

covered consisted of the Metropolitan Boroughs of Ilford and Barking and the County Boroughs of East Ham and West Ham. The questionnaire consisted of 56 questions and it is hoped that it may be possible to publish the full results at a later date.

80% of those doctors who ticked number 5 (b) indicated, in answer to another question, that they would not prefer a fee per item method of payment if the system involved a "ceiling" on earnings imposed by the Government.—I am, etc.,

R. MAXWELL,  
Hon. Secretary,  
London E.6. Stratford Division, B.M.A.

### Inducements in Practice

SIR,—Dr. F. W. B. Breakey (12 September, p. 691) is to be congratulated on his exposition of the Minister's latest "concession" for the employment of ancillary help. I hope all general practitioners have read his letter, especially Dr. D. P. Porter (p. 690), who has reason to be grateful that he has negotiators like Dr. J. C. Cameron to look after his interests. Dr. Cameron has asked the Minister to "prime the pump" by putting new money in the Pool to get the scheme started (*Supplement*, 29 August, p. 123). The Minister has very cleverly given the press the impression that he would be providing new money from the inception of the scheme. But he has in fact refused Dr. Cameron's request to prime the pump, and so the general practitioners would finance the scheme in its first few years. We all know that in two or three or more years, if sufficient doctors are foolish enough to spend more money out of less income, the Pool would swell again and the capitation fee might even be restored to normal, but to ask the profession to suffer a reduction in income in this critical year would be to invite a mass withdrawal from the Service.

The new scheme in fact is only equalled for audacity and provocation by the first report of the Fraser Working Party. In dealing with the distribution of general practitioners it considered worth mentioning the "full direction of manpower," but concluded "we do not suggest that this need be seriously considered." Why mention it then? This suggestion is followed by a series of proposed remedies ranging from blackmailing doctors into spending two or three years in undesirable areas; ensuring that arrangements for diagnostic facilities are fully available and in operation in designated areas (and therefore, by inference, not in operation in the "most favoured" areas); and various financial inducements. "So long as general practitioners' remuneration is based on the concept of a predetermined average net income, these payments," the Working Party states, "like all other items of general practitioners' income (including initial practice allowances and inducement payments) would be a matter of distributions of the predetermined sum." In other words the general practitioners would pay for these inducements. And why should we? Why do we already tolerate the deduction of initial practice allowances from our income? If inducements are needed to attract doctors to the industrial areas surely it is the responsibility of the taxpayers as a whole, who elected the Governments whose policies created and perpetuated these areas, to provide such inducements.

The best solution the Working Party could suggest for the locum problem was that average net income could be based on care of patients not for the whole year but for a working year less a specified amount of leave for holidays and study, and additional payments could be made for employment of locums. Presumably again this would mean a proportionate reduction in our annual average income, otherwise why not merely state that additional payments would be made for employment of locums while retaining the present basis of payment of 52 weeks a year? This solution is the only just one, as it would ensure that general practitioners had holidays with pay in keeping with the rest of the profession and the rest of the community.—I am, etc.,

Sanderstead, Surrey. M. M. A. SHIPSEY.

### REFERENCE

<sup>1</sup> *Brit. med. J. Suppl.*, 1964, 2, 113.

### What We're Worth

SIR,—I have just completed a survey of 50 consecutive patients to decide the present cash value of general-practitioner medical services. I asked, "What in your opinion is a reasonable fee for a consultation at surgery and a day visit to your home?"

The considered results are:

Consultations		Visits	
5s. or less ...	60%	5s. or less ...	15%
10s. " " ...	77%	10s. " " ...	57%
20s. " " ...	23%	20s. " " ...	43%

Now we know.—I am, etc.,

Birmingham 26. P. M. P. JONES.

### Jaundice and Cardivix

SIR,—The Committee on Safety of Drugs have received from the manufacturers and through the adverse reactions early warning system reports of 11 cases of jaundice occurring in patients being treated with benziodarone (marketed as Cardivix, Genatosan).

These cases of jaundice may have been caused by the drug. It is urgently requested that any doctor who has observed a case of jaundice in a patient taking benziodarone should notify the Committee on Safety of Drugs as soon as possible on one of the yellow prepaid cards that have been provided for the notification of suspected adverse reactions to drugs.

It might be helpful for doctors to know that in the cases so far reported jaundice occurred usually from 8 to 16 weeks after the beginning of treatment with benziodarone. In two cases, however, several months elapsed between the beginning of such treatment and the onset of jaundice.—I am, etc.,

D. A. CAHAL,  
Medical Assessor,  
Committee on Safety of Drugs.  
London S.W.1.

SIR,—Our long-acting coronary vasodilator Cardivix (benziodarone), used in the management of angina pectoris, has been available to the medical profession in this country for 2½ years. During extensive clinical trials of this drug, both in this country and on the Continent, no side-effects of a serious nature were noted (the main ones being, in a very

small number of cases, nausea and dyspepsia, and—even less frequently—diarrhoea).

However, over the last 12 months eleven cases of jaundice occurring in patients while on Cardivix therapy were reported to us either via our representatives or directly from clinicians. The latter had been invited to co-operate in this matter by a letter published in both the *B.M.J.* (p. 1513) and the *Lancet* of 6 June 1964. All these aforementioned cases of jaundice were investigated by our medical department, and in all instances full co-operation by the clinicians involved was unstintingly given. The fullest information on these cases was submitted to the Dunlop Committee as and when they occurred.

Scrutiny of individual case-histories and clinical data did not confirm that Cardivix was responsible for the liver damage, although two cases had features which suggested there might be a connexion. One other case on further investigation proved to be a carcinoma of the head of the pancreas. Although a prima facie case has been established in the remaining ten patients, it cannot be proved that Cardivix was the causative agent, but since the specific cause of jaundice in these cases was in doubt, Cardivix cannot be cleared either.

We had the option of including a further warning to physicians of this possible effect or of withdrawing the drug from sale altogether. It is not a "life-saving" agent and we chose to remove the drug from the market pending further investigations. This we are doing, knowing full well that we shall have the confidence and backing of the medical profession.—We are, etc.,

J. VALENTINE,  
Managing Director.  
J. S. G. COX,  
Director of Research and Development.  
G. F. DEVEY,  
Medical Adviser.  
Fison's Pharmaceuticals  
Ltd.,  
Loughborough, Leics.

### Christmas Gifts Fund

SIR,—I should be grateful if you would once more allow me the courtesy of your columns to make an appeal for the special Christmas gifts fund of the Royal Medical Benevolent Fund. Upon the results of this appeal depends the amount of the monetary gift which the fund disburses to its beneficiaries at the coming festive season.

These gifts mean a great deal of extra comfort and happiness to those whose incomes leave nothing to spare for anything beyond the bare necessities. I have every confidence that the response to this reminder will be generous.

Would donors kindly send their contributions marked "Christmas Gifts" to the Royal Medical Benevolent Fund, 37 St. George's Road, Wimbledon, London S.W.19? —I am, etc.,

ZACHARY COPE,  
President,  
Royal Medical Benevolent Fund.  
London S.W.19.

### Points from Letters

#### Two Sorts of Contract

Dr. R. B. WOOD-WALKER (London W.2) writes: My administrative friends tell me that it would not be too difficult to offer general practitioners two contracts—e.g., the present one and a salaried. Choice could then be made between them and perhaps the competition would help to make the conditions in both more desirable.