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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Landmarks in medicine

SIR,—All will admire Sir Christopher Booth's eloquent praise of scientific medicine in the United States over the past 100 years (23 November, p 1444). Some might disagree both with his suggestion that comparable work has not emanated from Great Britain and with his reason for this supposed failure—namely, the rarity of "active invasion of the teaching hospitals by the universities."

An ignorant reader might gain the impression from Sir Christopher's article that penicillin treatment was an American success story. While penicillin was the fruit of university departments, it is often forgotten that virtually all subsequent antibiotic drugs have been discovered and developed by the frequently maligned pharmaceutical industry. It is also sad that the invention that revolutionised medical investigations failed to keep its original name of emiscan, which would have been a lasting reminder to the world of British industrial inventive genius.

When Donald Hunter produced his great classic treatise 40 years ago on industrial medicine the London Hospital staff included giants such as Lord Brain, William Evans, and Lord Evans. These men exerted a profound influence on medicine, and no one since has taken their place in this respect. However, brilliant innovative doctors from this country, such as Denis Burkitt, Sir Cyril Clarke, and Deborah Doniach, combine energy, enthusiasm, and genius. Inevitably this happy mixture of attributes is rare but this should no longer invoke the old excuse that we lack "an active invasion of the teaching hospitals by the universities." This invasion has been successfully completed; it has not been an unmixed blessing.

P B S FOWLER

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Treatment of severe falciparum malaria

SIR,—Enough is enough. The quarrel between Dr A P Hall and Dr D A Warrell (26 October, p 1146; 30 November, p 1573) is getting us nowhere. Dr Warrell's team are treating Thai villagers with severe falciparum malaria in rural conditions. In these patients they are carrying out carefully conducted clinical and pharmacological trials so that the care of patients with this potentially lethal condition may be sensibly advanced on the basis of objective evidence. Dr Hall is treating a heterogenous collection, mainly Europeans, with African malaria of varying severity in the highly sophisticated circumstances of a London teaching hospital. The results of this series have not been published in any detail. There is, therefore, little basis on which one can justifiably say that one is right and the other is wrong with regard to such matters as the loading dose of quinine.

I would like to suggest that the two protagonists, who are both distinguished workers with the highest ethical standards, should put down their swords and have a fireside chat. I would like to see them design a controlled study that would sort out these differences of opinion in a defined category of patients and that Dr Hall should go to Thailand and carry out such a study with Dr Warrell.

In the mean time, I suggest that neither your good self nor other journals, including abstracting journals, provide any more space for this acrimony. You have already turned down one article of mine on leprosy in England on account of lack of space; I don't want it to happen again.

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Occupationless health

SIR,—After Dr Richard Smith's excellent focus on the relation between unemployment and diet in your journal may I add further comments on some differences between the impact of unemployment on diet in the 1930s and the 1980s? There are both similarities and differences between then and now, but they are not quite what many would expect in the post-Beveridge era of supposed welfare safety nets.

Firstly, the rise of direct debiting—sums to meet bills such as those for gas and rent being removed at source—means that welfare recipients now may actually have less money to spend on food than the official DHSS estimate of £10·25 per adult per week. By giving priority to non-food budget