(3) have a full social life; (4) not be bored; and (5) possibly receive a good financial reward if Mr Healey will allow it.

ANGELA V TAYLOR

Southport, Lancs

SIR,—In your leading article (10 January, p 56) you state that "what is wanted in the NHS is practical provision for the needs of women who wish to combine medicine with marriage without damage to the standards of either." I would like therefore to propose the formation of a counselling service for medical women at both the undergraduate and post-graduate stages, even including schoolgirls who are applying for places in medical school. It should be possible for this service to be run on an area basis by women doctors themselves. The counselling should be offered to individuals or groups and would provide up-to-date information of the different opportunities available both for young women doctors on a national basis and for married women doctors within the locality. It would also be able to give advice to each woman as to how much work it would be feasible for her to do taking into account her personal circumstances and provide her with local information regarding crèches, play schools, helps, and local au pair agencies.

Dr Tom Arie, at your Canterbury conference (10 January, p 78), suggested that we must make the best of the present situation, and he also remarked that he thought, regretably, that the days of total commitment have gone, with the implication that the gap between part-time women doctors and ordinary trainees has narrowed. He continued, "it should be possible for a woman to do three or four days a week in general practice, using an appointment system and so on, and to give pretty well total care." In health centre group practices in Leicester there are a number of married women doctors with a part-time commitment who would consider that they are in a career that is intellectually, emotionally, and morally satisfying while practising "whole-person" medicine.

Undoubtedly there is still a need for medical women to prove their ability and consistency. We need to stay in a job and do it properly rather than dabbling in a multiplicity of "minor" easy options. The current trend suggests that this is beginning to happen in quite a large variety of fields, particularly general practice, community health, and some hospital specialties such as anaesthetics and radiology. I hope that the proposal of a counselling service may further improve the trend and will also give medical women the chance to help each other.

JUDITH MILLAC

Department of Community Health,
University of Leicester

High-pressure medicine

SIR,—I was extremely interested in your timely and comprehensive leading article (6 December, p 541) pointing out the many complex problems that confront doctors and technologists in the exploitation of sea-bed resources. We in this country have been painfully slow to recognise the enormous potential that this area of endeavour has to offer as world-wide land-based mineral resources rapidly diminish. However, the fact that North Sea developments have so far been

largely possible through the commercial and professional expertise of American, French, Canadian, and Italian diving companies must be appreciated.

While we can take solace in the creation of regulations which ensure high standards of medical fitness of divers and the setting up of a commercial diving training centre in Fort William, these steps pale into insignificance beside the primary research-based physiological and technological achievements of the large foreign-owned diving companies. It is saddening to see the individual professional talent that does exist in Britain—that is, the Royal Navy—being rapidly bought up by these companies. It is depressing to realise that a great deal of Government money is being made available for academic projects such as the long-term bone necrosis study of the MRC Decompression Sickness Unit and psychological fitness studies at the University of Stirling. These are both academic luxuries which the country cannot afford, the results of which will be freely available to foreign commercial interests. As is pointed out, there is meanwhile neither NHS authority nor Government backing for the efforts to meet the needs of divers requiring medical attention offshore. As one employed to provide cover for such situations I find it puzzling that an organisation such as the Institute of Offshore Medicine in Aberdeen should find itself struggling to exist on hand-outs and fees from the oil companies. Unfortunately it is caught in a mesh of Government indifference, commercial reluctance, and an academic power struggle.

In addition, there are now two committees representing both medical and commercial interests examining the same problems, one for the Department of Energy and one for the Society of Underwater Technology. Would it be asking too much that the Government seek a single clear assessment of the problems past and present and take positive action to ensure that expertise and knowledge (medical and technical) is obtained in the interests of Britain? I think it would—and to judge by the steps diving companies are taking to employ their own medical officers they feel the same.

There is one point in your article with which I must take issue. It is stated that at a pressure of 20 atmospheres "conventional inhalational anaesthesia is unpredictable." It is more than that; it is totally out of the question. One should mention the drugs Althesin, an intravenous anaesthetic agent, or ketamine as being the ones worthy of consideration in such situations.

IVAN C F WISELY

Aberdeen

Dispersal of biliary calculi by irrigation

SIR,—I read with interest the article by Mr B Mackie and others (27 December, p 737) concerning irrigation of the biliary tree via a T-tube during the postoperative period to disperse residual calculi. Might I suggest that a more appropriate time for such a manoeuvre is during operation? It is my practice after exploring the common bile duct for calculi to insert a T-tube in the conventional manner, then to irrigate via the T-tube with at least 150 ml of physiological saline. The common bile duct is seen at first to distend, then as the spasm of the sphincter is overcome a flush of saline enters the duodenum, carrying with it any debris, small missed stones, or blood clot

that may have accumulated. This method also demonstrates any defect in the sutured choledochotomy. After irrigation I perform on-table "completion" T-tube cholangiography. The criticisms of this last procedure are all overcome by the preliminary irrigation. There is not a large accumulation of contrast medium in the duct system and duodenum to obliterate this second series of films. The objection frequently made that the dye fails to enter the duodenum after surgical manipulation because of spasm of the sphincter of Oddi is overcome by the preliminary irrigation.

I agree with Mr Mackie and his colleagues that the technique depends on the rapid rate of infusion to flush stones from the common bile duct, but I feel that this procedure is best performed at the time of operation under direct vision rather than in the early post-operative period, when the suture line in the common bile duct is likely to be oedematous and in some cases also infected. The safety and efficacy of the method I have described are demonstrated by a personal series of 47 consecutive cases treated in this manner in which none had residual calculi found either on the completion T-tube cholangiogram or on the postoperative T-tube cholangiogram which was performed at 7-10 days.

SIMON J A POWIS

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Northampton

Academic general practice

SIR,—You assured Dr T B Boulton (17 January, p 152) that your remark "So why have a specialty of anaesthesia at all?" was made in a light-hearted spirit. Your leading article (27 December, p 724) could raise a similar question about general practice.

What is the academic general practitioner going to be allowed to do? Babies are born in hospitals. Ambulances whisk away the collapsed into intensive care. There are diabetic clinics and pain clinics. Edinburgh provides an emergency service for the asthmatics, bypassing the general practitioner. Fertility drugs and cytotoxic drugs are not available outside special units. Psychiatric clinics like to be in therapeutic charge of the GP's patient.

The patient is so enamoured of the glamour of hospital medicine that he uses the GP only as a means of getting into these specialised clinics.

MARY KNOWLES

Bramley, Hants

SIR,—I must reply to Dr D H Glyn's letter (17 January, p 156). No one wants to see elitist or hierarchical structures developing. What we want is support for the basic ideals of the Royal College of General Practitioners. We want leadership in the planning of courses of training for future general practitioners and of courses of continuing education for established general practitioners. If those who are now giving their time to this aim are put in the position of "academics" does it matter?

The point is not to bicker among ourselves on who is or is not an academic. We must unite to strengthen the specialty of general practice as much as we can.

BERNARD CAPLAN

Timperley, Cheshire