

so occupied. It does not claim that any particular fee is adequate, but that it is set at the legal maximum possible at this particular time. As many less well-informed doctors have unwisely and incorrectly claimed that membership of the B.M.A. has restricted in some way their ability to receive price increases, it is necessary to say that, if it were possible to reserve all future increases to B.M.A. members only, the Private Practice Committee would be delighted to make this a condition of its negotiations.

It has been confidently claimed that the Price Commission cannot interfere with the free negotiation of medical fees. Alas, since 1972, counter-inflation legislation has controlled the amounts by which fees may be increased by anyone and has given the Price Commission the power to enforce this. Meanwhile, those who wish to follow ill-informed advice which may render them and their partners liable to unlimited fines are free to do so. After all, we live in a free country. No doubt those who prefer advice which is well researched, well founded, and has the legally essential advantage of prior Price Commission approval will continue to look to the B.M.A. The text of an agreed statement by the B.M.A. and the Life Associations on this complicated subject was published in the *B.M.J.* (22 March, p. 698). I regret the existing statutory controls as much as anyone, and in fact more so in view of the risks which many doctors are currently taking in breach of the law, probably still through ignorance of the extent of the statutory controls in force since 1972.

Points from Letters

Alternatives to Fluoridation of Water

Dr. J. C. KNOX (Whitley Bay) writes: Professor D. Jackson (5 April, p. 35) was "very disturbed," by your leading article (8 March, p. 535). I too was "very disturbed" but equally so by his letter. Neither mentioned the word "ethics" or the word "poison," yet both words should be kept clearly and continuously in the minds of the profession.

Firstly, "ethics"—it is vital that no committee, either local, like the area health authority, or national, should have the power to force treatments upon people who do not wish them. Yet this is happening now—in Anglesey and Newcastle, for example. . . . Secondly, on "poison." Fluorides are cumulative enzyme poisons and are regularly used as enzyme poisons in experimental research in biochemistry. Clinically, we have to be aware of acute fluoride poisoning from an accidental overdose and of chronic fluoride poisoning, fluorosis. Many cases have been recorded. The only danger you mentioned in your leading article was that of producing mottling of teeth. The only "danger" in mottling is that it is the first clinical sign that chronic fluoride poisoning has started in that patient. . . .

Child Care in General Practice

Dr. G. D. STARTE (Dapdune House, Wharf Road, Woodbridge Road, Guildford, Surrey)

To sum up, even the B.M.A.'s "recommended fees" are now controlled by the Price Commission, a fact which the B.M.A. much regrets, but I hope that my letter and the statement referred to will clarify an extremely complex legal position.—I am, etc.,

H. FIDLER

Chairman,

Private Practice Committee, B.M.A.
Shipley, W. Yorks

Mileage Allowance for Consultants

SIR,—My Volvo now costs 12.8p per mile to run.¹ D.H.S.S. mileage allowance on motor cars of engine capacity exceeding 1750 cm³ is now 8.5p per mile.² It is often argued that this sum covers the cost of use on D.H.S.S. business while the doctor has the car for his own use at other times. However, running costs are 12.8p per mile for either purpose, including transporting it to "base hospital" for D.H.S.S. use. It is no longer realistic to expect whole-time consultants to subsidize the D.H.S.S. for 4.3p per mile out of already taxed income. I trust the B.M.A. negotiators will continue to push for realistic mileage allowance or soon regional clinics will have to cease as we can no longer afford to subsidize the travelling associated with them.—I am, etc.,

DOUGLAS PICKERING

Radcliffe Infirmary,
Oxford

¹ *Autocar*, 1975, 82, 11.

² D.H.S.S. Advance Letter (GC) 1/75 N/C154/010F.

writes: I have been asked to write a chapter on research in child care in general practice. . . . I should be grateful if any of your readers who are undertaking such research would write to me so that I may include an account of their work in my chapter.

Why So Few Pacemakers?

Dr. J. W. PAULLEY (Ipswich) writes: You ask "why so few pacemakers" in Britain (5 April, p. 3). The chief reason is that under the N.H.S. there is no incentive for anyone to learn technique the employment of which will involve him in more work for no additional recompense. Indeed a falling level of remuneration due to inflation and reduced pay differentials constitutes an actual disincentive. . . .

Junior Hospital Doctors

Dr. S. P. WICKREMASINGHE (Ilford, Essex) writes: In a letter in *The Times* (19 March, p. 17) Mr. N. H. Harris made an unkind reference to the standard of work of our junior hospital doctors. Most of them do an excellent job in difficult situations for little reward. Selection boards composed of eminent men sometimes appoint our junior colleagues to posts which are clearly outside their scope and experience. They often do this knowingly, owing to various pressures,

and surely this is the main problem. Public condemnation of these colleagues is a deplorable malady common to our profession. . . .

Medicine on Television

Mr. T. G. WADSWORTH (London W.1) writes: I am sure that many people will agree with your leading article (8 March, p. 539). Some of us have indeed been disturbed by the trend which has been taking place in reporting orthopaedic developments in the lay press and on television. . . . I am afraid it is difficult to believe that all the blame can be laid at the door of the reporters, and sometimes members of the profession develop an aggression which affords us no credit and provides no proper guidance to potential patients.

Hyperosmolar Milk Feeds

Dr. W. H. H. CALWELL (Higher Bebington, Cheshire) writes: . . . One of the important mistakes made by mothers in preparing artificial milk feeds is the practice of packing the powder down into the scoop, thereby potentially doubling the concentration of the feed. I wonder, though, how many doctors realize that users of S.M.A. powdered milk are specifically instructed to do just that? This is no doubt correct in the case of S.M.A., with its lower solute content, but it is well known that mothers often change brands. If they make this change from S.M.A. to one of the less expensive powdered milks I doubt if many will change their preparation practice accordingly. . . .

Women Doctors in the N.H.S.

Dr. NANCY K. SHRUBSHALL (Exe Vale Hospital, Exeter) writes: Since the ball is now squarely back in my court, may I please add further comment? The full expression of the maternal relationship is an object lesson to us all as the epitome of selfless love. I did not expect to have to point out that most parents accept that rearing children is also costly in time and money. Your correspondence has demonstrated the fierceness of mothers when threatened with the loss of their children. An acquaintance with the farmyard will show the intense anxiety and aggression of mammalian females in these circumstances, and in human terms this situation once required the intervention of Solomon (1 Kings 3). Since both sick patients and children engender the same maternal concern, my fear is that misdirected animosity may threaten our freedom to practise medicine at all. . . . I am glad that Dr. Susan M. Hammond (29 March, p. 736) at least can find flexibility in employment. However, in some fields of medicine the needs of patients and families do clash; with the best will in the world it is usually Dad or Auntie who stops the gap, but they may not be so keen if they are victims of unfair attacks. Mrs. Castle's recent proposals for part-time consultants' contracts for married women preclude them from private practice. Unless she is prepared to employ them for the precise hours which they can manage, these dog-in-the-manger conditions are truly discriminatory and should be so exposed. . . .