Acute Calf Swelling

SIR,—Dr. B. Thalayasingam and others (21 December, p. 719) point out that acute synovial rupture of the knee joint may cause an acute swelling of the calf which closely mimics deep vein thrombosis. They add that this condition is underdiagnosed and blame in part its poor documentation in the general medical literature. However, there may be a further reason for its underdiagnosis.

We have recently described a patient who presented with an acute swelling of the calf.[1] This was diagnosed as due to a deep vein thrombosis and the diagnosis was apparently confirmed by the elevated uptake of ^{125}I-radiofibrinogen measured over the affected area. During treatment with heparin he developed a haematoma of the calf, and the true diagnosis of ruptured synovium of the knee joint was then established by arthrography. The false positive result of the radiofibrinogen test was probably due to the radioactive material in blood and synovial fluid tracking down into the muscles of the calf.

^{125}I-radiofibrinogen uptake is an established test for deep vein thrombosis.[2] If such false positive results were common, this would contribute to the widespread underdiagnosis of acute synovial rupture of the knee joint.—We are, etc.,

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1 Gibbons, D., Phillips, M., and Prosser, I. M., *Postgraduate Medical Journal*. In press.
2 Browse, N. L., *et al.*, *British Medical Journal*, 1971, **4**, 325.

Metabolism of Barbiturate after Overdosage

SIR,—Dr. John A. H. Forrest and others (30 November, p. 499) present results which purport to show that in cases of barbiturate overdosage there is a progressive increase in the rate of elimination of barbiturates from the plasma. However the example chosen to illustrate this (fig. 2 of their paper) has been drawn with the plasma concentration on a logarithmic scale. Plotting these data with a linear scale shows that the rate of drug elimination is in fact decreasing with time, being constant (zero-order) at high concentrations but eventually decreasing exponentially (first-order) at low concentrations.

This type of plasma concentration curve is always obtained when metabolism of the drug concerned is a saturable process, and in the case of one compartment model can be described by the Michaelis-Menten equation.[1] A detailed account of the pharmacokinetics and saturable metabolism of amobarbital in dogs has recently been given.[2] It is not therefore meaningful to say that there is a "progressive shortening of the plasma barbiturate half life during recovery from severe intoxication." Indeed, it is not meaningful to describe clearance curves in this situation by half lives at all. Though it may well be true that hepatic enzymes are induced following acute barbiturate overdosage this cannot be concluded from the data presented.—We are, etc.,

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1 Bartholomay, A. F., in *Physicomathematical Aspects of Biology*, ed. N. Rashevsky, p. 60. New York, Academic Press, 1962.
2 Garrett, E. R., *et al.*, *Journal of Pharmacokinetics and Biopharmaceutics*, 1974, **2**, 43.

Death and Heart Beat

SIR,—With reference to the British Transplantation Society's report (1 February, p. 253), on board ship in the Pacific Ocean in 1928 on the way back from Samoa a huge fish was caught by the crew. When they were cutting it up they presented me with its large heart, beating away, on a plate. This went on beating all day long, even after sunset, when I flung it overboard.—I am, etc.,

W. K. MORRISON

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Anti-smoking Lobby

SIR,—I have been trying, for some years (28 June 1969, p. 833) to arrange a lobby of Parliament by doctors and others to press the Government to ban all cigarette advertising so that the young will no longer be encouraged to start this damaging habit.

Since 1969 cigarette smoking has been the major factor in causing over 500 000 premature deaths and chronic illness for many more. Is it not time for doctors to take some public action so that thousands of the present generation of young people will not be bamboozled by astute advertising into almost certain early physical breakdown and premature death?

I ask other doctors who support these ideas to write to me so that a lobby can be arranged as soon as possible.—I am, etc.,

ALISTAIR WILSON

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Reorganization in Yorkshire

SIR,—Though I can see some of the arguments against pay beds I can understand the desire of consultants to retain some independence from the N.H.S. What happened to medical officers of the North Riding after the reorganization of the Health Service should be sufficient warning to consultants to resist the present move to restrict their freedom and ultimately make them full-time employees of the N.H.S.

In the first place, contrary to H.R.C. (72)5 and H.R.C. (73)13, the Department of Health and Social Security allowed the headquarters of the area health authority for North Yorkshire to be established in York while the county council remained in Northallerton.

Of seven senior applicants from the North Riding for area and district posts with the new health authority only one was appointed. In contrast, the four senior medical and dental posts of the North Yorkshire Area Health Authority are occupied by former employees of York, and the position as regards administrative and clerical staff could be interesting. When it is realized that the North Riding was much the largest part of the reorganized authority whereas York was the smallest the outcome can only be considered, to say the least, peculiar. In the circumstances one would have expected the area health authority to have left no doubt as to its compliance with H.R.C. (73)39, which laid down the procedure for appointments of district community physicians.

I have been trying since the beginning of April 1974 to obtain a satisfactory explanation of this whole affair and all I have received is evasive replies.

I would strongly advise the consultants to stand firm and warn them that, whatever government is in power, they should retain as much of their independence as possible or, like the medical officers and other staff of the North Riding County Council, they will become dependent on national and local politicians, scrupulous or otherwise.—I am, etc.,

W. R. M. COUPER

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Consultant Contract

SIR,—Everyone recognizes that the B.M.A. team has worked long and hard over the often thankless task of renegotiation of the consultant contract, but there must be grave doubts as to whether it is truly representative of consultant opinion throughout the whole of Britain. There are and will continue to be many who feel that neither the 10-session contract of the B.M.A. nor the new Department of Health and Social Security contract can be made acceptable. The time allowed for discussion of the B.M.A. 10-session contract in 1973 was wholly inadequate. The D.H.S.S. version may spell out more clearly the strangling implications of any form of timed contract, but both are basically incompatible with the fact that a consultant carries ultimate individual responsibility for his patients for 168 hours per week. Clinical work is unpredictable both in volume and intensity, and to attempt to quantitate this is as difficult as it is irrelevant. If we ask for a 10-session contract then we should not complain if we are asked to work from 9 to 5 on five weekdays.

Medical work does not organize itself in this convenient way, and everyone knows that most consultants necessarily do an appreciable part of their work in the evenings or at night and at weekends. The Government is happy to rely on our professional integrity to work these "unsocial hours"; may we not use our discretion for the precise pattern of hours worked between 9 and 5? All consultants should consider carefully whether they wish some kind of "clock-in, clock-out" or "vetted overtime" contract, because any attempt to have a fixed-time contract means that public money will have to be paid out for extra work and this must in some way be supervised and audited.

We very clearly appreciate that many consultants have suffered from the abuse of piecemeal work-load increase beyond all reason; this must be remedied, but the proper way to do so cannot be by accepting a form of contract that is at once inefficient, irrelevant to the work in hand, and an offensive intrusion upon our professional conduct and standing. If overworked consultants believe they would be more master of their own house with a fixed-hour form of contract than with the present notional sessions contract, then they are much deluded.