sick patient for a year and a specialist more for ligating tubes than for doing a Wertheim's hysterectomy? I am tempted to sign myself "W. S. Gilbert," but refrain.—I am, etc.,

C. P. DOUGLAS

Royal Free Hospital,
London N.W.3

Junior Hospital Staff Contract

SIR,—Detractors from the agreed 40-hour contract call for a national ballot to determine the support for it among junior medical staff (Drs. F. Kerr and A. D. Toft, 26 July, p. 233). Such a survey will soon take place. Every junior in the country will have an opportunity before 1 October to accept the duly priced new contract or reject it and continue with their existing arrangements.

Drs. Toft and Kerr would seem already to have made up their minds that the existing contract is preferable. We would suggest that the majority of juniors in the country feel that pricing of the new contract is crucial and will want to reserve their judgement until that is known. We the undersigned wish to express our full support for our negotiators in pressing for realistic pricing of the new contract and place on record that any retraction from the January 1975 agreement by the D.H.S.S. will be regarded as grounds for industrial action.—We are, etc.,

A. R. HEARN
F. J. STRATTON
S. MANOLAGAS
G. K. DUCKETT
N. H. TOWNELL
M. CUBIE
P. BARBER
M. C. GABBOTT
E. BANNA
R. D. H. MONIE
J. M. HINDLE
G. B. MACLENNAN
K. G. EDWARDS
M. LOBJOIT
S. MELLOR
A. M. FERGUSON
P. CHIN
S. D. SINGH
R. K. E. DOCTON

Stepping Hill Hospital,
Stockport

SIR,—It is important to think clearly in relation to the juniors' contract and working times. There has never been any reason why any junior doctor should work more than 11 sessions for his employing authority. I have checked this on several occasions with the Department of Health, pointing out that they have no legal power to make a junior work more and they have never disagreed with me. However, as I have also pointed out to my junior staff, they do depend on an effective reference to go on to their next job, and I do not think that strict time keeping goes very well with being a doctor.

The point surely is that a junior doctor is working for the National Health Service and he is also working for his own benefit. The matter is simply just how many hours he can be rightly considered in the latter category, and I would have thought an extreme of 15 to 20 hours was the amount of time a junior would be spending for his own benefit. Any extra time over that would be entirely for the benefit of the N.H.S. and should have been recompensed properly many many years ago. You still hear about junior staff who are expected to spend the greater part of their six months on duty and whose seniors do not in fact make sure that their junior staff get away for weekends and days off.

I myself am completely opposed to overtime for consultants, because that could be more easily dealt with by appointing extra consultants. This does not apply to registrars and senior registrars. There is no point in having more of these than will effectively keep the production line going in relation to future consultant jobs, so that in these grades a considerable amount of overtime must be worked.—I am, etc.,

A. F. RUSHFORTH

London W.1

Points from Letters

New Line on Dysmenorrhoea

Dr. S. WEINGARTEN (Petah Tikva, Israel) writes: I was amazed to read your leading article, "A New Line on Dysmenorrhoea" (31 May, p. 461), suggesting that it is a new development to treat dysmenorrhoea with prostaglandin inhibitors. Fifteen years ago, when I was a schoolgirl, it was well known among us that aspirin (a prostaglandin inhibitor) was effective against period pains (dysmenorrhoea).

Griseofulvin in Herpes Zoster

Drs. U. C. CHATURVEDI and A. MATHUR (Lucknow, India) write: . . . A patient who had a fungal infection as well as herpes zoster was advised to take griseofulvin 250 mg twice daily for the fungal infection. Surprisingly the herpes zoster quickly subsided without leaving much of a scar. We therefore tried griseofulvin arbitrarily in five more patients with herpes zoster of different areas. They came for help on the second or third day, when clear-cut eruptions had appeared. The pain and burning sensation quickly subsided with griseofulvin and scabbing occurred within 6-8 days of starting treatment. We do not know whether anyone else has noticed such findings. . . .

Junior Hospital Staff Contract

Dr. R. J. BRERETON (Sheffield) writes: The president of the Royal College of Physicians in his letter to the Chief Medical Officer (19 July, p. 188) seems to have fallen for the notion that more is better, but can he really mean this in connexion with a vast majority of junior posts in the National Health Service? Such an assumption is naive and merely demonstrates how out of touch the senior members of the profession are, even in so fundamental a matter as what goes on in their own hospitals. Does the president actually believe that "training" can be equated with the exploitation of a pair of semi-skilled hands or the use of junior medical staff as clerks or technicians? . . . It would have been more honest and logical to have called for a reduction in the hours spent on duty so as to enable true training and study to take place when the junior doctor could be alert and inspired rather than when apathetic and somnolent, as at present.

Fibrinolytic Capacity of Arm and Leg Veins

Dr. I. S. MENON (Varkala, Kerala State, India) writes: I read with interest the finding of Dr. J. M. Rawles and others (12 April, p. 61) that the blood fibrinolytic activity was less in the legs than in the arms in the patients studied. In a study of 27 subjects published in 1971[1] blood was obtained from a femoral and an anterior cubital vein of the same side and studied for fibrinolytic activity. The fibrinolytic activity in the legs was found to be on average 7% less than in the arms. Similarly a comparison between the inhibitor levels in the legs and the arms showed they were on average 4·2% less in the former than in the latter. . . .

1 Menon, I. S., *et al.*, *Angiologica*, 1971, **8**, 83.

Medical Rejects

Dr. ISOBEL C. HORNSBY (Pangbourne, Berks) writes: I wonder how many medical and other parents feel as I do at this moment when for the tenth or more time they see a reject slip cast a shadow of despair upon the face of their son who has all his life wanted to be nothing but a doctor—written by some faceless bureaucrat who decides that though he has five A levels, because they are not all at A grade he is unacceptable to the medical profession. Are we really looking for a generation of professors of medicine or surgery with no average people who are not super-academics to fill the role of the average general practitioner? Does anyone else despair when they hear the endless dissertations on training and testing foreign doctors for service here when countless well-qualified young men in our own country are desperate to study medicine but are turned down year after year? . . .

Visual Disturbance with Levodopa

Dr. J. RICHARDSON (Ryton on Tyne, Co. Durham) writes: A man aged 58 with Parkinsonism had been taking levodopa 1·5 g daily for a few months when he complained of coloured vision. . . . If he started to read a paper or watch television he would see normal black and white for a few minutes and then fairly quickly he would see the images in colour. It seemed to me that this was a little similar to the phenomenon one experiences on looking at a coloured object intently for a few minutes and then looking at a white ground and seeing the same shape in its complementary colour. On reducing the levodopa to 0·5 g daily this has disappeared and he is being maintained on levodopa and amantadine. . . .

Cigarette Smoking and Plasma Cholesterol

Dr. M. C. BATESON (Ninewells Hospital and Medical School, Dundee) writes: . . . The data presented by Dr. C. Sita Devi and his colleagues (2 August, p. 306) for serum cholesterol changes after smoking a single cigarette may well be the result of haemodynamic rather than metabolic changes. In this situation absolutely essential information is the posture of the subjects. A change from horizontal to vertical causes an apparent rise in serum cholesterol of up to 15% in 15 minutes. This may well have been a crucial factor in the study. . . .