So far as safety is concerned, working conditions in the NHS are generally unsatisfactory, as shown in the recent Health and Safety Executive study.[1] What has or has not been done about particular sources of hazard is a secondary question; the root cause is underfinancing over a long period. Successive governments have attempted to run the NHS without being prepared to pay the proper cost, leaving the individual manager to decide how best to meet the demands made on him or his department. Often the NHS manager has had to choose between meeting legitimate demand for an essential service and improving (or even maintaining) the standards of working conditions for himself and his colleagues. Inevitably safety has suffered. The trade unions and the professional societies could usefully make a joint approach to this fundamental problem.

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[1] Health and Safety Executive, *Pilot Study: Working Conditions in the Medical Service*. London, HMSO, 1978.

Trade unionism in medicine

SIR,—I was privileged two days ago to attend the honorary secretaries' conference, distinguished by its very interesting talks and gracious headquarters hospitality. Owing to my own tardiness plus a great number of apposite questions from other secretaries I was unable to raise my own query. Are we rushing too fast into professional trade unionism? A somewhat similar worry, voiced by Dr E M Jones of Stockport, was dismissed, I felt, a little summarily.

Ten years ago a meeting such as this would have seemed inconceivable, with heavy discussion of professional trade unionism by doctors at a time when the nation is being ground down by the efforts of industrial trade unions. One wonders, given the rate of acceleration into trade unionism, where we shall be in another 10 years' time. I think that the general public, not to mention many of the rank and file in medicine (to use a trade union term), will find it a difficult exercise to distinguish between professional and industrial trade unionism. The junior doctors have after all already taken industrial "inaction" and caused patients some discomfort by extending waiting lists. Thus the precedent has been set.

Place-of-work accredited representatives (POWARs) are obviously going to be of great help in sorting out the day-to-day problems of working in harmony with other NHS groups, particularly in hospitals. I wish, while supporting the POWAR concept (arrived at democratically by the Representative Body votes), to sound the warning to take matters slowly and with great thought. We shall be treated as we behave and if we play the union game too hard we shall, in spite of rapid short-term advantages, eventually cease to be regarded as a profession. We should at all times insist that people are listened to for the truths they speak, rather than the amount of trouble they cause if they turn nasty. I appreciate that these remarks will strike many readers as unfashionable and out of date.

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Points

Acute poisoning with Distalgesic

Dr W MACKEAN (Liverpool) writes: Dr Alan A Morgan (3 February, p 342) points out that there is resistance from our patients when we attempt to substitute paracetamol or another analgesic for "the DGs." . . . Nobody, however, seems to have published the simple fact that it is much easier to swallow Distalgesic than paracetamol.

Dr L RATOFF (Liverpool) writes: With reference to the letter from Dr J A J M Critchley and others (3 February, p 342) . . . as a general practitioner, I believe that Distalgesic has no therapeutic advantage over paracetamol. . . . Over the past few months I have been making a serious effort to wean patients off Distalgesic which has been prescribed by other doctors. When a simple explanation is offered to them, I have not found the withdrawal of Distalgesic too difficult. Occasionally I have felt obliged to substitute a placebo in place of Distalgesic. A request for a repeat prescription read, "May I please have a repeat of aneurine tablets as these seem more effective than Distalgesic."

Malnutrition in infants receiving cult diets

Dr A LONG (the Vegetarian Society of the United Kingdom, London) writes: Unfortunately babies can be starved (3 February, p 296)—or overfed—on any diet. . . . The tragically bizarre diets of the starved babies and their mothers do not justify condemnation of veganism. Last June we published in our magazine *Alive* many examples of babies and toddlers thriving on vegan diets of the types we recommend. Paediatricians accept the soundness of such practices[1] and recognise their benefits, especially for babies intolerant to cows' milk, and vegan diets are now recommended for the prevention and treatment of coronary heart disease.[2]. . .

[1] American Academy of Pediatrics Committee on Nutrition, *Pediatrics*, 1977, **59**, 460.
[2] Sanders, T A B, *et al*, *American Journal of Clinical Nutrition*, 1978, **31**, 805.

Treatment of tuberculosis

Mr M WILKINSON (St Bonaventure's, Buckfastleigh, Devon) writes: The letter from Sir John Crofton (6 January, p 52) needs a reply. He asserts that "principles have been established . . . which are the same for all forms of tuberculosis" and then he goes on to accusations of ignorance and neglect. But the site of the disease does matter a great deal. For example, a cavity in a lung does drain via the bronchi. A visit to a ward for patients suffering from pulmonary tuberculosis before the days of chemotherapy would show that each patient with active phthisis had a sputum mug half full of purulent sputum. Similarly, a visit to an orthopaedic ward where tuberculosis of the spine was being treated would show that the response to treatment of patients suffering from tuberculosis of the lumbar spine was good, and for the same reason—namely, that pus was draining away via the psoas sheath. . . . On the other hand, retention of tuberculosis pus in the thoracic and thoracolumbar areas of the spine is commonplace and even the most enthusiastic advocate of chemotherapy cannot claim that it is doing any good there. Quite the reverse. . . . On the other hand, if such pus is drained off by operation, recuperation of the vertebra begins within a very short time. . . .

Rugby injuries of the hand

Miss R H M ADAMS (Norfolk and Norwich Hospital, Norwich) writes: With reference to the letter by Drs R W Nutton and M J Guy (10 February, p 414), the commonest injury is almost certainly dislocation of the proximal interphalangeal joint of the fingers, sometimes associated with a boutonnier deformity. Fractures of the phalanges are not uncommon. It is because these injuries can be so disabling to a professional person—for example, doctors, dentists, musicians—that many amateurs have to give up playing the game.

Menetrier's disease

Drs J D MATTHEWS and R J WINNEY (Royal Infirmary, Edinburgh) write: A patient with Menetrier's disease (20 January, p 150) has been treated successfully with prednisolone and is still alive after eight years, with resolution of the hypertrophic gastritis and hypoproteinaemia.[1] It would appear that prednisolone is worthy of trial in this disease.

[1] Winney, R J, Gilmour, H M, and Matthews, J D, *American Journal of Digestive Diseases*, 1976, **21**, 337.

Doctors, physiotherapists, and placebo pharmacology

Mrs I CUSHION (Department of Neurology, Norfolk and Norwich Hospital, Norwich) writes: Dr S Bourne's article (23-30 December, p 1761) highlights disturbing attitudes which exist among physiotherapists towards patients with incurable diseases, and which appear to be fostered by the medical profession. Lack of communication is an important factor, but ignorance by many doctors of the contribution physiotherapists can make, particularly in the sphere of prevention, frequently results in patients not being referred early enough. Many patients are suffering needlessly from painful contractures whereas, if they were seen earlier, relevant advice and help could have prevented contractures and reduced spasticity and many of the consequent complications. Regular standing, even when walking is no longer possible, has a beneficial effect on the circulation and on kidney function, as well as relieving pressure on the sacrum. Passive movements and careful use of spasmolytic drugs can greatly reduce the discomfort of washing, dressing, and moving spastic, paralysed limbs. . . .

Ataloia fever

Dr W ALAN HEATON-WARD (Bristol) writes: In answer to my query as to the likely course of a recent febrile illness, with gastrointestinal symptoms and vague joint pains, my general practitioner friends all nodded wisely and said "Ah! There's a lot of it about." It has since occurred to me that this is probably as