between treated and untreated patients in learning behaviour or intellect, and seizure control was significantly improved in the treated group.⁷ A more recent survey of epileptic children in schools showed that those who were receiving phenobarbitone were achieving more educationally and had fewer behaviour problems than others who were not being so treated.⁸ Furthermore, no significant reduction was noted in the Wechsler Intelligence Scale for Children when this was administered at least eight years after a convulsion with fever to children who had received barbiturates for at least one year before the age of 7 years.⁹ On the other hand, a reduced verbal quotient was significantly related to recurrence of convulsions.⁹ It has been shown that it may not be possible to prevent all recurrences of febrile convulsions by the use of phenobarbitone in apparently "therapeutic" dosage,¹¹ but significant reduction in the recurrence rate has been achieved in a group of high-risk patients.¹²

Longer, better-controlled studies must surely be conducted before barbiturates are discarded in favour of less well-trying and possibly more harmful anticonvulsants.

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- ⁹ Cull, A M, PhD Thesis, University of Edinburgh, 1975.
- ¹⁰ Heckmatt, J Z, et al, *British Medical Journal*, 1976, **1**, 559.
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Erythema nodosum and brucellosis

SIR,—It is sometimes difficult to diagnose brucellosis. Dr R S Goldstein (3 April, p 809) considered that his patient with erythema nodosum had acute brucellosis because the agglutination titre to *Brucella abortus* was high and because the symptoms disappeared after 6 weeks' treatment with tetracycline. He had not recently left Birmingham, nor had he been in contact with livestock or unpasteurised milk. A man who had stayed in London permanently for 12 years, however, developed brucellosis, proved by blood culture. His employer had supplied the hotel where he worked with unpasteurised milk from his country farm.¹ Blood (or marrow) cultures are rarely positive in brucellosis,² and they were negative presumably in Dr Goldstein's case. Surprisingly, his agglutination test became negative within only 6 weeks. The histological lesions of acute brucellosis are indistinguishable from those of sarcoidosis³; moreover, in one case of sarcoidosis serum antibodies to *Br abortus* were present.⁴ *Br abortus* and *Yersinia enterocolitica* antigens are known to cross-react,⁵ and both the latter organism and the sarcoid agent may sometimes react with thyroid epithelial cells.⁶ The high immunity of sarcoidosis not infrequently induces false-positive immune responses. The tuberculous

phage appears to be involved in sarcoidosis,⁷ and it is also the bacteriophage specific for *Br abortus*.⁸ Because Dr Goldstein's patient had erythema nodosum he probably had sarcoidosis and not brucellosis. A Kveim test might still be diagnostically valuable to decide this point.

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Postgraduate medical education in the EEC

SIR,—Mr A J Rich is to be congratulated for collecting and publishing useful information on postgraduate medical education in four Common Market countries (24 April, p 1027). On one or two matters, however, he is guilty of error.

There are not three directives but two (75/362/EEC and 75/363/EEC). The idea of spending the preregistration year outside the graduate's home country is not specifically provided for in either of the directives but is the subject of a Council recommendation (75/367/EEC). This fact has particular importance in that whereas the directives are binding, recommendations are not.

It is not quite true, and may be misleading, to state that the effect of the directives is to standardise the length of undergraduate and specialist training. In fact the directives standardise only minimal lengths of training. Every country is free to exceed these, and many do. Finally, it is not quite true that specialist registration or the acquisition of a specialist diploma confers the right to undertake independent specialist practice. It may be perfectly legal to do this with a basic qualification alone. What is conferred is the right to use a title protected by law whereby both the public and the insurance organisation can recognise fully trained specialists. This is important for the public since they approach the specialist without any intermediary reference, and for the insurance organisation since they pay him at a higher rate than the non-specialist.

ROGER BREARLEY

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Should doctors strike again?

SIR,—It is clear that our profession is heading for another confrontation with the Government. Already some of our colleagues have gone on strike and undoubtedly there will soon be calls for more widespread action. The great majority of doctors are opposed to the Government's proposed legislation to separate private practice from NHS hospitals. As the chairman of the BMA Council so rightly said (10 April, p 915), it must damage the NHS, the independence of the profession, and the freedom of choice of the patient.

It is a matter on which doctors feel passionately—but should we strike? We would urge most strongly that we do not. Striking is against the very nature and spirit of our work as a caring profession and forfeits the respect of society. It does not make sense to say to a patient, in effect, "I won't help you today because I want to be able to help you better tomorrow."

