

tablets (Seconal 100 mg), which were favoured hypnotics in those days. Apart from these, Moran believed that he had a rather negative reputation with Churchill as what he called "a vendor of nostrums" until 1953. He was indeed a most reluctant prescriber. But when Churchill was troubled by muzy feelings in the head after his first major stroke in 1953, Moran prescribed a pill that Churchill called a "Moran" and from which he claimed great benefit. Moran gave his patient a test dose of this pill a few days before Churchill's important speech at the Conservative party conference at Margate on 10 October 1953. Although there is no clear record in Moran's medical notes, his use of a preliminary test dose and Churchill's comments on the pill's effects indicate that a "Moran" would have contained amphetamine. This was recognised as a valuable drug in the context in which he used it; a preliminary trial dose was the rule because of the variation between individuals in their reactions to it.

From the 1953 stroke onwards, Moran tailored his administration of drugs to specific situations. His armamentarium consisted of "majors," which were Drinamyl tablets containing d-amphetamine sulphate 5 mg and amylobarbitone 32 mg; "minors," which were Edrisal tablets containing aspirin 160 mg, phenacetin 160 mg, and amphetamine sulphate 2.5 mg. This combination, colloquially known as APA, was quite widely used for headaches as an alternative to APC (aspirin, phenacetin, and caffeine); "baby capsules," which contained a small dose of Seconal 15 mg; and "midget capsules," which contained Seconal 7.5 mg.

I doubt if those familiar with treating the symptoms of cerebrovascular disease in those days would do other than applaud Moran's use of amphetamine and particularly the way in which he fine tuned the dose. He did not live long enough to see the small doses of aspirin, of the order contained in his "minors," become standard treatment for the atherosclerotic disease from which his patient suffered and whose life he may unwittingly have prolonged.

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1 Lovell R. *Churchill's doctor: a biography of Lord Moran*. London: Royal Society of Medicine, 1992.

Childhood thyroid cancer since accident at Chernobyl

EDITOR,—The letter from representatives of the World Health Organisation and the three countries most affected by the accident at Chernobyl—Belarus, Russia, and the Ukraine—draws attention to the increasing number of thyroid tumours in children exposed to fallout from the accident.¹ We endorse the comment that an international response to this unprecedented event is needed. Different countries have already reacted, and at least eight international actions on this issue are currently going on around the world. I wish to give some impression of the many international and bilateral efforts to provide medical help for the people affected by the Chernobyl accident, in addition to the efforts made by the WHO.¹

In the first place, the authorities in Belarus, the Ukraine, and Russia have mounted a tremendous effort to monitor the health of the exposed populations and to provide, within the limited means at their disposal, as good a treatment as possible for the health effects arising in that population. International agencies, including Unesco, the International Atomic Energy Agency, the Food and Agriculture Organisation, the International

Red Cross, and the Commission of the European Communities, are all deeply involved in projects to provide help to the affected populations in the three republics. In addition, there are many bilateral activities between the three republics and individual nations or charitable foundations, including Japan and the Sasakawa Foundation, the United States, France, Germany, the Netherlands, Finland, and Switzerland.

The European Commission is supporting a wide range of projects related to Chernobyl. These include studies of the contamination of soil and water by radioactive isotopes, health effects, management of risk, and dose reconstruction in a series of collaborative research projects in which groups of community scientists work with scientists from the three republics.

The most important health effect so far is the increase in papillary thyroid cancer in children, and the European Commission has devoted funds to two collaborative projects addressing this problem. One project deals with the characterisation of the tumours at the pathological and molecular biological levels and the other is concerned with optimising the treatment of these childhood cancers. In this respect, and in response to recommendations made by a panel of thyroid experts,² the European Commission's technical assistance programme to the Commonwealth of Independent States is providing a comprehensive training programme for medical specialists and technicians from the three republics, and the European Community Humanitarian Office is providing specialised equipment and drugs for diagnosing and treating thyroid cancers. Our approach has been to encourage collaboration between doctors and scientists from the European Union and the countries of the Commonwealth of Independent States and to encourage exchange of information and cooperation among the various national and international agencies also studying this problem.

