implemented the Mayston recommendations with appropriate administrative nursing hierarchies. These five hierarchies and a further Salmon hierarchy from a large psychiatric hospital were all taken over by the A.H.A. on 1 April and their senior nurses confirmed as district nursing officers and other new high-flown titles. In addition to this, we have acquired an area nursing officer and she is happily acquiring four second-line administrative nurses to help her administer the former chief nursing officers who are now district nursing officers, etc. It seems to my untutored mind that an area nursing officer and four trained nurses as her assistants represent five nurses who could be employed on a ward. If they were employed as ward sisters the saving in salaries could be used to pay seven further ward sisters or, translated into another of our shortages, two consultant anaesthetists or four surgical registrars. We could even re-deploy their salaries as capital and perhaps upgrade 12 wards.

I understand that Drucker¹ suggests that when a professional becomes a manager he should subordinate his professional objectives to those of managerial efficiency within the organization he serves. It seems unfortunate that, at a time when professional nursing skills are in such short supply, more and more highly skilled nurses are being encouraged to give up nursing in order to embark upon highly irrelevant second-line administrative posts which appear to have been created only to give credibility to the status of their superior.—I am, etc.,

H. BRENDAN DEVLIN

North Tees General Hospital,
Hardwick, Stockton-on-Tees

¹ Drucker, P. F., *The Practice of Management*. London, Heinemann, 1969.

G.P.s and Family Planning

SIR,—I was greatly disturbed to read in the General Medical Services Committee's report to the Annual Conference of Representatives of Local Medical Committees, 1974, that "no training requirements will be specified for doctors who apply to go on the contraceptive list." This implies that to provide a family planning service in the context of general practice no qualification or experience is deemed to be necessary other than the rudimentary clinical instruction provided in medical schools and the ability to read the promised "memorandum on good modern contraceptive practice." If this is so we need hardly be surprised if our patients, the larger proportion of whom had previously preferred to consult their family doctor in the belief that he would be knowledgeable and experienced in this area, up sticks and hasten to the nearest Family Planning Association clinic. Furthermore, we shall presumably have small grounds for complaint should we find that the appropriate item-of-service fee currently under negotiation turns out to be derisory. In short, I feel that this declaration has done general practitioners with special training in this field a grave disservice and will deter others who had intended to seek further instruction.

It will certainly perpetuate the belief that G.P.s can be expected to provide only a

second-rate service and will be rewarded accordingly.—I am, etc.,

M. J. V. BULL

Oxford

Jamaica Meeting

SIR,—After reading the report (11 May, p. 313) of the Association's Clinical Meeting held in Jamaica in conjunction with its local equivalent I still do not know, aside from some trivia, what was available *medically* in Jamaica that could not have been much more readily made available in the U.K. In other words, were the journeys of some 600 doctors really necessary? Jet plane journeys are not, after all, inexpensive. And who would blame a Minister of the Government or a member of the electorate who thought that if even 600 British doctors can afford to fly to Jamaica for something they could have obtained as easily at home, then the doctors' current complaints about pay need not be taken too seriously?

There are two further and graver points to be made. According to the report of the Jamaican meeting a good deal of time was devoted to coronary heart disease, for which lack of exercise and obesity are sometimes considered risk factors. Are the general public going to take much notice of us in this regard when we travel around so readily by jet plane; and when, of the only two "en masse" Jamaican photographs, one (p. 323) shows doctors helping themselves to food at what look to be groaning tables and the other (*Supplement*, p. 70) shows a group of doctors, many of whom appear to be of more than their ideal weight? It hardly helps that another topic of discussion at the congress was "Malnutrition in Children," and in particular malnutrition in Jamaican children. Your report indicates that the Chinese claim to have eliminated malnutrition, and yet I do not hear of the Chinese having to cross oceans to spend a week brushing up their medicine.

Secondly, your leading article (p. 291) states that in Jamaica "the amount of money available for health care is severely limited. . . . Qualified doctors themselves are too few . . . and there is a substantial medical brain drain to the developed countries." There was certainly one session at the meeting devoted to primary health care teams; but will the meeting as a whole, with its discussions of intensive care units (two sessions), coronary bypass surgery, radio-isotopes, etc., have helped to stem that brain drain or to increase it? To put the whole matter more succinctly, who exactly profited from the meeting medically and in what ways?—I am, etc.,

S. BRADSHAW

How Caple

Private Beds in N.H.S. Hospitals

SIR,—Mr. R. J. H. Smith (4 May, p. 280) suggests that queue-jumping by private patients could be avoided by having waiting lists, available for inspection, containing the names of both private and public patients. Admission would take place when the patient's name reaches the top of the list. Alas, this is too simple a solution to succeed. The present waiting list system rightly allows for priorities, for we cannot allow a

patient with carcinoma of the colon to wait patiently behind the normal varicose vein patient. Sudden deterioration rightly warrants urgent admission on occasions. In areas where queue-jumping exists there would be a continuous spate of private patients who deteriorated or who were admitted directly from domiciliary consultations as urgent. When one thinks of the notorious tonsillectomy queue-jumping, it is obvious that an independent medical audit would be necessary to make such a system work.

