Consultant—By Any Other Name

SIR,—May I reply briefly to Mr. H. M. Bennett and Dr. I. McK. Thompson regarding the subconsultant grade (31 January, p. 304). Although I am happy to accept that Mr. Bennett appears to have been misreported, nevertheless his suggestion is not one that would commend itself in any future staffing structure.

Dr. Thompson stresses that his remarks were factual. However, by admitting that there are "medical assistants who already carry out consultant duties" he has borne out my contention that in fact if not in theory the interpretation of this grade by both Health Departments and the profession closely mirrors that of its still-suffering predecessor, the S.H.M.O.

Finally, though I share some of Dr. Mary Pack's misgivings on specialist registration (31 January, p. 306), it has at least the theoretical merit of compelling reappraisal of what rational training and registration entail. In this it should go some way to clear up the dilemma in which Mr. Bennett finds himself.—I am, etc.,

I. M. LIBRACH.

Chadwell Heath Hospital,
Romford, Essex.

Deputizing Services

SIR,—The report of the debate of the B.M.A. Council on the proposed new regulations concerning deputizing services (*Supplement*, 24 January, p. 17) seems to have omitted consideration of one vital factor—namely, the deputizing services themselves. Surely Mr. Crossman is not so naive as to think that regulations can be imposed on deputizing services without due consideration of their own views. Reasonable-minded doctors who do not, or cannot, use a deputizing service realize that they have little moral right to interfere with the working arrangements of their colleagues. They also realize that infringements of their colleagues' rights will eventually rebound on themselves.

The strength of the deputizing services lies in the fact that their interests are best served by guarding the interests of the general practitioners, and the fact that between one-quarter and one-third of all general practitioners use deputizing services makes their voice strong enough to be heard.—I am, etc.,

B. JOHN MAXWELL,

Secretary,
National Association of
Medical Emergency Services.

Liverpool 6.

Practice Vacancies

SIR,—May I suggest to any executive council advertising practice vacancies that they include the following information when replying to interested doctors?

- (1) A detailed account of practice remuneration over the previous twelve months.
- (2) Previous doctor's surgery hours.
- (3) An approximate take-over date.
- (4) Whether the outgoing practitioner was involved in a rota with neighbouring practices.
- (5) Where the existing premises are not for sale, a list of suitable property in the area.

Finally, all communications to be by first-class mail where the closing date for applications is less than two weeks from the date of advertising.—I am, etc.,

W. J. J. LEGG.

Mellor Brook,
Near Blackburn, Lancs.

Changing Face of Medical Practice

SIR,—It is indeed refreshing to hear open doubts expressed as to the value of the health centre in the actual care of the patient as done by Dr. George Birdwood's *Personal View* (20 December, p. 740). While serving on the Medical Planning Commission and supposedly engaged upon the formulation of what was to be the nation's health service of the future, I, along with many others of its members, came to accept the view that the health centre was to be the linchpin of the future general practice of medicine. That was 20 years ago; the more I have seen of the practice of medicine over the intervening years the less do I believe that the practice of family medicine can be satisfactorily carried on through the health centre. During this time the development of the consultant services in all branches of medicine and of medical centres throughout the hospital regions has made freely available to family practitioners the results of the ever-accumulating mass of data of medical science; but this forms only a part and possibly not even the major part of what is demanded in the care of the patient; this can be provided only by a medical attendant fully conversant, so far as is possible, with all aspects of the patient's life and readily available in need.

It is a hopeful sign for the future of British medicine that so many general practitioners have failed to respond to official blandishments and have preferred to continue in individual practice.—I am, etc.,

S. C. DYKE.

Wolverhampton, Staffs.

S.R.M.

SIR,—The outcome of this meeting represents eventual backlash from the periphery.

Dr. Ronald Gibson will surely find less apathy when his Council becomes the servant rather than the "interpreter" of the A.R.M.—I am, etc.,

F. W. B. BREakey.

Gateshead,
Co. Durham.

George Eliot

SIR,—Dr. J. Shulman tells us (31 January, p. 300) where Mary Ann Evans might have seen the name George Eliot before she took it as her pseudonym for the reasons mentioned in my article (17 January, p. 165). If his fascinating suggestion is correct, she had in subsequent years apparently forgotten where she had first seen the name; the engraving had lost its label of origin.

We all know this can happen, and even George Eliot did not remember everything. For instance, she claimed towards the end of her life that her best passages (especially one in *Middlemarch*) wrote themselves from

inspiration without planning, and once written needed no revision. Both statements are, at any rate for the passage in *Middlemarch*, not true at all.¹—I am, etc.,

J. M. FORRESTER.

Edinburgh.

REFERENCE

- ¹ Beaty, J., *Middlemarch from Notebook to Novel: a Study of George Eliot's Creative Method*. Urbana, University of Illinois Press, 1960.

Points from Letters**Combined Loop and Pill**

DR. PATRICIA LAST (Welwyn Garden City Family Planning Clinic) writes: I have just completed a follow-up study of 300 patients fitted with a Lippes loop C prior to December 1966; 90% of patients were traced. From an experience of 670 woman-years, 26 pregnancies occurred giving an overall pregnancy rate of 3.8 per 100 woman-years; but further analysis of the data showed firstly, that failure due to expulsion of the device was much more common during the first year of use than subsequently, and secondly, that spontaneous abortion following conception with the device in situ was much more probable after the first year. Thus there were 19 pregnancies during the first year of use—5 following expulsion—of which 14 went to term, whereas there were only 7 pregnancies after the first year and of these 5 miscarried spontaneously.

It would appear that the loop could be made a much safer method by covering the first year of use by a combined oral contraceptive agent; pregnancy rates could be reduced, the risk of spontaneous expulsion would be minimized (33 of the 40 expulsions in this series occurred in the first year), and the early menorrhagia which some patients experience would be reduced. Doctors and patients alike would be more ready to use the oral agents if it were for a limited period.

Delay in Driving Tests

DR. V. N. FENTON (Farnham, Surrey) writes: I recently applied for the renewal of my three-year driving licence, and after a week have received a letter from the licensing authority of Surrey County Council a letter informing me that as I had declared a disability of osteoarthritis of my left hip joint, in accordance with Section 100 of the 1960 Road Traffic Act, I am obliged to have a driving test. I am semi-retired but do considerable locum work, and the point I wish to make is that pending the test one is given a provisional licence, which incurs the penalty of not being able to drive without being accompanied by a fully licenced companion. In the case of a doctor with a single-handed practice receiving one morning a letter to this effect would mean that although he might take his morning surgery he would be unable to do his visits if his wife was unable to drive or he was unable to obtain a duly qualified companion. . . . I should add that I have been driving for nearly 50 years and for three years with the osteoarthritis. . . . I have of course asked for a driving test; but this I understand will not be arranged for several days or possibly weeks.

"Nearly 90% of The Work . . ."

DR. J. W. CROSSLEY (Caerphilly) writes: May I draw your attention to a sentence in a leading article (7 February, p. 316)? To quote "Nearly 90% of the work in the N.H.S. is done in regional non-teaching hospitals. . . ." Having read the excellent article on the work of a "peripheral" surgeon (p. 358), I take your comment to refer only to N.H.S. hospital work.