is no evidence that the teaching and effective implementation of such safety measures are carried out at the place of work.

As Mr. Bagley so rightly suggests, occupationally based health services could help enormously in reducing the work load on the busy accident and emergency departments and could certainly save a great deal of time lost at work, but it must be borne in mind that unless such services can be aimed at prevention as well as treatment of injuries within their scope, then it could create more rather than less work for those departments.—I am, etc.,

M. S. CHRISTIAN

Assistant Secretary,
Casualty Surgeons' Association

Accident and Emergency Department,
Royal Free Hospital, London W.C.1

Pre-eclampsia and the Kidney

SIR,—We read with great interest the recent article by Dr. O. M. Petrucco and his colleagues from Adelaide on "Immunofluorescent Studies in Renal Biopsies in Pre-eclampsia" (16 March, p. 473). During the past 18 months we have examined renal biopsy specimens from 10 patients considered clinically to have severe pre-eclampsia. The biopsies were performed at periods varying between 6 and 14 days post partum. These all showed light and electron microscopical findings similar to those described in pre-eclamptic toxæmia by Thomson *et al.*¹ Immunofluorescent studies were performed on the last six specimens and the results are tabulated below.

These findings broadly resemble those reported by Dr. Petrucco and his colleagues. Patient selection, time of biopsy, and technical methods may explain the differences obtained with IgG, IgA, complement, and fibrin. However, it is difficult not to be impressed by the dramatic immunofluorescence obtained in both series with IgM, an antibody not often demonstrated in renal glomeruli. In all our specimens the IgM fluorescence had an apparently linear pattern within the capillary loops, as shown in the accompanying illustration.

This observation seems to contrast with the patchy granular mesangial and capillary loop deposits illustrated in Dr. Petrucco's article and raises a fundamental question with regard to the possible underlying mechanism of the immunological changes observed by both ourselves and the

Glomerular IgM deposition in pre-eclampsia (case 5) ($\times 454$)

Australian workers in these renal biopsies from patient with pre-eclampsia.

These preliminary findings, which we intend to publish in detail later, confirm the presence of glomerular immunoglobulins in pre-eclamptic toxæmia and support the hypothesis that immunological processes may be implicated in the pathogenesis of pre-eclampsia.—We are, etc.,

C. R. TRIBE

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¹Thomson, D., *et al.*, *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1972, 79, 311.

Cello Scrotum

SIR,—Though I have not come across "guitar nipple" as reported by Dr. P. Curtis (27 April, p. 226), I did once come across a case of "cello scrotum" caused by irritation from the body of the cello. The patient in question was a professional musician and played in rehearsal, practice, or concert for several hours each day.—I am, etc.,

J. M. MURPHY

Chalford, Glos

F.R.C.S. Subscription

SIR,—Concealed in the middle of a recent "news-letter" from the President of the

Royal College of Surgeons lies this passage: "Council now feel that the time has come for all Fellows (other than those who have retired from practice) to subscribe annually. . . . If any of you object on principle, please write to me about it—otherwise it will be assumed that this unifying measure has your support."

I have written to the President on this matter but hope that you, Sir, will find space to publish this letter so that some of those Fellows who tired of reading the news-letter before reaching the end of page four, as I almost did, may avoid giving their unsuspecting support to this measure.—I am, etc.,

IAN W. PAYNE

Plymouth

Medical Practices Committee

SIR,—Dr. G. M. Coleman (27 April, p. 228) may be interested in my experience with Dr. Arthur Maiden and his colleagues on the Medical Practices Committee.

In May 1973 my seniority allowance was cut off because of my age. When I pointed out to a higher-up in the Department of Health and Social Security that I would be continuing to do the same work I was told that as there was no longer a shortage of general practitioners it was no longer necessary to pay older doctors money which could be looked upon as an inducement to continue to practice.

After some months I found it difficult to bear the burden of being on duty for 24 hours on every one of seven days a week and set about getting myself an assistant at my own expense. The M.P.C. became involved and decided that this could not be permitted because this area has already enough doctors. I pointed out that my action would cost no one anything except myself and that as the friend willing to assist me was a retired R.A.F. medical officer of some seniority he could not be sent to any other district. The answer was still "no" and no reply was made to my question as to who would benefit by their decision, pointing out that if they could not give me a reply they were merely exercising power for its own sake in a manner justifying George Orwell. A deep silence followed.

More recently I employed a young woman doctor as a locum for a time and it would

Correlation of Clinical, Histological, and Immunofluorescent Antibody Studies in Patients with Pre-eclampsia

Clinical Findings							Histological and Electron Microscopical Findings	Immunofluorescent Staining Patterns				
Case No.	Age (years)	Parity	Maximum B.P. (mm Hg)	Maximum Proteinuria *(g/L)	Biopsy time (days post partum)	Clinical diagnosis		IgG	IgA	IgM	Complement	Fibrin
1.	25	1	210/125	3.0	8	Severe P.E.T.	Severe pre-eclampsia	±	+	++	—	+
2.	23	0	170/110	4.0	12	Severe P.E.T.	Severe pre-eclampsia	—	—	+++	—	+
3.	27	0	160/100	6.0	6	Severe P.E.T.	Severe pre-eclampsia	—	±	++	—	+
4.	47	0	180/115	5.0	14	Severe P.E.T.	Moderate pre-eclampsia	—	±	++	(Arteriole) ⁺	—
5.	21	0	200/140	0.5	9	Severe P.E.T.	Moderate pre-eclampsia	±	+	+++	—	+
6.	23	0	—	1.5	8	Severe P.E.T.	Moderate pre-eclampsia	—	±	++	—	+

*Esbach estimation. P.E.T. = Pre-eclamptic toxæmia.