A number of leading members of the profession have admitted privately that they have had a strong urge to speak out against strikes during the past two years. They refrained from doing so because of their knowledge that in some areas doctors who were labouring under impossible burdens felt that nothing less than "industrial action" would impress the Government and the nation with their sense of despair. No doubt the strikes did draw attention to the grievances, but it was impossible to avoid giving the impression—albeit false—that the main concern was personal gain rather than a desire for a better Health Service.

What can we do? We believe that each of us should write to his member of Parliament, briefly stating his deep fears for the future of medicine in Britain and urging that this contentious and potentially damaging issue should be referred to an impartial body for a careful reappraisal. There is so much room for improvement in the NHS and doctors are more than willing to work for it—provided the future is not prejudged on the grounds of a political ideology. If in the end of the day the Government will not be dissuaded, they must suffer the inevitable consequences of a deteriorating service.

DAVID SHORT

Aberdeen

ARNOLD S ALDIS

Cardiff

RICHARD C M COOK

Liverpool

D MACG JACKSON

Birmingham

C G SCORER

Hillingdon

R S WALKER

Glasgow

Non-contributory invalidity pension

SIR,—I am more than concerned over the administration of the non-contributory invalidity pension (NCIP) which began in January this year. Certain individuals (mainly, it appears, in the mentally deficient category) who normally receive supplementary benefit are now apparently "entitled" to sickness benefit even though they have not paid any National Insurance contributions. I have found great difficulty in obtaining any information about this new legislation, and the information that I have is gleaned from more than helpful local DHSS staff. The medical profession appears to be the last to be informed about the new regulations.

I have been required to issue medical certificates certifying these patients' deficiencies on form Med 3 for a period of one year. This is completely contrary to the usual regulations as these patients are neither sick nor have been previously issued with certificates. I might add that I have remarked on the form, in order to cover myself, that I have modified it purely for the purposes of NCIP. I am also not aware whether providing these certificates is part of one's contractual duties or even if there is a fee to be paid.

I have been involved in several negotiations with the local DHSS concerning this matter, especially regarding one mentally deficient patient, as it appears that once a certificate has been received these poor patients then have to be examined by the regional medical officer, who naturally requests a report from the general practitioner. In my report regarding this patient I stated that he was mentally deficient and that I doubted that he could even read and understand any letter for an appointment for medical examination which would be sent to him. I was therefore not surprised when the examination report which arrived on him was purely the curt rubber-stamped epistle, "Thank you for your helpful report. The patient did not attend." The next thing I knew about this poor unfortunate was that he was threatened with having his benefit stopped because he hadn't attended a medical examination, and I then had to spend time interceding with the DHSS on his behalf so that his benefit would be restored.

In conclusion, it appears that we now have a system whereby the benevolent State awards these individuals the same amount of money as previously but by a much more roundabout system, involving several DHSS officials and several doctors. Why, one might ask, is it all necessary? In order to receive supplementary benefit one must be registered as unemployed. To receive sickness benefit this is not, of course, necessary. So it appears that several thousand people will be removed from the unemployment register "at a stroke," which would be politically convenient at the present time.

It would be appreciated if the matter could be clarified so that there is less difficulty for general practitioners, and not least for individuals who are unable to defend themselves in circumstances as difficult as these.

COLIN G BELL

Lydbrook, Glos

* * * The Secretary writes: "The General Medical Services Committee was consulted about the new certification requirements to which Dr Bell refers. This change represents an extension of invalidity cover to a group of chronically sick people who had previously had to rely entirely on supplementary benefit—if they received any State help at all. From the figures provided by the DHSS it appeared that the total increase in requests for certificates would be extremely small, and as these arrangements were coupled with new provisions extending the periods for which certificates could be given the GMSC did not raise any objection. The new requirements were incorporated in the Social Security (Medical Certification) Regulations 1975 and are part of the practitioner's contractual obligations for which no additional fee is payable."—Ed, *BMJ*.

Trade unions and private practice

SIR,—Dr K J R Fawcett's problem (1 May, p 1077) is covered by the Local Health Authority Letter 4/71, category II (ix) if his patient is not under observation or treatment by the consultant (which would bring the consultation into category I (f) (iii)). Assuming that the consultant has not previously seen the patient and is not observing or treating the patient he is entitled to a fee, and Dr Fawcett would be helping patients in the NHS queue by referring him "privately." It has been

suggested that "independent" is at least as honorable an adjective as "private" in this context, but the current parliamentary debate will perpetuate the old title for some time to come. Dr Fawcett's case is not unusual and it demonstrates once again the perils of parliamentary legislation promoted by pressure from sectional interests.

