(often in his prime) rather than take the risk of a breakdown in health in the subsequent five years.

Compare the lot of the man who gets an award, say, at 50. Not only can he afford to ease off earlier, he can also spare the time to attend clinical meetings, administrative committees, and write papers, and in due course this bears the fruit of an even higher award. Although the system is supposedly secret an award confers a cachet of which the public is fully cognisant—and this is good for business. Meanwhile the unblessed consultant does even more N.H.S. work while his private practice dwindles to such an extent that the tax inspector is beginning to look askance at a balance sheet in which the expenses are greater than the returns.

As this letter carries such a strong bouquet of sour grapes I am sure you will keep my name and my locale anonymous by allowing me to sign myself.

UNDISTINGUISHED CONSULTANT.

Part-time Medical Officers, H.M. Prisons

SIR,—All notices for these appointments contain the following statement: "The salary has been provisionally assessed at £x per annum and will be reviewed after three months. Any adjustment in salary will be retrospective to the date the Medical Officer commences duty."

May I inform prospective applicants exactly what this means? It means that during his first three months the doctor is clocked in and out, and his salary is then adjusted to the exact number of hours (to the nearest half hour) that he spends in the prison.

Furthermore, salaries are reviewed every third year by clocking the doctor in and out of the prison for a period of twelve months. The Prison Medical Service is, I think, quite unique in treating our profession as if we are hourly paid workers. I endured this indignity for a period of 16 years as medical officer to H.M. Prison, Wormwood Scrubs. Representations to the Home Office and to the British Medical Association were fruitless, and eventually I found the situation so intolerable that I resigned.

I strongly urge my colleagues to ignore these appointments, and the Editor of the *British Medical Journal* to refuse to accept the advertisements until this indignity is brought to an end.—I am, etc.,

JOHN H. SWAN.

London W.13.

Age at Qualification

SIR,—We are trying to establish the greatest age at which any individual has become qualified to practise medicine within the United Kingdom.

As a starting age, we would wish to suggest that this may be Dr. W. B. Manley of Guildford, Surrey, who qualified after his 67th birthday. Any observations on the validity or otherwise of this claim would be greatly valued.—I am, etc.,

NORRIS MCWHIRTER,
Co-compiler, *Guinness Book of Records*.

24 Upper Brook Street,
London W.1.

Points from Letters

Special Distinction Awards

Dr. H. JACOBS (Colchester, Essex) writes: This is, I think, the only country and ours the only profession where a large number of the profession in one sector are divided into sheep and goats by secret committees sitting in camera and having in their gift large subsidies. In my view, this extraordinary system, so rightly rejected by general practitioners (who have their feet uprightly on the ground and maintain fraternal relations as colleagues), has caused considerable damage to the profession . . . . In my view, the experience over a period of years of family doctors is a far better, fairer, and more reliable guide than secret committees of superior persons. This splits us. Of course, if you know the right people, are in London, at a teaching hospital, or well up in a college, you are more likely to do well—and less well as a provincial. Again, the specialties powerfully entrenched with power can and do far better than the others . . . .

Upgrading V.D. Departments

Dr. F. M. LANIGAN-O'KEEFE (Coventry and Warwickshire Hospital, Coventry) writes: With reference to the recent correspondence relating to the change of name for the specialty of venereology, Mr. A. J. King (4 July, p. 46) raises some points which merit deep and serious consideration. The advocates for change of name have tended to be diverted from the original object of this correspondence started by Dr. W. Fowler's letter (28 March, p. 816), which was to stimulate recruitment for the specialty and to improve it. A change of name alone will not produce the desired effect but might help when combined with other measures. The impression given in some of the correspondence would imply that venereologists were seeking extra conditions to treat, whereas in fact, in this area anyway, special clinics are working to maximum capacity.

