Dust Mites in Hospitals

SIR,—I must agree with Dr. J. K. Sarsfield (15 March, p. 631) when he suggests that in sampling house dust mites it is better to estimate the population per unit area of substrate than per unit weight of dust. The mite numbers from successive area quadrats of the same mattress appear to show no correlation with the weight of the dust sample. In addition, to quote an example, a mattress yielded on average 3.5 mg of dust per 100 cm² whereas the same area of bedside carpet produced 189.4 mg. It must be misleading to compare these two substrates in mite numbers per unit weight of dust.

Whereas it is relatively simple, however, to count the mites in weighed aliquots from a surface "skim," it is technically much more difficult to sample a measured area of substrate, as mite losses during collection are reflected directly in the results. There is a danger that an arbitrary technique will not collect a reproducible proportion of the mites within that particular study.

I feel that the solution lies in the suction sampling of small area quadrats. To quote some of our experimental results, a domestic mattress sampled on 6 March gave a mean density of 44 *Dermatophagoides pteronyssinus* bodies per 100 cm² of the smooth surface (12.97 per 10-cm² quadrat) and 94 from a 10-cm strip of seam. A larger quadrat area, though theoretically desirable, would be more difficult to sample thoroughly and, in view of the mite numbers to be expected, should not be undertaken lightly in domestic mattress dust studies.—I am, etc.,

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A Mortgage Problem

SIR,—The problem in Padstow (12 April, p. 89) is nothing compared with that of large cities and in particular of London, where there are very few health centres or local-authority owned premises.

Planning authorities may refuse to allow residential accommodation to be used for practice premises unless a unit of accommodation is retained. The conversion costs incurred in providing that unit are not eligible for improvement grant. Notional rent and rates reimbursement is paid only if the residential accommodation is occupied by a housekeeper or member of staff (not a relative) who has responsibility for taking and passing messages outside surgery hours. Local authorities may not consider a bed-sitting room to be an adequate unit of accommodation for purposes of planning permission.

Improvement grants are paid only under the strict terms of the regulations—for example, making a room larger might be necessary for practice and could be very expensive, but it does not necessarily constitute an improvement.

If a doctor takes over business premises for surgery accommodation then he is reimbursed by the N.H.S. at its residential value (assessed by the district valuer) and not at its business rental. Ground rent is reimbursable, but freeholder's annual licence fees for permission to use the premises for

medical practice are not. If one practises from one of a block of flats, then service charges are not reimbursed whether in fact the facilities are used or not.

If a doctor buys a house through the General Practice Finance Corporation and lives in one half and practises from the other, then he has to pay the same rate of interest (currently 17%) for both residential and practice portions and the former is, of course, not reimbursable. The capital cost of a building sufficiently large to house a family and surgery premises can be astronomical in city centres. Consequently, doctors dependent solely on income from N.H.S. practice find themselves at a substantial disadvantage and may be unable to obtain a G.P.F.C. mortgage because they may not be able to demonstrate that they can service it.

Catch 22 is private practice—the same proportion of gross income that is obtained from private practice is subtracted from the premises reimbursement. The better the facilities, then the higher the cost and the greater the amount of reimbursement one stands to lose. It is already true in some areas that practice is virtually impossible except from a lock-up shop providing minimum facilities for patients.

The number of G.P.s nearing retiring age is very substantial in some areas of inner London. Younger G.P.s will not be able to afford to take over their homes and premises and would not be prepared to live and work in the conditions that they can afford. Even the "at-cost" rental scheme leaves the G.P. with a very high capital commitment if his premises are to be anything other than rudimentary (bearing in mind the planning problems mentioned earlier concerning the use of residential accommodation). Unless there is a dramatic increase in the number of planned health centres or a special London allowance payable to G.P.s, then over the next 5-10 years general practice serving a very large population in central London will be wiped out.—I am, etc.,

ROBERT LEFEVER

London S.W.7

Fees for Insurance Reports

SIR,—Dr. J. P. Lask (5 April, p. 41) and readers of your journal may or may not have read the "Statement by B.M.A. and Life Associations" published by you (22 March, p. 698). It is important to note two particular items:

(1) "The B.M.A. and the Life Associations were in agreement that fairly substantial increases were needed in the fees payable to medical practitioners for life assurance medical reports and examinations."

(2) "Until such time as new rates for private practice have been agreed by the [Price] Commission, members of the medical profession (whether or not members of B.M.A.) must, under paragraph 124 of the Price Code, treat the scales or rates issued under the advice or recommendation of the B.M.A. as maxima."

Implementation of new rates will be made by life offices as soon as possible, but support for Dr. Lask and his colleagues will only aggravate the situation. Assurers are not necessarily unsympathetic to the feelings

of doctors on this subject but are trying to provide a valuable service to the public who seek and need life assurance protection. Refusal to report upon or examine patients could mean that a widow may be denied the money needed to maintain herself and her family. I suggest that the implications of Dr. Lask's appeal should be considered very carefully, together with a proper appraisal of legislation and efforts in hand to rectify the situation.—I am, etc.,

DUNCAN YOUNG

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Economies in the B.M.A.

SIR,—I am particularly disappointed to find our B.M.A. Treasurer advocating a further 33½% increase in B.M.A. subscription as the only way to deal with the deficits, present and future, already incurred on our behalf by the management of the B.M.A. (12 April, p. 101). May I humbly suggest that deficits can also be reduced by economies, not unlike those most of us are having to make in our practices today?

The following may be worthy of consideration: (1) Movement of expensive London H.Q.s to the provinces. (2) A fortnightly *B.M.J.* (a relief for many). (3) Reduction of scope of academic conferences and lengthening of intervals between. (4) Drastic pruning of H.Q. staff. (5) Massive increases in all B.M.A. non-member charges.

After evidence that these and similar measures have been considered and implemented, in part at least, I will consider meeting the new levy of £40.—I am, etc.,

G. C. MATHERS

Gloucester

** The Secretary writes: "A full statement about the Association's financial position is published in the Annual Report of Council (paragraph 11 and appendices III and IV) [which appears in this issue at p. 216]. All the suggestions made by Dr. Mathers have been considered and most have been acted upon. Sections of the work of Head Office have been transferred to our outlying offices (for example, the London Regional Office has recently been transferred to our Birmingham Office) and the accommodation freed at B.M.A. House in Tavistock Square has been made available for letting. The Annual Scientific Meeting has been reduced in length and the Annual Clinical Meeting will be held only if self-supporting. The staff at Headquarters has been severely pruned and all inessential activities of the Association have been suspended or abandoned. No personal services are provided for non-members except on payment of substantial fees. The travelling expenses of members of committees are being reimbursed at second-class rates, and stringent efforts are being made to reduce the circularization of paper and to reduce postage costs. But to publish the *B.M.J.* fortnightly would destroy its capacity for anything like the topical news and comment it can manage now and would gravely impair its advertisement revenue. All possible economies are being effected."—ED., *B.M.J.*