cases of significant bacteraemia following proctoscopic biopsy of a rectal polyp³ and barium enema⁴ both patients had a significantly altered immune state.

The risk of significant bacteraemia following rectal mucosal biopsy is probably small, as no cases have previously been reported. However, it should be borne in mind, particularly in a patient with an altered immune state or in a patient at risk from bacterial endocarditis.

I would like to thank Dr J D Kinloch for permission to report details of this patient, who was under his care.

NICHOLAS BUCKELL

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¹ Le Frock, J L, *et al*, *New England Journal of Medicine*, 1973, **289**, 467.

² Le Frock, J L, *et al*, *Archives of Internal Medicine*, 1975, **135**, 835.

³ Lal, D, and Levitan, R, *Archives of Internal Medicine*, 1972, **130**, 127.

⁴ Richman, L S, *et al*, *Journal of the American Medical Association*, 1973, **226**, 62.

Spare parts for anaesthetic machines

SIR,—It has been brought to our notice that British Oxygen Company have decided to stop supplying spare parts, and maintenance to, anaesthetic machines manufactured prior to 1957. My colleagues and I quite understand that the manufacture of spare components might be uneconomical and we would be prepared to replace our machines gradually over a matter of years, but for a firm to decide to say they will not maintain what are perfectly good machines is completely unacceptable.

In our small group this will amount to some £16 500 at present-day prices and it must amount to millions over the country as a whole. I would urge all consultants through your columns to write, as I have done, to the Department of Health asking them to put a stop to this nonsense.

D EYRE-WALKER
Senior Consultant Anaesthetist

Staffordshire General Infirmary,
Stafford

Sociological realities

SIR,—Your leading article on the role of the social worker working as part of an integrated community team in order to promote links between the health and social services is welcome and timely (3 April, p 790). The Paddington Centre for Psychotherapy is currently putting into practice a multidisciplinary approach within the centre itself and in relation to the needs of the community. Social workers form part of an integrated team which has the aim of furthering the skills of all those in the "caring professions"—general practitioners, health visitors, nurses, social workers, teachers, probation officers, police, and youth workers. This work is promoted in two ways. One is by exploring the network of relationships between workers in different professions in relation to each other and to the patients/clients. The other is by the provision of a 20-week course of multidisciplinary seminars for these workers in the community. Using case material drawn from the community and brought by individual participants, theory and practice are integrated.

In our experience the stagnation, sense of depression and frustration described by your review is avoided, and a sense of purpose,

clarity of role, and enjoyment of the work is furthered.

ISMOND ROSEN
Chairman, Professional Staff Committee

CHRISTOPHER PERRY
Senior Psychiatric Social Worker

GEOFFREY ELKAN
Senior Clinical Psychologist

LIONEL KREEGER
Consultant Psychiatrist

Paddington Centre for Psychotherapy,
London W2

Trade unions and private practice

SIR,—A patient of mine is seeking a consultant opinion concerning his ability to continue his work as an ambulance driver. The local authority medical officer has turned him down on the grounds of bronchial asthma. I agreed to have him seen by a local chest physician whose routine waiting list is three weeks at the moment.

My patient has just telephoned me and told me that the local secretary of his trades union has suggested he have a private appointment "to save time."

Any comments?

KEITH FAWCETT

Gillingham, Dorset

BMA and HCSCA

SIR,—Dr N A Simmons's letter (17 April, p 963) deserves prompt reply and refutation. I write as a CCHMS representative and as one who agrees broadly with the political policy of the HCSCA. What I do not agree with is their claim to negotiating rights. My reasons are these:

(1) Through HMS machinery all hospital doctors have a right to representation, not only BMA members. This is not true of the HCSCA.

(2) The right place for any doctor to make his views known is at local level. For example, if he does not agree with CCHMS policy, then he should say so; and if enough people are of the same mind his views will be transmitted by their representation.

(3) To give the HCSCA a voice at the negotiating table would result in unfair weight being given to HCSCA views. Other minority pressure groups with different views (for example, the Socialist Medical Association) would then have a right to representation, and the result would be Babel. The Department of Health also holds these views, presumably, as the past attempt by the HCSCA to obtain negotiating rights was rejected.

(4) Short-circuiting the existing plenary machinery by a sectional interest is undemocratic and grossly unfair to the CCHMS representatives, who attempt to transmit the opinions of all senior hospital doctors.

Yes, the BMA and HCSCA should and must agree on policy. But, I repeat, the right place for this is at district level. The duplication of representative machinery is wasteful and divisive and has severely weakened the profession. For the HCSCA to ask for a seat at the negotiating table is like the CBI asking for a seat in the Cabinet.

HARRY HALL

Chairman, South-west Committee
Hospital Medical Services

Exeter

Payment of wives

SIR,—My wife has just received her long awaited reply from Dr David Owen regarding payment to related ancillary staff. Undoubtedly other wives have received similar replies. On reading it I can only say that it is a load of clap-trap. Dr Owen states that wives who work as ancillary staff in their husband's surgeries cannot be reimbursed because this would in some way infringe the present incomes policy. Perhaps Dr Owen could explain how an incomes policy can be infringed when no payment has ever been made at all.

Secondly—and Dr Owen thinks this is important—he states that related staff cannot be paid because of abuse by the profession. Surely the BMA, if it had any guts at all, would take this point up directly with Dr Owen as he is suggesting that his own professional colleagues are dishonourable and not to be trusted. He is, in fact, imputing possible infamous conduct of the profession as a whole. If the Government is so afraid of abuse, why is payment to MPs' wives who act as their husbands' secretaries paid without question? Why are they so much more virtuous? Dr Owen represents a Government which believes in equality for all; and what about the workers? Are related staff who work in GP surgeries not workers? They work without stinting themselves in packed surgeries, for free in the NHS.

I would remind Dr Owen that in Red China and Russia workers are paid for working. Our wives are denied the right to work for whom they wish. They have all the qualifications yet are refused employment because they cannot be paid the rate for the job. What union would stand for this for any of their workers? Dr Owen attempts to smooth things over by suggesting discussions with the GMSC. Is he blind to the fact that discussions have been going on for the last 10 years? Each side blames the other for the failure to agree, and the poor wives are political footballs.

At least two wives have asked on more than one occasion to meet Dr Owen to discuss the question of reimbursement. They have neither of them had the courtesy of an acknowledgement of their quite reasonable requests. Dr Owen's PPS has not replied either. A telephone call to the DHSS at the Elephant and Castle meets with a polite answer that the matter is being looked into; they will ring back. But nothing happens.

MICHAEL GLANVILL

Chard

*.*The Secretary writes: "It is true that the Department of Health is claiming that the introduction of direct reimbursement would infringe the present incomes policy. The Department has been informed that its view is unacceptable. For several years the negotiators have been putting forward proposals containing limitations which would virtually eliminate the possibility of any abuse, and Dr Owen cannot therefore rely on this excuse. The issue of the rate for the job for wives is at present before the Equal Opportunities Commission. At the last meeting with the negotiators departmental officials stated that Dr Owen had instructed them to prepare a 'limited scheme' for discussion with us. For some time, and in spite of the criticisms of the Review Body, the Department has refused to put forward any proposals, and this therefore represents some advance."—ED, *BMJ*