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-weighted 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.