We wish to reiterate the comment, made in our expert panel's report² on the consequences of the accident, that the number of cases of childhood thyroid cancer in southern Belarus and northern Ukraine has increased substantially since the accident; that it is not possible to predict the future incidence of thyroid cancer; and that international cooperation in both humanitarian assistance and the study of the consequences needs to be co-ordinated.

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1 Stsjazhko VA, Tsyb AF, Tronko ND, Souchkevitch G, Baverstock KF. Childhood thyroid cancer since accident at Chernobyl. *BMJ* 1995;310:801. (25 March.)

2 Williams D, Pinchera A, Karaoglu A, Chadwick KH. *Expert panel report on the consequences of the Chernobyl accident*. Luxembourg: Office for the Official Publications of the European Communities, 1992. (EUR 15248 EN.)

Unified training grade

EDITOR,—Trevor J Bayley states that the key to the success of the unified training grade and the Calman report is a far greater increase in the number of consultants than is presently planned.¹ The Calman recommendations are to be implemented by the end of this year, clearly with no concomitant expansion in the number of consultants. This means that fewer training grades will be available. On transition, incumbent senior registrars will automatically fill such posts, followed by career registrars, who have two years to gain a

training number. What then of present career senior house officers? Presumably a minimum wait of two years for promotion will ensue in most specialties—a horrific prospect for senior house officers who have obtained their fellowship and membership and are eager to start higher specialist training.

A better way of implementing the Calman reforms would be to set in motion a plan to expand the numbers of consultants over many years before introducing the unified training grade. This notwithstanding, the only hope for the Calman reforms to be a true success is for purchasers to insist that trusts increase their consultant workforce. Should this not happen rapidly, the outlook for the "lost tribes" of senior house officers during the transition period will at best be gloomy.

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1 Bayley TJ. Unified training grade. *BMJ* 1995;310:1020-1. (22 April.)

China aims to improve health of newborn by law

EDITOR,—Being a Tibetan woman with relatives in Tibet who are subject to China's population programme, I wish to respond to certain points in Richard Tomlinson's article on China's aims to improve the health of newborn infants by law.¹ As evidenced in Aird's analysis *Slaughter of the Innocents*² and reports such as *Children of Despair*,³ coercion within China's population programme is not, as Tomlinson implies, simply a matter of isolated abuse which the state family planning authorities and law strive to stop. Official Chinese sources and publications clearly show that coercion (including forced sterilisations and abortions) forms a central strand of China's population programme and has the approval of the Chinese government. What other interpretation can be made of the following remarks by Mr Chen Bangzhu, the governor of Hunan province: "In the autumn family planning drive, urban and rural areas must closely cooperate with one another and must comb every household for unscheduled pregnancies, for which remedial measures should be taken" (Human People's Broadcasting Station, Sept 14 1992).

There are many more such examples, including evidence of eugenic and racist attitudes. Deng Bihai in *China's Population News* (Dec 22 1989)—which, like other publications, can exist only with the approval of the authorities—commented that among China's so called national minorities it is more common for such people to be "mentally retarded, short of stature, dwarfs, or insane." Perhaps the Chinese health minister quoted in Tomlinson's article would argue that these remarks too can be explained as poor translations.

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1 Tomlinson R. China aims to improve health of newborn by law. *BMJ* 1994;309:1319. (19 November.)

2 Aird J. *Slaughter of the innocents*. Washington, DC: AEI Press, 1990.

3 Moss M. *Children of despair: an analysis of coercive birth control policies in Chinese occupied Tibet*. London: Campaign Free Tibet, 1992.

Correction

Injury to child pedestrians

Owing to a typesetting error the references given at the end of the final sentence of this letter by Hamid Soori and R S Bhopal are incorrect (20 May, p 1334). The correct references are 2 and 4.