

time in mice treated with bromocriptine we also started a study on the effect of this drug on platelets, coagulation, and fibrinolysis in man.

Ten patients with Parkinson's disease (6 male, 4 female) were given bromocriptine because they had become unresponsive to levodopa. The dosage was started at 5 mg daily and increased every three days by 5 mg up to 20-25 mg, according to the tolerance. It is too early yet to publish the effect on Parkinson's disease. Haematological studies were performed on each patient the day before the start of treatment and 15 days later (when they were taking 20-25 mg per day). The following tests were done: bleeding time (Duke's and Ivy's methods), platelet count, thromboplastin time, partial thromboplastin time, euglobulin lysis time, and platelet aggregation with ADP (0.33-0.66-1.09-1.66 $\mu\text{mol/l}$), adrenaline (0.82-4.10-41 $\mu\text{mol/l}$), and collagen at different dilutions.

No significant modification was observed in any of these measurements. In particular, it is to be noted that no enhancement of platelet aggregation was detected, even at low concentrations of aggregating agents.

Our results show that patients with Parkinsonism can take a clinically effective dose of bromocriptine without any change in platelets, coagulation, or fibrinolysis, even at doses twice as high as those used by Dr Harrower and his colleagues.

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¹ Karmali, R A, and Horrobin, D F, *British Medical Journal*, 1975, 3, 307.

Atmospheric pollution by anaesthetic agents

SIR,—The agitation about the effects (if any) on theatre personnel of atmospheric pollution by anaesthetic gases has at last produced a DHSS circular calling for action by regional and area health authorities to install scavenging systems.

The Department admits that it is in no position to lay down standards, nor can it define the hazards with any precision. The circular does agree there is a need for further research. Possibly an answer to this problem could be found by investigating the history of those who work in the dry-cleaning industry, many of whom are obviously exposed to concentrations of commercial trichlorethylene a good deal higher than those encountered in hospital practice.

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Hazards of smallpox vaccination

SIR,—In Sir James Howie's article on communicable diseases (24 July, p 217) he remarks that smallpox is definitely on the way out and

that routine vaccination carries more hazard than the disease. This optimistic view, however, overlooks an important point, which is that until the disease has completely disappeared many countries will insist on vaccination of persons entering from other countries, and vaccination will then be necessary as an adult. This is a much more unpleasant and a more hazardous event than vaccination in childhood.

Since many of our citizens travel abroad, and since there is a large social interchange between this country and areas where the disease is still endemic, travellers from these shores are more likely than most to need vaccination for travel purposes. It would therefore seem that abolishing vaccination in early life is not yet justified until the last traces of the disease have been eradicated in the endemic centres.

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United profession

SIR,—Sir George Godber (31 July, p 303) calls for some new body to represent the profession's views on "greater interests," inferring that remuneration is a lesser interest. Dr John Fry (14 August, p 425) suggests that the new-model GMC might fulfil this function.

It is perhaps easy for a senior civil servant secure in his gold-plated salary, even easier when retired on his inflation-proof pension, to decry financially motivated "union-style" activities. But to most of the profession, especially the younger and less secure, the rate for the job is of great importance and cannot be divorced from plans affecting the job itself. I believe that most of our present troubles have been caused by politicians and bureaucrats insisting on discussing new work and fresh commitments apart from remuneration, such sordid difficulties being swept aside and referred to the once independent and now virtually defunct Review Body. I would therefore hope that in future work and pay will be more closely linked in "union-style" negotiations at all levels.

I do not consider the GMC with Government nominees and non-elected members, a suitable body to represent the profession in these matters: its prime duty is quite properly to protect the public. The BMA would appear to be the obvious organisation to represent all doctors on all such matters. It exists, it has premises, funds, staff, and experience. That is not to say that it is perfect or even satisfactory in the eyes of all the profession. But surely the answer is for all of us, senior and junior, salaried and independent, specialist and generalist, to join, to subscribe, to attend meetings, to vote, and to mould the Association and its policies into the shape the profession wants. After all, unless we are all prepared to do all these things no organisation, whatever its name or aims, can hope to represent us effectively.

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SIR,—The letters from Sir George Godber (31 July, p 303) and Dr John Fry (14 August, p 425) reiterate the dwindling unity in the profession, but the solutions they offer lack the urgency which the problem demands.

Since the inception of the NHS (which was introduced in toto overnight on 5 July 1948) there has been too much drift and not enough constructive progress. It may well be that the profession is partly responsible for this, but so to a large degree have been the various governments concerned. One has sometimes been forced to the conclusion that a government would find it easier to achieve some of its purposes if it had to deal with a divided profession. The doctors have often been faced with frustration with regard to pay, conditions of service, equipment, buildings, etc. Yet at no stage has there been a firm political announcement that certain aspects of health care were incapable of fulfilment or that there must be some limitations for certain sections of the community. Until recent years it seemed obvious that a great deal of good will and long working hours were being given not only by the doctors but by all who worked in the Health Service. Now this seems to be running out.

Against this background of discontent it is little wonder that alienation between the various professional interests should occur. In this unhappy aura some doctors have turned away from the BMA and formed their own outside associations. The situation demands urgent attention before it becomes worse. A close look at the work of the BMA in relation to the Health Service will reveal that in the circumstances it has achieved a good deal for both the patient and the doctor. There is no time to wait for the formation of an institute of medicine or a reconstituted GMC. The BMA should call an urgent meeting of all sectional interests of the profession, including all break-away associations, with a view to uniting them before a deteriorating service becomes still more mediocre. Arising out of this unity could come constructive proposals outlining the way the Health Service should progress.

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SIR,—The current fad for a trade union solution to the problems of the NHS has been voiced again by Dr John Fry (14 August, p 425). Surely it is self-evident that trade unionism cannot improve the standard of living of members except at the expense of other groups. A better living standard can come only from systems which promote the production of wealth, and trade unions by their nature must promote inefficiency or be untrue to their less efficient members. It is indeed trade unionism which creates the splintering which Dr Fry abhors. The rise of so-called trade union power in the last 12 years has been associated with accelerating national economic decline, only partly masked by inflation and massive borrowing.

The NHS has not moved from bad to worse because of any lack of sincerity, intelligence, or sound motivation in those colleagues who have undertaken the thankless task of so-called negotiation. The problem remains exclusively in the economic structure built into the NHS by the ignorance of its founders. Firstly, by total State financing the Service must be paid for by a fixed sum year in year out without regard to changing fashions or technological advances. This guarantees that more money in one area must come by transfer from