completion of work allowing home dialysis to commence does not exceed four weeks.

The advent of serum hepatitis makes it imperative that patients should be dialysed in their own homes rather than in hospital and the function of the health department is to ensure that the best interest of a patient is served with the greatest expedition within the existing financial framework. Prices can be and are kept to a reasonable amount. Conversion of a room in this area has not exceeded £250.—I am, etc.,

S. HEWITT

Health Department,
Havant, Hants

¹ Ministry of Health. *Intermittent Dialysis in the Home*. H/A190/43. London, 1968.

Allergy to Iprindol (Prondol) with Hepatotoxicity

SIR,—Dr. H. E. Amos has rightly questioned the assumption that hepatotoxicity with iprindol has an allergic mechanism (12 December, p. 681). However, a patient of mine had an unmistakable feature of allergy, that of eosinophilia, which has not previously been reported.

A housewife aged 35, with no personal or family history of allergy, presented on 20 August 1970 with a depressive illness. Iprindol, 15 mg three times daily, was started on that day. Eleven days later she developed jaundice and was advised to stop the drug. The jaundice cleared within a few days and three weeks later, without further medical advice, she restarted medication, but after only three tablets again developed jaundice. Liver-function tests at that stage confirmed hepatocellular damage with serum bilirubin 3.8 mg/100 ml, alkaline phosphatase 30 K.A. units/100 ml, and S.G.P.T. 124 units/ml. The total white cell count was 6,000 per mm³, 30% of which were eosinophils. Clinical recovery was again rapid, and a week later liver-function tests were normal and eosinophils were 2%.

In this case the jaundice first occurred after eleven days of treatment but again within 24 hours of recommencing therapy. To a simple-minded country general practitioner this is allergy.—I am, etc.,

M. J. AYLETT

Corsham, Wilts

National Morbidity Survey

SIR,—I have studied your report of the General Medical Services Committee's consideration of my article in the *Daily Express* about the ethical aspects of the National Morbidity Survey (*Supplement*, 2 January, p. 8). The committee's decision to congratulate the Royal College of General Practitioners on the precautions it is now taking to preserve confidentiality is merited. But were these precautions being taken before the *Daily Express* article appeared? According to the Department of Health and Social Services they were not.

I telephoned the Department's press relations branch to ask whether there had been any change in the precautions as a result of my article and of Mr. Enoch Powell's questions in Parliament. After taking advice, the official spokesman said "Safe-guards—already strong—were reviewed to see if any additional ones could be implemented to allay any fears of a lack of confidentiality. It has been found possible to

dispense with the retention at Titchfield (the Census Office) of the age-sex register including the record of names." It was precisely this record of names which breached confidentiality. The Census Office statisticians, with the R.C.G.P.'s approval, had insisted that the record must be kept at Titchfield to ensure the validity and accuracy of the survey and so that officials could "reconstruct the disease experience of any individual."

I suggest, therefore, that the committee's action and its proceedings present a rather misleading picture of the situation at the time when my article about it appeared, and that the concern of Dr. D. R. Cook, to whom I am sending a copy of this letter, was justified.

I would be interested to know whether it is the normal practice for the details of such a survey to be considered by the B.M.A.'s Ethical Committee before they are put into effect and whether the details of this National Morbidity Survey were made available to the committee for prior consideration.—I am, etc.,

CHAPMAN PINCHER

Daily Express,
Fleet Street,
London E.C.4

L.C.C. Medical Service

SIR,—With reference to Dr. Henry Rollin's "Personal View" (26 December, p. 799) I feel that I must speak up for the London County Council in whose service I was and am proud to have been. True I was not in the mental service but in passing I would point out that in those days there were none of the recent dreadful scandals involving in one case prison for members of the staff.

SIR,—Recent press reports suggest that the B.M.A. Council at its meeting on 13 January may take action which will commit doctors to trade unionism before the main body of the profession has had any opportunity to express its views.

Doctors are independent men. The Medical Practitioners Union, which has many achievements to its credit, has been able to persuade only about 5% of the profession in the last twenty years to join its membership. Now that Mr. Clive Jenkins, the general secretary of A.S.T.M.S., has appeared on the scene he will undoubtedly attract the militant and the discontented, but I think it very probable that the total membership of the M.P.U. will shrink rather than rise. It appears to me that the B.M.A. has been far too anxious about the threat posed by this vociferous Welshman and is taking him much too seriously.

Despite the new situation created by the Industrial Relations Bill, does the profession really need to belong to any trade union? Do doctors want to take part in industrial action? As professional men do we want to break our contracts?

I firmly believe that we have always underestimated the immensely strong position we hold. The N.H.S. cannot be run without doctors. All doctors have the right written into their contracts to give appropriate notice and resign. This is not industrial

I was in the general hospital service. The L.C.C. had taken over from the Poor Law service only a few years before I joined them and had made enormous advances in the treatment of the poorer people of London, so much so that just before "Hitler's" war doctors were preferring to send their patients to our hospitals than to the smaller voluntary hospitals. There were I think three things that made for this. Firstly, it was possible to recruit nurses who turned out usually excellent ones. Secondly, the system by which graduates from the dominions were encouraged to enter the Service while they read for higher examinations which they required in order to take first rank on return to their homes. Thirdly, the system of employing London consultants of the first rank in a part-time capacity to visit the hospitals at regular intervals.

Those who criticize the L.C.C. should remember that in those days *all* patients requiring hospital treatment were admitted at once, the hideous word "turnover" had not been invented, and patients were not discharged until the medical superintendent or his deputy were satisfied that they were fit to go. I myself have never found any difficulty in working under authority. I did not in the Navy nor in the Army, nor in the L.C.C.

When I was an assistant medical officer both my superintendents were friendly and helpful, using their position and influence to defend me in my desire to get the best for patients. I have always respected their position, as I would the colonel of the regiment as the symbol of that authority which provided my bread and butter and the means to carry out the work that I wished to do.—I am, etc.,

D. C. CLARK

Penzance, Cornwall

Doctors and Trade Unions

action and needs no trade union to organize it. No one is forced to stay in a service if he finds it unsatisfactory.

All forms of industrial action, such as the withdrawal of certification practised last year, will never obtain the support of all doctors and can only adversely affect our reputation as professional men. Resignation from the N.H.S. does not involve any sort of strike action and doctors can continue to treat their patients as before, but the threat of resignation is the only negotiating card we really need in our dealings with the State.

I am fearful that the B.M.A. Council will try to steamroller the profession into joining some B.M.A.-sponsored trade union, and I hope that all those doctors who put their professional relationship with their patients first will speak out now and demonstrate their determination never to join any trade union or take part in any industrial action.—I am, etc.,

P. A. T. WOOD

Chairman,
The Fellowship for Freedom in
Medicine Ltd

London W.1

**The Secretary states that representations have been made by the B.M.A. to Mr. Robert Carr that ample time must be given for the Association to consult its members if any change in its constitution is contemplated.—Ed., B.M.J.