honest a diagnosis as "virus infection" for all similar epidemic febrile illnesses of indeterminate origin and that, for the purposes of certification, they might well be referred to as ATALOIA fever (in keeping with the current fashion, however undesirable, of referring to all titles by their initial letters).

Proctalgia

Dr H DE GLANVILLE (African Medical and Research Foundation, Nairobi, Kenya) writes: With regard to your expert's reply to the question (13 January, p 97) on proctalgia I have found that proctalgia fugax can very often be almost instantly relieved by syringing the rectum briefly with hot water, as hot as the hand can bear. . . .

Phosphorescent bacteria

Dr N P WARREN (Perivale, Middx) writes: I was very interested to read your recent note on the subject of phosphorescent meat (27 January, p 229). In particular, it seems that the phenomenon was due to phosphorescent bacteria, and that it lasted "as long as the mean temperature did not rise beyond 50°F." This activity is reminiscent of the bacteria which provide light for the well-known luminescent organs of fish living in the greatest depths of the oceans, . . . an environment inimical to the multiplication of the more familiar bacterial species. Presumably animal tissues are able to provide a substrate which fuels the bioluminescent reaction at low temperatures.

Microscopic words

Dr S SELWYN (Department of Medical Microbiology, Westminster Medical School, London SW1) writes: Your unequivocal statement (3 February, p 311) that "the first appearance of 'cell' in the literature of the biological sciences was in botany (1672), a few years after the invention of the microscope" contains two errors which added piquancy to our enjoyment of your section "Words." . . . Microscopes, in the modern sense, were certainly available by 1610[1]—more than "a few years" before 1672. Moreover, seven years earlier than your date for the appearance of "cell" as a biological term (presumably in Nehemiah Grew's *The Anatomy of Vegetables Begun*), our great pioneer microscopist and polymath Robert Hooke had already established its use in his magnificently illustrated *Micrographia*. . . .

[1] Selwyn, S, *Proceedings of the XXIII Congress of the History of Medicine*, pp 654-660. London, Wellcome Institute of the History of Medicine, 1974.

Wine and diabetes

Dr B ODE (Department of Infectious Diseases, University of Lund, Malmö, Sweden) writes: In the discussion of sugar content of wine (23-30 December, p 1777) too low figures concerning German white wines and Sauternes are given.

For guidance to the sugar content the terms on German labels may be interpreted thus: less than 4 g/l, Diabetikerwein; less than 8 g/l, trocken (dry); 5-25 g/l halbtrocken (medium dry); 25-45 g/l mild (medium); more than 40 g/l lieblich (sweet). An ordinary Moselle without a "Prädikat" usually has 10 g/l of residual sugar, and hock probably has at least as much. Sauternes, which by definition is a sweet wine, can have 60 g/l; but the best qualities will have more. The limit between totally dry and various degrees of sweetness as estimated by tasting is about 5 g/l of sugar.[1] Drinking wines that make a totally dry impression to the palate thus would be quite safe for a diabetic patient.

[1] *Dictionnaires de Vins*. Paris, Larousse, 1975.

Medical authors

Professor R SCHILLING (London N1) writes: As a member of the Society of Authors (referred to by Dr I J T Davies (3 February, p 320)) I would like to point out that it has recently been registered as an independent trade union, which strengthens its position as a negotiating body, particularly in the field of broadcasting. It is not affiliated to the TUC. The £18 annual subscription (and entrance fee of £10) is an allowable expense for income tax and entitles authors to make use of the society's comprehensive legal and advisory services.

Eye symptoms and urgency

Dr M W PATERSON (Edinburgh) writes: I have admired the clarity of Mr P A Gardiner's "ABC of Ophthalmology." Not all ophthalmologists, however, would agree . . . that "any of these symptoms occurring in a person with only one useful eye warrant a completely different scale of urgency about referral than if they occur in one of a pair" (10 February, p 393). The temptation to relax the sense of urgency in dealing with any of the eye conditions discussed, because it is in one of a pair of eyes, is to be resisted strongly.

Ophthalmic services in the NHS

Dr J L REIS (London SW19) writes: Mr P A Gardiner (27 January, p 248), describing the role of ophthalmic medical practitioners (OMP), writes "The GOS [General Ophthalmic Service] . . . does not permit them to treat outside hospital, except by prescribing glasses." I am afraid this is not a precise statement. Only the General Medical Council can forbid a fully qualified medical practitioner to treat patients. The GOS does not pay OMPs for treating a patient outside hospital but this is not the same as "forbidding."

Incidentally Mr Gardiner in his survey did not mention the great peculiarity of the GOS: for prescribing glasses an ophthalmic medical practitioner receives £2·75, whereas an ophthalmic optician receives £4. Never and nowhere else has there been a scale of payment in which medical qualifications reduce the fee received. This peculiarity is worth mentioning, as it may have some bearing on doctors' attitude to the NHS in general and to the GOS in particular.

Reimbursement of pension premiums

Dr R D LAST (Street, Somerset) writes: We have just had rejected our claim for reimbursement of premiums for a pension scheme taken out in all good faith a year ago. If we were to stop making a conscious effort to keep our prescription rates and charges down and were to allow our costs to rise to the national average this would cost the Department monthly a sum appreciably greater than the annual sum for which we are seeking reimbursement. The temptation is considerable.

How should a consultant spend his time?

Dr M FIORENTINO (Medical Oncology Unit, General Regional Hospital, Padua, Italy) writes: The article from Dr T Leslie Dunn and Mr David J Attwood (23-30 December, p 1763) should be criticised because the authors never refer to time spent by a consultant studying to keep up to date. Around 70% of medical information has to be renewed every five years in many specialties. If DHSS officers or other medical planners are going (*a*) to state the amount of manpower required for medical jobs or (*b*) to suggest medical salaries in agreement with the time commitment of a consultant, I think that a minimum of six hours (in slow-changing specialties) and often twelve or more hours per week should be calculated for the reading of medical journals.

Dextrostix on prescription?

Dr P W SHORT (Bath, Avon) writes: . . . I am running a diabetic clinic in my practice, using an Eyetone Ames meter, and am doing profiles of blood sugar concentrations through the day on my patients. This means that I use quite a lot of Dextrostix, which are expensive and not allowed on prescription. Once again the Government is penalising those of us who are prepared to try and give our patients a better service. . . .

Accident and emergency services

Dr M J LEVERTON (Millom, Cumbria) writes: . . . Doctors who feel compelled to provide casualty care for their patients because of isolation from casualty departments should be financially rewarded for doing so, and I believe that the GMSC should negotiate for our proper remuneration.

The drift towards trade unionism

Dr D L MCNEILL (Epsom, Surrey) writes: . . . While recognising that there has been a strong drift towards trade unionism by doctors, I must express my anxiety that this is only going to culminate in disaster if allowed to continue. The hospitals are in chaos because of "unionisation"; nurses are being forced to take action, many of them against their will, having joined the same trades union as the ancillary workers, and patients are undoubtedly suffering. For God's sake let us in the medical profession keep our professional status and with it some independence. . . . If the BMA becomes affiliated to the TUC my resignation will be immediate.

Correction

Tetracycline preparations in children

In the letter by Dr A W Nathan (10 February, p 410) *Mycobacteria* was printed in error for *Mycoplasma*.