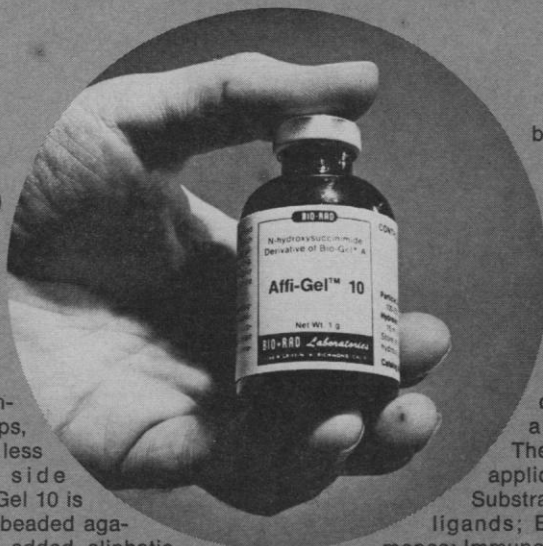


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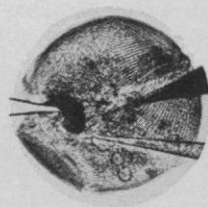
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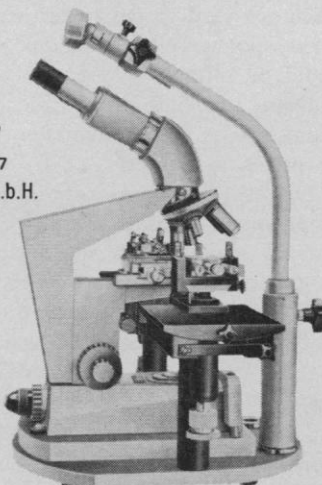
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letter raises the general question of whether to identify commercial sources in a scientific publication.

The pitfall of inter-, and even intra-strain, differences is well-known and is one example of the variation between products that can influence reproduction of experimental results. While open to persuasion, I am presently of the view that specifying the commercial source of any product is inappropriate unless the product is uniquely successful for a particular application. Scientists are creatures of habit, and there is often no other reason for the use of a particular brand or source of supply. Requests for commercial endorsement that are thinly veiled as appeals for experimental reproducibility do a disservice to the generally amicable working relationship between scientists and those who supply them with the tools of their trade.

Science has thus far escaped the plight of the medical profession, where brand names have nearly universally replaced generic names to the detriment of both the practitioner and the patient. Editorial guidance from many journals about the identification of sources of supply is often lacking, and scientists should be cautious in their references to products by company or brand name lest they unwittingly offer endorsements which, in other spheres, would bring due remuneration. The propriety of such a practice in scientific publications is open to question.

Happily, communication between investigators is not entirely defunct, and specific information can readily be obtained by direct inquiry.

D. W. BULLOCK

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Health Records

About this time of year, Cornell University Health Services, like other college and university health services, begin to receive request forms for medical and mental health records for present or past Cornell students who are applying for places in various graduate school programs. Such request forms are always accompanied by a permission form signed by the applicant authorizing release of such information.

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Not all graduate schools require such information before acceptance. Surprisingly, the ones that do are mostly those relating to health professions (medical schools, nursing schools) which should, above all others, know better. It is obvious that the responses to such inquiries may be used as one of the criteria for admission.

It is our view that release of clinical information as a potential criterion for admission is an unnecessary and unethical breach of confidentiality. The fact that the applicant has signed permission for the release is, in practical terms, irrelevant, as he is in no position to refuse to sign the release.

I urge all graduate schools to discontinue this practice and all undergraduate health services to refuse to provide such information before the applicant is accepted.

In the first place, it is certain that in almost every case there is nothing in a health history that will effectively predict performance in graduate school. In those few cases where a health problem might affect performance, the matter should be obvious on the basis of other observations. Indeed, if a student can complete his course work as an undergraduate in a satisfactory manner, this is the very best criterion of his potential to perform in graduate school.

Furthermore, we have found that some students have purposely not sought needed medical or mental health care in our university health services because they have felt that such care would become part of their records and might jeopardize their acceptance by graduate schools. I am sure other undergraduate schools have the same experience.

Like other physicians, whether in individual or in institutional practice, we maintain a policy of strict confidentiality in our delivery of health care to our patients, students or nonstudents. Any corruption of this policy is contrary to the best interests of patients, including students, and contrary, in the long run, to the interests of the graduate schools.

Once the student has been accepted and has given his permission for release of information, it is then in the best interests of all concerned that clinical information be made readily available to those responsible for his health care.

ALLYN B. LEY

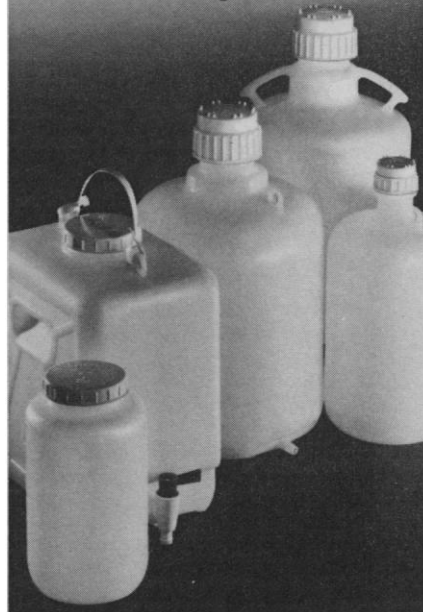
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