Dr. A. GRIMBLE (Guy's Hospital, London S.E.1.) writes: In answer to Mr. A. J. King's letter (4 July, p. 46) one has to state firmly an opposing point of view, that the specialty is one of lower genito-urinary medicine and venereology. Most specialties are known by the system of the body chiefly involved. This one should be also. A side effect of this would be to make life more comfortable for a great many patients and their referring practitioners. This is important for several reasons, not the least being the fact that our specialists are now physicians, with an appropriate experience and expertise, rather than surgeons who hitherto had dealt with many of these patients . . .

Mass E.S.R.s?

Dr. H. DALE BECKETT (Cane Hill Hospital, Coulsdon, Surrey) writes: Since mass miniature radiography is now coming to an end would it be advantageous to introduce mass E.S.R.s instead? Not only would this show up lesions of the chest but also incipient carcinoma of other sites, as well as collagen disorders and infections.

Hazards of Temperature Taking

Dr. B. J. FREEDMAN (Dulwich Hospital, London S.E.22) writes: You rightly draw attention to the hazards of rectal thermometry (4 July, p. 4). Everyone should know that when this orifice is used the thermometer bulb should lie in the anal canal. The term "anal temperature" should be used in preference. "Rectal temperature" is a misnomer in clinical practice, and the use of the term may contribute to instances of excessive penetration and accidents.

K-Y Jelly

Dr. T. HEALEY (Barnsley, Yorks.) writes: One of the most ubiquitous products in use in the N.H.S. hospitals must be K-Y jelly—the water soluble instant jelly marketed by Johnson and Johnson. I have always wondered what (if anything) K-Y stood for, so I wrote to Johnson and Johnson only to be disappointed. Apparently, K-Y was the trade mark used by Van Horn and Sawtell for their instrument jelly, and the name was taken over in 1906 with the firm. This is all that is known about it at Johnson and Johnson. Has anyone, long in tooth and memory, any idea what K-Y may have symbolized?

Economy Begins at Home

MR. B. A. MAURICE (Tunbridge Wells, Kent) writes: At various times in common with other medical practitioners I receive through the post from the Department of Health and Social Security an interesting printed circular with the comparative costs of various medical preparations to the National Health Service. This single sheet of paper is sent from the Department of Health and Social Security in a heavy duty, expensive-appearing envelope, and I would be interested to know if the Department of Health and Social Security has ever carried out comparative costs of the envelopes that it uses compared with the envelopes in general use in the National Health Service hospitals which often convey much bulkier contents.

Cardiac Catheterization

DR. E. T. O'BRIEN (Birmingham 17) writes: I support much of what Dr. M. H. Pappworth has written concerning the ethical validity of investigation in patients (18 July, p. 163). However, I must disagree with some of the views which have recently been expressed in your columns. Cardiac catheterization in myocardial infarction need not be a hazardous procedure, and should not cause the patient alarm or undue discomfort. This is especially so when flow catheters are employed. Furthermore, in certain circumstances such as cardiogenic shock knowledge of the patient's haemodynamic state is desirable if a rational approach to therapy is contemplated. . . .

Gold Therapy in Rheumatoid Arthritis

Dr. A. W. BAUER (Salzburg, Austria) writes: Drs. R. Wilkinson and D. W. Eccleston report a case of nephrotic syndrome induced by gold therapy (27 June, p. 772). Having used gold therapy in rheumatoid arthritis on many patients when practising in London, I suggested (21 July, 1962, p. 189) a dosage schedule which had given satisfactory results for many years. It is really sad and frustrating that suggestions once made are not heeded. Gold therapy in rheumatoid arthritis will come in use again and will benefit innumerable sufferers all over Great Britain, but only when proper dosage is used.

Referendum

DR. J. E. HODGKIN (Bury St. Edmunds) writes: The outcome of our pay dispute may indeed be happy, and our thanks are certainly due to the B.M.A. for its energy, but the conclusions you draw from the results of the referendum and the self-congratulatory tone of your leading article (4 July, p. 1) seem inappropriate. Our case was extremely strong and the late Government's action was intolerable, but despite this only 20,000 voted to resign, 10,000 voted against, and no less than 20,000 (14,000 if one excludes those whom I believe were not consulted) did not reply. . . .