Prophylaxis

SIR,—In your summary of my talk given at the Annual Clinical Meeting on the prophylactic aspects of tourism in the Mediterranean (19 April, p. 174) you state that I recommended one tablet of a non-absorbent sulphonamide twice daily in addition to the usual hygienic precautions. I did not state this. I recommended one tablet of Streptotriad (streptomycin/Sulphatriad) twice daily.

I would appreciate if you would correct this misstatement, as Streptotriad has been found to be by far the most effective of these tablets after prolonged clinical trials.—I am, etc.,

A. C. TURNER,
Senior Overseas Staff Medical Officer,
Air Corporations Joint Medical Service.
Heathrow Airport,
Hounslow, Middx.

Dangers of Certain Appetite Suppressants

SIR,—In September 1968 the Committee on Safety of Drugs declined to release for clinical trial an appetite suppressant, aminorex, because there was evidence that the drug might cause pulmonary hypertension.

Since that date the committee has become aware of reports from other countries that other appetite suppressants might also cause the same adverse reaction.

Doctors are requested to report to the committee on the yellow "early warning cards" which have been provided similar reactions to all appetite suppressants, other than methyl cellulose with or without added vitamins.—I am, etc.,

D. A. CAHAL,
Medical Assessor,
Committee on Safety of Drugs.
London S.W.1.

Abortion Act in Practice

SIR,—Dr. R. W. Penny (26 April, p. 248) is not alone in expressing the frustration of the family doctor over their patients going elsewhere for abortion when he may see no reason for it to be done. In the patients' defence, however, there is still free choice of doctor and patient in this country. Indeed, popular women's magazines advise and encourage those in search of abortion to seek out a doctor willing to agree to their "demand" for it.

If the profession and the public wish to interpret the 1967 Act as granting the patient the "right" to abortion "on demand," with no attempt to exercise our privilege and duty of clinical judgement in each case, then let us all agree to it and stop the hypocrisy of almost wholesale signing of green forms "in good faith."

The Act needs urgent amendment. Inspection of nursing-homes may be necessary, but the preservation of the duty of a doctor to give an honest opinion to his patient more than equals the "right" of any patient to an abortion under any of the provisions of the Act.—I am, etc.,

D. S. NACHSHEN.
London N.W.2.

Typhus in Malta

SIR,—In the report of my paper "Murine Typhus in the Maltese Islands" (19 April, p. 180) some important figures about the incidence of the disease were omitted.

I made an analysis of 617 cases of murine typhus occurring during the period 1944–67. The incidence is decreasing, and the average incidence over the last 11 years was 11 cases yearly, and not 1 as reported. The average case mortality of 3.7% is then understandable. In the under-15-year-old and over-65-year-old groups the case mortality is greatly increased, being 16% and 12% respectively.—I am, etc.,

LUIS VASSALLO.

St. Luke's Hospital,
Malta, G.C.

Drugs for Tuberculosis

SIR,—I am dismayed that the General Medical Services Committee failed to support the resolution from the Liverpool Division on prescription charges for anti-tuberculosis drugs (*Supplement*, 19 April, p. 23).

I stated the argument for this in a letter¹ and it has been supported by chest physicians and the Chest Group Committee of the B.M.A. as well as the Central Committee for Hospital Medical Services. As Dr. W. Griffith stated

in the committee's debate, the point is that tuberculosis is a communicable disease. It is therefore in the public interest that tuberculosis patients should be effectively treated. It is well known that these patients frequently fail to take their unpleasant drugs, and the imposition of a charge makes this case more likely. Consequently there is a risk of relapse and spread of the disease in the community.

The case for no charge for antituberculosis drugs is a unique one and should not be confused with other diseases like chronic bronchitis, cystic fibrosis, or mental illness, however much we may sympathize with the needs of such patients.

The arguments raised by Dr. Dennis Cook, Dr. W. G. A. Riddell, and Dr. R. B. L. Ridge simply do not answer the case that can be made on public health grounds for free antituberculosis drugs. Surely it is not beyond the wit of the profession to press for these drugs to be free for the treatment of tuberculous patients, who could be given the necessary note by the chest physician. The exemption of these drugs for these patients would be for the sake of the community, rather than for the sake of the patient, and being a unique case should not strain any doctor-patient relationship.—I am, etc.,

WILLIAM D. GRAY.

Liverpool.

REFERENCE

- ¹ Gray, W. D., *British Medical Journal*, 1968, **2**, 174.

Status of the Profession

SIR,—The belated ministerial admissions that this country is short of indigenous doctors and that doctors in general carry too great a work-load should be cause for muted satisfaction. The proposed increased intake of medical students must be welcomed by all, but this is the time to consider what our future will be when the shortage of doctors has been overcome with a margin to spare—many of us will remember the dispossessed registrar class.

For doctors, the present is still a sellers' market. We are in a position to negotiate from strength. There should be no illusion about negotiating with a ministry from any other position. The time to establish the status of the profession is now. We must be recognized as responsible professional people with a high standard of morality and conduct. That we are not so recognized is shown in many ways; not least in the necessity to obtain a patient's signature to substantiate a claim for a night visit. On this point, I still wonder how our negotiators

accepted that a doctor's night was from midnight to 7 a.m. Surely we have lost an hour somewhere.

Unless medicine is seen to be attractive as a profession the medical schools will have difficulty in filling the new places which are to be created. The prospect of increasing State control of the general practitioner through health centres on to direction of labour and a full-time salaried service is not one which is likely to entice a high quality of recruits to the profession.

The Todd¹ report has many ominous features. The next generation of doctors might have reason to be grateful to us if we cease to think about pay for the present, and attempt to establish our status and to regain some of the respect which previously was ours.—I am, etc.,

ALAN OGDEN.

REFERENCE

- ¹ *Royal Commission on Medical Education, 1965–68. Report, 1968, Cmnd. 3569. London, H.M.S.O.*

Use of "G.P."

SIR,—As a practitioner of over 25 years' standing in general practice, I find it irritating when now referred to as a "G.P." This slovenly habit seems to have grown up since the inception of the National Health Service. I am proud to be referred to as a general practitioner, or family doctor, or just

doctor; but the over-familiarization when patients, colleagues, and administrators call me a "G.P.," and thus lump me in with the furniture of general practice, is unwelcome.—I am, etc.,

Greenbank,
Selkirk.

WILLIAM H. MURRAY.