Scotland for although there will always be problems the SGMSC through its partnership advisory group in essence promotes a code of good conduct and practice.

JOHN CALLANDER
Chairman Scottish General
Medical Services Committee

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The NHS 1982

SIR,—I note your letter from Dr Tony Keable-Elliott (31 July, p 375). Two points of irritation lead to a sweeping generalisation. The previous week he asked a consultant to carry out a domiciliary visit which involved more than two hours' travelling, and it was carried out the next weekday. If he had quoted this only he would have come to a very different generalisation.

If he wishes to publish an appraisal of his NHS service at the local hospital, I challenge him to publish over a six-month period the history of his referrals. Patients would be referred in the following categories—urgent, needing immediate admission, or outpatient appointment with an accompanying letter stating priority as urgent, soon, or routine. Unless this is carried out, the publication of his letter is not worthy of your journal.

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*.*We sent this letter to Dr Keable-Elliott, who replies below.—Ed, *BMJ*.

SIR,—Of course there is much good in the NHS, and especially I am grateful to Mr Cairns for his help at a domiciliary consultation, but this does not alter the fact that a patient referred to a consultant never saw him (or his deputy), and a patient with "routine" varicose veins could not be offered an appointment within three months. Mr Cairns may be content with this state of affairs; I am not. The fault, as I pointed out in my letter, is not with the staff but with the underfunding of the NHS, and why it is "unworthy of your journal" to say so I fail to understand.

TONY KEABLE-ELLIOTT

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Prisoners' medicine

SIR,—With reference to the review in *Medicine and the Media* (31 July, p 372) of *World in Action's* programme "Prisoners' Medicine," Dr Henry Rollin attempted to negate some very valid criticisms of the provision for inmates of prisons. Dr Rollin confirmed that persons are sent to prison as punishment not for punishment, and in his last paragraph attempts to reassure the reader that inmates are not deprived of "a good medical service."

The present nursing care for inmates of prisons and borstals is provided by two totally separate services—even the conditions of service are different. For women inmates there exists the prison and borstal nursing service, which consists of State registered and enrolled

nurses supplemented by agency nurses when necessary and some nursing auxiliaries. These nurses are recruited as qualified staff. For the male inmates nursing care is provided by male hospital officers, who, as was pointed out in the programme, are discipline officers who have received three months' additional instruction. The standard of care provided is that of a good nursing auxiliary in the NHS. There is no regular or formal system by which these hospital officers can be seconded for statutory training. This two-tier system discriminates against the male inmate in that he is forced, unlike the woman inmate, to receive a poorer quality of service than he would as a normal member of the public. The service is also unsafe in that officers are not able to recognise changes in the physical and emotional state of their charges.

Dr Rollin pointed out that although the prisoners injured in the Wormwood Scrubs riot may have been sutured by hospital officers a proportion of these men are state enrolled nurses. What Dr Rollins did not state was that it is not the policy of the Home Office to recruit or employ qualified nurses in the hospital officer service—the few that exist are in the service by chance. The fact that no inmate suffered as a result of the ministration of the hospital officers is therefore a matter of luck not good organisation. That the officers cope as well as they do is to their individual credit not that of the Home Office or the professionals who condone it.

The post of Chief Nursing Officer to the Home Office was created in 1974 in an attempt to resolve some of these difficulties. The attempt was never developed, and the person appointed resigned in 1978. The post has been readvertised once and is still not filled in 1982 because the Home Office and Treasury cannot agree on the "grade."

Contrary to Dr Rollin's reassurances, male inmates of prisons are deprived of "a good medical service," to which he agrees they are entitled. The situation will not change while informed members of the profession attempt to cloud anything that implies criticism of the existing service.

R F FISHER

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Action for victims of medical accidents

SIR,—I read Minerva's comment on the organisation Action for Victims of Medical Accidents with interest (7 August, p 445), as I joined (by invitation) its committee for the first three meetings. Peter Ransley had written an excellent play which, I happened to know, was correct in every detail. I wished them well.

I left in the main because circumstances took me outside London but also because I was becoming increasingly uneasy about the attitude of the other members, which was that of confrontation with the doctors. A reasoned approach to influential professional bodies, a panel of independent medical experts, and no-fault legislation were all mentioned as possible remedies, to be dismissed with little discussion.

I did see some of the letters Peter Ransley received. From them, and from my own experience, I am sure that some patients are very negligently treated, that they thereby suffer long-term or permanent disability, and that many cases, especially the undefended

ones (which are presumably the more negligent and therefore the more serious), are subject to quite unjustifiable delay. It seems to me quite wrong that in those circumstances it is the most interested parties, the defence societies and the hospital authorities, that decide the amount of compensation offered, and it is high time some truly independent system was devised. If Minerva would like to lead a campaign she can count me in as a founder member. But I fear that those who seek justice through Mr Ransley's organisation may find it even more difficult and slower to obtain than at present.

ANNE SAVAGE

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Drug interaction with coumarin derivative anticoagulants

SIR,—As the person responsible for editing the final edition of our paper (24 July, p 274) I regret there is an error in that quinidine is included in the list of drugs which have no effect on these anticoagulants. It is also included in the list of drugs expected to potentiate, which is where it should appear.

Dichlorophenazone (Wellnorm) is listed as a drug which may potentiate or inhibit. This is deliberate as both reactions have been claimed.

A further comment has been made in relation to propionic acid derivatives where two—fenoprofen and ketoprofen—have been included in the list of drugs which may potentiate while ibuprofen is included in the list of drugs which have no effect. It is apparent opinion varies on this account, and, while there is no good evidence that any of this group of drugs (including naproxen) has a direct effect on the levels of coagulation factors, they all have a mild inhibitory effect on platelets and can be gastric irritants. So they should be used with caution when used in association with anticoagulants.

While there are differences of opinion relating to existing drugs, it is certain that these lists will increase as other drugs, both established and new, are found to interfere with anticoagulants. Whether personal idiosyncrasy exists, in terms of the interaction of some drugs, must await more scientific study.

I am grateful to Dr J C Smith of Mersey Regional Health Authority for his advice relating to propionic acid derivatives.

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Blood pressure and contraceptive use

SIR,—It is most useful to have confirmation from Dr Kay-Tee Khaw and Professor W S Peart's carefully conducted study (7 August, p 403) of the association between a rise in blood pressure and the progestogen component in the combined oral contraceptive. I am, however, surprised that they should believe that "the oestrogenic component of the oral contraceptive is generally thought to be responsible for the rise in blood pressure." Of course, I have to admit that nobody knows what is "generally thought," because the general thinkers have not been polled on the subject, but evidence suggesting that the effect was unlikely to be associated with the