that thoughtless minority who are out to claim all they can without concern for their doctor's discomfiture.

Rather than embark on propaganda designed to prevent abuse of a tottering service I look forward to the day when a more positive approach becomes evident—namely, providing the general practitioner with the proper premises and facilities so badly needed to cope adequately with the sort of medicine required of him in this modern age.

If distributing leaflets is the best that can be done I hope the planners find other means of so doing rather than through us.—I am, etc.,

Resolven, Glam. D. J. DAVIES.

Student Questionary

SIR,—As a final-year student I received last week from the College of General Practitioners a "confidential" questionary concerning student attachments to general practitioners.

Many of the questions require revealing information about the practice in which the student worked. It makes it very easy to build up a picture of a doctor who in two weeks has not been seen to take blood, test urine, or use an ophthalmoscope, and who always sends his deputy on emergency calls.

Under an inadequate National Health Service deficiencies can exist in the best of practices; but surely I was right for ethical reasons in refusing to answer the last question —namely, to give the name and address of the doctor to whom I was attached?—I am, etc.,

New Medical School, University of Liverpool, Liverpool 3. R. P. BALFOUR.

General Practice in British Columbia

SIR,—When a physician wishes to commence practice in the province of British Columbia in Canada there are certain official sources of information open to him. Some of the information may not be quite up to date.

The Section of General Practice of the British Columbia Medical Association feels there is a need for the establishment of an unofficial information and welcoming service for the general practitioners coming to British Columbia from any country. The practising physician is probably better qualified than official bureaus to give facts and opinions upon the problems associated with immigration to this province.

We will be glad to communicate with any physician who wishes to do general practice in this province, and we hope that we will be able to give him not only medical information but also sociological impressions.—I am, etc.,

JOHN SUMNER,
Chairman,
Welcoming Service for General Practitioners,
British Columbia Medical Association.
11743-8th Avenue,
Haney, British Columbia,
Canada.

Dr. Geoffrey Dean

SIR,—We know Dr. J. G. K. Dean personally and have great respect for his personal integrity and for his internationally recognized research on lung cancer and the porphyrias.

We therefore write in support of the letter from Dr. R. E. Church and others (8 January, p. 110) and hope that the Council of the B.M.A. will do everything in its power to help Dr. Dean in his forthcoming trial, including, if necessary, the briefing of counsel and payment of the costs of his trial.—We are, etc.,

JOHN PEMBERTON.
OWEN WADE.
The Queen's University of Belfast,
Belfast.

Points from Letters

Nursing Home or Hospital?

Dr. REX BINNING (Hove 2, Sussex) writes: While one can only admire the enterprise of the doctors and people of Birmingham that has resulted in the opening of the Edgbaston Nursing Home (11 December, p. 1421) I think "Edgbaston Private Hospital" would have been a better name. Has not the time come when all nursing homes in this country must, if they are to survive, become private hospitals in fact as well as in name?

Disposable Syringes

Dr. C. V. BULLEN (Cheriton Bishop, near Exeter, Devon) writes: I received my first supply of disposable syringes and have used them with great satisfaction for a week. They will obviously be a great boon. Since all the package sizes are the same what a great advantage it would be if the boxes were colour-coded. A single coloured band round the box would make selection of the right syringe and needle so simple.

Dr. MICHAEL E. ARNOLD (Wembley, Middlesex) writes: While applauding the action of the Ministry in supplying disposable syringes and needles, I think that, in view of all the recent radio and newspaper publicity on the matter, it is relevant to seriously consider their disposal. They undoubtedly represent a possible danger if they get into the hands of potential or actual drug addicts, or even perhaps children. Has this matter been given the fullest possible consideration by the Ministry?

Disciplinary Committee of the G.M.C.

Dr. NEIL MCNEIL (Glasgow W.3) writes: I refer to the report of the Disciplinary Committee of the G.M.C. (*Supplement*, 11 December, p. 239). . . In view of misunderstanding among some of my colleagues will you kindly note that I am not the Dr. McNeil mentioned. . . . I am not engaged in general practice.

Continuation Card

Dr. C. J. BOLD (London E.15) writes: I feel certain that there must be many general practitioners besides myself who are constantly irritated by the "Continuation Card" sent to them by their executive councils to denote that a particular patient's name has been credited to their list, while awaiting the arrival (sometimes many months later) of the original "Medical Record Envelope." This card often becomes torn or lost between other record envelopes in one's filing system, and it is very difficult to know what to do with any correspondence concerning the patient. I thus feel that my colleagues in general practice would benefit by learning of the contents of a letter written by the Ministry of Health to each executive council in 1959 (E.C.L. 65/59), informing them that they may send to general practitioners, if requested, "Temporary Envelopes" in lieu of "Continuation Cards" for all future transfers. I have found these envelopes a great boon in my filing system, but I have not yet met any other general practitioner that has heard of them. All that is required is a request to one's executive council.

Safety of Intrauterine Contraceptive Device

Dr. NORMAN A. SPROTT (Beaumont, Jersey, Channel Islands) writes: With reference to the letters of Dr. J. N. Pachmayr (16 October, p. 943) and Dr. B. P. Appleby (6 November, p. 1124) it may interest them to know that as long ago as 1930 the late Dr. Norman Haire, who was a pioneer in the use of Gräfenberg rings in this country, always inserted them when the patients were menstruating, partly because it was easier then, but mainly to avoid the possibility that the patients were pregnant, and unwittingly causing an abortion.

Abuse of N.H.S.

Dr. H. W. SWANN (London S.W.14) writes: I have worked in the N.H.S. as a general practitioner since its inception and can state that I agree that there is some misuse and a fair amount of over-utilization, which should be remedied by advice, teach-ins, pamphlets, etc., but premeditated abuse I have never encountered and would like to repudiate that it exists. The patients, including the psychopaths, respect their doctor and have no desire to let him down. That is my personal experience after 46 years in general practice. The introduction of consultation charges as a remedy for so-called abuse is completely contrary to the principles of the N.H.S. and would be discarded by anyone who believes in a comprehensive and free service for all as introduced in 1948.

Double Cot Deaths

Dr. A. M. W. PORTER (Camberley, Surrey) writes: I have recently had an unexpected cot death at 6 weeks in my practice. The curious feature of this case is that the only other sibling died in an exactly similar manner, and at the same age, two years ago. I estimate that the number of these double cot deaths known to doctors in the United Kingdom should be about 14, if the deaths were independent of each other. Evidence that the incidence is, in fact, considerably higher would provide a valuable clue as to the aetiology of these sad cases. I would be very grateful for details of any such double case known to a colleague. I am particularly anxious to learn the brand of milk in use at the time of death in bottle-fed infants. Cot deaths in twins are excluded from the study.

Acquired Resistance of Tumours

Dr. J. BRAHAM (Tel-Hashomer Government Hospital, Israel) writes: The new evidence concerning the nature of bacterial resistance to antibiotics, and its transfer by means of specific bodies to previously resistant organisms (27 November, p. 1260) encourages a parallel line of thought in regard to acquired resistance to another form of therapy. I refer to the behaviour of various forms of malignant disease during the course of radiotherapy. Initial sensitiveness with apparent disappearance of primary or secondary tumours, followed by the later emergence of radio-insensitive masses, is a common experience. I am not aware of any satisfactory explanation of this phenomenon. Would it be pressing analogy too far to postulate, in the light of the recent revelations concerning bacterial resistance to antibiotics, that a similar mechanism may be operative? Furthermore, when virus infection is increasingly considered as a cause of carcinogenesis, might not radio-resistant strains be propagated in this way?

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