unabsorbable carbohydrates were added to a breakfast test meal containing 106 g of absorbable carbohydrates the mean maximum rise of blood glucose between 15 and 120 minutes after the meal was only 40-68% of the control.

Modification of food form may therefore be a useful therapeutic manoeuvre in controlling some diabetic patients.

M A GASSULL
ANTHONY LEEDS
D J A JENKINS

MRC Gastroenterology Unit,
Central Middlesex Hospital,
London NW10

¹ Horwicz, D L, and Slowie, L, *Annals of Internal Medicine*, 1975, **82**, 853.

² Leeds, A R, et al, *Lancet*, 1975, **2**, 1213.

³ Gassull, M A, et al, *Journal of Physiology*, 1976, **256**, 54P.

⁴ Leeds, A R, Gassull, M A, and Jenkins, D J A, *British Medical Journal*, 1976, **1**, 900.

⁵ Jenkins, D J A, et al, British Diabetic Association, Spring Meeting, 1976.

Prognosis of new and worsening angina pectoris

SIR,—The report of Dr Barbara Duncan and others (24 April, p 981) is clearly of great importance, but their conclusion regarding the prognosis of new angina may be unduly optimistic because they omitted from their series patients whose angina had already culminated in myocardial infarction or sudden death.

We have recently completed a study of 317 patients with angina in which we combined the prospective and the retrospective approaches by analysing the histories of the patients from the onset of their angina until death or myocardial infarction, or for an average of 6½ years. (As in the Edinburgh study we were dependent on general practitioners for referring the patients so that the material was not unselected.) We found that the incidence of infarction or sudden death was at its highest in the first few days after the onset of angina and declined rapidly after the first month. Thus the incidence of acute cardiac episodes was 4% during the first week and 2% per week during the next three weeks, falling to 0.6% per week during the next two months.

The other striking feature to emerge from our study was that the early prognosis was much worse in those patients whose angina had an abrupt onset than in those in whom the onset was insidious. In those with an abrupt onset the incidence of acute cardiac episodes was 18% during the first week and 5% per week during the next three weeks, falling to 0.5% per week during the ensuing two months.

DAVID SHORT
MARY STOWERS

Cardiac Department,
Aberdeen Royal Infirmary,
Aberdeen

BMA and HCSA

SIR,—I have read with great sadness the report on the "Relationship between the BMA and HCSA" (3 April, p 850) together with the letters from Mr A H Grabham (p 851) and Dr N A Simmons (17 April, p 963).

It has always been true that the Central Committee for Hospital Medical Services has appeared less powerful and less effective in negotiation with

the DHSS and its predecessor, the Ministry of Health, than the General Medical Services Committee. When, many years ago, I first became interested in so-called "medical politics" I too believed that this was attributable to dominance of the influence of general practitioners within the BMA and hence the greater power of their autonomous standing committee, the GMSC, and I became a member of the Regional Consultants and Specialists Association (the precursor of the HCSA) but fortunately I remained a BMA member. Subsequent experience as a member first of the CCHMS and later of the Council of the BMA totally convinced me that this was not so but that the weakness in negotiation of both the CCHMS and the Joint Consultants Committee with the Ministry of Health and with the Review Body arose from the apathy and indifference of a substantial majority of consultants to the structure of the National Health Service and the details of the terms and conditions of service therein; from tensions between the so called "teaching" and "non-teaching" staff and between members of the various disciplines within the hospital branch of the Service; and also from a lack of awareness or interest in the problems of the junior medical staff, which caused these doctors to organise and seek help outside the CCHMS.

Far from membership of the BMA, with the presence within it of a strong GMSC, being an impediment in the presentation of the CCHMS views and the case of the hospital staff to the Ministry of Health and the Review Body, the very reverse proved to be the case in my fairly long experience as chairman of the CCHMS. I received unfailing courtesy and help from three successive GP chairmen of the BMA Council and from two GMSC chairmen. There were differences of opinion and conflicts of interest which had to be discussed between the committees and sometimes such differences required their presentation to the Council or the Representative Body to achieve settlement, but it was not my experience in many years of membership of the RB and Council that a sound case, well prepared and strongly supported by hospital staff as a whole, was ever defeated by sheer weight of GP voting membership alone.

If it be true that the profession now faces a situation in which not only its own future but the whole form and ethos of medical practice for years to come is at stake is not the absolute priority that a united profession presents its case to the Government and the country? I am very well aware how sincerely the HCSA hold their views. Nevertheless, if their present divisive policy persists and the future of private medicine is destroyed or emasculated I believe that their successors will attribute that destruction to these divisive and weakening tactics, so tragically arising from unjustified suspicion of the motives of those who should be their colleagues.

It would appear that HCSA members should ask themselves four questions: (1) Are differences of opinion within the profession better resolved within the profession or by arbitration of the DHSS or the Review Body? (2) If the HCSA has 5000 members who are active and informed could they not through participation as elected members of regional and central HMSCs ensure that their policies were those of the CCHMS? (3) Do they seriously believe that such a strengthened CCHMS, representative of all hospital staff, would be deliberately hindered in effectiveness in presenting its views to the DHSS by a hostile or antipathetic BMA? (4) If at any time a strong divergence of view between major branches of the profession develops where else other than within the BMA organisation can it be resolved?

Members of the medical profession, because we are on occasion arbiters in matters of life and death, can become and are rightly accused of being arrogant. Such arrogance would appear to motivate the HCSA in its claim that hospital

staff views should be managed by itself and its own secretariat and presented to the authorities without their colleagues in other branches of the profession having the prior right to examine and seek to modify them.

Mr Grabham wisely says, "I believe basically that a single, efficient, democratically elected body is to be preferred rather than a 'marriage of convenience'—such marriages are rarely successful." This is wholly true not only in our own narrow interests but far more so if we are to create a body which the DHSS and Parliament will respect and from which it will seek help and advice.

H H LANGSTON

Milford-on-Sea, Hants

Family planning in the hospital service

SIR,—Following a recent discussion with other gynaecological colleagues in the South-western Region it seems clear that many area health authorities find themselves unable to implement the scheme for sterilisation and contraception which was agreed between the DHSS and the BMA, although various modified schemes are apparently under consideration.

Meanwhile, as gynaecologists, we are besieged by patients and doctors with requests for sterilisation under the scheme, and it would seem fair that the DHSS should make clear to patients and general practitioners that this scheme has not in fact been implemented. Evidently some of the objections to the scheme are financial, and on these grounds many gynaecologists themselves are opposed to its introduction. I think we should remind ourselves that there are many ways in which savings can be made in the Health Service, and it would seem hardly sensible to expect one group in particular to bear the full brunt of economy measures. To be fair, vasectomy, contraceptive measures, and female sterilisation, other than on strict medical grounds, should be remunerated in a similar way in view of the fact that these procedures are extra to one's normal commitment.

Those who have expressed deep concern about the waste of Health Service funds over the proposed scheme in letters to the national press will no doubt have made sure that funds are not being used unnecessarily in other directions in the Health Service, such as over-prescribing, unnecessary investigations, and over-elaborate equipment. One would naturally assume that they have already refused to accept extra payments in the form of merit awards in order to help the Health Service in its financial crisis.

E M EDWARDS

Cheltenham

*.*The text of a letter on this subject that has been sent to all consultants by the chairman of the Negotiating Subcommittee of the CCHMS was published in last week's issue (p 1233).—Ed BMJ.

Hospital practitioner grade

SIR,—On behalf of this committee I write to express the mounting concern of hospital doctors in this region at the implementation of the hospital practitioner grade. Though this grade has been the subject of discussion for some years, recent developments in the Health