of therapy, and at that time the thiamine dosage was
reduced to 300 mg. daily by mouth, which he took quite
conscientiously. However, despite repeated warnings, he
once more took to drinking alcohol. After 5 weeks' therapy
the peripheral neuropathy had improved mildly, with
slightly better two-point discrimination and lessened calf
tenderness, but, more importantly—and indeed more re-
markably—his cerebellar function had improved to the
extent that he could walk with an almost normal gait,
ataxia only becoming apparent on slow and deliberate
heel-to-toe walking.

Victor et al. described three quite different forms of this
disease, the commonest being the florid one seen in our
patient. In this, disability reaches its peak in weeks or
months and then stabilises if the patient abstains from
alcohol and takes a better diet. The condition is rare, and
treatment has been discussed very little elsewhere. The few
reports suggest that the patient should abstain from alcohol,
nutrition should be improved, and B-group vitamins should
be given. Despite this treatment the outlook has previously
been poor. We are encouraged by the clinical recovery of
our patient, and suggest that massive-dose thiamine therapy
merits further trial.

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K. S. KASPRZAK
L. MARCZOW
J. BREBOROWICZ.

TUBERCULOSIS MORTALITY UNDER SCRUTINY

Sir,—Your editorial* states that the inscribing of pulmonal tuberculosis in either part i or part ii of the
death certificate inflates the total mortality figures. But this is not normally true. Only those deaths where tuber-
culos is is entered in part i are counted as tuberculosis deaths. A part-ii tuberculosis entry exceptionally swells the
mortality figures if pneumoconiosis or fibrosis of lung appears in part i of the same certificate.
The gross inaccuracies consequent upon the present certification system, revealed by the recent major survey
by the British Thoracic and Tuberculosis Association10
had been anticipated by smaller surveys in Birmingham11
and Leicester.12 The fact that there has been no improve-
ment in the significance of tuberculosis mortality figures in the intervening decade suggests the need for alterations
in the regulations so as to demand a full inquiry into every
case where tuberculosis appears in either part of the
certificate. Indeed, since "failure to observe standard
generally accepted practice" is the commonest avoidable factor leading to death, perhaps the time has come to make
every tuberculosis death a coroner's case.

Chest Clinic,
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J. P. ANDERSON.

MASSIVE THIAMINE DOSAGE IN AN
ALCOHOLIC WITH CEREBELLAR CORTICAL
DEGENERATION

Sir,—We have lately seen a case of the restricted form of
cerebellar cortical degeneration which occurs in alcoholics.
The patient was a White male aged 48, an alcoholic of 25–30 years' standing. Ataxia of gait and incoordination of the
legs had come on in the 2 weeks before admission. He also
had peripheral neuropathy, as evidenced by diminution of
two-point tactile discrimination over the feet and lower legs, absence of knee and ankle deep tendon reflexes, and
bilateral calf tenderness (without evidence of peripheral
vascular disease). Immediately on presentation, alcohol
was totally restricted and he was started on a diet rich in
carbohydrate and protein and very high doses of thiamine
(200 mg. daily intramuscularly and 300 mg. daily orally, in
divided doses). In addition he was given oral riboflavin
(3 mg. daily) and nicotinamide (45 mg. daily). Clinical improvement was noted within 5 days of commencement of
therapy. He was discharged from hospital after 18 days

1. Victor, M., Adams, R., Mancall, E. A.M.A. Archs Neurol. 1959,
1, 579.
classical treat in many a good dinner among the rural population of central Spain. It will be interesting for Spanish neurologists to check on the incidence of disseminated sclerosis in different regions and provinces, and to try to correlate it with lamb-brain eating habits of the inhabitants.

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RICARDO CEBALLOS.

---PENIA---

Sir,—May I add -penia to the list of alternatives to hypo-suggested by Dr. Ell ? In Greek it meant "poverty," and it is currently used in such words as granulocytopenia and thrombocytopenia. Although one can never tell what English speakers will do, I imagine that it would be quite a feat to pronounce -penia in such a way as to make it sound like hyper.-

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A. E. ATTANASIO.

