use of small amounts of isoniazid. While the use of isoniazid alone for open tuberculosis should be avoided if possible, there are arguments, as put forward by Canetti, for using isoniazid alone in closed tuberculosis, including surgical tuberculosis, provided it is given for a sufficient length of time.

Dr. Fox has done a considerable service in his lecture by pointing out that problems of chemotherapy in tuberculosis in developing countries are different to those in this country.—I am, etc.,

P. W. HUTTON.

New Cross Hospital, Wolverhampton.

Heroin Addicts

SIR,—Dr. F. Sanders in his letter (21 March, p. 773) raises an important ethical consideration in the treatment of drug addicts: (1) should the doctor check with the Home Office that the addict is not already receiving prescriptions, (2) should the doctor adhere to the principle of "privacy of consultation" and in consequence make no inquiries?

Many people would accept that addicts are normal people except for the fact that they need drugs to maintain their normality; but it is this very qualification of normality that we must consider. An addict with too little of his drug is ill; an addict with too much will either (*a*) spread it over several days, still taking his customary dose, (*b*) sell or share the excess, or (*c*) increase his own dose. Thus if the doctor makes no independent inquiry as to the customary dose of the addict he runs the risk of prescribing too much, with the subsequent risk of the addict's increasing his own dose. This increase might be temporary, or alternatively over a period of time the addict's requirement for the drug may be increased. This, surely, is a situation that both doctor and addict will want to avoid.—I am, etc.,

ROBERT LEFEVER.

Middlesex Hospital Medical School, London W.1.

Intrauterine Cry

SIR,—Is it not time stories about babies still inside the uterus uttering "distinct loud cries" (*B.M.J.*, 14 March, p. 707) stopped? Human vocal cords require the passage of air through them to work, and there is no air inside the lungs of the unborn foetus. There is plenty in the gut of pregnant women.—I am, etc.,

Cambridge. EDWARD BEVAN.

Help from a Computer?

SIR,—After digesting the 371 amendments to the Memorandum of Evidence to the Review Body on General Practitioners' Remuneration it appears that three factors emerge: first, a demand for much larger increase in remuneration; second, new terms of service; and third, the removal of all or most of the consultants from the committee.

An electronic computer could be fed with all these 371 amendments in order to provide rapid simplified data for all the general-practitioner requirements for 26 March and for the Review Body.—I am, etc.,

Norwich, Norfolk. A. P. DOUGLAS-JONES.

Sterile Syringe Service

SIR,—In reply to Dr. A. N. Dowie (14 March, p. 697) we in this group have recently introduced a service of free sterile syringes to general practitioners wishing to take specimens for laboratory investigation. We were able to do this without delay because we already had in existence arrangements whereby general practitioners could purchase disposable syringes from our hospital syringe service.—I am, etc.,

Department of Pathology, Joyce Green Hospital, Dartford, Kent. J. C. BURNE.

Saskatchewan Medical Care Scheme

SIR,—In reading the recent letters (25 January, pp. 240–1) of Dr. R. F. Gold and his colleagues, Dr. S. Wolfe, and two lay persons, Mr. D. D. Tansley and Mr. A. E. Blakeney, I think that it would be pertinent to again point out that the withdrawal of services by the majority of this Province's physicians in 1962 was not against Medicare *per se*, but against a nationalization scheme which would have paved the way for complete Governmental control of medicine, the effects of which are well known. As the Community Health Clinics were planned before the July 1962 crisis, I cannot see how this crisis could possibly have been the main stimulus to their institution as claimed. The evidence, past and present, indicates that the stimulus was political. Few British physicians I feel will have much sympathy with the aims of these doctors in view of the existing situation of discontent with conditions of practice in the U.K.

The formation of medical clinics (private) is well established in Canada, and the community clinics offer nothing new in this line. (In fact, many of these so-called clinics are one-man affairs.) The main difference seems to be that the patient pays considerably more for his care, as he is forced to pay dues in support of the community clinic quite apart from the usual medical fees. Nor do they appear to offer much in the way of stability, as the nearest community clinic to this town has had no fewer than four different and successive doctors in the past year. There have been similar recent upheavals in other such clinics.

Dr. Gold and colleagues refer to the Canadian doctor in terms, which I believe to be their own, of a private businessman—the innuendo presumably being that of "get rich quick." This is far wide of the truth and the quality of general-practitioner care given, and the facilities available for giving it are far beyond the dreams of the British general practitioner. Furthermore, there are few of us who wish to work within a limited company such as Community Health Services Association Limited.

The thin end of the wedge is in, and the Government and community clinics wield the hammer together in efforts to further their political aims. Probably little is known in the U.K. of the Alberta scheme, which follows the principle of helping those who are unable to help themselves and was introduced with the full co-operation of the Alberta College of Physicians and Surgeons and lacking the blandishments of party politics.

If any doctor comes out to look for himself let him by all means take up the invitation to visit Dr. Gold and colleagues, but let him also look at the situation as a whole and decide for himself if the principles of good medicine are worth fighting for or should we go the way of the U.K. He can find "security" outside the realms of this organization, and, in spite of the other incentives such as paid passages, it might be worth remembering the adage "All that glisters is not gold."—I am, etc.,

Wilkie, Saskatchewan. F. W. KNOX.

No R.P.M. for General Practice

SIR,—In its memorandum of evidence to the Review Body the Council states, "It is an inherent defect of the capitation system that whatever the quality and extent of the service given the payment remains the same." It would appear, however, that the Review Body is not concerned with methods of remuneration.

Now, at last, the Minister of Health has indicated that he is anxious to discuss matters other than the quantum of remuneration. This is our opportunity. Surely the time is ripe for the B.M.A. to press for a method of payment which would remedy the defects of the capitation system, and so enable the general practitioner to be rewarded according to the extent and quality of his service? Many of us dislike the idea of committees recommending awards for merit, seniority, etc. The method adopted by Australia, suggested by Jersey, and put into action in this country by B.U.P.A. would avoid all such "merit awards," and give the patient himself the chance to reward his doctor according to the service he has rendered.

The objection has been raised that there would be no upper limit to a doctor's fee. But why should there be an upper or a lower limit? Are we afraid of competition?

The Government itself has just brought forward its Bill against Resale Price Maintenance in the hope of reducing prices for goods by free competition. So why not abolish fixed prices for the services of doctors? The patient is not such a fool that he does not want value for his money, and is surely prepared to pay for a better service. He does not expect to pay the same price for a luxury car as for a small runabout.

Let us face it—there never has been a fixed grade of service common to all doctors, so why should there be a fixed remuneration?—I am, etc.,

Dorking, Surrey. C. E. BEARE.

The Curse of Certificates

SIR,—In his letter (14 March, p. 703) Dr. John H. Swan drew attention to the curse of certificates—particularly those called for by employers. He will be disturbed to find in the "Notes for the Guidance of Employers and Employees" to "the Contract of Employment Act, 1963," recently published by the Ministry of Labour, that appendix C (3) contains an example of a completed statement from an employer to an employee, which includes the sentence, "You are required to furnish a medical certificate in the event of