I should like to emphasise that a full urological evaluation, with careful follow-up, should be done on every patient with urinary tract dysfunction.

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Minneapolis, 14, U.S.A. COLIN MARKLAND.

RESPIRATORY-FUNCTION TESTS IN MINERS

SIR,—Catterall and Hunter's conclusion (Jan. 16) that observations I made on the radiological diagnosis of pneumoconiosis " may have resulted in an exaggerated importance being placed on X-ray examination " is reached without any reference to the detailed documentation of the specific nature of the radiological appearances in coalworkers' pneumoconiosis or to the evidence that the extent and character of radiological changes are well related to both occupational exposure and dust content of the lungs.

Their lack of concern about the problem of attribution is shown by their lack of any reference to the question of whether the functional abnormalities they found in 16 miners were in any way related to these men's occupations. In their criticisms of F.E.V. they made no reference to the extensive studies that have been reported on the relationship of abnormalities shown by this test to occupational history and radiological changes.

This is what comes of looking only at the selected material encountered in the laboratory or clinic without so much as a glance outside at epidemiological reality.

If Catterall and Hunter could show that some of the functional abnormalities they describe were quantitatively related to the occupation of mining and were not to be found in equal prevalence among non-miners, they would have started to make a case for occupational attribution and might then be in a position to consider the relevance of their findings to the actual provisions of the Industrial Injuries Act and the practical problems of their application.

Discovery of improved methods for measuring specific derangements of pulmonary function caused by pneumoconiosis would certainly help in the difficult problem of providing a fair allocation of disability benefits, but you do a disservice, Sir, to the advancement of knowledge on this difficult subject by publishing this sort of ill-considered and possibly irrelevant material.

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London, W.12. C. M. FLETCHER.

CONTACT DERMATITIS FROM NEOMYCIN AND FRAMYCETIN

SIR,—I was most interested to see the article by Dr. Kirton and Dr. Munro-Ashman (Jan. 16), especially in view of their remarks on the possible reservoir of neomycin in the skin.

I have been able to show that another antibiotic, chlortetracycline, remains in the skin, after occlusion with polythene film, for at least ten days.

This report, however, is the first demonstration of the reservoir phenomenon in abnormal skin; the eczematous reaction in the skin under the patch test apparently does not interfere with the holding of neomycin in the stratum corneum reservoir. It may be, therefore, that neomycin is bound to the keratin, rather than held in the intercellular spaces as, apparently, are corticosteroids. The reservoir has not been demonstrated for hydrocortisone, but only for fluocinolone and triamcinolone; and it is undoubtedly in the stratum corneum and not the cutis.

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of Dermatology,
Royal Infirmary,
Liverpool, 3. C. F. H. VICKERS.

GENERAL PRACTITIONERS' TIME

SIR,—General practitioners in the N.H.S. who give patients adequate consultation-time by appointment, and who exercise diagnostic and therapeutic skills aided by their own ancillaries, are being forced to consider whether they would not be better employed elsewhere.

There has been an increased demand by patients for items of service. This must reduce the time available for clinical examination, unless the number of patients on the list of each doctor is correspondingly reduced; and this time is further decreased by the present necessity of having to find professional work outside the N.H.S. in order to finance the expenses incurred in providing an efficient service for patients in it.

By not directly helping to solve this basic problem of general practice it seems that the intention of the Government's medical advisers is to encourage the reference of patients needing clinical examination or treatment to specialists and hospitals. The G.P. hospitals, which have an essential part to play in a balanced national medical service, have already been seriously weakened. The general practitioners interested in medicine must shortly decide whether they can continue to work under such conditions; and this at a time when the recruitment of well-qualified doctors to general practice has been discouraged almost beyond recovery. Recovery will depend on the conditions and opportunities offered being at least the equivalent of those in consultant practice where this does not carry special teaching or research responsibilities.

Camberley, Surrey. J. H. CULE.

INHERITANCE OF SCHIZOPHRENIA

SIR,—We agree with your suggestion (Jan. 9) that the genetic theory put forward by Sir Julian Huxley and his colleagues [1] is a plausible one. So stimulating was the idea that schizophrenia may persist as an illness because there are genetic advantages to offset the disadvantages of the illness, that we were prompted to review some of the evidence quoted in Huxley's paper which he uses to support the theory that schizophrenics are relatively resistant to some hormones and physiological substances. Huxley et al. include thyroxine in their list of such substances, and there are several reports showing that schizophrenics are relatively resistant to thyroxine, and that they benefit therapeutically from it.

Since the Achilles-jerk reflex time is shortened in hyperthyroidism,[2] we decided to give L-diiodothyronine to 10 schizophrenics and to 7 controls over 6 days in doses rising to the equivalent of the gr. 48 of dry thyroid daily reported as beneficial in the treatment of schizophrenia. These patients' Achilles reflex times had been studied for a month before the experiment to find the lowest casual reading for each individual. The schizophrenics and controls were receiving chlorpromazine. The schizophrenics had been ill for a mean duration of 15·7 years (median 11 years, range 3–46 years) and were all showing active symptoms and signs of the disease in spite of the chlorpromazine.

We are submitting our full results for publication, but we should like to report at this stage that there was significant shortening of the Achilles reflex time ($P = 0{\cdot}05$) in the controls and a slightly greater shortening of the reflex time ($P = 0{\cdot}01$) in the schizophrenics, as judged by Wilcoxon's test for paired differences. This degree of shortening of the reflex times did not occur until 480 μg. of L-diiodothyronine was given daily. No ill effects were seen, but 3 schizophrenics showed increased perceptiveness on the drug. There was also a slight but

1. Huxley, J., Mayr, E., Osmond, H., Hoffer, A. *Nature, Lond.* 1964, **204**, 220.
2. Sherman, L., Goldberg, M., Larson, F. G. *Lancet*, 1963, i, 243.