Letters

Migrating Medics

Science has taken note of the British Minister of Health's recent wailing over the "brain drain" of his country's physicians ("The new emigrés (II): British doctors head for U.S. in large numbers," 28 Oct., p. 494). Since he is a member of the Labour party, one might excuse his lack of concern for English tradition in the sense of noblesse, but this political orientation is hardly an acceptable excuse for his continuing the old imperialistic and colonial attitudes which proved the undoing of the British Empire.

He doesn't seem to realize that most of these men go to former colonies, and in so doing, each makes amends for England's failure as a colonial power to provide adequate medical manpower for those not fortunate enough to be born in the U.K. The situation is scandalous enough when one considers the needs of Canada, New Zealand, Australia, and the United States. It becomes incomprehensible and reprehensible in the case of India and Pakistan, the former "white man's burden." Not only are there no English physicians going there, but Indian and Pakistani doctors are migrating to England!

The problem is a larger one. All the European countries should supply doctors to their former colonies. If one considers the chief ethnic origins in the United States, it is obvious that the medical schools of Ireland, England, Germany, France, Israel, and Italy, at the very least, are duty bound to force a certain number of their graduates to practice here and help alleviate our medical shortage. The brain drain is actually much less than the body drain of the past 200 years. No doubt someone in the U.N. could figure out a "fair share" equation based on immigration figures, dates of mass migrations, and fertility characteristics.

Other examples come quickly to mind. Spain and Portugal have their Central and South American obligations to fulfill. Russia, Mongolia, and China should decide who is to relieve our

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Public Health Service of the care of the so-called American Indians, who are actually Asiatic nomads. Having left Southeast Asia in such a mess, France should provide medical care to both sides in Viet Nam.

The current physician population of California provides the precedent for this assignment of medical responsibility. This state has been, is, and will be a debtor state from the standpoint of physician supply. Many of us have reluctantly left the East and Midwest, following the general westward migration, in recognition of our duty to supply medical care to these expatriates.

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Writing as a doctor who has practiced general medicine in England for 21 years, I would like to congratulate Walsh on his two articles (News and Comment, 21 Oct., p. 365, and 28 Oct., p. 494). He has written the best factual description of medicine in Britain today that I have so far read; this is in spite of the almost daily deluge on this subject in our papers and magazines.

I still believe in the basic right of every man to get adequate medical treatment irrespective of his financial situation, but, in common with the vast majority of British doctors, I no longer have faith in the ability of politicians (of any party) to provide such a service. Anyone got a vacancy for a disillusioned, overworked, overweight, frustrated, middle-aged doctor?

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Freight Train Award

Peoples' letter (29 July) called attention to the use of "freight trains" (seemingly endless insertion of nounlike attributive adjectives, usually unpunctuated, between the article and noun) by some of today's technical writers. *Science* could further a cognizance of these monstrosities and perhaps reduce their frequency (or at least further an interest in their proper punctuation) by offering an award for the discoverer (and where possible a different kind of recognition for the author) of the best freight train submitted each month. The award should of course be appropriately titled, something like: "The New Science Monthly Technical Writer Freight Train Award."

The following freight train, which appears in an unnumbered, unpaged record of an Aerojet-General Corporation presentation to the President's Scientific Advisory Committee on 22 September 1964, should be considered a standard for the first group of entries: "The heat rejection loop NaK pump motor assembly design margin . . ."

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Tornadoes: Puzzling

Phenomena and Photographs

Different eyewitnesses seem to have given rather similar accounts of "Luminous phenomena in nocturnal tornadoes" (Vonnegut and Weyer, 9 Sept., p. 1213) and of certain types of socalled "unidentified flying objects." J. Vallee's book on "UFO's," Anatomy of a Phenomenon (Regnery, Chicago, 1965), for example, includes a number of reports of slow-moving or stationary, often "cigar-shaped," objects or "clouds" with some or all of the following characteristics: vertical orientation: surrounding smoke or luminous haze. or multicolored or rotating lights; smaller, brightly luminous balls or diskshaped objects that typically emerge from the lower end of the larger object and then fall or drift toward the ground or veer away-sometimes apparently at great speed. Sometimes, but not always, such a phenomenon is described as making its initial appearance out of a bank of clouds. Similarly, in connection with tornadoes, Vonnegut and Weyer's witnesses speak of such things as a vertical luminous column, a blue halo or rotating lights, "orange balls of fire" issuing from the bottom or "cone point" of the elevated funnel, and even a bright white, blue and yellow basketball-sized object