

ployed by area health authorities receive a fee of £10.52. After July a general practitioner—any specialized training as yet unspecified—is likely to receive £85 for dealing with the same 15 women. Though I speak as one who loved my 18 years of general practice, this seems an unjust situation and extravagant as well.

The acutely ill, the chronically ill, and the old complain of difficulty of access to their

family doctors, who in turn state loudly and often that they are overworked. If fees are allocated as proposed it would seem that more money will be used to provide a service which may well be inferior to existing clinics owing to lack of time, training, and dedication.—I am, etc.,

ISABEL GARDNER

Bucks

example: (a) increase of weight—in itself an almost certain sequela and fruitful cause of invalidism or even premature death; and (b) aggravation of hitherto latent neurotic symptoms concealed or at least relieved by addiction to the “pernicious habit” of cigarette smoking. . . .

<sup>1</sup> Byrne, P., *et al.*, *The Times*, 25 February, p. 15.

## Points from Letters

### Gluten in Tablets

Dr. JOHN E. JENKYN-THOMAS (Morden, Surrey) writes: I would like to make a plea on behalf of all coeliacs and their doctors that all tablets should be labelled gluten-free or otherwise. It is an absurd state of affairs when it is possible to tell by the label if a tin of baked beans is safe for coeliacs, and for their doctors then unwittingly to prescribe tablets containing gluten. . . .

### Pseudomonas Septicaemia Following Superficial Colonization

Professor W. BRUMFITT and Dr. D. A. LEIGH (Royal Free Hospital, London N.W.3) write: Dr. A. S. D. Spiers (28 December, p. 770) recommends prophylactic swabbing as an early warning system for detecting potential life-threatening infections. In fact, this precise recommendation was made by us in 1969<sup>1</sup> in order to protect patients who had undergone a renal transplantation. . . .

<sup>1</sup> Brumfitt, W., and Leigh, D. A., *Proceedings of the Royal Society of Medicine*, 1969, 62, 1239.

### The Short-statured Child

Dr. L. R. JENKINS (Whitchurch, Cardiff) writes: I refer to Mr. A. R. P. Walker's letter (22 February, p. 454) and particularly to his comments concerning short stature and health patterns in later life. One persistently gains the clinical impression in practice that persons of short stature are much more prone to suffer from coronary artery disease than tall persons. It is, of course, often stated that short overweight persons are more prone to the disease but my impression is that short thin persons are equally at risk. Checking through my records of an average single-handed practice over the past five years, 12 persons have been certified as having died of coronary thrombosis at home; all were of, or below average height, six being less than 5 ft 4 in (162 cm). Eight were of, or less than, average weight. . . .

### S.L.E.-like Syndrome Associated with Mitochondrial Antibodies

Dr. P. H. M. CARSON (City General Hospital, Stoke-on-Trent) writes: It seems probable that the four patients described by Dr. J. Guardia and his colleagues (15 February, p. 370) had pericarditis, but the evidence published is not sufficient to prove this. The only diagnostic information which

we are given is that three of the four patients had chest pain and that the chest x-ray showed pericardial effusion in one patient. In two patients the chest x-ray is reported to confirm pericarditis and in one patient no diagnostic information is given at all. Chest x-ray alone is seldom sufficient to prove the presence of a pericardial effusion and it is unfortunate that information about the nature of the pain, the presence of pericardial friction rubs, and E.C.G. changes is not given. . . .

### Community Health Specialists

Dr. G. EVISON (Bath) writes: . . . If Sussex were to be deprived of the services of Dr. W. S. Parker (22 February, p. 455) his colleagues among the local physicians, geriatricians, psychiatrists, and medical administrators could no doubt cope with the sort of problems he describes. The particular skills of Mr. A. F. Pentecost (8 February, p. 455), on the other hand, are less easily dispensed with.

### Designation of Digits

Mr. M. GRUNDY (Royal Infirmary, Blackburn) writes: [In the paper by Dr. R. McG. Harden and others (22 February, p. 447)] I view with dismay the sample question which asks the student about swelling of the “2nd,” “3rd,” “4th,” and “5th” fingers. The habit of referring to digits by number rather than by name is to be deplored. It leads at best to confusion and at worst to wrong operations. The terms “index, long (or middle), ring, and little” should always be used.

### London Weighting

Mr. R. A. NICHOLSON (Pontefract) writes: I note with horror the suggestion of a London weighting allowance. Surely, our current object is to spread staff to the periphery, not vice versa. . . .

### Taxing Cigarettes

Dr. A. G. EDDISON (Rustington, Sussex) writes: There has been a suggestion—put forward by my more senior colleagues<sup>1</sup>—that cigarettes be taxed so as, effectively, to be beyond the financial reach of the average smoker (such as myself). While not disputing the facts on which their arguments are based (perhaps more fiscal than medical), it seems to me that they have overlooked the consequences of the cessation of smoking—for

### Undated Resignations

Dr. J. R. RUSSELL (Betchworth, Surrey) writes: . . . To threaten to resign if the Secretary of State does not agree to the Review Body's report in full (before it has even been published) is to my mind comparable to the patient who comes into the surgery with his hands in his pockets and states without any pleases or thank-yous that “something has got to be done, doc.” Our hackles rise and it would be surprising if the Secretary of State is able to see the Review Body's report with unbiased eyes in the face of this pressure from us. . . . Secondly, when talking about the sort of percentage rise that we will expect to receive we must realize that, to use a football analogy, this country is in the third division in economic terms. The staff of a third division club hardly expect to receive the rewards of a first division club. Thirdly, it is arrant nonsense to say that our patients will not be inconvenienced and that any fees we may charge if our resignations take effect can be reclaimed from social security. The local offices find it difficult enough to cope with their present work let alone a whole new concept of fees for primary medical care. . . . Before we rush . . . into the commercial whirlpool of which we have no (or only ancient) experience, let us really think it out more fully. Lastly, the practice of having part of the form returned to the local medical committee so that the stragglers can be rounded up by telephone is iniquitous. It is no less evil than picketing. . . .

### Dust Mites in Hospitals

Dr. J. K. SARSFIELD (Department of Paediatrics and Child Health, University of Leeds) writes: . . . I think the method described by Mr. M. E. Blyth and his colleagues (11 January, p. 62) of relating the mite count of a dust sample to its weight is unsatisfactory. Dust is such a heterogeneous material that the weight of the sample will vary greatly because of factors unrelated to its mite content. . . . A more suitable method may be to relate the absolute mite count for each dust sample to the surface area from which it was collected (mites/m<sup>2</sup>) employing a standardized method of collection.<sup>1</sup>

Allergic symptoms result from inhalation of fine airborne dust containing the mite allergen. Future environmental studies ought to be aimed at an estimate of the allergen content of inspired air rather than simply counting mites in samples of surface dust. The method described for allergen assay using the radioallergosorbent test<sup>2</sup> could be applied to samples of the airborne component of dust from different environments.

<sup>1</sup> Sarsfield, J. K., *Archives of Disease in Childhood*, 1974, 49, 711.

<sup>2</sup> Ceska, M., Eriksson, R., and Varga, J., *Journal of Allergy*, 1972, 49, 1.