There are dozens of dodges for private patients (or rather their consultants), though one hopes they are not widespread. This leaves me all in favour of private practice, but outside N.H.S. hospitals, please.—I am, etc.,

R. W. HOWELL

Reading, Berks

Payment for Teaching

SIR,—I could not agree more with Dr. R. S. Morton's brief but pointed remarks (27 April, p. 228) about clinical consultants with teaching commitments. I was most interested, also, in your special correspondent's visit to St. Justin's (11 May, p. 326), especially to learn that Dr. Itchen received only £240 for teaching. As a whole-time officer I do not have private practice to take me away from my hospitals. I do, however, have 11 sessions of clinical work and into this I have to squeeze two hours each week to take final-year students on a teaching round in thoracic surgery. For this I receive the munificent sum of £19.50 for 36 teaching rounds. Before Broadgreen became a teaching hospital two years ago my efforts were worth £50 per annum. The reason offered for this reduction is that the money available is static in amount and has to be divided among the increased number of teachers needed for the greater influx of students. I could do just as well financially were I to give four lectures at £5 each, but to my mind we can arouse much more interest and teach better by taking the students to the bedside. As Dr. Morton says, payment for teaching is indeed niggardly.—I am, etc.,

J. K. B. WADDINGTON

Liverpool

Practice Expenses

SIR,—We are appalled at the ludicrous estimate for increase in practice expenses for 1973/74 made by the General Medical Services Committee in their report to the Annual Conference of Representatives of Local Medical Committees. The estimate of 13% for repairs, fuel, light, telephone, etc., is patently ridiculous in view of the increase in price of electricity, plus V.A.T., and telephone bills, etc. The figure of 15% quoted in regard to car expenses, which includes petrol, would be laughable if it were not so tragic. Car expenses for 1971/72, based on income tax returns, were calculated at £430. A new car is now depreciating by £400 per annum, the price of petrol has almost doubled and that of tyres has increased by 75%, and V.A.T. appears on repair bills.

We wonder how our representatives can

be so detached from reality and continue to practise.—We are, etc.,

T. W. MAY
L. DEBSON
M. G. WHITE
Sheffield

J. H. RIDGWICK
P. JEAVONS
T. S. SINGH

Mileage for Consultants

SIR,—In your footnote to the letter from Dr. M. C. C. Bird (11 May, p. 336) you quote the Secretary as saying that the mileage allowances in the N.H.S. have been increased three times since last December.

Readers may like to know what these princely increases were. The allowance was first increased from 5.5p to 5.6p and then to 5.7p; and then a truly vertiginous increase to 6p was made on 12 February.

Kipling wrote somewhere: "The truthful, well-weighed answer that tells the blacker lie."—I am, etc.,

O. TROUGHTON

Pontefract, Yorkshire

** The Secretary writes: "The figures are accurate and represent an increase of 9% over a period of between two and three months."—Ed., *B.M.J.*

Car Allowance for G.P.s

SIR,—With reference to the letter from Dr. G. P. Edlin (4 May, p. 281) I would like to point out that it is possible to do something about the amount spent in excess of the trainee G.P. car allowance.

When I was a trainee G.P. faced with a similar problem some years ago I wrote to my local inspector of taxes setting out my case. I was granted an expense allowance on my business motoring and so did not end up as out of pocket as I might have done otherwise.

If any trainee wants advice on the subject I would be happy to help.—I am, etc.,

DAVID GOLDSTEIN

6 Knowsley Close,
Pinkneys Green,
Maidenhead, Berks

Nursing Problems and the Clinician

SIR,—The past five years have seen considerable changes in many aspects of hospital staffing, both medical and nursing. In the case of nursing, a number of factors have been concerned, among them the general implementation of the recommendations of the Salmon Committee, the changing social pattern typified by the much greater employment of married and part-time staff, and most recently the effects of N.H.S. reorganization on the management and functioning of nursing services, now brought together under one authority.

