is in the trade union tradition and we have all heard of the kind of problems to which it gives rise.

The grade should carry the same status and pay whoever the incumbent of the post may be. It is the quality of work done, not the holding of another appointment, that merits recognition and it should not be necessary to hold special negotiations on behalf of doctors other than GPs in order to establish this.

D MARY RIDOUT

Leeds

Deputising services

SIR,—I note that a small number of family practitioner committees are seeking to limit the use a principal may make of deputising services. It seems to me that we have moved a long way from when a doctor was expected to be on call 168 hours per week and that deputising services are here to stay.

Deputising services normally operate from 7 pm to 7 am Monday to Friday and at weekends after noon on Saturday—that is, for 103 hours per week. I suggest that a solution acceptable to all in the areas in question would be to regard the local deputising service as a large professionally well-run rota. Thus, except in cases of illness or infirmity, a doctor would be welcome to use the deputising service full time provided he worked for the service as a deputy for one five-hour session once a week or once a fortnight. Thus in exchange for five hours of his time the doctor would be covered for 98 hours off duty. Doctors using the service less than full time would do sessions pro rata. Surely no one could object to this solution.

JOSEPH ARMSTRONG

Plymouth

Apply to . . .

SIR,—Before reorganisation of the Health Service a doctor looking for a senior house officer post would apply to the appropriate hospital secretary. Review of recent appointments advertisements shows that the applicant should now apply to one or more of the following:

Personnel Officer, Personnel Officer (Medical Staffing), Assistant Personnel Officer, District Personnel Officer, Assistant District Personnel Officer, Sector Personnel Officer, Medical Staffing Officer,

or to the

Administrator, Area Administrator, District Administrator, Hospital Administrator, Personnel Administrator, Unit Administrator, Sector Administrator, Senior Administrative Assistant, General Administrator, Personnel Assistant.

or to the

Personnel Department, District Personnel Department, District Personnel Section, Staff Office, or Medical Staffing Office.

The above can all be grouped simply into officers, administrators, and departments. The Patient Services Manager at Banbury is rather on his or her own, but perhaps he or she has to arrange the flowers, the laundry, and the food as well as the junior doctors.

J H BULMER

Orthopaedic Department,
Royal Hospital,
Wolverhampton

Points from Letters

Waste in the NHS

Dr C D KORN (London W1) writes: I have just received a circular from Sir Henry Yellowlees accompanied by a 62-page report on the prevention of coronary heart disease. . . . The cost of producing such a document plus time and postage in sending this out must have been considerable. . . . I cannot believe that such a lengthy document would be likely to be read in its entirety by most general practitioners, who are circulated from all departments in the Health Service ad nauseam, and a short summary would surely have sufficed. When we are asked to economise in all directions this effort on the part of the DHSS must be considered just one other factor in the waste of time and money which adds to the financial burdens of the NHS and is typical of civil service inefficiency.

High-dose corticosteroids in severe asthma

Dr H G J HERXHEIMER (London N3) writes: . . . If the patients treated by Dr M G Britton and his colleagues (10 July, p 73) suffered, as they say, from severe acute asthma and were not in status asthmaticus . . . the dosages used in all three groups appear rather high. As a rule, I have treated such patients who had become tolerant to large amounts of inhaled catecholamines and had high heart rates in the region of 120/min and low oxygen tensions with an initial dose of prednisone of 30 mg for five days followed by a gradual decrease in steps of 5 mg (later of 2·5 mg) *at the same intervals* until the maintenance dose was reached. These intervals are necessary to be sure that the preceding prednisone dose has been effective. . . . I agree fully with the authors that very high systemic doses of corticosteroids are not required, but their doses seem still higher than necessary. On the other hand their daily decrease after seven days' treatment with 10 mg every day seems to me much too abrupt. . . .

Systems or 2nd MB?

Mr J GEORGE and Mr F P RUGMAN (Liverpool Medical School) write: We read with interest Professor J B L Howell's article on the new "systems courses" at Southampton University (3 July, p 26). As students following a more traditional course we would like to suggest that there may be advantages to the old "system" that are often disregarded. We feel that the preclinical course is valuable not only educationally but also socially and psychologically. It allows medical students to mix with those of other academic disciplines socially and to gain the full benefit of living a truly "student" life. . . .

Non-accidental poisoning and child abuse

Dr M S DINE (Cincinnati, Ohio) writes: . . . There are striking similarities between the cases reported by Dr D W Rogers and others (3 April, p 793) and the case that I reported in 1965,[1] which was the first case reported in the medical literature in which a drug had been used as the instrument for child abuse. In particular, in some of their cases as in mine the assault upon the child continued even after admission to hospital. I was grateful to see their article because it is my belief that this form of abuse, though rarely recognised, is widespread. . . . This article should help to create a "low threshold of suspicion" by physicians who are responsible for the care of children.

[1] Dine, M S, *Pediatrics*, 1965, **36**, 782.

The long and the short of medicine

Dr A A LEWIS (London W9) writes: Dr A M Gray (17 July, p 177) may have made a personal breakthrough but certainly not a national one. I am a general practitioner and have been wearing shorts on any day when the weather has rendered them desirable for the past three years. I practise in central London and not only attend my patients but also postgraduate lectures and committee meetings. So far as I am aware this has not affected my credibility, though it has earned me the congratulations of my patients and the envy of my colleagues. However, the prospect of a community physician (from the provinces into the bargain) muscling in on the act is a little alarming. This kind of intrepidity can only serve to encourage other recondite members of the profession. . . .

Supporting brassière in mastodynia

Mr J McK BUCHANAN (City General Hospital, Stoke-on-Trent) writes: In their article on the use of the supporting brassière in mastodynia (10 July, p 90) Mr M C Wilson and Mr R A Sellwood have omitted to mention whether or not the support should be worn both day and night. . . . The average person turns over from side to side many times during sleep. I am therefore certain that the breast ought to be supported during the nocturnal hours.

Routine preoperative chest radiography

Dr J SAPERIA (London E10) writes: The contraceptive pill is accepted as a cause of deep vein thrombosis and thus of pulmonary embolism . . . . Dr G Evison (3 July, p 44) advocates preoperative chest *x*-ray to aid diagnosis in postoperative chest complications. I would suggest the consideration of routine chest *x*-ray before starting a patient on the contraceptive pill for the same reason.

Never put off till tomorrow . . .

Dr F M OWERS (Birkenhead) writes: There is a tendency during a busy surgery session to put off a vaginal examination when the complaint seems to be a straightforward discharge. Instead one prescribes a blunderbuss pessary or Compak, telling the patient to return for vaginal examination if symptoms persist. . . . A recent case illustrates the wisdom of performing the examination at the first consultation. The patient was a single 18-year-old girl and the cause a forgotten and very ripe Tampax. I am quite sure it was highly fungified, but I doubt that a course of pessaries would have killed it.