the attitude of medical philistinism unconsciously but accurately.

Let the College pause before committing itself: let it not add its contribution to an examination-ridden world.—I am, etc.,

London S.W. 11.

R. WINSTON.

Vitamin B₁₂ in Psoriasis

SIR,—I write to support the findings of Dr. H. Baker and Dr. J. S. Comaish (December 29, p. 1729) that injections of vitamin B₁₂ are of no value in the treatment of psoriasis. I used substantially their methods in a trial conducted in 1960 on 33 adult patients who had suffered from psoriasis for more than two years and had been treated by conventional methods at some time in the previous two years. It was felt important to exclude patients attending for the first time since so often whatever treatment is used appears to be successful.

A course of 21 injections of either 1,000 mg. of vitamin B₁₂ (Glaxo) or a placebo was given within four weeks. The injections were given mainly by the patients' own doctors and the dermatologist was not aware of the type of injection which was allocated randomly by the pharmacist. A standard tar ointment was used on all the patients. The results were assessed at the end of the course of injections and six weeks after the completion of the injections.

The results at the end of the trial were as follows:

No. of patients in each group	Vitamin B ₁₂	Placebo	Total
Patients improved or clear six weeks after completion of the injections	7	7	14
	43.7%	41.1%	—

One surprising observation was the considerable number of patients who maintained that the injections had improved their psoriasis when there was no objective evidence of this whatsoever.

These results agree with those found by Dr. Baker and Dr. Comaish and go some way to answering Dr. E. Lipman Cohen (January 12, p. 125), since my patients were examined six weeks after completion of treatment.—I am, etc.,

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I. B. SNEDDON.

SIR,—We noted with interest Dr. E. Lipman Cohen's comments (January 12, p. 125) on the use of vitamin B₁₂ in psoriasis. The total of 15 mg. of B₁₂ which we gave would, in the non-deficient person, completely saturate the body and it is difficult to understand how further injections, the vast bulk of which would be excreted rapidly in the urine, would be relevant. It is theoretically possible that response to this treatment could be delayed for six or more weeks, and we cannot produce figures to refute Dr. Lipman Cohen's suggestion that this often happens, but it must be remembered that psoriasis is a phasic disease, and if one waits long enough most cases will improve however treated.

It is paradoxical that aminopterin and other folic acid antagonists are widely used by American dermatologists in the treatment of psoriasis. The metabolic effects of these substances are precisely opposed to those of vitamin B₁₂, yet rationales have been advanced for the use of both.

We again draw attention to the striking response of a few of our patients to the dummy injections and the

need this indicates for carefully controlled assessment of all new modes in treatment of this disease.—We are, etc.,

The London Hospital,
London E.1.

H. BAKER.
S. J. COMAISH.

Macrocytic Anaemia in Rheumatoid Arthritis

SIR,—Dr. R. E. H. Partridge and Dr. J. J. R. Duthie (January 12, p. 89) describe eight patients with rheumatoid arthritis who had a megaloblastic anaemia, responsive to prednisolone or vitamin B₁₂ and in whom the absorption of vitamin B₁₂ and folic acid were normal. They suggest that this might be due to an antibody which combines with the vitamin B₁₂/intrinsic factor complex during absorption and prevents the utilization of vitamin B₁₂.

Patients with folic acid deficiency not infrequently respond to vitamin B₁₂ treatment, and in my own recent experience this has happened in four out of eight patients. Sometimes this response may be due to folic acid in the hospital diet rather than to the administered vitamin B₁₂. The serum vitamin B₁₂ level may be depressed by folic acid deficiency and rise when the folic acid deficiency has been corrected. Furthermore, dietary deficiency of folic acid may not be particularly uncommon, and after excluding other causes of folic acid deficiency I have made this diagnosis in four patients during the last two years.

In rheumatoid arthritis the appetite is often poor and the intake of folic acid may sometimes be marginal. I should have thought, therefore, that with the exception of Case 6, in which there were signs of subacute combined degeneration of the cord, tests for folic acid deficiency should have been carried out before resorting to the hypothesis of impaired vitamin B₁₂ utilization.

As folic acid deficiency has not been excluded, too much moment should not be placed on the ultimate development of malabsorption of vitamin B₁₂ in Cases 1 and 2, as this might have been coincidental.—I am, etc.,

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Liverpool 15.

JOHN FORSHAW.

"Alka-seltzer" and Haematemesis

SIR,—Dr. Clarke Davison (January 26, p. 260) has raised matters that were the subject of much discussion at the Symposium on Salicylates. Until the full report on that meeting is published in a few months' time there seems to be little profit in repeating the discussions in your columns. Nevertheless there are a few points that we feel should not be allowed to pass without comment.

1. Although effervescent aspirin ("alka-seltzer") is associated with a reduction in bleeding, this occurs in only a proportion of subjects; the majority lose as much blood after the effervescent formulation as they do after plain aspirin. In addition, even though some people show less occult bleeding after this preparation, this in itself is no indication that the preparation is safer, as is borne out by Dr. A. C. Arthur's letter (January 26, p. 260).

2. Although Muir and Cossar¹ found less bleeding associated with calcium aspirin, there are some difficulties in the interpretation of their work. The more recent studies by Stubbé² and his colleagues and by us,³ which Dr. Davison quoted, showed that calcium aspirin was certainly no safer than plain aspirin.

