bewitching a client to death. Furthermore, suggestions of death directly implanted into the impressionable minds of young children may well prove to be particularly harmful and even disastrous, as the "Labrador case" (7 August, p. 363) so tragically illustrates.

In order to collect information with a view to possible further exploration of this subject, I would be interested to investigate a sample of fortune-tellers in this country who would be prepared to submit their forecasting methods to critical exposition. Secondly, I would be interested to hear from any doctor who knows of patients with anxieties resulting from foreknowledge, death premonitions, or taboo—and would welcome facts about any other patients who may have been scared or scared themselves to death. It would, of course, be essential to compare the reports with cases in which the predicted occurrence of death at a certain time was not fulfilled. Thirdly, I would like to be acquainted with the findings of any similar research which may possibly have already been undertaken on this interesting topic.—I am, etc.,

Shelton Hospital, Shrewsbury, Shropshire. J. C. BARKER.

REFERENCE

1 Arieti, S., *American Handbook of Psychiatry*, 1959, vol. 1, p. 558. Basic Books Inc., New York.

Oral Contraceptives and Alopecia Areata

SIR,—During the past six months, while working in Family Planning Association clinics, I have had three patients developing marked alopecia areata shortly after commencing oral contraceptives.

I shall be interested to hear of colleagues who have had similar findings.—I am, etc.,

Guildford, Surrey. ROSAMUND VALLINGS.

The New Zealand System

SIR,—You published a letter by Mr. R. C. Gordon and Mr. G. E. Moloney (21 August, p. 483) explaining very clearly the New Zealand method of remuneration for family doctors. I wonder whether anyone would explain in your columns what is the New Zealand system of subsidizing drugs and how it works in practice. I understand that in New Zealand the capitation scheme co-exists with the refund scheme. Is this successful, and does the patient or the doctor choose which system to use?—I am, etc.,

Old Swindon, Wilts. D. Y. SHARPLES.

**We have shown this letter to Mr. G. E. Moloney, who replies as follows:

SIR,—The system in New Zealand for the prescribing of drugs is very simple. The doctor writes a prescription for his patient not on any special form but on the doctor's own notepaper, and the chemist prescribes it free to the patient in the case of about 95% of drugs. The remaining 5% are in a special category; thus certain expensive steroids for topical application may be free only on a supporting prescription from an appropriate specialist—e.g., a dermatologist or an otologist—expensive or new drugs or those needing special management, such as systemic steroids, certain anticoagulants, or hypotensive drugs, may be available only through specialists or hospital pharmacists (as was the case in Britain with some antibiotics at one time); a part charge, usually about one-third of the cost, is made on a few expensive drugs, but usually a satisfactory cheaper alternative is on the free list.

But, in contrast to Britain, bandages, elastic stockings, and dressings must be paid for, and the patient may pay a small fee (about 1s.) for prescriptions on Saturday or Sunday nights, and sometimes an opening fee to the pharmacist for urgent prescriptions at night. In hospitals any patient needing any drug gets it free as in Britain.

In New Zealand there is no problem of a family doctor being public or private, all doctors being just doctors who make a charge (or waive one) to their patients, part of which the patient may be expected to pay, but as all patients in New Zealand, like those in Britain, have paid their National Insurance contributions and taxes they are all considered in New Zealand to be rightfully entitled to what they have paid for—their pharmaceutical benefits along with their other entitlements.

Dr. Ross Gordon, of Stratford, New Zealand, who helped me to write on "The New Zealand System" (21 August, p. 483) left me some notes before leaving England in case of a request for the above information.

—I am, etc.,

Oxford. G. E. MOLONEY.

Independent Medical Service

SIR,—We do not see how doctors can be expected to pay the £10 requested by Dr. Ivor M. Jones to float an independent medical scheme which makes neither provision for reduction in the work load nor for improved standards of medical care (*Supplement*, 9 October, p. 152). Patients joining the private scheme will feel entitled to more of the doctor's time and there is no doubt that the demands of the N.H.S. patients will continue to increase. Doctors who already run appointment systems, etc., will ask how this independent scheme will attract patients away from the N.H.S. Are the B.M.A. advocating a dual standard of medical care?

The leading article (9 October, p. 831) claims that payment of the £10 "will be a real measure both of current dissatisfaction with the N.H.S. and of a determination to do something about it." We, like so many of our colleagues, are both gravely dissatisfied and determined to do something about it—however, for the reasons given we have no intention of contributing to this ill-formed scheme.—We are, etc.,

W. EADE.
H. SAVERY.
Hove, Sussex. C. D. G. L. SHIMMIN.

SIR,—After wandering, like Alice in Wonderland, through the maze of argument in Council (*Supplement*, 9 October, p. 147) about an alternative and/or independent medical service, we are driven to the conclusion that our leaders have once again succeeded in putting the cart before the horse. £200,000 indeed! If Dr. Ivor Jones could be prevailed upon to descend from the Olympian heights of his new company and come to Birmingham we could show him an independent family doctor service in action, not just on the drawing-board.

The only capital we started with was the good will of our patients—and some of that has been eroded by the most pernicious propaganda campaign that has ever been launched against a group of professional men—and we have yet to acquire our glamorous office staff and our computer, but the fact remains that our scheme, based on the calculations of one of us, is working. We have no grandiose delusions of grossing £9,000 per annum while the patients registered with us can be numbered in hundreds rather than thousands, but remain content in the knowledge that by giving up the conveyor-belt methods of the N.H.S. for the practice of medicine we shall add to the salvation of our conscience the well-being of those patients who remain with us and a secure income earned in a manner becoming members of our once proud profession.—We are, etc.,

H. F. REICHENFELD. D. F. SMALLBONE.
A. J. WAINWRIGHT. D. B. HOLLIDAY.
P. G. JONES. GILBERT R. SMITH.
T. S. MIDYA. D. H. TARGETT.
D. C. L. BURGES.
Birmingham.

B.M.A. Christmas Cards

SIR,—Will you please allow me through your columns to draw the attention of readers to Christmas cards which are available for purchase, profits from which go to medical charities? During the course of the year the demands made on the charitable funds have increased considerably. This emanates from the rising cost of living and the heavy increases in school fees. The resources of the funds are hard put to meet these demands, and any support which members of the profession are able to give will be very much appreciated, not only by the trustees of the various funds but also by the beneficiaries.

Details of the design and cost of the cards may be obtained on application to the Financial Comptroller, British Medical Association, B.M.A. House, Tavistock Square, London W.C.1.—I am, etc.,

R. COVE-SMITH,
Deputy Chairman,
Charities Committee,
British Medical Association.

Points from Letters

Dangerous Electric Kettles

Dr. H. J. PRATAP (Liverpool 18) writes: Dr. J. W. Nicholas (2 October, p. 821) mentions about dangerous electric kettles. In one instance an old lady was found dead in the kitchen trying to get the kettle working, which unknown to her had boiled dry. I have in use in my kitchen an electric kettle which would almost meet what Dr. Nicholas desires. In this kettle, as soon as the water boils, the steam pushes out a safety device which is situated in the handle and the electric current is switched off automatically. To start again, all one has to do is to press the button.

Although this kettle has been on the market for many years it is surprising so few people know about it. I only got to know about it by chance from a friend.