The new Secretary of State may be looking for an excuse to back down from his predecessor's obsession with "private" practice

Points from Letters

What's in a name?

Dr C COHEN (Stracathro Hospital, Brechin, Angus) writes: "In Scotland the word 'havering' means talking a lot of nonsense. I notice (24 April, p 1025) that one of the BMA divisions is called Barking and Havering and I sincerely hope that this does not describe their deliberations. . . ."

Smoking and congenital deformities

Dr J P WELCH (Department of Pediatrics, Dalhousie University, Halifax, Nova Scotia) writes: In your leading article on "Prevention of congenital deformities" (20 March, p 676) you comment that "smoking in pregnancy . . . is not so far known to be associated with . . . abnormalities [other than growth retardation]." It seems that you are unfamiliar with the interesting work of Fedrick *et al*,¹ whose analysis of British data indicated a highly significant increase in frequency of congenital heart disease associated with smoking in pregnancy. . . . I am not aware of any subsequent work which has refuted or seriously questioned Fedrick's results.

¹ Fedrick, J, Alberman, E D, and Goldstein, H, *Nature*, 1971, **231**, 529.

Not so double-blind?

Dr L G MARQUIS (Bombay, India) writes: Professor T W Anderson and others have correctly indicated the looseness of the term "double-blind" often used in reports of clinical trials (21 February, p 457). However, I feel that one could use the term "double blind" when it's really "doubly blind," meaning that not only should the drugs be truly indistinguishable by the five senses but the evaluation of results either clinically or in the laboratory should also be "blind," the idea being that bias is eliminated. The code is broken only at the end of all experiments. This would constitute a real "double blind" study.

Oestrogens as a cause of endometrial cancer

Dr H S JACOBS (Department of Obstetrics and Gynaecology, St Mary's Hospital Medical School, London W2) writes: . . . When theoretical clues are being sought to reduce the risk of inducing cancer of the uterus by treatment with oestrogen the following comments deserve consideration and might have featured in the advice given at the conclusion of your leading article (3 April, p 791). Since induction of cancer in humans usually

because "it is written" in the 1974 party manifesto. He may like to look up the 1923 party manifesto, which committed the Labour Party to equality of treatment for the sexes, an aim which they achieved 53 years later, but then with general national approval.

A J M HARGREAVES

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takes a decade or more, oestrogen replacement therapy should be restricted not only to women with symptoms but also to the period during which the symptoms occur. In addition, until there are prospectively acquired histological data showing that there are no untoward risks from continuous administration of unopposed oestrogen, hormone replacement therapy for the postmenopausal woman should be given cyclically, a progestogen being added to secure as complete a shedding of the endometrium as is possible. This result can of course be achieved within the context of a conveniently scheduled withdrawal bleed. Now that biopsy of the endometrium can be conveniently performed on outpatients it is to be hoped that assessment of the carcinogenic risk of hormone replacement therapy will be based on prospectively acquired scientific data.

Multiple copies of applications

Dr C ROBERTS (Bridge of Earn Hospital, Perth) writes: I have recently been reading the *BMJ* from the back again as the need to find my next post is upon me. I have been disturbed to note the increasing number of advertisements that require a number of copies of an application; some authorities have been known to ask for up to 15 copies. It is difficult enough for most junior hospital doctors to get applications typed, without the added burden of having to get them copied. . . . Perhaps administrators think that we are all served by batteries of secretaries. . . .

Profession and Government

Dr I M QUEST (Leeds) writes: Mr P R J Vickers (24 April, p 1020) merely reiterates the known fact that the profession loses trick after trick in its negotiations with Government. No matter how brilliant or ruthless the profession's negotiators might be, the unwillingness of the profession to embark upon any policy of "industrial action" diminishes the negotiator's power. . . . Mr Vickers makes reference to the use of medical jurists. Perhaps he would clarify what he means by this term and in what way they can help, having regard to the above.

Trade unions and private practice

Dr J S HORSLEY (Sheffield) writes: . . . A left-wing socialist who asked for private treatment explained to me that as a socialist school-teacher she believed that she should have priority over other ordinary patients "to save time."