Closed Shop

SIR,—The B.M.A. and its members have for many years opposed a closed shop, and employers insisting on a "union" membership for doctors have been black-listed. Why, therefore, are many of us regretfully coming to the conclusion that we must have a closed shop or go under? It is because it has become obvious that we must have "industrial strength" to maintain or improve our present reduced circumstances. The final decider was the defeat of phase 3 by industrial action, so making it more obvious that we are in an era when the weak go to the wall.

Our negotiators are frequently criticized and contrasted unfavourably with professional union negotiators. This is unfair. They can be strong only if they know they have total and disciplined membership who, having decided on a policy, will take the necessary industrial action when called upon to do so. This unfortunately requires a closed shop, which in any case is being forced on us by the Bill now before Parliament.

Though a B.M.A. member, I think it is not the right organization to claim the closed shop—this should be based on the autonomous bodies and financed by making the Defence Trust contributions compulsory. —I am, etc.,

MICHAEL T. WADE

Risca, Mon

Practice Expenses

SIR,—From your correspondence columns I wonder whether some general practitioners understand how practice expenses are reimbursed. It is necessary to realize that the global sum of legitimate expenses of all G.P.s is calculated by reference to sample Inland Revenue returns. However, individual G.P.s receive by various notional weightings on the various items of remuneration only the average expenses for the profession as a whole. Hence those G.P.s who succeed in maintaining low overheads do well at the expense of those who do not. Perhaps it is not realized that if we all had high overheads we would none of us be any worse off because the Government makes good to us the overall total of our expenses.

Of course it is of paramount importance that our individual and practice returns to our accountants fully include all items allowable as practice expenses. I feel the B.M.A. has an opportunity here to disseminate information on this subject and I wonder if it would be possible to circulate a comprehensive document to all G.P.s, and thence to their accountants, to guide the latter when drawing up accounts. This would do much to ensure that expenses are fully and properly remunerated.

Perhaps also those G.P.s who strive to reduce overheads—for example, by economizing on staff, accommodation, and equipment—will reflect that while it gives them a present advantage financially over their colleagues, it does nothing to enhance our long-term prospects, our standards of practice, or our prosperity.—I am, etc.,

C .K. HUDSON

Tadley, Hants

Points from Letters

Ex-service Doctors

Dr. R. H. BARRETT (Far Away, Studland, Dorset) writes: A correspondent in your columns once commented favourably on the impact made on the medical profession by the influx of ex-naval officers in the early 30s. These doctors must now be coming to the end of their medical careers and it would be interesting to know the reverse side of the coin. Their experiences and success or otherwise might prove of value to those considering a similar change of life career, particularly when a further reduction in the officer cadre of the armed Forces seems to be contemplated. Now that more medical schools are available a small number of places for ex-servicemen might be of value and I would be glad to co-ordinate any information supplied by replies to this letter.

B.M.A. Subscription

Dr. J. G. SANDERSON (Colchester) writes: I have just renewed my subscription to the B.M.A. with more than the usual misgivings. There is in the subscription an insurance element, in that I expect the Association to look after my interests. Scottish lorry drivers are to get £40 a week for a basic 40-hour week. This £1 an hour covers being on duty, awaiting loading, being in a traffic jam, or actually driving. As a rural single-handed G.P. I am on duty 168 hours a week. Assuming one-third of my income goes on practice expenses I need to earn £250 a week to take home £168. Since earnings from 18 to 28 are minimal, the hours I have to work are "unsocial," and the work is sometimes dirty or dangerous and always responsible, I think it is not unreasonable to ask for twice the lorry drivers' rate. . . . My subscription to the B.M.A., like that of many others, is, I am sure, a token of the trust we have in the wisdom of the Association to procure for all in the profession a just reward for the services it renders to the nation. If the reward is to be significantly less than that of a lorry driver I fear for future recruitment into the profession and the B.M.A. should fear for its continued support. . . .

Imported Disease—Undiagnosed Fever

Colonel D. HAMILTON (Hong Kong) writes: I have read Dr. A. M. Geddes's article (23 November, p. 454). . . . With regard to typhus and in particular to scrub typhus the following points should be emphasized. The disease is often mild and resembles infectious mononucleosis. Pharyngitis is frequent. Splenomegaly, though common, is unimpressive in degree while lymphadenopathy is usually well marked. The rash is often unimpressive. Eschars occur in 60-90% of cases. Screening tests for mononucleosis are often positive and glandular fever cells are commonly seen. The Weil-Felix test takes much longer to become positive than the Widal does in typhoid, perhaps 2-4 weeks and not always strongly positive then. However, unlike typhoid it may still be positive a year later so one can check on one's second thoughts. Tetracycline even in low dose is more effective than chloramphenicol in any dose and the response is so dramatic (overnight in most cases) as to have diagnostic value. . . .

Distribution and Supervision of Oral Contraceptives

Dr. MARGARET WATKINSON (Blackburn) writes: Dr. N. A. Chisholm (28 December, p. 771) is perfectly correct when he says that we need a code of practice in delegation of erstwhile purely medical functions to specially trained nurses. I believe we have such a code both in hospitals and in clinics, but certainly clarification of the code for medicolegal reasons is desirable. . . . In my own clinic, delegation began after a senior nurse and I had attended five-day in-service training courses and had agreed with other clinic staff, both lay and professional, that we would change our own routines. If I am away the locum doctor need not, and usually does not, delegate. . . . So once again I must ask Dr. Chisholm to say who, other than the clinic doctor "designates" a session for delegation, and in which clinics.

Bone Marrow Transplants in Leukaemia

Dr. R. L. POWLES (Royal Marsden Hospital, Sutton, Surrey) writes: I realize that it is very difficult to ensure that a fair balance of opinion is given in your leading articles, but I was very disappointed with your recent article entitled "Bone Marrow Transplants in Leukaemia" (21 December, p. 676) which to the general reader might be interpreted as the full extent of the subject. Though I in no way wish to detract from the outstanding and fundamental work of the Seattle group, there are at least three other groups in the United States and France who are contributing to this topic, and there is much difference of opinion among all concerned about such matters as eradication of residual disease and the antitumour effect of the graft. . . .

Ethics and Halothane

Professor J. P. PAYNE (Royal College of Surgeons, London W.C.2) writes: Dr. J. M. K. Spalding is still wrong (4 January, p. 38). The important question is not whether a patient exposed to repeated halothane anaesthetics might develop liver damage but whether that patient given another anaesthetic drug instead might be at greater or less risk. No amount of juggling with words on Dr. Spalding's part can alter this fundamental question and until it is answered there is no justification for the intervention of ethical committees in this matter. . . .