added when a staphylococcal aetiology cannot be ruled out.

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2 Brook MG, Bannister BA. Scarlet fever can mimic toxic shock syndrome. *Postgrad Med J* 1988;**64**:965-7.
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Ear wax removal

SIR,—In their survey of methods used for removal of ear wax in general practice, Mr J F Sharp and colleagues highlighted the potential hazards and complications of syringing.[1] In their list of contraindications to ear syringing, however, they failed to mention the presence of a perforated tympanic membrane, either known or suspected from a history of chronic suppurative otitis media or trauma. This is commonly assumed to be one of the main contraindications because syringing is likely to introduce infection into the middle ear.[2,3]

Furthermore, the high rate of perforations noted after syringing may be due to the fact that in some ears the tympanic membrane may have been intact with areas of thin scarring from "extinct" chronic otitis media, which would be more susceptible to perforation after syringing.

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2 Bull PD. *Lecture notes on diseases of the ear, nose, and throat*. 6th ed. Oxford: Blackwell, 1985.
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Proposals on dental anaesthesia

SIR,—While I was reading Mr Stephen Hancocks's reports about the Poswillo proposals for general anaesthesia in dentistry and the dentists' contract[1,2] I received a telephone call at the Charles Clifford Dental Hospital from a local dental practitioner who is proposing to stop his fortnightly general anaesthesia session. He was kindly inquiring if we could cope with the extra patients whom he would then refer to the dental hospital. I am sure this will not be the only dental practice that will decide to cease to provide such a service mainly because of the cost of monitoring equipment that has been recommended by the working party.

The new dentists' contract specifies that no fee will be paid to a dentist for extracting teeth from a child accepted under the capitation scheme (except for orthodontic reasons). Nearly 90% of patients at the dental hospital are under 16, and this probably reflects general practice as most patients are referred from practices not providing a general anaesthesia service. The logic is plain: no dental practice will spend £10 000 or more on monitoring equipment and a defibrillator if the financial return is insufficient even to pay the interest on capital spent.

Sheffield and other large cities fortunate to have dental hospitals with the facilities for general anaesthesia will probably be able to cope with the increased numbers of patients referred—an increase that has already started because of the closure of general anaesthesia sessions at community dental clinics in Sheffield and other cities. But what about many other towns and cities where these facilities do not exist? Undoubtedly, that extra money will be needed to finance setting up clinics fully equipped with the recommended monitors to provide the service that will no longer be available in local dental practices. But who is going to pay in these (as usual) times of financial stringency?

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1 Hancocks S. Sixty proposals on dental anaesthesia. *BMJ* 1990; **301**:1351-2. (15 December.)
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More day surgery

SIR,—Mr Vaughan Ruckley described the difficulties he sees in undertaking day surgery in the NHS.[1] The British Association of Day Surgery has been formed because we believe that the problems he mentions are not daunting and that day care is a change in the pattern of medicine that greatly benefits patients.

The change to day surgery will become inexorable owing to manpower and financial exigencies and the desire of patients. Day surgery is already widely practised in the United Kingdom but not uniformly or as much as it is abroad. Mr Ruckley states that "the few successful examples [of day surgery] have depended for their success on the industry of the enthusiastic individuals." Our association now has 400 enthusiastic members, all of whom will encourage equable distribution of this activity and enable essential teaching and research.

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1 Ruckley V. More day surgery. *BMJ* 1990;**301**:1213. (24 November.)

Trusts: divisive?

SIR,—In his final contribution Scrutator quoted Mr Paddy Ross, chairman of the Joint Consultants Committee, who at a meeting with the Secretary of State for Health "warned that the setting up of trusts was tearing apart senior medical staff—and he quoted Guy's Hospital as an example."

It would be surprising if there were not disagreement among senior staff of a large medical institution like Guy's over the question of trusts. Debates have, however, been of high quality and conducted in a civilised manner. Guy's has always had a well deserved reputation for being a friendly and happy place in which to work. It still is. And to suggest that senior medical staff are being torn apart is both inaccurate and absurd.

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1 Scrutator. Listening minister, pity about the policies. *BMJ* 1990;**301**:1354. (15 December.)

Campaign by the Haemophilia Society

SIR,—As someone concerned over many years about issues raised by the challenge of HIV infection I wish to comment on the appeal placed in the national press on behalf of the Haemophilia Society. A statement over the photograph of a young child states "Heredity gave him haemophilia. Then the NHS gave him HIV." I believe that this appeal raises several questions about the relation between the statutory and voluntary sectors of health care funding in Britain.

The appeal is based on a statement that implies that the NHS has responsibility. At a time when the legal position is still sub judice the evidence is not as clear as the advertisement suggests. Although epidemiological information is incomplete, evidence suggests that most haemophiliacs became infected through the widespread contamination of imported, predominantly American, factor VIII concentrates. It seems that widespread HIV infection from this source was already prevalent by 1980. The association with blood products was suspected one to two years after the description of the first AIDS cases in 1981. It is therefore likely that many, if not most, haemophiliacs were infected well before any possible preventive action could have been taken by the NHS or anyone else. This tragedy is a direct consequence of the uniquely long incubation time for HIV infection (average eight to 10 years).

My more general concern relates to the relation between charity funded support and the health service. The appeal identifies the "dire need" of haemophiliacs for "expert care support and counselling" as a consequence of their HIV infection. Though I do not wish to belittle the efforts of the Haemophilia Society, it is my understanding that substantial investment in these services has already occurred. The investment has mainly come from the statutory sectors and has often been specifically aimed at helping and supporting haemophiliac patients rather than at the broader body of subjects infected with HIV.

I believe that a more constructive role for the Haemophilia Society would be to enter into partnership with the health service with the aim of introducing genuine improvements in research and the care of subjects infected with HIV. Such a consensus could perhaps embrace a re-examination of a "no fault compensation scheme" for the recompense of the unfortunate in future examples of unforeseen circumstances such as this.

Criticism of the health service reflects poorly on the society and ill serves the patients who have the most to gain in the long term from a less partisan approach.

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Doctors in the Gulf

SIR,—Medical progress over the past 50 years has greatly improved the health of the elderly. The War Office should be told that many doctors aged 65-70 are far fitter than those in their fourth decade, when exhaustion so often results from overwork. Between enforced retirement from the NHS and the age of 70 many consultants work part time, with all the opportunity to regain the fitness forgotten since student days.

Like many others, I have worked in most countries in the Middle East, including Kuwait, Iraq, and Saudi Arabia, and before that had two years in the Royal Army Medical Corps in Egypt, treating dysentery, typhoid, malaria, tuberculosis, and even cholera. This experience could be used now in the Gulf, releasing younger doctors to continue their crucial work in the NHS.

The possible loss of a grandparent bears no comparison with the tragedy of losing a parent. The British Medical Association should ask the War Office to consider without prejudice the sensible use of older, experienced medical volunteers in the Gulf.

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