3. Although solubility may be a factor that helps to determine the magnitude of blood loss, differences in chemical structure certainly have a marked effect on the induced gastro-intestinal bleeding. Thus salicylic acid causes very much less bleeding than does acetylsalicylic acid, although salicylic acid is less soluble than aspirin. In the context of Dr. Davison's argument, therefore, such preparations as the choline or sodium salts of salicylic acid are hardly relevant—and in fact may be misleading, as a number of speakers at the Symposium stated that it was their impression that the non-acetylated salicylates were less effective as anti-inflammatory agents.—We are, etc.,

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- ² Stubbé, L. Th. F. L., Pietersen, J. H., and van Heulen, C., *Brit. med. J.*, 1962, **1**, 675.
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Porritt Report

SIR,—The question of hospital administration has rightly exercised the minds of the Porritt Committee who, having rejected tripartite administration for the National Health Service as a whole, go on to recommend it for individual hospitals.

Referring to hospitals in general, however, and with some deference to the old-fashioned idea that a team needs a captain, they recommend in their Report that "day-to-day medical administration should be carried out by the Honorary Secretary of the medical committee or one of the consultant staff chosen by his colleagues" (para. 149 of the Summary) (November 3, p. 1178). Then, when dealing with psychiatric hospitals—which include those for the subnormal and the psychopathic, where the aim is to produce a therapeutic community comprehensible to the patient, in which he can be helped to develop a sense of social responsibility and so become able to take his place in the larger community when he leaves hospital—the Committee recommend (para. 164(iv)) that the Hospital Secretary should be responsible for the day-to-day matters of its administration! Perhaps the fact that only two of the 44 members of the Committee were psychiatrists has some bearing on this strange piece of advice.

However, the proposed area health boards would go a long way towards removing the difficulties which have bedevilled the field of subnormality since the inception of the National Health Service.—I am, etc.,

Northgate and District Hospital,
Morpeth, Northumberland.

C. GUY MILLMAN.

SIR,—One aspect of the National Health Service which appears to have escaped the scrutiny of the Porritt Committee (November 3, p. 1178) concerns the views of those of us who have left Britain rather than endure what many of us regard as the unacceptable shortcomings of the Service.

You would not perhaps now be faced by the "growing shortage of doctors" referred to in paragraph 216 if the rigidity and monopoly of the N.H.S. had not made it impossible for so many younger men to find openings in Britain consonant with their training, talents, and interests.

Few of us would willingly return who now enjoy as a matter of course freedom to practise the type of medicine we choose, and to pursue specialties which interest us as the needs of the communities we serve require rather than as a monolithic bureaucracy thinks fit; also to have access to hospital beds and diagnostic facilities for which apparently most of our colleagues at home still wistfully pine.

Apart from the ridiculous waste to Britain of skilled medical manpower reflected in the forced emigration in recent years of so many redundant registrars, one of the most inefficient and objectionable features of your system appears to be the lack of mobility, both geographical and professional, possible within it. I have been impressed since I have been overseas by the frequency with which I have seen men who were equipped with the right personal and professional qualities establish themselves successfully in localities where informed opinion adjudged no opportunity to exist. This was due to the existence of flexible conditions of practice. I hope for Britain's sake that you can contrive greater flexibility within or without your Service; but for those for whom existing conditions chafe the spirit, why stay?—I am, etc.,

Hastings, New Zealand.

M. I. BOSTOCK.

Central Sterile Supply

SIR,—As members of a Committee at the United Cambridge Hospitals formed to investigate new techniques associated with the institution of a Central Sterile Supply Department we wish to comment on the article in your journal dated December 29, p. 1746, on the technique of wound dressing.

We have been closely associated with the C.S.S.D. over the past three years, firstly when we were an experimental unit and secondly when we were an established department. As a result of close co-operation with the Nuffield Provincial Hospitals Trust we have evolved a technique which we believe is simple, practical, and requires only one nurse. "Camera Talks" at the request of the Nuffield Provincial Hospitals Trust have made a film strip at this hospital based on our method. This strip will shortly be available and it is understood that a nursing journal is publishing the strip in the near future.

We are unhappy about certain features in the article, and would like to raise the following queries:

Picture 1.—What is being used in the right hand? Is it a sterile mop, and where did it come from? Is it used for the next trolley, and if so where is it kept?

Picture 3.—The clip for the paper bag gets contaminated. It is used from bed to bed and is handled by the nurse. Presumably it has to be unclipped and reclipped at the bedside.

Picture 7.—The nurse is now handling the outside of the instrument bag with both her washed hands having previously removed it with unwashed hands as suggested in Picture 3. What happens to the bowl on the bottom of the trolley? Is it disposable or only washed?

Picture 8.—When and how does the spirit (etc.) get into the gallipot? The nurse's hands must touch the outside of the containers unless this is a "two nurse technique." This point is not clear.

Picture 12.—Is this box used for the delivery of sterile supplies as well as taking back dirty instruments? Dirty equipment is being taken into the clean utility room.

C.S.S.D. is a comparatively new service in this country and its institution at an increasing number of hospitals requires the evolution of new nursing