

chronic non-productive cough, his exercise tolerance will be reduced, and he will have considerable emphysema. Terminally, he will have right-sided heart failure. This tragedy overtakes him usually in the early forties if he has smoked since youth. That is to say he will die prematurely, after much misery to himself and his family.

A person, once 'hooked' by hemp, has great difficulty in giving it up. To say that it is mildly addictive or a soft drug, in the current parlance, is just mere nonsense. Surely addiction can not be defined so.

Why do our 'progressives' and 'do gooders', amongst whom I am sad to note appear to be members of our own profession, make statements to the press and to medical journals stating that the drug is 'soft' and no harm or only a little harm can come from its use? When they have little or no experience of its effect in a society. I think if an enquiry were made to the Indian medical profession or to Indian social workers, a true picture of the long term effects on the individual would emerge. They would inform you how such an individual becomes a shiftless and degraded member of the community, and ultimately a sick member. How he becomes eventually unemployable because he is so incapable and unreliable. And how a society with many such members deteriorates.

Why in a society such as Britain today, where crime is rising, production falling and delinquency on the increase, must we even consider legislation to release a drug such as cannabis? How is it a matter of controversy? Why does anyone wish to make it easy for youth to have access to a drug the effects of which are euphoric, hallucinatory, sexually stimulating and ultimately degrading, unless they are deliberately plotting to undermine the whole basis of that society? And this at a time when every ounce of productivity is required to save the standard of living.

Why, at a time when we see pressures being brought to bear on the government, the T.V. and the press to ban advertisements for cigarettes, because they are carcinogenic and lead to premature death, do we have, simultaneously, pressure-groups trying to legalize a drug which kills its habitués a decade or a decade and half earlier than does tobacco?

How do we define 'mildly addictive'? The Ontario Addiction Research Foundation apparently circulated that "Some subjects would be adversely affected, others would

not". How are we to know in advance as to the effect on any given individual? And why expose yet another group to addiction? We already have alcohol and many addicts to it. Will the legalization of yet another drug of addiction improve our society? Even if such legalization is pushed under the guise of scientific fact, or in this case, should I say 'scientific fiction'?

Assam.

K. J. DUNLOP.

Herpes zoster

Sir,

Herpes zoster, in addition to its cutaneous manifestations, is sometimes accompanied by an internal dysfunction, e.g. hiccups from irritation of the thoracic nerve of supply to the diaphragm accompanying a T6 rash, a myocardial disorder preceding zoster vesicles in the appropriate skin area.

If any reader remembers any such case, I should be grateful for details.

Ilford.

R. N. COMPTON SMITH.

Medical record card envelopes

Sir,

Dr D. J. Davies in the *College Journal*, January 1969, recommends an improvement in our medical record card envelopes.

I have been studying this problem with the help of an Upjohn Travelling Fellowship for some time. My researches have convinced me that the only real answer appears to be to change our whole recording system and so dove-tail it with the new International Paper Size. These new sizes have come to stay and any change that is made should have this very much in mind. All hospitals are going over to these sizes and the Civil Service has accepted it. This is a system we should aim for.

I have designed a double pocket gusseted envelope (A5). This large envelope allows the ordinary hospital letters to go in unfolded and the very large letters (A4) only require one fold. As well as allowing for the International Paper Size, the pockets are cut away on the inside so that the current E.C.5/6, 7/8, etc. may be accommodated and removed with ease.

A number of doctors are assisting me in this project and are testing out the double pocket wallet (A5) to see if the design and layout could be improved.