

back to form the subject of further discussion. It may not be too much to hope that either the Ministry of Health or the Medical Research Council, or the Ministry through the Medical Research Council, will take the lead.

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SMOKING BY SCHOOLCHILDREN

SIR,—Your issue of Nov. 25 contains, under Public Health, yet another comment on smoking by schoolchildren. This repeated what has often been said before—namely, that there is an urgent need for increased anti-smoking education of schoolchildren and of the general population if the rising incidence of lung cancer is to be halted and reversed. Such anti-smoking education has been the function of local health authorities for the past three or four years, but there is little evidence that it is having any effect.

In my opinion the principal difficulty is that the power of the local health authority is limited, both in money and manpower, and that opposed to its efforts are those of the cigarette manufacturers who promote cigarette smoking with an energy that the local health authority cannot approach. Your issue of Oct. 28 contains the gist of an exchange in Parliament between Mr. Francis Noel-Baker and Mr. Niall Macpherson, parliamentary secretary to the Board of Trade. The latter was sceptical of the assertion that £20 million was spent on advertising tobacco in 1960 as compared with £1 million in 1953, but he did not deny that £7.7 million was expended on press and television publicity in 1960. The annual report (part 1) of the Ministry of Health for 1960 (which, incidentally, devotes just 7 lines to smoking and lung cancer) also shows that local health authorities spent less on providing the midwifery service (£6.5 million) which delivered one-third of the nation's babies than the tobacco manufacturers spent on promoting the consumption of tobacco, and only a little more (£8 million) was spent on home nursing. The local authorities cannot in fact cope with this sort of expenditure devoted to one aspect only of health education, and we are fighting our battle with both hands tied behind our backs. Mr. Macpherson further denied that this advertising had been accompanied by any marked rise in tobacco consumption and gave the figure of 133 million lb. of tobacco smoked in the six months January to June, 1960, compared with 124 million lb. in the corresponding period of 1959. This is, in fact, a rise of 7%, so that the local authorities are making no headway at all!

The complacency of the authorities is difficult to understand. The number of deaths from lung cancer continue to rise from year to year. One can only conclude that even now the connection between smoking and lung cancer is not accepted in high places although, as Sir Derrick Dunlop is reported in *The Guardian* to have said last week (Dec. 1), "To deny that cigarette smoking is an important factor in the aetiology of lung cancer . . . is to carry scepticism to absurd lengths". The authorities are possibly afraid of losing the revenue from cigarette smoking, but surely it must be appreciated that even with the most energetic efforts the decline in cigarette smoking will be very gradual over the years.

Some help must be given to local health authorities. If, in the interests of liberty (so-called), the advertising industry is to be sacrosanct, then surely an energetic national campaign should be undertaken in the news-

papers and on television on the same scale as is put forth by the tobacco manufacturers. Only in this way can we feel locally that our efforts are really worth while.

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ALFRED YARROW
Medical Officer of Health.

THALIDOMIDE AND CONGENITAL ABNORMALITIES

SIR,—Congenital abnormalities are present in approximately 1.5% of babies. In recent months I have observed that the incidence of multiple severe abnormalities in babies delivered of women who were given the drug thalidomide ('Distaval') during pregnancy, as an anti-emetic or as a sedative, to be almost 20%.

These abnormalities are present in structures developed from mesenchyme—i.e., the bones and musculature of the gut. Bony development seems to be affected in a very striking manner, resulting in polydactyly, syndactyly, and failure of development of long bones (abnormally short femora and radii).

Have any of your readers seen similar abnormalities in babies delivered of women who have taken this drug during pregnancy?

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W. G. McBRIDE.

** In our issue of Dec. 2 we included a statement from the Distillers Company (Biochemicals) Ltd. referring to "reports from two overseas sources possibly associating thalidomide ('Distaval') with harmful effects on the foetus in early pregnancy". Pending further investigation, the company decided to withdraw from the market all its preparations containing thalidomide.—Ed.L.

THE CASUALTY DEPARTMENT

SIR,—Mr. Lamont (Nov. 25) lists a series of likely pitfalls which may befall a doctor but he talks as if these will inevitably beset him. Surely if a registered practitioner (as all casualty officers are) with a whole year of hospital training behind him has no idea how to deal with barbiturate poisoning or of the elementary rules of plastering the fault lies with the present method of medical education, not the method of staffing.

Mr. Lamont actually suggests in his proposed Utopia where all casualty officers will be consultants (able to cock a snook at all and sundry) that their work should be screened by the most junior casualty officer! He is in fact advocating that there should be a casualty department for the casualty department.

The idea that there should be a casualty consultant seems to me absurd. A specialist in not specialising I suppose. What would in fact happen if there were casualty consultants? Would they come to the department at 1 A.M. on a Saturday morning to decide whether or not the drunk has a head injury any more than the present consultants in charge of casualty departments do now? Of course not. Mr. Lamont knows this and so do I. If there is a serious doubt in the casualty officer's mind he will, as now, call in a registrar to help him—be he a medical, surgical, or orthopaedic one.

Let me put the other side of the picture. I did casualty work and can honestly say that its very variety is a tonic. Of course one grumbles at the patient who comes to see you late at night complaining of an ache he has had for three days. It so happens that people are like that; and anyone who does not want to treat frail, erratic, stupid, inconsiderate, ungrateful, ill-mannered, but by and large pleasant, people, should take up pathology.

I think the present casualty arrangement is probably one of the most valuable training-grounds there is for any young man. Everyone has got to learn to take responsibility, and once he has registered the sooner the better. What better place than