

long-stay geriatric cases or by patients awaiting transfer to local authority homes.

It apparently takes the social services department about three to four months to arrange the admission of an old person from a hospital bed to an old people's home. The excuse given is that the "paper work" takes a considerable amount of time and that there are very few vacancies in old people's homes. On learning from the matron of the home that there were six vacancies and that one of the beds had been unoccupied for over six months I decided to assist the social service department by arranging for a hospital taxi to transfer three charming old ladies from the hospital to the local old people's home. This simple procedure took less than five minutes to organise.

It would appear to me that at a time when the health and social services are being requested to reduce their expenditure the social services departments are wasting money by unnecessarily delaying the transfer of patients from expensive hospital beds to cheaper local authority home places. Perhaps one method of reducing the costs of the social services would be to dispense completely with the administrative officers in the social services departments and let the general practitioners perform the work. Of course, our item-of-service fee for each client processed would be high, but at least we would be more efficient and quicker.

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Incomes: vive la différence

SIR,—I was fascinated and touched to read the letter by Mr R J Osborne of Manchester University Medical School (24 July, p 239). It is refreshing to read such an altruistic approach at the present time, emphasising how grateful we should be to be allowed to practise medicine at all and how unreasonable it is for us to assume that our considerable value to society will be recognised in terms of our material standard of living.

I do, however, have one or two little worries. Does Mr Osborne feel fairly confident that there are sufficient potential doctors as self-sacrificing as himself to ensure that the Health Service will be staffed at the low level of salary he proposes by people willing to accept that virtue is its own reward? Secondly, has he asked Mrs Osborne whether she is prepared for a life of relative penury? Thirdly, what is he going to tell all the little Osbornes when they come to Daddy asking for funds to fulfil their ambitions and possibly even keep them at medical school while they are following in their father's footsteps? Fourthly, would Mr Osborne be prepared to write the follow-up letter in 10 years' time, by which time he may be qualified and have reached the status of registrar, and in 20 years' time, by which time he may be a consultant or an established general practitioner, letting us know whether he still holds the same altruistic view when he has been exposed to the exigencies of earning a real living, in real medical practice, in a real community rather than studying medicine on a grant in a medical school?

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NHS superannuation and war service

SIR,—The BMA has secured an important concession for doctors over war service pension entitlement (20 September 1975, p 720), but unfortunately not all ex-service doctors can take advantage of it. The war finished before the NHS began so some doctors entered another form of Crown service after the war, such as the Colonial Medical Service. Unless they had the prescience to resign and hurry home before 30 June 1950 the war service of colonial service doctors earns no pension entitlement however long they subsequently served in the NHS. Perhaps there are only a few of us in this boat and we so shall find it correspondingly difficult to obtain justice. For myself, I did seven years' war service followed by a spell in the service of the Crown in West Africa and then 18 years in the NHS. My pensions together do not add up to anything like that which can be enjoyed by more stay-at-home characters, but I do not believe that my contribution to the public medical services has been less useful than theirs.

I shall be grateful for the hospitality of your columns to ask any other doctors who have missed their war service pension entitlement by being out of the NHS on 30 June 1950 to send me their names and relevant details of service. I would like to try and catalyse the formation of a pressure group to press our case.

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Points from Letters

Management of acute myocardial infarction

Dr J G COONEY (Anderby Creek, Lincs) writes: . . . Professor J F Pantridge and Dr J S Geddes (17 July, p 168) state that "morphine is the drug most commonly used" for the relief of pain in myocardial infarction. In my long experience of treating this condition morphine should never be used, as in the majority of cases it causes intense nausea and vomiting which add to the distress of an already very ill patient. . . . The drug par excellence is, of course, heroin.

New look at monoamine oxidase inhibitors

Dr R M WHITTINGTON (Sutton Coldfield) writes: Your leading article (10 July, p 69) referring to the renewed interest in monoamine oxidase inhibitors as antidepressants has stimulated me to write about an alternative use for this valuable group of drugs. Two patients with multiple sclerosis have had very definite improvement in their physical rather than emotional symptoms after the use of tranylcypromine. The benefit comes within 24 hours of starting treatment, which is much quicker than the improvement that one would expect if the symptoms were merely due to depression. In each case withdrawal of the drug immediately produces deterioration in the patient's condition, and when the drug is reintroduced the symptomatology once more

rapidly improves . . . They have continued on the therapy for several months at a dose varying between 10 and 20 mg/day and have not reported any side effects . . . I should add that, although these two patients seem to benefit remarkably from their tranylcypromine, two other patients in my practice have not had the same relief of their symptoms. However, I would recommend that a larger trial should be started with monamine oxidase inhibitors to see if other unfortunate patients with multiple sclerosis can benefit.

Prevention of coronary heart disease

Dr C H FOGGITT (Sheffield) writes: The reprint of the report by the joint working party of the Royal College of Physicians and the British Cardiac Society on coronary heart disease is very welcome but open to some criticism. Weight reduction is advocated by a reduction in "all the dietary components." All too often this is actually done, usually by teenage girls, with lamentable results. Would it not be more prudent to advise in the first place a reduction in sugar, sweets, and pastry? . . .

The geriatric ward and the patient

Dr KATHLEEN HURLY (Peterlee, Co Durham) writes: . . . My impression as a general practitioner is that most elderly folk find geriatric wards grim and dread being admitted to them. One old lady recently said, "Why must we be punished in our old age?" Another patient, a terminal case of bronchial carcinoma, begged me not to send him to a geriatric ward. In contrast, old people admitted to general wards seem to settle down happily and enjoy being with all age groups. I believe few doctors would welcome the prospect of having their own parents in geriatric units.

Future of the NHS

Dr J C NICHOLSON (Ross-on-Wye, Herefordshire) writes: The other day a middle-aged parent asked me if I could recommend his teenage son to become a doctor. My immediate answer was "Unreservedly, no. If you were to ask me the same question in perhaps 10 years' time I might be able to give you a less disappointing answer, but under present circumstances my answer, based not upon cynicism or oversensitive emotions, has got to be no." . . . From the economic point of view the NHS embodies quite impossible conditions which will kill it anyway whether we do anything about it or not—I just do not want to go down with the ship if there is any possible way of avoiding it. And if the entire crew were to transfer to another ship we should not only be helping ourselves but helping our patients as well and, what is probably of even greater significance, getting the wretched politicians off the hook. The medical profession is the only group which has any hope of helping the Westminster politicians' club to save face. There never was a time like the present when the doctors of this country, in association with the large insurance companies, might relieve the Government of the £5000m-a-year inefficient juggernaut called the National Health Service. Have we got the courage? I wonder. . . .