### Reference Libraries in Indo-China

SIR,—Since 1967, with the aid of generous helpers, we are maintaining a reference library of western medical scientific literature, principally in the medical faculty of Hanoi University, North Vietnam. In the past year, by request, the work has been extended to hospitals in South Vietnam, Cambodia, and Laos. This work has helped to establish a much-valued facility which is used intensively in practice, in teaching, and for research.

May I appeal to your readers for contributions of books and journals? I shall be happy to arrange collection, if required.—I am, etc.,

PHILIP HARVEY

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### Future of the B.M.A.

SIR,—Having studied your report on the Conference of Representatives of Local Medical Committees (*Supplement*, 24 February, p. 51) and now heard the report of our representative, I am horrified at the way many doctors are allowing themselves to be jockeyed into a position of intransigence by following their emotions rather than their common sense. I am in the position of agreeing with the Representative Body and not fundamentally differing from the Conference except in so far as concerns the remedy.

The L.M.C.s are bodies arising from statute and it is logical for them to form national co-ordinating machinery. Their primary duty is to be part of the N.H.S. organization. When they began to arrogate to themselves other medical political duties the stresses began. The alliance with the B.M.A. on what was ultimately a full-time N.H.S. produced stresses which I am certain Sir Henry Brackenbury did not foresee in a period when the public service produced only a minor portion of G.P.s' work.

Because its main body of members are not appointed through B.M.A. machinery the General Medical Services Committee is not primarily a B.M.A. committee, although the B.M.A. appoints members to it—so now does the Medical Practitioners Union and presumably so could other organizations.

It was logical for the B.M.A., when requested to do so, to mother, help, and affiliate the G.M.S.C., but to make it a standing committee was sheer idiocy. The G.M.S.C. has been an admirable liaison with the N.H.S., but this is more than a full-time job. The result has been that it has remained an inward- and backward-looking committee not always aware of the results of its actions, certainly quite incapable of forward planning, and not always obeying the spirit of the autonomy resolution as far as the other branches of the profession were concerned —perhaps not even thinking of it most of the time. What moral right has a committee constituted as it is to determine B.M.A. policy? To the best of my belief its only planning exercise, the "charter," had to be produced in a crash weekend at Hove; it was pushed into it and did no advance planning.

The M.P.U. can make its own policy; the B.M.A. makes its policy through what is really a non-B.M.A. committee. Let the G.M.S.C. carry on in independence mothered, if necessary, by the B.M.A., whose representatives would then be able to press B.M.A. policy before it. Its present aura of respectability stems largely from its ability to put on the B.M.A. any unpopularity it may pick up. The B.M.A. under Chambers would not itself need a functional committee of either G.P.s or consultants but only a policy-making committee. This would then be able to plan and the B.M.A. would not be forced to accept, as policy, decisions which, though the best negotiable, might not be fully acceptable.

Having served as secretary of an L.M.C. for 20 years but now sitting on the side-lines I consider a self-financing L.M.C. organization to be of very great importance but I also believe the B.M.A. to be important. If it did not exist some such organization would have to be formed to represent the whole profession, but it should not try to be all things to all men.—I am, etc.,

R. S. V. MARSHALL

Tettenhall, Wolverhampton

### Employment of Consultants

SIR,—The executive officer of the Regional Hospitals' Consultants and Specialists Association (7 April, p. 56) alleges that the Joint Consultants Committee made independent requests that all consultants should be employed at area level. The facts are that the J.C.C. made active representation to the Department of Health and Social Security that all consultants should be employed at regional level, and the chairman of the J.C.C., then Sir John Richardson, wrote to the chairman of the medical staff committees of all the teaching hospitals urging them to support the J.C.C.'s policy.—I am, etc.,

KENNETH ROBSON
Chairman,
Joint Consultants Committee

London

## Points from Letters

### Magnetic Needle Dish

Mr. L. F. TINKLER (Wrexham) writes: I can assure Miss E. M. Smith (10 March, p. 618) that concerning my magnetic needle dish (10 February, p. 354) can be prepared with all other instruments for operation without transference of magnetism, as it is only the inner aspect of the base of the dish which is magnetized. Again, removing the needles and scalpel blades from the dish at the end of the operation . . . is a simple matter of detaching the magnet from the base of the dish by unlocking a bayonet catch, whereupon . . . [they] can be decanted freely. . . . The magnetic needle dish was designed and put into service before the Ethicon Discard-a-Pad Sharps Disposal item (10 March, p. 618) became available. . . . My own objection to the Discard-a-Pad is that its catchment area is relatively small, and needles and blades have to be pressed on its surface before they adhere and will not do so if they are wet, as they often are during an operation; these disadvantages are not shared by the magnetic needle dish.

### Management of the N.H.S.

Dr. D. G. FERRIMAN (London N.W.5) writes: I agree with Dr. P. N. Dixon (17 March, p. 682) that prognosis for the N.H.S. will depend greatly upon the spirit in which district management teams function and in hoping that there will be no inter-professional jealousy among members of the teams. I also agree that all members must be administrative, but while four will be pure administrators, the two clinicians alone bear personal responsibility for looking after patients . . . and alone have first-hand knowledge of their needs. This alone would be sufficient reason for increasing their weighting in the teams. There is an additional reason in the case of the hospital doctor. Modern hospital medicine is a complicated affair calling for many and varied skills, and only an exceptional person could comprehend and effectively present the requirements of all his consultant colleagues. . . . Consensus planning is good, but no substitute for a properly balanced team in the first place.

### Strikes by Hospital Ancillaries

Dr. GWENDOLINE M. LANGHAM-HOBART (Bristol) writes: While supporting the arguments regarding strikes of hospital ancillaries expressed by Drs. J. T. Hart and G. P. A. Winyard (24 March, p. 745), I would question the fairness of blaming governments entirely for the position of lower-paid workers. Each service or industry must make some effort to put its own house in order. The maintenance of gross pay differentials does not sufficiently evaluate the humble, often monotonous, and sometimes dirty or dangerous work on which the foundations of society still depend. . . .

### Doomwatch and the Contract

Mr. T. S.-B. KELLY (Bath) writes: The pre-N.H.S. consultant fared surprisingly well. In Bath 14 (82%) out of 17 enjoyed retirement. Of the N.H.S. consultants (nine sessions) up to a year ago only two (14%) out of 16 enjoyed retirement. Such a comparison, admittedly small, suggests that Sir Keith Joseph, Sir George Godber, and the B.M.A. do not realize that the monopoly control in insisting on the present 11-session "part time"[1 2] . . . not only compels the young part-time surgeon or physician to sign his own death-warrant to take effect before retirement, but ensures that he will rarely see his children except at week-ends—an ultimate cause for bitter regret.

1 National Health Service, *Appointment of Consultants*, H.M. (66) 14. London, Ministry of Health, 1966.
2 National Health Service, *Contracts of Hospital Medical and Dental Staff*, H.M.(69)88. London, Department of Health and Social Security, 1969.

### Premenstrual Symptoms

Dr. J. N. GRAHAM-EVANS (Bognor Regis) writes: One factor which I have commonly observed, and which I now look for, in questioning patients with premenstrual tension is the considerably increased amount of static electricity discharged from their body surface, which makes synthetic fibre garments cling to their bodies and will cause audible and visual sparking when these are removed especially as they pass over the hair of the head. I have wondered whether this increased electrical state is secondary to the surmised salt and water retension and merely part of the syndrome or whether the static electricity plays a more significant role in the production of many of the emotional and neurological symptoms.