by medical officers in the Ministry of Health and the like, do you want a salaried service? Yes or No?"

As the old and bold will not be in it we can leave them out.—I am, etc.,

Perth. A. J. MUTCH.

Action Group's Action

SIR,—I would be grateful if you would allow me the opportunity of correcting some of the misconceptions of the Action Group which were expressed in your columns (27 November, p. 1311).

The Action Group has always felt that the Hospital Junior Staffs Group of the B.M.A. have done their utmost in trying to obtain the best deal for junior staff. However, we have been alarmed to see many of their excellent recommendations in the past rejected or obstructed. We do not believe that this situation will improve unless they are represented at higher level—that is, such as on the Whitley Council.

I should like to assure your readers that the evidence of the Action Group, far from being hastily drawn up, was the result of some three months' intensive and careful work.

I cannot understand how Dr. Gunn reaches the conclusion that we are telling the Review Body how to do its job. The Review Body considers the evidence of the profession, and we have provided it with evidence on behalf of the junior staff who have supported our work.

Our objective has been to see, first, that the Review Body receives the views of junior staff directly. Secondly, that junior staff are represented at all levels. We have clearly expressed our belief that this should be within the B.M.A., but if the B.M.A. are unwilling to accede to junior staff having reasonable representation, then we shall ask all junior staff whether an independent body representing them should be set up. After further investigations into the possibilities of setting up such an organization we find to our surprise that the financial and administrative problems would be in no way insuperable.—I am, etc.,

MAURICE H. ROSEN,
Acting Secretary,
Hospital Junior Medical Staff Action Group.
London S.E.19.

*** The Central Consultants and Specialists Committee recommended at its meeting on 9 December to extend the representation of the Hospital Junior Staffs Group (see *Supplement*, p. 246).—ED., *B.M.J.*

The Basic Factor

SIR,—A new charter has materialized for the family doctor, and the position of the junior hospital medical staff is being reviewed. There is an ever-growing trend to group practice and a new enthusiasm for the concept of health centres. All of these facts are to be wholeheartedly applauded, but they do nothing to solve the basic factor of a shortage of doctors.

A move to sweep away outmoded restrictive covenants and the icy barrier at "management" level would unfetter doctors engaged in local-authority preventive and social medicine and mark a step forward. This would permit the more enterprising to assist part-time in general medical practice, where they could help in surgeries and domiciliary visits or in hospital work, just as family doctors are rightly encouraged to work in local-authority clinics. Why cannot this interchange of functions be allowed, and family doctor and community physician work ever more closely together? It would further the integration and harmonizing of the three branches of the profession, as well as breathing new life into an underprivileged and unglamorous one.

It is fatuous, to bemoan the shortage of medical manpower until all potential sources of medical skill which we do possess have been utilized fully to the benefit of the individual and the nation alike.—I am, etc.,

Stamford, S. Lincs. H. ELLIS SMITH.

The Gastro-camera

SIR,—With reference to my article of 20 November (p. 1209) on the gastro-camera, it should now be noted that Smiths Medical Equipment Company Limited, Towerfield Road, Shoeburyness, Southend-on-Sea, Essex, are now the agents for the Olympus Gastro-camera in this country, and I understand that a number of their personnel have been trained by Olympus technicians to carry out servicing and minor repairs. It should also be noted that Olympus Optical Company have now established an agency and a repair shop in Hamburg.—I am, etc.,

London W.1. G. D. HADLEY.

Merit Awards

SIR,—Mr. W. B. S. Crawford's slur on the Socialist Medical Association is hugely amusing (27 November, p. 1312). Though our ideas are taken, we do not sit at any negotiating table, so the charge of self-interest hardly arises. For the other groups he implicates his letter is either libellous or meaningless. The negotiators are there to act in a political situation which they may not understand (the failure of successive Governments to finance and organize general practice to meet modern needs), but surely perform in good faith.

As it happens, the declared policy of the S.M.A. is against merit awards, especially in secret, for consultants. We are against secret awards for general practitioners, or merit awards under a capitation system, where they can have no value in raising the general standard of medical care. We are for an incremental salary for family doctors based on experience, higher qualifications, research, and so on. There would in fact be a fairly comparable scale for all doctors—an important step in restoring unity to the profession.—I am, etc.,

GEOFFREY RICHMAN,
Hon. Assistant Secretary.
Socialist Medical Association.
London W.8.

B.M.A. Bridge Club

SIR,—The B.M.A. Bridge Club has now completed its third successful year, and I should like to take this opportunity of drawing the attention of members, especially those in the Greater London area, to the amenities it offers.

There must be many bridge players who would welcome the chance to play duplicate and competition bridge in a congenial and friendly environment, but who ordinarily have little opportunity of doing so. Rubber bridge is also played.

We meet at 7.45 p.m. on the second and fourth Tuesdays of each month at B.M.A. House. There is a bar, and coffee is also available.

Membership is open to all members of the Association. Non-medical guests are welcome at all ordinary meetings. I hope that any colleague who would like to come and see for himself will regard himself as my guest on the first occasion. It would be as well if he were to ring up the club secretary, Mr. L. E. Drake (Euston 5601) beforehand to confirm date and time. Members receive notices of all meetings individually.—I am, etc.,

L. S. POTTER,
President,
B.M.A. Bridge Club.
Bushey, Herts.

Points from Letters

Physiology of Lactation

Dr. MARY N. M. PAULIN (Belfast) writes: In your leader (13 November, p. 1137) on the physiology of lactation no mention was made, in the advantages of breast-feeding, of the recommendation of breast-feeding contained in the recently published report *Enquiry into Sudden Death in Infancy*.[1] This stated that breast-feeding for the first two weeks after birth might reduce these unexplained deaths, which form a not inconsiderable proportion of the infant-mortality rate. Now that breast-feeding is not insisted on in many maternity hospitals, the attention of all who work in such hospitals should be drawn to the recommendations of this report.

REFERENCE

[1] *Enquiry into Sudden Death in Infancy*, 1965. H.M.S.O., London.

Chronic Salicylate Poisoning and Renal Tubular Damage

Dr. L. F. PRESCOTT (Aberdeen) writes: In the Registrar-General's Statistical Review of England and Wales for the year 1962, 10 deaths were attributed to intake of salicylates and aspirin, and of these one was recorded as being due to "tubercular degeneration of the kidneys." As this seemed rather unlikely I wrote to the General Register Office requesting further details of this case. There had been an error in transcription, since the cause of death in this patient was recorded in the original documents as follows: left ventricular failure; myocardial fibrosis; tubular degeneration of the kidneys due to chronic salicylate poisoning. Recently there has been renewed interest in the nephrotoxic effects of salicylates and the possible role of these drugs in the aetiology of analgesic nephritis.[1,2] In view of the reluctance of some authors[3-5] to accept that the chronic administration of salicylates may result in renal damage it seems worth while to put this additional case on record.

REFERENCES

[1] Prescott, L. F., *Lancet*, 1965, 2, 91.
[2] Ramsay, A. G., and White, D. F., *Canad. med. Ass. J.*, 1965, 92, 55.
[3] Scott, J. T., *Lancet*, 1965, 2, 243.
[4] Clausen, E., and Harvald, B., ibid., 1965, 2, 386.
[5] Douthwaite, A. H., ibid., 1965, 2, 299.

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