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We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Too many doctors—or too few?

SIR,—You report a survey of unemployment among doctors (6 October, p 936), and Scrutator repeats the arguments that too many doctors are being trained and that medical student numbers should be reduced (p 932). Meanwhile, an obstetrician complains of overwork during a colleague's holiday as no locum could be found (p 916).

Barring a war or other man made disaster it seems likely that fewer and fewer worker hours will be required to produce the goods and services that we consume. This gives our community the opportunity of more leisure or of using our working time to produce higher quality goods and services—including better health care. Surely it is both shortsighted and a counsel of despair to advocate training fewer doctors? If in all disciplines we train only enough people to fill the paid jobs at present on offer then many able people will get no higher education at all.

Numbers of schoolteachers in training have already been reduced despite what would seem an obvious need for more education. If our society chooses to share work and leisure then

we shall need more doctors—how many would we need if the normal working week were 35 hours or if we each had three months' holiday a year? I would feel I had better prospects of using my life constructively as an unemployed doctor than as an unemployed person who had been refused any higher education because there was no specific job to educate me for.

Unemployed doctors (and teachers, plumbers, bricklayers) might just manage to help change our society into one where work and leisure and goods and services are equitably shared. An uneducated, unemployed (perhaps

unemployable) subproletariat such as our present system seems bent on producing might see no way out for itself but either heroin or violent revolution.

Let's be a little hopeful and a little unselfish and offer medical education to as many as possible of those who can benefit from it.

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At least one centimetre for each millimetre

SIR,—I was surprised and disappointed to find that the leading article on resection margins in cutaneous malignant melanoma by Dr F H J Rampen (29 September, p 782) potentiated the often repeated misrepresentation of the work of Handley.^{1,2} Contrary to Dr Rampen's summary, Handley described post mortem the centrifugal lymphatic spread of melanoma

around a focus of metastatic melanoma in the groin of a 34 year old woman. The area adjacent to the scar of the excision of the primary lesion at the ankle was apparently healthy. Handley specified that he had not had the opportunity to investigate tumour permeation around a primary lesion. None the less, on the basis of observations at this one necropsy he