

Correspondence.

"Audi alteram partem."

THE ERECT POSTURE.

To the Editor of THE LANCET.

SIR,—Dr. J. Knox Thompson has done good service in drawing attention (*THE LANCET*, Jan. 14th, p. 107) to the disadvantages under which man labours in consequence of his erect posture. It is interesting to find that charwomen seem actually to enjoy the all-four position adopted in scrubbing the floor, and I am told that young girls in cookery schools delight in the same occupation; they sometimes actually spill water as an excuse to going on all-fours to wipe it up!

In considering the influence of the upright position on the circulation, it is necessary to distinguish clearly between standing, walking, and running. Standing is less favourable to the circulation than the latter two, inasmuch as rhythmical muscular contractions are an important aid to the circulation; and in this connexion it is worthy of note that under natural conditions man spends little of his time in standing still: he either moves about or lies down. Such considerations emphasise the fact, universally admitted, that it is bad for humans—whether school-children, shop-assistants, cooks, or what not—to remain standing for any length of time; and they further point to the advantage of reclining after the oriental fashion over sitting down. Many women derive great benefit from lying down an hour or so during the day.

Valuable as are Dr. Thompson's observations, his inferences do not appear to me always sound when dealing with mechanical problems. In assuming, e.g., that in the upright posture the whole weight of the lungs is supported by the diaphragm, and that the two upper pairs of ribs press upon them "like a collar," is he not overlooking the fact that the lungs, far from exerting pressure upon the thoracic walls, actually exercise suction upon them? Again, in concluding that the pumping of blood from the heart to the top of the head in the erect posture—a distance of some two feet as against half a foot in the quadruped—adds a 20 per cent. increase to the blood pressure, is he taking into account the syphon action of the veins, and the compensatory action of the arterioles? It is on the degree of contraction of these vessels that the resistance which the heart has to overcome mainly depends.

I am, Sir, yours faithfully,

HARRY CAMPBELL.

Wimpole-street, W., Jan. 14th, 1922.

CLINICAL LABORATORY SERVICE.

To the Editor of THE LANCET.

SIR,—A sentence in your leading article of Jan. 7th on Clinical Laboratory Service raises shortly the important question as to how far the pathological staff of an undergraduate medical school may properly deal with the diagnosis of material originating outside their associated hospital. As you suggest, it is very natural that the clinical staff should prefer to have in their general work the assistance of laboratory workers whom they have learned by hospital experience to trust. In other cases, notably the venereal diseases scheme which operates in London, there are considerations of uniformity and combination for the common good which, at any rate to some degree, commend the importation of outside diagnostic work. But to dwell on these instances where the practice is pretty free from any very substantial objection is to obscure and perhaps forget the general principle under which they have to be considered.

As I believe, this principle is that no university department ought to earn money by exploiting the technical skill of its staff. Why exactly this is so I do not know or, at any rate, cannot state quite clearly, but I imagine it follows from the ideals which govern

the life of teaching and the promotion of knowledge being incompatible with those that dominate a professional life of practical service and utility. There is no question about the one set of ideals being better or worse than the other; the nature of the work has nothing to do with this, only the way in which it is done. But the two are different and mostly apparently immiscible. Diagnosis done on academic ideals, or teaching and research conducted on professional ideals mean work wrongly and often, I think, carelessly done, and this is not right. However, whatever the reason may be, my experience is that diagnosis for fees is not done in the pathological laboratories of universities without deterioration of standard and outlook. It is an easy way of earning a good deal of money but it is one of the devil's temptations; and like his other devices is to be dealt with only by being clear on the germane general rule.

To laboratories other than those where business is the promotion of learning I do not think the same general rule applies. Roughly speaking, I should say that university schools seek to do something for the souls of their students (among whom I include the teachers) as well as to teach them a professional technique; medicine has, I suspect, kept this in view more clearly than some other branches of study related to professional life. Schools dealing frankly with professional technique for graduates are in rather a different category; they are dealing much more with the world as it is rather than the world as it might be, and diagnosis for fees is a necessary part of a universe in which fees of any sort survive.

It would be pedantic to suggest that the general rule that I have indicated must necessarily prevent practitioners getting an opinion in which they will have confidence from the pathological staff of the school at which they were trained. Any rule against this would plainly cut straight across the amiable coöperation among present and past students which is so admirable a corporate feature in our schools. But the reason for doing it must be friendliness and helpfulness, not the fact that money is thereby earned for the laboratory. Indeed the fees would best be minimised in every way. And remembering that importunity is apt to strain even tolerably well-established friendships, it would be wise that simple routine should go elsewhere where it can be dealt with equally well and that the resources of alma mater should be invoked only where special difficulty or importance requires special care.

Which brings me to what I really want to say, which is that I hope that the arrangement which you report at St. Bartholomew's will encourage no one to embark on the wider extensions which have proved so disastrous to the progress of pathology.

I am, Sir, yours faithfully,

A. E. BOYCOTT.

Medical School, University College Hospital, W.C.,
Jan. 15th, 1922.

CHLOROPHYLL AND VITAMIN A.

To the Editor of THE LANCET.

SIR,—Reading the annotation Chlorophyll and Hæmoglobin in *THE LANCET* of to-day's date, I was disappointed to find no further comment upon the question of vitamin A being possibly present in chlorophyll extracted and used therapeutically, a point raised in a note on "phyllosan" in the previous issue. I do not know by what manner of process this product is extracted, but I gather from original notes in the *Corr.-Blatt für Schw. Aerzte* that Prof. Emil Bürgi definitely claims that lipoids and vitamin A, derived from the original plants, are still unchanged in the extract now on the market. I should be very glad to learn whether it is reasonable to assume that the vitamins, as well as the chlorophyll, are concentrated by the process of extraction. It seems to me of first importance therapeutically.

I am, Sir, yours faithfully,

E. BIDDLE, M.R.C.S., L.R.C.P.

Guy's Hospital, Jan. 14th, 1922.