Correspondence

Letters to the Editor should not exceed 500 words.

International Co-operation Year

SIR,—The United Nations General Assembly has designated 1965, its twentieth anniversary, International Co-operation Year. The United Kingdom Committee for I.C.Y. has set up several working groups, including one on science and medicine. Projects relating to the medical field so far adopted are:

(1) Medical and technical education. What more can usefully be done to bridge the gap between developed and developing countries?

(2) Natural disasters (earthquakes, flood, hurricane, etc.). How can existing arrangements be improved upon?

(3) Population growth and food resources. What immediate and long-term steps should be taken to achieve and maintain the required balance?

(4) Medical and social aspects of migration. What more should be done to safeguard the health of migrants and already resident populations?

We should like suggestions for other suitable projects. Topics chosen for I.C.Y. should be of such a nature that they can best—or can only—be studied at an international level. The complexity of such problems will usually necessitate an interdisciplinary approach, and working groups will include—or should be able to call upon—expert opinion in all relevant fields—for example, educationists with an intimate knowledge of new teaching methods will be required in Project I and sociologists in Project IV. Those taking part in a group study will naturally expect to do what they feel they are most fitted to undertake, preferably a subject in which they have a lively interest; it need not necessarily be in their own immediate field of medical work. Devolution of effort so that the major projects can be tackled by people in their own areas is clearly desirable; thus Project IV would benefit enormously from being studied in centres with large numbers of immigrants. We would request only that the main working group concerned be acquainted of the results of such deliberations.

We hope also that contact will be established as early as possible with interested groups in other countries. All four projects suggest that the means of achieving this cross-fertilization of ideas should be accorded high priority and we should be happy to receive suggestions from those with the necessary contacts overseas.

Work which is redundant will not be undertaken. Ground already covered will have to be delineated and possible extensions of existing arrangements considered; new developments should be functional and relevant. It is, however, the duty of I.C.Y. to make known the very considerable amount of international co-operation already in existence.

We should like to appeal to medical societies and associations to make a special effort this year to invite doctors from overseas to attend their meetings; and to request their members to invite these colleagues into

their homes. Because in medicine we have a discipline that is truly international we are especially fortunate in being well placed to give a lead not only in the exchange of knowledge but in the development of the direct human contacts which make this interchange more stimulating and enjoyable. If international co-operation is to be extended at the rate necessary to meet present need, we, more than most, have the opportunity to set the pace.

Inquiries, suggestions, and information concerning activities already in hand should be addressed to Dr. Patricia Lindop.—We are, etc.,

NORMAN MACDONALD,

South Mimms,
Near Barnet, Herts.

PATRICIA J. LINDOP,

Sub-department of Radiobiology,
The Medical College of
St. Bartholomew's Hospital,
Charterhouse Square, London E.C.1.

Joint Conveners,
Scientific and Medical Groups
for International Co-operation Year.

Delays in Out-patients

SIR,—The Ministry has recently issued a pamphlet "A Study of Some Management Problems in the Out-patient Department" which makes two main points. One is the time that a patient waits in the out-patients' department; this is a problem of administration, although the patients themselves are also partly to blame. The other point is the time that elapses between the date of referral of a patient and the date of his being seen, and the Ministry lists a number of recommendations aimed at shortening this time. These are mostly reasonable and infer, in fact, some deficiencies in the Service which should be rectified by the Ministry or its agents. The Ministry is, however, very kind in not mentioning one cause of this delay.

I am glad that Dr. C. C. Cuthbert (12 December, p. 1526) has the courage to mention this cause, albeit with some bitterness, but I wonder why so many consultants do limit their clinics? Would they not, having got rid of the waiting-list for appointments, be able to keep up with referrals? This might mean some long clinics, but would they not be balanced by some short ones?

There are obviously other factors involved, but to keep a patient waiting more than two weeks for a consultant appointment is, in my opinion, a deficiency in the service to patients for which we, the consultants, are not entirely blameless.—I am, etc.,

London W.1.

G. W. GARLAND.

Recognition of Amphetamine Addicts

SIR,—The recognition of the amphetamine addict can be difficult in the situation of a busy surgery or psychiatric out-patient clinic, and these patients, wily as they are, are not

readily persuaded to provide urine samples for clinical detection of the drug, or to admit to their addiction.

We wish to draw attention to a simple physical sign which is apparently already widely recognized amongst the "amphetamine fraternity." This takes the form in addicts receiving the drug of continuous chewing or teeth-grinding movements, with rubbing of the tongue along the inside of the lower lip, often leading to trauma to the tongue and lip, with ulcers visible to inspection at both sites.

We have found this sign useful in the recognition of suspected addicts and in deciding whether or not addicts under treatment have obtained illicit supplies. When confronted with this evidence they usually "come clean."

We can also point out that the sign is not confined to the human species, but it is seen as an exaggeration of the normal chewing movements in rabbits given a dose of the drug.—We are, etc.,

G. W. ASHCROFT.

D. ECCLESTON.

J. L. WADDELL.

Metabolic Unit,
The Royal Edinburgh Hospital,
Edinburgh 10.

Improper Certification

SIR,—I view with grave concern the findings of the G.M.C. in the case of Dr. Ivy Nicholls (*Supplement*, 12 December, p. 216).

Each week every general practitioner sees a number of patients for no other purpose than to issue a National Insurance certificate. The doctor knows that the patient is unfit to return to his work without examining him, and further than that he knows the approximate duration of his disability. For many of these patients there is no need to consult the doctor. They may have fractures in plaster, or they may be attending the hospital for physiotherapy, or for investigation. They may be patients who have been off work for four or five days with a minor ailment such as coryza or fibrositis. They *know* when they have recovered; their second visit to the surgery is to *ask* for a final certificate.

To see these patients is a waste of the doctor's time: to wait to be seen is an even greater waste of the patient's time.

The time and frustration of both parties could be saved by an arrangement in which the doctor's receptionist sees the patient, takes such particulars as are necessary for the preparation of a certificate, and presents it to the doctor for his signature. Should the doctor then decide that the patient should be seen before the certificate is issued, he should instruct his receptionist to ask the patient to wait. I am sure that this arrangement would suit both doctors and patients and would not lead to abuse.

We general practitioners should go further and demand that unless changes are made in the regulations governing the issue of N.H.I. certificates we will refuse to continue to issue them.—I am, etc.,

Hornchurch, Essex.

R. G. TROUP.