

barrier. This could be lowered in the case of the poor.

Surely a financial barrier would be more acceptable than seeing the breakdown of N.H.S. family doctoring. The B.M.A. should say to the Government that experience has shown that the present free-at-the-time arrangement has proved unworkable, and that if family doctoring is to continue we must change to one of the arrangements proved workable in other countries where the patient pays something. The most important thing about the family doctor service is not that it should be free but that it should be better. The Government should abandon its doctrinaire position of organizing a health service in an affluent society on the basis of the circumstances of the poor.

Those receiving National Assistance and anyone else in need should be entitled to free care. Other people should pay about 5s. In order that this way of reducing unnecessary work by doctors should not be misrepresented as another way of increasing their incomes or as a return to private practice it would probably be as well for this money to go to the Government, with a reduction in National Insurance contributions, or perhaps to the Medical Research Council.

The Government has shown courage in tackling several problems, and would I believe gain respect at home and abroad by such changes for a better family doctor service. Time saved from unnecessary consultations would be available to the doctor for improved medical care.

The time of doctors is a valuable national asset which must be conserved. We should copy from Sweden the greater use of trained nurses, who, working with family doctors, could do many follow-up consultations. Some practices have home nurses attached to them, and there are many married nurses who could do part-time work with family doctors.

Though it is clear that the public, and I imagine members of other branches of the profession also, is not in favour of an indiscriminate large increase in family doctors' incomes, it seems equally clear that there would be popular support for merit awards for good family doctoring. There is a great opportunity here, as Dr. E. G. Housden pointed out (20 March, p. 788). The Royal Commission's proposal, which the profession turned down, would have benefited about one doctor in twenty-five, and few would be so conceited as to hope to be the one. But surely the B.M.A. could organize a system in which about half the family doctors received merit awards, perhaps of three grades, for which those who were interested could apply. It should be possible to draw up a list of reasonable criteria, including the standard of premises and equipment, on which family doctors have expended their capital. Would it be possible for the B.M.A. to appoint in each division recently retired and respected family doctors who would spend a week in the practices of those applying for merit awards to assess their practice both of the art and the science of medicine? Merit awards would provide an incentive to good practice so conspicuously lacking in our present system.—I am, etc.,

Harrogate,
Yorks.

R. D. CUNDALL.

Plight of Operating-theatre Technicians

SIR,—I strongly endorse the remarks made by Mr. L. J. Temple in his letter (3 April, p. 929). The Association of Operating-theatre Technicians was founded 20 years ago at the instigation of Sir Ivan Magill. In 1953 the association was recognized by the Board of Registration of Medical Auxiliaries, under whose auspices a training programme and examination was devised. On 29 April 1959 a deputation to the Chief Medical Adviser to the Ministry of Health, arranged by the Board of Medical Auxiliaries, discussed the main objectives of the O.T.T. without reaching any conclusion. These objectives are as follows—official recognition by the Ministry on the Board of Registration of Medical Auxiliaries; official recognition of the diploma by the Whitley Council; official recognition by the Ministry of a technical grade similar to that of technicians in other spheres such as pathology, x-ray departments, etc., with a comparative standard of remuneration—i.e., by the Professional and Technical "B" Committee. Not one of these objectives has so far been realized. Some two or three years ago the Ministry set up a working party to report on the training of the O.T.T., but the only comfort that was derived by them was an assurance, on 5 March 1965, "The question of the nature of the advice to be given to hospital authorities on the training of operating theatre attendants is still under active consideration, but its final form has not been decided."

The last step taken by the O.T.T. was to approach the Association of Anaesthetists for help to establish a separate training and examining body, but so far nothing definite has emerged. In the meantime, naturally, the O.T.T. feel the same dissatisfaction as they did in 1959, when they sent a deputation to the Ministry of Health. The value of well-trained O.T.T. to-day is beyond

dispute, but if operating teams do not want to lose their services they must do all in their power to try to procure for them a fair deal.—I am, etc.,

E. S. POPE,
Vice-president,
Association of Operating-theatre
Technicians.

Nantwich, Cheshire.

Sucking Out Splinters

SIR,—I read Dr. D. C. Langley's letter about this on Saturday (8 May, p. 1250). On Sunday I got thorns in my hands while gardening and used his Dorsetshire hedger's method. This applies clean suction by the partial vacuum created as a warmed glass bottle cools down. Difficulties were met. Sizable bottles, as of whisky, had rigid mouths too big to form a seal over my finger. Small bottles sucked too weakly. A well-heated bottle burned to mild erythema. The thorns stayed in.

A modification was devised to eliminate rigidity, glass, heat, and water. This worked. The mouth of a plastic squeeze bottle was held over the foreign body and controlled suction obtained by gradually releasing the grip. The thorns came out.—I am, etc.,

Public Health Laboratory, MAIR THOMAS.
Town Hall, London N.9.

Prescription Charges

SIR,—About 600 years ago John of Mirfield wrote:

"When Physick's dearly bought,
it doth much healing bring,
But when 'tis freely given,
'tis ne'er a useful thing."

Sound psychology.—I am, etc.,

London N.6. C. LANGTON HEWER.

Points from Letters

Horse-riding for the Disabled

Mr. G. N. TAYLOR (Wanstead Hospital, London E.11) writes: I was extremely interested to read Dr. N. Strang's letter in the 17 April (p. 1069) issue. Pony riding for the disabled has already become firmly established at Grange Farm, Chigwell, Essex, where a purpose-built unit has been provided and lessons are given seven days a week with a qualified instructor. I am sure that doctors interested in this new approach to rehabilitation would be warmly received at Chigwell.

Dr. MAUD F. FORRESTER-BROWN (Edinburgh 12) writes: It was good to read the plea by Dr. N. Strang (17 April, p. 1069) that the profession should recommend horse-riding as a form of rehabilitation on a much wider scale than is done at present. This type of exercise far exceeds any measures applicable in the gymnasium. The present writer has proved it in person in convalescing from various sports accidents and has applied it successfully to a number of selected patients.

It is true that many elderly patients with hip disorders have long led sedentary lives, which renders them unsuitable for the back of a live horse; but such would benefit by short regular

periods on the electric horse, at present seldom supplied outside the gymnasia of cruising liners. It is obtainable from the Crowthorne Engineering Co., Stockport, and would cost under £200 did not the Government exact purchase tax on it.

Urinary Infection

Dr. B. HANSTEAD (Bristol) writes: I am sure that many general practitioners would like to carry out Mr. D. Innes Williams's suggestions for screening urines in general practice (17 April, p. 1043), but I wonder if Mr. Williams has worked in a busy general practice during the past few years.

How many of us have a portion of the time necessary to examine the urine under the microscope and "count the number of white cells in each of 20 high-power fields," let alone the time for the careful collection of the urine that he has suggested?

Correction.—In the letter on "Herpes Zoster and Varicella" by Dr. C. F. L. Hill (8 May, p. 1248) the reference in the second paragraph should have read *Brit. med. J.*, 1954, 1, 1325.