

could hear none. All the murmurs were loudest at the left sternal border except two, which were best heard at the right of the sternum.—I am, etc.,

Rochdale, Lancs.

BOTIO KALCEV.

Ischaemia and Smoking

SIR,—Eastcott¹ has emphasized the rarity of ischaemic disease of the lower limbs in non-smokers. Surely, therefore, Mr. N. L. Browse (16 July, p. 157) should advise cessation of smoking before considering surgery for this condition?—I am, etc.,

Yeovil, Somerset.

JOHN ANDERSON.

REFERENCE

¹ Eastcott, H. H. G., *Lancet*, 1962, 2, 1117.

The Diathermy Quiver

SIR,—I was sorry but not surprised to see that another case of diathermy burns had been reported from the use of an antistatic rubber quiver. (Mr. D. C. Bodenham and others (23 July, p. 237).)

A further recent case has also occurred in London. I would suggest that the use of such quivers should now cease, and I understand that the original pattern of thick bakelite which I had made up before the war can still be supplied by A. L. Hawkins & Co. Ltd., of 15 New Cavendish Street, London, W.1. I would also suggest that it is time that the Ministry of Health's "Safety Code" for hospital theatre equipment should be amended in the sections dealing with rubber articles.—I am, etc.,

London N.6.

C. LANGTON HEWER.

Preclinical Curriculum

SIR,—I completely endorse the sentiment expressed by Dr. J. H. Scott in his letter (2 July, p. 50). I have no doubt that the first two years at university should be spent on the teaching of functional anatomy, physiology, biochemistry, statistics, and biophysics.

It is a complete waste of time to spend the first year in the study of chemistry, physics, and biology. These subjects are adequately covered by the A level course of the G.C.E. The A level G.C.E. in these subjects is much more comprehensive than the first professional examinations of some universities. It was possible for a very ordinary medical student to obtain 100% in chemistry and physics at the end of the first undergraduate year.

The third year in university could profitably be spent on a degree course in the basic medical sciences. On this foundation of basic knowledge it would then be possible to spend the next two years in the study of abnormal physiology and the principles of medicine and surgery.

There is no necessity for medical students to learn the details of operative procedures, the clinical features of obscure and rare diseases, the details of pathological histology, etc. Junior hospital medical staff and regis-

trars are taught the techniques and the relevant facts in their selected specialty, and their knowledge assessed by appropriate postgraduate examinations.—I am, etc.,

ROBERT J. KERNOHAN.

Waveney Hospital,
Ballymena, N. Ireland.

Labelling of Drugs

SIR,—As science and medicine have advanced a much more realistic attitude has been adopted concerning making the patient aware of the nature of his illness.

Could this more fundamental approach now be applied to the dispensing of medications as a routine procedure rather than only when the prescription is marked N.P. (nomen proprium). The days when it was necessary to hide remedies in Latin and the hieroglyphics of the apothecary scale need not be perpetuated now that we have drugs that actually work. To know what a patient is taking can be life-saving and a great help in the diagnosis (and even prevention) of drug eruptions. The fact that patients mix tablets together in one bottle can be partly overcome by making it a requirement of a printed label that a facsimile of the tablet be included. For the occasion where secrecy is necessary, then an agreed abbreviation such as S.N.P. (sine nomine proprio) would be needed.—I am, etc.,

Beaumont Hospital,
Lancaster.

R. H. SEVILLE.

Salaries of Specialized Technicians

SIR,—Discussion following your leading article (30 April, p. 1061) and the subsequent correspondence (21 May, p. 1302, and 2 July, p. 53) has led us to agree that in general terms there is no great disparity between the skills required of cardiological and electroencephalographic technicians. Recruitment is inadequate in both fields; this is very largely due to the existing salary scales, which do not sufficiently recognize the skill and training required of these technicians.

It is our earnest hope that the Ministry of Health will take steps to remedy this situation at the earliest possible opportunity.—We are, etc.,

D. C. DEUCHAR,

President,
Society of Cardiological Technicians.

S. NEVIN,

President,
Electrophysiological Technologist
Association.

Guy's Hospital,
London S.E.1.

Hall or Barn?

SIR,—It is a cliché to say that Rome was not built in a day, but it would be a fact to state that B.M.A. House was not built in half a century. Started by Sir Edwin Lutyens in 1913 and still unfinished when bought by the Association 10 years later, it lacks a ceiling in the most important room of all, the Great Hall. Black rafters, golden girders, and an empty void are a poor reward for those attending meetings in the Great Hall and who are moved to lofty thoughts and so, while meditating, gaze upward.

Please could we have the architect's original design of a coffered vaulting completed at last, or some other design if this is too expensive. Perhaps our new Chairman of Council will be moved to mark his accession to high office by completing, at last, a project started almost before he was born and ensuring that the Great Hall does not remain the Great Barn.—I am, etc.,

London W.13.

R. E. W. OLIVER.

Merit Awards

SIR,—A postal ballot on the subject of merit awards was requested by the Swindon Division of the B.M.A. and agreed by the Annual Representative Meeting at Exeter (16 July, *Supplement*, p. 59). There is no doubt that the views of the hospital staffs with 18 years' experience of the system would be invaluable in helping general practitioners faced at this time with the choice of accepting merit awards or not.

While the aura of secrecy surrounding merit awards makes constructive criticism or even appraisal difficult, some of the relevant factors militating against the merit-award system would appear to be:

(1) The incompatibility of secret monetary awards with the spirit of the times, in which we are constantly exposed to criticism in both the press and public debate. It is therefore especially important that the medical profession should be seen to conform to the highest ethical standards. It is perhaps relevant that no other profession of standing will countenance this type of payment for its members.

(2) The unnecessary and disruptive jealousies engendered between professional colleagues by such awards.

(3) The possibilities that awards are not unbiased by personalities and other improper factors may in time come to give regional boards and their merit-award committees an unenviable reputation.

(4) Merit awards, at any rate in the provinces, appear to be given mainly for committee work. This tends to attract some men away from their clinical duties and results in their burden of hospital duties being thrown on to colleagues and junior hospital staff, for coping with which the non-committee-minded men are then deprived of their chance of merit awards.

(5) The recent pay awards by the Review Body were disappointing to the hospital staff as a whole. This has resulted in the feeling that negotiators with merit awards may be so divorced from the economics of their basically paid colleagues that claims for an increased basic rate are not pushed with necessary determination.

We think that a system of seniority payments would probably be much fairer to all; especially to those working away from the great centres. We think also that if the system were common to hospital staff and to general practitioners it would tend to act as a unifying factor in the profession as a whole.

We urge that the resolution for a postal ballot to ascertain the views of hospital medical staff on the merit award system be implemented without delay. We would, if it is possible, also like to find out what the profession's views are on the question of seniority awards in the same ballot.—We are, etc.,

C. REMINGTON-HOBBS,
Chairman,

DONALD BURRELL,
Secretary,

Winchester Division of the B.M.A.

Winchester.