

### Heart Transplant Publicity

SIR,—In view of the letters on this subject in your issues of 18 May (p. 433) and 1 June (p. 558) would it not be helpful to the profession if the secretary of the Medical Defence Union or the Ethical Committee of the Association were to give their views on the vexed question of public appearances by members of the medical profession on television programmes and the contribution of extensive interviews in the national press? Have the views of the General Medical Council changed in recent years? Judging by the events mentioned in the letter of Drs. J. K. and Helen M. Harper (1 June, p. 558) there has been a change. Is it not time that we were told exactly what the new situation is?—I am, etc.,

London N.W.3.

J. M. MUNGAVIN.

### Fees for Dental Anaesthetics

SIR,—The Review Body's suggested increase in the fee for a cervical smear (11 May, p. 360), though very welcome, throws into sharp relief the preposterous, indeed scandalous, fee of 15s. for the administration of the great majority of general anaesthetics in the dental chair. It is preposterous not only because it takes no account of the trouble, skill, training, and heavy responsibility involved but also because this minuscule fee must also meet all the doctor's and the dentist's incidental expenses of equipment, drugs, gases, the provision of a rest room, skilled nursing, and so forth essential for safe general anaesthesia. It leaves no margin whatever to cover the high costs of new and valuable drugs such as halothane and propanidid.

By comparison, the performance of a cervical smear is quickly and easily done and carries no risk, and the patient comes to the doctor. And, compared with the £1 1s. plus the cost of materials charged by electricity boards for the visit of a little-trained youth for the repair of a fuse or a switch, preposterous is none too strong a word. Indeed, is preposterous enough to describe the situation? It is surely scandalous, for built into this ridiculous fee is a terrible disincentive for any dentist to equip his surgery with a modern anaesthetic machine, and an equally potent disincentive for any anaesthetist to use modern and expensive equipment or drugs, no matter how desirable they may be. It may be true that under an efficient system the dentist and his anaesthetist can "get through" five cases per hour, and that in such circumstances 75s., less expenses, sounds a little better for an arduous hour's work. But many dental practices, and especially those that are conscientious and considerate, and where most of the work done is conservative, cannot, and rightly do not, attempt this factory approach to dental extractions.

I suggest that this problem might be solved by the institution of a fee of £3 3s. for the first case in any list of dental anaesthetics (payable only once in any given day)—the fees for additional cases remaining unchanged. This is the minimum incentive needed to effect any improvements. That 15s. should be considered a fair and proper fee for the provision of all necessary drugs

and apparatus for, as well as the skilful administration of, a general anaesthetic in the year 1968 must surely be the biggest professional pay anachronism of our time.—I am, etc.,

Stratford-on-Avon.

E. O. EVANS.

### Prescription Charges

SIR,—I have just spent a peaceful evening studying all the interesting proposals for collecting charges on some N.H.S. prescriptions.

It is noted that our representatives have agreed that doctors should write on the prescription forms, legibly and in full, the patient's surname, initials (with, if possible, one forename in full), and address.

What a stroke of genius to think of the welfare milk token book in which to hide the application form for a prescription charge exemption certificate for expectant mothers. There is likely to be increased demands for pregnancies to be confirmed now at the earliest possible stage.

There should be no particular problem for the general practitioner with those under 15 and over 65, but when one comes to the exemptions and refunds on E.C.91 the difficulties begin.

Much time will be spent by conscientious doctors trying to explain to patients how to obtain these exemptions. The general public will be amazed to learn of the slender interpretation of chronic illness. And it is observed that a diabetic, perhaps on treatment with diet alone, can get all his prescriptions free of charge, whereas a war pensioner is exempted only from charges for prescriptions for treatment of his accepted war disablement.

Then one discovers that for these very few chronic conditions the doctor is required to confirm the patient's declaration, though it is noted that this is not an obligation under his terms of service. It is clearly therefore an item of service that attracts a fee, and it is suggested that when these E.C.91s are returned to the executive council in the prepaid envelopes an account is included.

Finally, there is E.C.57, the complicated receipt for N.H.S. prescription charges. One shudders to think of the extra work all this will entail, especially for dispensing doctors, chemists, and hospital pharmacists, who are expected also to collect all this money and bank it safely.

Surely, Sir, someone could have thought of some simpler scheme?—I am, etc.,

Colchester, Essex.

GEORGE E. SPEAR.

### Religion and Medicine

SIR,—As the depth and complexity of medical science increase, the need for exploring and responding to the reactions of men and women in distress and suffering becomes greater. The Institute of Religion and Medicine exists to promote opportunities for discussion and exploration of the work in this field that involves ministers of religion, doc-

tors, nurses, and social workers. As understanding of the differences and the common grounds of their work grows, so does its effectiveness.

The Assembly and Annual Conference will be held in Oxford on 10–11 July, when the subject of communication and health will be studied. The three half-day sessions are titled "Difficult Patients and Difficult Doctors," "Structures and Obstruction," "Good News and Bad News."

Details can be obtained from Miss Kidson, 58a Wimpole Street, London W.1.—I am, etc.,

ANNIS GILLIE,

London W.1.

President,  
Institute of Religion and Medicine.

### Points from Letters

#### Size of B.M.A. Committees

Dr. A. C. HOUGHTON (Birmingham) writes: . . . If Council formed an Executive Cabinet of about 10 to carry on normal business, a full Council could debate important issues at length, and surely 50 members should be sufficient to air the varied views of the profession.

#### Pioneers of Nursery Education

Dr. E. BRADBURN (Institute of Education, University of Liverpool) writes: May I as a research worker make an appeal through your columns for original sources of information about Rachel and Margaret McMillan? These pioneers of nursery education went to school in Inverness, did social work in Bradford from 1893 to 1902, and afterwards started a nursery school and College in Deptford. Any kind of information about the sisters would be welcomed, especially private letters, newspaper articles, and photographs. These would be carefully handled and quickly returned.

#### Claims of Latin

D. L. J. FREED (medical student, the Medical School, Manchester University) writes: It seems anomalous in this age of international conferences that we should be busily engaged in destroying the greatest link ever to join together doctors of different countries and different tongues into one harmonious brotherhood. I refer to the dead language of Latin, which we are nowadays urged to abandon wherever possible in favour of English. Considering how vital to the advancement of medicine is international communication, it seems to me that to neglect what is virtually a ready-made medical *lingua franca* is a retrograde step. Some 99% of technical terms in medicine still come from Latin and Greek roots, and are understood wherever Western medicine is practised—that is, all over the world except, probably, mainland China. I am not suggesting that we all go back to Caesar's Gallic wars and the fourth declension, but I am suggesting that to retain the few tags of dog Latin which have become part of medical terminology would be a positive contribution to world medical communication.

#### Record Sales of Cigarettes

Dr. S. L. HENDERSON SMITH (Lindley, Huddersfield) writes: Most of the killing diseases have lost their terrors. Soon there may be a remedy for arteriosclerosis and coronary heart disease. If only cancer of the lung was not such a ghastly disease one would feel that a self-chosen risk of cigarette-smoking was infinitely preferable to the prospect of a prolonged and relatively useless life preserved by the too strenuous efforts of a medical profession which had never stopped to ask itself the simple question, "Cui bonum?"