sent as soon as possibe." This reply is still awaited, three months later.—I am, etc.,

HAROLD CAPLAN
Chairman,
Medical Executive Committee,
Enfield District Hospitals
London N.21

Knocking the B.M.A.

SIR,—As a constant "knocker" of the B.M.A., I hope that you will allow me to reply to Dr. C. D. Campbell's letter (21 December, p. 722).

I am a member of the B.M.A. with an attendance record at divisional and branch council meetings second to none. I have proved to my own satisfaction that it is impossible to influence the Establishment by constitutional means. I am sad about this National Association of Doctors in Practice.

Many moons ago the Establishment, aware of the way things were going, chose to wait for truth to dawn on the grass roots (always too late!) rather than to lead. The cold hard facts are that when shops are reporting a trebling of Christmas spending my family is cutting down and, when compared with last year, there has been a 26% increase in basic wages I have made a loss. The record of the B.M.A. in protecting its members' because there is little alternative to the B.M.A., though I have hopes for the financial interests in recent years is catastrophic, and two of my G.P. colleagues with at least average lists are making less than well-paid bricklayers.

I am sadly but sincerely driven to the conclusion that resignation from the B.M.A. will do more to bring action from the Establishment than any amount of tub-thumping and, short of a sudden miraculous change, I shall resign in the near future.—I am, etc.,

F. W. B. BREAKEY
Gateshead

SIR,—Ever since I qualified I have worked full-time for the National Health Service and am not interested in private practice. For more than 20 years I have waited for the B.M.A. to negotiate a decent contract for me and others like me and stop fighting a rearguard action for private practice at my expense. I am not waiting any longer; if the B.M.A. does not learn this time, within five years it will be replaced in serious negotiation by the Association of Scientific, Technical and Managerial Staffs.—I am, etc.,

J. TUDOR HART
Port Talbot, Glamorgan

Points from Letters

Is Salmon a Scapegoat?

Dr. G. B. STENHOUSE (Morpeth) writes: Your statement (7 December, p. 550) that "the days of dedicated spinster have gone for ever" is far too sweeping a generalization and can cause unhappiness and offence. From my own experience I know that the "dedicated spinster" is very much a reality. You will find her in any Roman Catholic nursing home and she sets an example of unselfish devotion that could be an example to many.

Endoscopy without Sedation

Dr. W. S. C. CHAO (Prince of Wales's General Hospital, London N.15) writes: Upper gastrointestinal tract endoscopy is an important investigative technique which is usually performed with opiate premedication or intravenous diazepam. This sedation appears to be unnecessary and to have disadvantages. My endoscopy technique was learnt in Japan. The only drug used is a lignocaine throat spray. The patient walks into the clinic, gets on to the table, and his throat is sprayed with lignocaine. Endoscopy is completed. The patient walks from the table and returns to work. No escort is needed and car-driving is not contra-indicated. Over the past four years in England I have performed over 1000 examinations without any complications. . . .

Imipramine Poisoning: Survival of a Child after Prolonged Cardiac Massage

Dr. IAN RAMSAY (North Middlesex Hospital, London) writes: The report by Drs. D. P. Southall and S. M. Kilpatrick (30 November, p. 508) emphasizes that patients who have a low cardiac output due to tricyclic poisoning should have cardiac massage carried out for long periods before resuscitation is abandoned. I reported[1] the case of a 14-year-old girl who had taken 2500 mg of imipramine. On admission she had ventricular tachycardia. Sinus rhythm was restored with intravenous propranolol but the blood pressure could still not be recorded. External cardiac massage produced a good arterial pulse and a blood pressure of 60/0 mm Hg. Whenever cardiac massage was stopped pulse and blood pressure became unrecordable and the pupils dilated. The external cardiac massage was continued for five hours, after which she was able to support herself with a pulse of 136/minute and a blood pressure of 50/0. She made a full recovery though there was evidence of cellular death in many epithelial tissues.

1 Ramsay, I. D., *Lancet*, 1967, 2, 1308.

Gluten Content of Wheat Starch

Dr. CECILIA LUTWAK-MANN (Cambridge) writes: May I . . . draw attention to what may not be generally known by either general practitioners or coeliac patients—namely, that the so-called gluten-free wheat starch used in this country as the main flour substitute for baked goods, etc. is not really gluten-free? In fact it contains up to 1% of residual gluten. The manufacturers, on inquiry, told me that to remove all gluten would mean a great deal more work for their chemists and high cost to patients. This is not a valid excuse in view of the cumulative effect that exposure to small amounts of gluten is almost certain to cause, especially in the very sensitive patients who tend to consume rather large amounts of food prepared with wheat starch. I certainly do not tolerate it, and, like several other coeliacs whom I know personally, have limited myself entirely to rice, maize (corn), potato starch and flour, buckwheat, sago, and tapioca with good results. . . .

Silver Nitrate on Orange Sticks

Mr. N. F. KIRKMAN (Withington Hospital, Manchester) writes: I have found orange sticks tipped with silver nitrate to be most useful in the cauterization of small sinuses in general surgical and especially in proctological work. For some reason these useful adjuncts to a surgical outpatient clinic seem to have disappeared. I write this note in the hope that manufacturers will reconsider introducing them.

Vaccination without Tears

Colonel H. GALL (Richmond upon Thames) writes: As one who has served many years in India I read Dr. C. J. Burns-Cox's Personal View (14 December, p. 651) with special interest. But why frighten ignorant people, or anyone else, by unnecessarily sticking needles into them? I have always performed vaccination with the wooden cherry stick used in cocktails; a match stick, of course, does equally well. The end is dipped into the lymph and then rubbed lightly for 2-3 seconds on each spot chosen to bear a vesicle. In non-immunes three perfect vesicles always develop. . . .

Total Commitment

Mr. P. H. SMITH (Leeds) writes: It seems to me that a total commitment payment is likely to mean just what it says and, as such, is likely to limit the ability of any doctor to receive fees for any service provided. This could have the most important influence not on the part-time consultant's income but on the full-time consultant's income since if my reasoning is correct it may no longer be practicable for full-time consultants to provide medicolegal reports and to appear in court since they will be "totally committed" elsewhere. . . .

V.A.T. and the G.P.

Dr. J. R. CLAYDEN (Holmfirth) writes: Were I a butcher, a baker, or a candlestick maker I should be able to recoup V.A.T. on my petrol, car repairs, and telephone bills. Because I am a mere general practitioner I am not even eligible to register in order to reclaim this. What a sad reflection on our negotiators, who should have foreseen the possibility of swingeing increases in V.A.T. areas affecting the profession and ensured that we were placed in the same category as other tradesmen whose need for both car and telephone could never be a matter of life or death. In the coming year our practice of five doctors will offer the Government the present of £1000 plus in V.A.T. A small percentage of this will eventually find its way back to us in tax relief one year later. In any other kind of business we would recover the whole sum and still gain tax relief on the remainder. . . .