In an editorial, *Radiology* (1942, **38,** 498) discusses the relative value of 14 in. × 17 in. films (12 in. × 15 in. films are more commonly and economically employed in Britain), 4 in. × 5 in. films (as employed in the U.S.A. in mass procedures), and 35-mm. films as employed in this country by the Ministry. This editorial summarizes that full-size films are the most accurate, 4 in. × 5 in. films next, and 35-mm. films "should also be considered, but do not deserve such a high rating as the other two." Kerley (*Brit. J. Radiol.,* 1942, **15,** 346) states: "Miniature radiography does not compare in detail with the full-size picture, hence the method is restricted to sifting cases of comparatively gross disease." Saupe (*Fort. a. d. Geb. d. Roentgenstrahlen,* 1940, **62,** 145) on the basis of 25,000 cases of miner's pneumonokoniosis considers the fluorographic method as unsatisfactory for the study of asbestosis. Bailey (*Radiology,* 1942, **39,** 306), having used normal and 4 in. × 10 in. stereoscopic films for examination of U.S.A. recruits, states that since most time is taken in positioning the recruits there is no time economy with miniature films. The claims for 35-mm. films based on film cost as compared to 12 in. × 15 in. (invariably based on small film-purchases instead of by thousands) evade the fact that the film cost is only a fraction of the total establishment expenses. Magnification of 35-mm. films cannot be increased to approaching normal size without the emulsion grain obscuring the detail, of utmost importance in early lesions.

To popularize mass radiography articles have been published in the popular press (*Picture Post,* Feb. 12, 1944), but nothing is stated that such examination cannot give immunity to later infection. Hence a false sense of security is given. At a Rotarian luncheon to which I was invited a lay lecturer gave one the impression that such examinations may be carried out by laymen only. Question strongly arises whether in practice secrecy can be maintained.

With the possibility of hostilities ending there is already a reaction against regimentation in normal life and, in respect to tuberculosis, question arises whether propaganda should not be preferably directed towards the more early radiological examination of clinically suspicious cases with full-size films, at hospital or in private, at the instance and under the consideration of the patient's private medical attendant, with resulting secrecy. The private medical attendant can best decide, on the basis of the report and his clinical observations, whether care and notification are necessary, or only an old lesion is being dealt with and secrecy can be maintained without danger to others. Once these cases become "official," routine home inspections, loss of work-time for periodical clinic attendances, etc., result, with publication of the patient's past condition and detriment to his present economic position. If one can judge by the difficulty of obtaining an impartial board which exists in respect to those enlisted in the Services and suffering from definite conditions, with many months before proper discharge, to remove the official classification of tuberculous will be equally difficult, particularly if the Ministry is to dictate the mode and technique of examination.—I am, etc.,

London, E.7. BERNARD LEGGETT.

Service Medicine

SIR,—My reaction to Dr. P. B. Corbett's letter (Sept. 9, p. 355) is a desire to point out that as a civilian medical practitioner he is only on the very fringe of Service medicine, and is not in a position to express a true opinion as to its merits or demerits. The number of beds in his sick quarters suggests that he is in charge of a very small station, and is therefore acting in the place of a very junior M.O. He probably does not realize the large amount of paper work that even his small station causes his Wing S.M.O. It is well known that junior M.O.s and C.M.P.s are not delegated the "responsibility" of paper work, and have more time to devote to the rare case, presenting a clinical aspect of any interest, during the short time that it may remain in the sick quarters. In this they are more fortunate than their slightly more senior and more numerous brethren.

It is only partly true that the "crux of the matter is that the medical orderlies must know and do their part." It is my experience in five years in the R.A.F. during the war and one year in the Volunteer Reserve, and two C.M.P. appointments before the war, that it is rare to find orderlies who have the conation or volition to be trusted with more than menial tasks, and that to leave even the routine paper work entirely in their hands is to invite a shower of abuse and a visit from the Group S.M.O. A good staff is admittedly very helpful, but the very best cannot absolve the M.O. from the tedious completion of forms and procedures that are his sole responsibility. For example, to send an officer on sick-leave four forms must be completed in manuscript, of which no fewer than fifteen copies must be personally checked and signed. The completion of board action on an airman or airwoman on F. 496 with M.P.B. 204 is equally tedious but necessary for the proper compilation of R.A.F. records. This form eventually bears the signatures of six medical officers (surely they could be better employed). As a C.M.P. Dr. Corbett would never come in contact with more than the initial phase of these procedures. Another aspect of Service medicine of which he is, in all probability, happily oblivious is that of stores. The Service medical officer in charge of a station is responsible for everything in his sick quarters, even to the electric light bulbs, as he may find to his own financial disadvantage if he is negligent. To be classified as careful in this matter entails no small amount of time and labour spent in holding frequent "checks."

I could continue with examples such as these certainly *ad nauseam* if not *ad infinitum.* I am not entirely destructive in my criticism, and I heartily endorse Dr. Corbett's suggestion to provide the G.P. with a secretary to enable him to "have more time to devote to the clinical aspect of medicine," which (here I beg to contradict) is *not* the case in Service medicine, as I hope I have already made clear. Let us be under no delusion, lest the red tape of Service medicine should be adapted to fetter civilian practice to the detriment of the care of the public.—I am, etc.,

"SERVICE DOCTOR."

Thumb-sucking

SIR,—One of the lessons experience has taught me is never to be "oracular" with regard to medical matters. I particularly used the words "no doubt *in my mind*" for this reason. I have no wish to claim more than the right to express my own honest, considered opinion regarding the harmfulness of persistent thumb-sucking. That opinion is founded on the detailed clinical observation of 3,400 children examined in the speech research, and on the clinical impression of 20 years' practice among children of all ages, involving the inspection of some 8,000 mouths each year. Some of these children I have now been able to re-examine at intervals throughout their entire school life from the kindergarten to the sixth form.

I am deeply interested in Dr. Colin Edwards's contrary clinical impression (Sept. 16, p. 387), and would be sincerely glad to know the scope of his own experience. But, Sir, what exactly is a "flesh-mortifier"? Am I supposed to be one? I hope not. It sounds very disagreeable.—I am, etc.,

Manchester. MARY D. SHERIDAN.

The Services

Capt. W. R. Dalziel, R.C.A.M.C., has been awarded the M.C. in recognition of gallant and distinguished services in Italy.

The Efficiency Decoration has been conferred upon the following officers of the Territorial Army: Lieut.-Cols. A. M. Campbell and D. P. Levack; Majors (Temp. Lieut.-Cols.) M. DeLacy, H. G. Garland, and W. E. Orchard; Majors J. C. C. Howe, R. G. Morrison, and L. D. Williams; Capt. (Temp. Major) C. S. France.

Capt. W. L. Wainwright, Home Guard, has been appointed M.B.E. (Military Division) in recognition of gallant conduct in carrying out hazardous work in a very brave manner.

CASUALTIES IN THE MEDICAL SERVICES

Capt. ROBERT ALASTAIR BOYS KINLOCH, R.A.M.C., previously reported missing in Burma, is now known to have been killed in action. He was the second son of Dr. R. Blair Kinloch of St. Albans and studied medicine at St. Thomas's Hospital, qualifying M.R.C.S., L.R.C.P. in 1941. He joined the R.A.M.C. as a temporary lieutenant in January, 1942.