The interdependence of clinicians and nursing staff is an historic feature of hospital medicine, and common problems are often discussed between them, both locally—for example, in Cogwheel executives—and centrally by the B.M.A. and Royal College of Nursing, in their standing joint committee or by less formal means. I have been asked by the Central Committee for

Hospital Medical Services to convene a sub-committee to assemble and collate views of hospital doctors on current problems in the nursing field with a view to later discussions with representatives of the Royal College of Nursing.

I would welcome such views by letter

from consultants and other hospital doctors for consideration. Letters should be addressed to me, c/o Secretary, C.C.H.M.S., at B.M.A. House, London WC1H 9JP.—I am, etc.,

J. A. G. HORTON

Newcastle upon Tyne

Points from Letters

White Marks on Nails

Dr. J. C. SHEE (Bulawayo) writes: A few years ago I suffered, much to my embarrassment, from an attack of chickenpox. Single vesicles occurred on the backs of two fingers, extending on to the nail cuticle in each case. In due course the lesions scabbed over and disappeared within about 10 days but, growing out from the sites of the vesicles, a white spot appeared on each of the affected nails and gradually grew out along the nail. . . .

Choreoathetosis and Encephalopathy Induced by Phenytoin

Dr. K. W. G. HEATHFIELD (Oldchurch Hospital, Romford) writes: I was interested in the paper by Drs. D. L. McLennan and M. Swash (27 April, p. 204), describing two patients who developed choreoathetoid movements while taking large doses of phenytoin. Kooiker and Sumi¹ have recently described this complication in two further cases and I have also seen two cases. In my first case the choreiform movements in a somewhat mentally retarded girl of 21 were so severe that I was deceived into thinking that she might be suffering from Huntington's chorea, but was subsequently surprised to find that the movements had completely disappeared a week after reduction of the dose of phenytoin. My other patient was a boy of 12 with infantile hemiplegia whose choreiform movements were confined to the affected limbs, but again cleared with reduction of phenytoin dose. He had a high serum phenytoin level, though this was not estimated in the other patient. . . .

¹ Kooiker, J. C., and Sumi, S. M., *Neurology*, 1974, 24, 68.

Coping with Nose-bleeds

Dr. J. B. TRACEY (Pinhoe, Exeter) writes: In the past 20 or more years many of my patients have found the use of a small plug of cotton wool the size of the last joint of the little finger damped with witch hazel (*Aqua hamamelidis*, B.P.C.) placed just inside the nostril and squeezed with a pressure no more than that of the average clothes peg for two minutes is effective in nearly all cases. . . .

Patients and Driving

Dr. K. E. JOLLES (Birmingham) writes: I was alarmed to find that the four-page questionnaire to be completed by outpatients at Northwick Park Hospital prior to their first attendance (27 April, p. 212) still omits any reference to a question which is vital if, based on the information given, the patient

is ultimately to be given correct advice and a safe prescription. "Do you ride or drive any vehicle?" must surely be an essential part of any modern history taking. . . .

Suicide by Private Pilots

Dr. L. BURKINSHAW (Leeds) writes: Private flying is already perhaps the most regulated of leisure activities, and you would have it more so (leading article, 2 February, p. 168). We really should ask how many lives the regulations save. A private pilot might fail his medical because of, say, a heart condition or, if your suggestions were implemented, because of some emotional disturbance and so be prevented from flying a light aircraft at 90 or so miles per hour, mostly over open country and miles from any other aircraft. He would still be allowed to drive his car on motorways at 70 miles per hour within feet of other cars, or in town among pedestrians. If you want to save lives, you might do better to campaign for a more stringent driving test and for medical examinations for drivers of road vehicles. . . .

Hazards of Demonstration

Dr. J. A. LYON (London W.14) writes: I would like to draw attention to what I feel is a danger that doctors run when they attend courses on manipulation. During these courses the doctors themselves are used as "patients" either by other doctors who are training or by physiotherapists who are demonstrating. I have personal experience of this as over four years ago during such a course I was "demonstrated on." Since then I have experienced recurrent pain in my neck and suprascapular region on the slightest physical stress which has defied treatment; yet I had no neck problems previously.

Mallory-Weiss Syndrome

Dr. A. M. HOARE (Queen Elizabeth Hospital, Birmingham) writes: One of the patients reported by Dr. D. J. B. St. John and others (26 January, p. 140) presented with melaena without vomiting or haematemesis and therefore they doubted if the lesion was a mucosal tear. Recently I have found a typical linear tear at the gastro-oesophageal junction in a 72-year-old woman. She had vomited violently twice and later that day passed a melaena stool. She had no haematemesis. This combination of a typical history (though without haematemesis) and the endoscopic findings suggests that the Mallory-Weiss syndrome can present as melaena alone.