

make wet statements such as you have with reference to doctors and nurses carrying out their responsible duties for the safety of the patient.

F C HARRIS

West Suffolk Hospital,
Bury St Edmunds, Suffolk

Circumcision

SIR,—As a so-called clinic doctor who has referred at most three boys for circumcision in the past 14 years I find your expert's remarks (8 April, p 908) highly offensive. Although I rarely refer patients there is a constant flow of boys who attend the clinics and schools I cover now and in three previous geographical areas who have been circumcised. A "non-clinic" doctor has referred them and a surgeon has performed the operation. Having today seen such a candidate for surgery pass a marvellous stream of urine over the clinic floor, dare I say that surgeons are still performing the ritual needlessly and inquire as to their motivation? Please no more snide remarks about clinic doctors, quite a few of whom have actually read Gairdner's classic.

R M DIPPLE

Barrow-upon-Humber,
S Humberside

* *Our expert is a clinic doctor.—ED, *BMJ*.

"Health Trends"

SIR,—How gratifying that *Health Trends* has been noticed by the *British Medical Journal*.

The occasion of this letter is to assure Scrutator (13 May, p 1290) that the current cost of producing and distributing *Health Trends* includes the cost of staff: as he can see the journal is run by the Department on a shoestring. He may like to know also that the inclusion of advertising material was considered during the journal's gestational period and ruled out on the ground that it could well prove more embarrassing to the Department than the financial benefits would warrant. In any event we have no desire to disguise our origins—quite the reverse in fact.

H YELLOWLEES
Chief Medical Officer,
Department of Health and
Social Security

London SE1

Devolution in Wales

SIR,—I am writing as chairman of the Welsh Council and of its Devolution Group. We have had talks with Welsh Office officials over the past few months culminating in a meeting with the Minister of State responsible for this legislation.

I consider that I should record that the group was satisfied that the effects of the Medical Acts and the standards under the vocational training system for general practice have been retained on an England/Wales basis. We were also satisfied that "pay and directly related matters" are to be retained on a basis of equality between England and Wales.

We are apprehensive, however, about two points. The first is that while the sector of the current Bill governing appointments procedures of consultants in Wales gives what

seems to us a proper basis upon which Wales would have the same procedures as in England, we were concerned to detect the possibility that the Government might seek to introduce unacceptable changes by amendment in the House of Lords.

The second point of concern was that as remuneration and terms of service in the general practice field are inextricably entwined in the existing regulations, the expressed intent of Government to devolve "managerial" matters to the Assembly gives a potential for considerable uncertainty of operation.

It is hoped that a fuller report of our anxieties will appear in the Supplement at a later date, but I feel that through the good offices of the correspondence column the profession might wish to learn of our concern. It may be of help to recognise that the Devolution Group has taken no stance on the principle of devolution. It has concerned itself solely with attempting to get the Bill right should it come into operation as an Act.

G MURRAY JONES
Chairman,
Welsh Council, BMA

BMA Welsh Office,
Cardiff

Points from Letters

Prednisone in severe asthma

Dr H G J HERKHEIMER (London N3) writes: Dr G M Sterling's advice about the use of corticosteroids in severe asthma (13 May, p 1259) is to begin this treatment with "about 30 mg daily of prednisone and tailing off over a week." Such a method was used only when cortisone had just become available more than 25 years ago, and with disastrous results. For this reason most authors now give 30 mg daily for one full week and then tail it off very slowly. I decrease the daily dose by 5 mg each week, until 20 mg/day has been reached and from then on by 2.5 mg/day at seven- or possibly five-day intervals until a maintenance dose if any has been reached. The initial high prednisone dose reaches its full effect only on the fourth day. If it is "tailed off over a week" —I interpret this as "every day by about 5 mg"—this may result in the same fatalities as was the case during the early 1950s, when nobody had much experience with this new substance. . . .

To sign or not to sign?

Dr M A GANDERTON (St Mary's Hospital, London W2) writes: . . . For many years I accepted the principle of editorial anonymity (leading article 11 March, p 598) without question as it was implicitly assumed that the leading articles were written by absolute experts to educate those of us who had much to learn. . . . Allergy, which has been my speciality for 17 years, rarely reaches the editorial columns. As my experience has widened I have become increasingly disturbed by some of the leading articles devoted to the subject of allergy. Some have, of course, been excellent and I have discerned the hand of a master; others have been frankly ill-informed or hidebound. No doubt workers in other fields will echo these sentiments, especially where views are in a state of flux, with today's

heresies becoming tomorrow's basic tenets. It is here that a signed leading article becomes particularly valuable and authoritative. Even the most well-informed and sensitive editor cannot be expected to gauge the state of play in the multitude of new specialties and disciplines which have developed in recent years. While readers unfamiliar with the subject of an article will rely on the editor's choice of author, those especially interested may wish to know the calibre of their informant or may wish to communicate with him further for professional discussion. . . .

Doctors as teachers

Dr H G EASTON (Glasgow) writes: I suggest that were Dr Paul Oldfield (13 May, p 1285) to consider the derivation of the word "doctor" he would realise how ridiculous it is to think that we should be paid extra for trying to be something other than automatic pill dispensers.

After-life of an after-birth

Dr C J G SUTTON (Addenbrooke's Hospital, Cambridge) writes: The fact that Mr S Bender (6 May, p 1210) should concern himself unduly with the legal issues involved when a mother wishes to take her placenta home suggests that the parturients in the ancient Roman city of Deva are still relatively pristine. Here in Cambridge we are less fortunate and in a community that seems to have an unduly high proportion of trendies and self-styled intellectuals we have had two cases over the past six months in which the couple wished to take the placenta home for the sole purpose of eating it. In neither instance was there any clinical evidence of malnutrition and in both couples the father had been chosen for this act of auto-cannibalism. . . .

Asbestos in alcoholic beverages

Dr S K MAJUMDAR (Elmdene Alcoholic Treatment Unit, Bexley, Kent) writes: Your leading article on "Risks of environmental exposure to asbestos" (6 May, p 1164) refers to the presence of asbestos fibres in alcoholic beverages. . . . Between July 1976 and April 1978 670 chronic alcoholics aged 21-71 were admitted to this unit. . . . Routine x-rays of the chest and abdomen (straight) are done on admission and cytological examination of the sputum in suspected cases. So far we have not found any cytological, radiological, or clinical evidence of pleural or peritoneal mesotheliomas in any of our chronic alcoholic patients. It could be that the amount of asbestos fibres present in alcoholic beverages is very small and is not of any pathogenic significance.

Review Body Report

Dr J FINDLATER (Carnforth, Lancs) writes: There can surely be no question of the BMA accepting the Review Body's pay award. A 10% increase as from April 1978 is probably unalterable because of the incomes policy, which to their eternal shame our leaders agreed to without consulting the membership. But the rest must be put right by April 1979, with no phasing, for so many obvious reasons it seems unnecessary to trot them out. . . .