VIRUS MENINGITIS IN TEESIDE

Dr. R. J. DONALDSON, medical officer of health, Teesside, writes: "I omitted to specify in the statement you published last week (p. 52) the virus isolated from the cases of encephalitis occurring in Teesside. Echovirus type 4 had been isolated from over 100 of the cases. The virus has been isolated from over 80% of the specimens (of faces, cerebrospinal fluid, or nose-and-throat swabs) received from clinically diagnosed cases. It is highly significant that this virus has not been isolated from any specimen submitted for other reasons to the Public Health Laboratory."

Parliament

Reorganisation of the N.H.S.

In a debate on the consultative document on the National Health Service in the House of Commons on July 1, Mrs. SHIRLEY WILLIAMS opened the attack by taking the Government to task for not finding the time themselves to debate the document; she went on to say that the Opposition welcomed the integration of the N.H.S., and the decision to make the boundaries between the new health authorities and the local authorities coterminous. How-ever, there were many things wrong with the document. On three very important matters—cooperation between the personal services and health services, day-to-day management, and communication within the health service—the Government had remained silent and had referred any decisions to working-parties which would be unlikely to make their reports before the end of the period of consultation. There did not seem to be any reason why the period of consultation was to be so short—only 10 weeks or less. The document was hopelessly vague on certain crucial issues; it did not say, for example, whether the Secretary of State would appoint all members of the area health authorities, nor did it say how he would select the representatives of the professions, nor what professions these were.

The first major criticism of the substance of the document was that a managerial model had been chosen which seemed to many people to be inappropriate to what ought to be a personal and humane service. It set up a powerful centralised regional structure and therefore would break down the responsibilities of the area health authorities, Repre-sentation on the health authorities by members elected by the local authorities and the professions was to disappear completely in the interests of the appointive model by the Secretary of State; the Government had failed to grasp that the health authorities must be seen to be, and must be, accountable to the public. They believed that the answer lay in what the document called community health councils; this was the "strangest bunch of administrative eunuchs" that any Department had yet foisted on the House. The councils would be able to visit hospitals, but most people could do that; they could produce annual reports, but nobody would read them because the councils had no power to do anything. The Opposition was sorry that the independent contracting committee for general practitioners was not to be a special committee of the area health committee, but would be divided off almost completely. There was every reason to believe that the regional health authorities would continue to be hospital-dominated, and the general practitioner even more overlooked than before. The Opposition would like to know what the Government's plans were with regard to the community physician, to the special problems of London, to the school medical service, and to the occupational health service. Would the Secretary of State agree, Mrs. Williams asked finally, that the consultative document offered a reorganisation that was inadequate and a consultation which was a travesty, and, consequently, that it was time the document was withdrawn.

Sir KEITH JOSEPH said in his reply that he would do his very best to prolong the period of consultation. The area health authority would, in the new system, be the operating unit. The chairmen of the areas would be appointed by the Secretary of State; there would be some members appointed by the coterminous local authority, and some (probably 3) appointed from among medical and nursing personnel. These appointments would include a university member and a representative of the teaching hospital where there was one, would be made by the regional health authority after consultation with the interests concerned. The Government had been criticised for choosing to put a management emphasis on the area health authority, but without the essential qualities of management—leadership, persuasion, energy, and drive, all gained to professional advantage—the country would have in the future, as it had now, very uneven services to the public. It was proposed in the document that members of the community health council should be appointed by the area health authority, but that might not be the best answer. Discussions were now taking place with the Department of Education and Science on the School Medical Service. It must be emphasised yet again that the country would never be able to afford to look after the health and welfare of the public entirely by paid service; the first line of defence must be the family and the second line must be the voluntary organisations.

Mr. RICHARD CROSSMAN said that if a person was desperately ill there was no other country in the world where he would be as well looked after as in Britain, but the service failed at a price. The terrible problem of the gap between local authorities and the health service must be dealt with. If there was any sense in the world, the health service would come under the new local authorities, but the medical profession and the Chancellor of the Exchequer were against it. The greatest faults in the health service were its remoteness from the patient and its bureaucratic nature; control of the service rested in the 14 regional hospital boards, and that was what was wrong, but the consultative document only served to strengthen power at the regional level. The regional health authorities would be exactly the same as the regional hospital boards—the same impercep-tive bureaucratic machines with a lot of civil servants as well as hospital people. The Government were mai-