

A lot of good work is done at present in welfare homes, but dichotomy of authority should not stand in the way of a broader coordination between the hospital geriatric service and welfare homes.

Various skills and team-work are needed to put frail elderly people on their feet, and I suggest that in a minor way a continued projection of some of these should follow the patient when she goes into a welfare home to help her almost to the last.

Geriatric Unit,
St. Francis' Hospital,
London, S.E.22.

MOHAN S. KATARIA.

"DOES THE GRASS GROW GREENER . . . ?"

SIR,—I greatly enjoyed Dr. Goodall's Point of View (Jan. 1) on hospital life in the United States, and would agree with most of her observations as they apply to a large university centre. Having worked in New York for several years as a consultant, I think it is important to stress that other types of hospitals are less favoured. Above all, the nursing provided suffers from a lack of participation in the clinical observation and treatment of patients, so that many nursing duties are performed by interns and junior residents. Wound dressings are not usually carried out by the nursing staff, and their absence from ward rounds confirms the schism referred to by Dr. Goodall.

Excellent though the idea and sometimes the execution of the postgraduate residency training programme may be, there is too much talk and not enough action. Large numbers of house staff are required so that justice can be done to both patient-care and educational activities, confirming that these positions are really intended to be training posts. Unfortunately this leads to a considerable reduction of personal experience for residents when compared with that of doctors of equal years of training in the National Health Service. It also encourages an unduly academic approach to the patient, which would be quite out of place in the Health Service. I believe that the Royal Commission on Medical Education¹ must take note of this problem in formulating its plans for similar programmes in the United Kingdom.

Finally, although research is important, it is grossly over-emphasised in the U.S. The magnitude of one's grant has become an important factor in professional advancement, and the scramble for finding an exciting new "project" is sad to watch. This emphasis also engenders the idea among many residents that using the most recently published method of therapy is equivalent to keeping abreast of medical progress.

Quite apart from considerations of schooling for one's children, the high cost of living, and different social and moral concepts, the idea of being able to return to the more measured, clinical atmosphere of the N.H.S. still seems attractive to many of us medical émigrés. Because of this I hope you will allow me to sign myself

F.R.C.S.

DEFICIENCY OF LINOLEIC ACID

SIR,—In their preliminary communication² on a malignant hepatoma in an eight-year-old girl, Dr. Collins and Dr. Connelly state that they unexpectedly found Δ 5, 8, 11-eicosatrienoic acid upon analysis of plasma and hepatic lipids. This fatty acid is believed to be one of the earliest biochemical manifestations of essential-fatty-acid deficiency. Contrary to their statement that this fatty acid has not been found in human tissue, it has been identified³ in early studies of human adipose-tissue composition. In this report this unusual fatty acid was found in increasing amounts in foetal adipose tissue during pregnancy, decreasing to trace but readily identifiable amounts during childhood and adult life.

The last trimester of pregnancy is normally characterised by

a twelve-fold increase in adipose tissue, and it was suggested³ that this period of active lipogenesis may be accompanied by an essential-fatty-acid deficiency, comparable to the experimental situations cited by Dr. Collins and Dr. Connelly. The close relation of lipogenesis to this possible deficiency state is emphasised by the finding of progressively increasing amounts of Δ 5, 8, 11-eicosatrienoic acid in the adipose tissue of larger, more obese, full-term infants.⁴

One could speculate that analysis of hepatic lipids of the normal unfed full-term infant would yield a substantial amount of this fatty acid—perhaps in amounts in excess of that recorded in the case of hepatoma reported by Dr. Collins and Dr. Connelly.

Department of Medicine,
University of Washington,
Veterans Administration Hospital,
Seattle, Washington 98108.

J. D. BAGDADE.

TEST FOR PITUITARY FUNCTION

SIR,—Dr. Gwinup has published a preliminary communication entitled Test for Pituitary Function Using Vasopressin.⁵ We should like to draw your attention to the fact that in 1956 McDonald et al. showed that vasopressin stimulates the secretion of hydrocortisone in man.⁶

In view of the ample experimental evidence that vasopressin is a powerful corticotrophin releaser,⁷ we undertook clinical studies to investigate the effect of this peptide on corticotrophin release in children. These studies on the evaluation of the pituitary-adrenal system demonstrated that vasopressin causes a reproducible and rapid stimulation of the secretion of cortisol and corticosterone in peripheral blood. From the results obtained,⁸ the use of vasopressin in a relatively simple test for the evaluation of the corticotrophic function of the anterior pituitary was advocated.^{8, 9}

Department of Pharmacology,
Faculty of Medicine,
University of Utrecht,
The Netherlands.

D. DE WIED
B. VAN DER WAL.

TONSILLECTOMY AND MULTIPLE SCLEROSIS

SIR,—In his subjoined reply to my letter (Jan. 15), Dr. Poskanzer makes the good point that the significance test used in his article¹⁰ is likely to be conservative. I fully agree that his χ^2 will be smaller than the correct χ^2 when the association between members of a pair is positive. His reference to the procedure I propose as a marginal χ^2 test is a little strange, since I emphasised that the ordinary χ^2 test for a 2×2 table such as that in his letter is irrelevant, and that what is required is a diagonal χ^2 or diagonal binomial test.

It is of course pleasing to have Dr. Poskanzer's reassurance that his associations were positive and that a change of statistical test does not alter the conclusions of his article. One would not expect any assertions of significance to be affected, but there was the possibility that a more sensitive test would show as significant, differences previously regarded as attributable to sampling variation. I part company with Dr. Poskanzer, however, in his statement that his 420 persons were independent, and in his implied assumption that the choice of statistical test is a matter of personal preference. Each of the 210 sibilings entered the records solely because of his relationship to a patient; information may have been obtained from the sibilings by independent procedures, but a classificatory and statistical dependence is implicit in the investigation (as it still would be if "sibling"

4. Bagdade, J. D. Unpublished.

5. Gwinup, G. *Lancet*, 1965, ii, 572.

6. McDonald, R. K., Weise, V. K., Patrick, R. W. *Proc. Soc. exp. Biol. Med.* 1956, 93, 348.

7. de Wied, D., Smelik, P. G., Moll, J., Bouman, P. R. in *Major Problems in Neuroendocrinology* (edited by E. Bajusz and G. Jasmin); p. 156. Basle and New York, 1964.

8. van der Wal, B., Israëls, A. L. M., Janssen, J. F., de Wied, D. *Acta endocr., Copenh.* 1961, 38, 392.

9. van der Wal, B., Wiegman, T., Janssen, J. F., Delver, A., de Wied, D. *ibid.* 1965, 48, 81.

10. Poskanzer, D. C. *Lancet*, 1965, ii, 1264.

1. See *Lancet*, 1965, ii, 71.

2. Collins, F. D., Connelly, J. F. *Lancet*, 1965, ii, 883.

3. Farquhar, J. W., Ahrens, E. H., Peterson, M. L., Stoffel, W., Hirsch, J. *Am. J. clin. Nutr.* 1960, 8, 499.