

individual case is unimportant, however bad; the principle is clear.

If the disciplinary procedure of the N.H.S. is to include the laying down of what is "good" or "bad" doctoring then I, for one, will require to see in the terms of service some pretty exhaustive and stringent definitions, and it may be that we shall have to abandon our present easy-going informal procedure that Dr. Dain spent so many years building up.—I am, etc.,

London W.C.1.

J. L. McCALLUM.

Remedies for Discontent

SIR,—In considering the present state of our discontent I do not think it can be overstressed that there is a grave shortage of doctors in the English-speaking world, and that this shortage is likely to become more acute in the next decade. This being the case, it is obvious that countries producing unsatisfactory conditions of service for doctors are going to become acutely short of doctors. That is undoubtedly what is taking place in this country, and in order to reverse this trend many drastic changes will have to be made.

I would suggest that strenuous efforts must be made to ensure that private practice be encouraged by all means, particularly by allowing free drugs, regardless of what the political parties think. Secondly, that doctors must receive a fee per item of service for late calls. I consider this most important and would cut right at the root of the trouble. I would suggest £2 2s. for calls coming in from 11 a.m. to 5 p.m., £3 3s. from 5 p.m. to 11 p.m., and £4 4s. from 11 p.m. to 7 a.m. Calls between 7 a.m. and 11 a.m. would be covered by the basic capitation fee.

I feel that if only these two simple measures were introduced a lot of us would feel happier. Let us ensure that these or similar measures are introduced so that the standard of medicine in this country will be lowered no further, and that the best of our young doctors will no longer be driven from their homeland.—I am, etc.,

St. Helens, Lancs.

F. LENNON.

London Maternity Catchment Areas

SIR,—At the annual general meeting of the Richmond Division of the British Medical Association on 19 May 1964 the effects were discussed of the new arrangements of the maternity catchment areas in London (see your Parliamentary report, 18 April, p. 1056). After discussion the following resolution was passed unanimously: "That this meeting opposes the imposition of arbitrary catchment areas for the purpose of obstetric hospital bookings, as this infringes freedom of choice for both doctors and patients." The meeting gave me permission to refer to our discussion if I wrote to the *B.M.J.*

For some years mental patients have, with sad grins, resented the phrase "catchment areas" and its implications. Restriction to area hospitals leads to grave interference of the general practitioner's free choice of specialist. Such interference should surely

be regarded as unethical. We may indeed wonder whether suddenly further specialties may be restricted by "catchment."

Here in Barnes the new maternity instructions are already disrupting several years of provident planning. Although the Ministry said that the pattern of the plan would not be rigid, discussion of individual cases with the consultants is necessary to contend with booking clerks' instructions. When we tell a patient that we are tied to Kingston Hospital, seven miles away, she raises the obvious difficulties (fares, visits of relatives and friends). She is disappointed at the loss of continuity with previous gynaecologists and obstetricians in whom she has had confidence. When a patient does not want to be booked at Kingston, she may insist that after all—in spite of any medical factors—she will chance home confinement. Thus the number of emergency admissions of late pregnancy and labour will be much increased.

We may be shocked by the inhuman term "catchment area," but it well represents its nuisance value and we must not be deluded if the administrators change the name but retain the principles. Let us hope that the Ministry of Health will reassess the contentions of the administrators and those of the clinical consultants, doctors, and patients, and then realize that catchment areas are bad in principle and practice.—I am, etc.,

Barnes,
London S.W.13.

T. G. HOVENDEN.

Artificial Organ Society

SIR,—The growing body of knowledge (part technical, part clinical) relating to replacement of organ function by devices like the artificial kidney is of interest mainly to people working in this specialized field. For this reason a society was formed in North America nearly ten years ago for the study of Artificial Internal Organs (the A.S.A.I.O.), and the need for a similar society in Europe has been felt by some workers in this country and on the Continent.

A European Society has now been formed and will hold its first conference in Amsterdam on 25 September 1964. Like its American counterpart, the European Society has been started by people interested in replacement of renal function (by haemodialysis, peritoneal dialysis, etc.), and the first conference will be confined to this subject.

The organizing committee has tried to contact personally medical and scientific workers in this field who are likely to be interested in the Society, but any who have been overlooked and who would like to join the Society or attend the Amsterdam conference should contact the undersigned as soon as possible.—I am, etc.,

The Royal Victoria Infirmary,
Newcastle upon Tyne 1.

DAVID KERR.

Colour Transparencies for Teaching First Aid

SIR,—In the belief that one picture is worth many words, I have been using pictures for teaching first-aiders what real injuries look like, and for the starting-point

of discussion about treatment. The enlivening of interest which has resulted has convinced me that a good series of pictures should be available to all who teach first aid.

It is, unfortunately, very difficult to obtain a sufficient number of suitable pictures of untreated pictures—and I should like to make a request through the courtesy of your columns for the loan of any suitable transparencies showing any injury—for example, a dislocated shoulder or a chest wound, or a more simple injury which a first-aidier may in emergency have to treat—and for any help in taking such pictures which could be given by those whose work brings them in contact with new injuries. Such colour transparencies would be carefully handled and returned to their owner as soon as possible after duplication.

I have also prepared a list of photographs wanted which could be sent on request to anyone who is interested and who may be able to help.

Any assistance which can be given in forming the nucleus of a collection for general use would be much appreciated.—I am, etc.,

Fawley, Hants.

A. WARD GARDNER.

Jaundice and Benziodarone

SIR,—We should be grateful for the co-operation of practitioners in obtaining information relating to the coincidental occurrence of jaundice in any patients treated with the long-acting coronary vasodilator benziodarone ("cardivix").

In the last six months we have had five cases reported to us which are currently being elucidated, and any further examples which might come to light will help us in deciding whether the drug is involved in any way.

Full clinical details would be appreciated and treated in the strictest of confidence.—We are, etc.,

Medical Department,
Genatosan Limited,
Loughborough, Leics.

H. LEE.
G. F. DEVEY.

Points from Letters

Fluoridation Falsified

Dr. N. J. AINSWORTH, F.D.S. R.C.S. (Helston, Cornwall), writes: Granted the efficacy and harmlessness of fluoridated water, the alternative of giving tablets to children is alleged to be simpler, cheaper, and free from the compulsive element. If 10d. a year is a correct estimate for fluoridation then tablets are certainly not cheaper for the parent, though they may be for the town council. But this is a minor point. I have brought up a son from birth dosing him with the prescribed amount of NaF tablets. At 10 he is still alive and well and his teeth are excellent, but it has been a constant nuisance to his conscientious mother. The daily tablet is easy to forget; sceptical or ignorant nurses deliberately omit it; the bottle can be mislaid, especially when traveling, and so forth. If we, an enlightened family, have found it difficult, how much more so would the sort of parents one sees stuffing sweets into their children's mouths on all occasions? And these are the children who need it most.

My wife's invited comment on the above was, "Quite true, the pills were a perishing nuisance."