRANCZ,
President, B.M.S.A.

SIR,—As one connected with the origins of the B.M.S.A. and as its first president I read with interest Mr. S. M. Drancz's letter on student health (Nov. 22, p. 843) and the reply from Dr. G. H. Blair (Dec. 6, p. 931). The subject of student health has been considered by the B.M.S.A. since its inception, and it would appear to most medical men that there is advantage in a regular routine examination, to include pulmography, for all students at set intervals throughout their career—this not only for their own benefit but to safeguard fellow students against the infectious conditions during the period of university overcrowding. The question of compulsion is debatable but can only be finally settled in practice. I doubt that even a proportion will object, nor can I see a valid objection on the part of the subject provided such examination and medical confidences are not abused.

It was known in 1942, the year the B.M.S.A. was founded, that Edinburgh had an excellent student medical service, as had other schools. This was then thought to be a good reason for spreading the service to include the less fortunate student communities on both sides of the border. This—to me—simple deduction makes Dr. Blair's letter difficult to understand, and the logic of his statement, "An Edinburgh student has no other responsibility than to his own medical school," is not apparent, relevant, or true. I can only be thankful that generations of brilliant Edinburgh students and graduates have not acted on it and have published their advance in system and knowledge to the world at large. I cannot see, nor, I hope, will most people allow, that because an idea comes from outside a particular locality it should be condemned, and I hope that most universities will consider the B.M.S.A. scheme on its merits and not in the limited aspects of Scottish nationalism.

As to the question implied in Dr. Blair's second paragraph, the origins of the B.M.S.A. were never concealed. It began in 1942 as the result of a meeting of London medical schools' representatives who wished, in view of the differences, especially in the clinical years, between medical and other students, to have an organization other than the existing faculty committee of the N.U.S. The B.M.S.A. owed its inception largely to the generous financial and moral support of the B.M.A. and particularly to the encouragement given to its officers by the present secretary, Dr. Charles Hill. I have not had the privilege of reading Sir Ernest Graham-Little's observation on its colour, nor was I aware, either during my presidency or