

The entrant's share is low while he absorbs the intricacies of an established practice, theoretically leaning heavily for advice, etc., on his senior. How often does this work out? Is the long and slow climb to parity necessary? The prolonged discrepancies between share and work load all too commonly cause bad feeling and bitterness.

Finally, is it not sad that any young man, proud of his heritage, product of a Scottish medical school, deems it necessary to leave his parents, friends, and familiar way of life and travel thousands of miles in the hope of making things better for himself and his family to a country of which, apart from the little he has learned from letters and journals, he knows nothing at all?—I am, etc.,

Cleveland,
Queensland, Australia. J. P. COLQUHOUN.

Responsibility for the Provision of Drugs

SIR,—Responsibility for the provision of a pharmaceutical service is an entirely separate duty imposed on the Ministers by the National Health Service Acts.

We feel that it should be clearly understood that mass withdrawal of general practitioners from the N.H.S. would still leave this responsibility for the provision of drugs as a matter between the Ministers and the general public. Indeed, in the event of withdrawal it is unlikely that the Ministers would be able to avoid honouring doctors' prescriptions, as public clamour would prevail within a matter of hours.

It is quite incredible that the medical profession through the B.M.A. should even now be contemplating an alternative private scheme to include the provision of drugs—a scheme to be operable even in the event of there being no withdrawal. There can be no possible reason for relieving the Ministers of their responsibilities.—We are, etc.,

Hove 3, Sussex. J. MURDOCH.
W. F. DE C. VEALE.

Voting at the S.R.M.

SIR,—It would appear that the General Medical Services Committee is out of touch with the rank and file of the B.M.A. That is, if Dr. A. A. Clark's remarks (*Supplement*, 25 September, p. 137) are to be accepted as evidence. He states the S.R.M. vote in favour of withholding resignations was "by a large majority."

We wonder if this S.R.M. reflected the true feelings of the members of the B.M.A. In this we can only judge from our own experience. The representative briefed by this Division voted against resignation, although a vote taken at the previous open Divisional meeting was in favour of resignations being submitted. We discovered this on reading the nominal roll (*Supplement*, 31 July, p. 108). The reason given for our wishes being disregarded was that the Chairman of Council advised the representatives at the meeting to make up "your own minds in the light of the argument and information you will hear to-day" and "make your

decision on what you see and hear here." This seems to us to take no account of the wishes of the members at the periphery.

We wonder in how many other Divisions this extraordinary state of affairs was repeated.—We are, etc.,

M. HARDMAN LEA. R. MCGEORGE.
J. DOWNES. DAVID SKINNER.
B. E. COOKE. R. E. HAWORTH.
J. B. KENYON. A. J. GRAY.
Burnley, Lancs.

Medicine and the Community

SIR,—Sir George Godber in "Medicine and the Community" (18 September, p. 665) is refreshingly aware of some of our problems in practice. One hopes that he can bring his influence to bear on local authorities who, on advice from their medical officers, refuse to entertain the attachment of midwives and health visitors.

Without official directives, this admirable scheme will continue to be denied to doctors, nurses, and communities admirably suited to it.—I am, etc.,

Emsworth, Hants. R. L. H. BARNARD.

H.S.P. and Foreign Medical Care

SIR,—On returning from holiday I had considerable reading matter to catch up with, and one particular item that caught my eye in the 21 August edition (p. 475) was a

reference "Pertinax" made to the Hospital Service Plan and whether benefits covered foreign medical care. I am sure many of your readers who are subscribers to the H.S.P. have enjoyed holidays abroad freed from anxiety, knowing that if they or members of their family are suddenly taken ill or should be involved in an accident the benefits available to them through the H.S.P. would protect them against medical expenses.

In addition, the H.S.P. not only covers subscribers for short trips abroad, but arrangements can be made for anyone under the age of 65 who decides to retire or live permanently overseas.—I am, etc.,

A. R. McCANN,
Secretary,
Hospital Service Plan,
Tunbridge Wells,
Kent.

Medical Education and Medical Practice

SIR,—It is at the urgent insistence of my publishers that I write to register a dignified protest against Professor L. J. Witts's (18 September, p. 699) exclusion of my written works from his list of recommended reading for medical students. *Early Diagnosis*, *Modern Medical Treatment*, and *Progress in Clinical Medicine* (fifth edition hourly awaited) have scant pretensions to literary distinction. My American uncle is a magnificent—if often splenetic—writer, but *has he ever got anybody through the Membership?*—I am, etc.,

Department of Neurology, HENRY MILLER,
The Royal Victoria Infirmary,
Newcastle upon Tyne 1.

Points from Letters

Health Centres

Dr. NORMAN S. BARNETT (Liverpool 123) writes: Dr. G. H. Warrick is "sure" that every centre has been built because of "special needs" (11 September, p. 649). I suggest, with respect, that he reads my letters again and also that he makes some distinction between the "needs" of circumstances and those of committed advocates. I do not seek to impose on your hospitality with reiteration. Dr. Warrick should suffice with his "Dr. Barnett asks for equity. I would rather ask for mutual support." I am content to leave it to colleagues to decide whether "mutual support" should be in the interests of privilege or of equity.

Transvaginal Pudendal Block

Dr. JOHN U. WATSON (Leatherhead, Surrey) writes: I was most interested in the article by Dr. J. H. N. Ferris on his transvaginal pudendal block needle (28 August, p. 531). For whilst a house-surgeon in the department of obstetrics and gynaecology at St. Bartholomew's Hospital I developed an almost identical instrument. This was a modification of a pudendal block guide already in use there that had a sliding finger-clip which I had difficulty in controlling. The only difference between my guide and that of Dr. Ferris is that the button on the end is flattened and the finger-clip is half an inch wide. This I believe would give better stability than that used by Dr. Ferris. My guide was manufactured for me by the Holborn Instrument Company at a cost of about 27s. 6d., and it has

been used by colleagues and students without difficulty in the way described, though personally I find it easier to block the patient's left pudendal nerve with the guide on the right index finger.

Intrauterine Contraceptive Devices

Dr. J. D. MARTIN (Department of Obstetrics and Gynaecology, The University of Western Australia) writes: Your leader (31 July, p. 249) quotes the recent report of J. E. Ayre,¹ who found two cases of cervical dysplasia in patients using a plastic intrauterine contraceptive device. Your readers may be interested to know that B. G. Wren² reported two cases of carcinoma-in-situ seen in association with the use of a Gräfenberg ring.

REFERENCES

- 1 Ayre, J. E., *Industr. Med. Surg.*, 1965, **34**, 393.
- 2 Wren, B. G., *Aust. N.Z. J. Obstet. Gynaec.*, 1962, **2**, 7.

Why Doesn't it Work?

Mr. A. B. ALEXANDER (St. James's Hospital, London S.W.12) writes: Dr. F. S. Rickards (18 September, p. 706) wants "the real answer." Here it is. The "auriscope" is a useless gadget. It cannot work. The forehead mirror is the only real answer. In 35 years of experience with otology I have never come across anyone who has obtained reliable information through the use of an auriscope.