of the authorities" is a narrow one and views the situation out of context. The truth of the matter is that Africans are relegated to restricted areas—Bantustans—which are a necessary step for the implementation of separate development. These areas, other than not being open to all races, are the most economically impoverished parts of the country. These areas comprise just less than 13% of the Republic's surface area and account for 1.99% of the total product of South Africa. In 1966-7 the output per head was about one eighteenth of that in the remainder of the Republic.² These undeniable facts are hardly conducive to attracting medical personnel into these "homelands" even if they were able to go.

The assertion by Dr. McKechnie that "the medical profession in South Africa is as concerned with discrimination as she [Dr. Dowling] is" may be argued. We believe that in King Edward VIII Hospital, Durban, in the medical school and in a few liberal pockets in the country, a great deal of goodwill exists amongst the White doctors for us, but that it is too often misdirected.—We are, etc.,

H. M. COOVADIA
F. M. MEER

Departments of Paediatrics and Child Health
and Anaesthetics,
King Edward VIII Hospital,
Durban,
South Africa

¹ *Rand Daily Mail*, May, 1972.

² Van der Horst, S., *Separate development: is a Consensus Possible?* South African Institute of Race Relations, Johannesburg, 1972.

Aetiology of Varicosity

SIR,—I am greatly indebted to Mr. D. P. Burkitt for such scholarly support (3 June, p. 556) for my conception of the aetiology of varicose veins, deep vein thrombosis, and haemorrhoids. In view of the issues at stake, both in terms of economics and of human suffering, I venture to offer a few comments, in the hope that they may be found constructive.

There is another related venous ailment, which I believe to be deeply revealing—varicocele. This condition occurs on the left side in 90% of the cases and can easily be explained by unnatural colonic pressures—but not, I submit, by any other pressures. I also submit that in suitable cases of this condition a loaded left iliac colon can actually be palpated through the abdominal wall. The bearing of this on the aetiology of other types of varices is clear.

Mr. Burkitt quotes the low incidence of deep vein thrombosis and pulmonary embolism in the immigrants in Birmingham from India and Pakistan. But these immigrants form a younger age group, and Morrell and others¹ have shown in a striking chart how tremendously the incidence of this condition falls with age. Therefore, I suggest that this particular evidence does not have any deep implications.

Very real, however, are the implications of another view mentioned, that past straining at stool may produce changes in the veins which predispose to postoperative thrombosis. Quite apart from the fact that such straining could not account for the big clinical preponderance in the left leg, the implications of this view would be gloomy in the extreme for those undergoing operation or confined to bed, since nothing can

be done to alter back the structure of the veins. Fortunately, J. V. H. Kemble² has collected evidence recently from 280 patients about to undergo surgery that the presence or absence of varicose veins did not affect the chances of a patient developing deep vein thrombosis, which fact strikes decisively at the view just given as I see it.—I am, etc.,

T. L. CLEAVE

Fareham, Hants

¹ Morrell, M. T., Truelove, S., and Barr, A., *British Medical Journal*, 1963, 2, 830.

² Kemble, J. V. H., *British Journal of Hospital Medicine*, 1971, 6, 721.

Medical Audit in North America

SIR,—In Professor Ian R. McWhinney's review of medical audits in the U.S.A. and Canada (29 April, p. 277) he states that accreditation of hospitals has been made under the auspices of the Joint Commission on Hospital Accreditation. The Joint Commission was at one time responsible for accreditation of hospitals in both countries. For the past 13 years, full responsibilities for the accreditation of hospitals in Canada has been assumed by the Canadian Council on Hospital Accreditation—an agency surprisingly not mentioned by your contributor.

A further error occurs in Professor McWhinney's statement that "In Ontario, hospitals are required by law to have four committees: credentials, records, admission and discharge, and therapeutic abortion." Ontario public hospitals (except those for convalescent or long stay patients) are also required to establish a tissue committee or a medical audit and tissue committee.²

The most recent publication of the Canadian Council on Hospital Accreditation³ does not specifically delineate the precise committee structure required to evaluate standards of hospital medical care. It does, however, provide sufficient information to permit most hospitals to establish practical systems for this purpose. In addition, it recommends that the utilization of all sections of the hospital operation and adjunct services be carefully scrutinized in order to determine that the most effective use is being made of all available resources for the ultimate benefit of the patient.—I am, etc.,

J. D. MEDHURST

Toronto East General and Orthopaedic Hospital,
Toronto, Ontario, Canada

¹ *Hospital Accreditation Guide Compendium*, Canadian Council on Hospital Accreditation, Toronto, 1967.

² Canada, Federal Government: Public Hospitals Act. *Hospital Management Regulation* 729, p. 4, Toronto, Queen's Printer and Publisher, 1972.

³ *Guide to Hospital Accreditation*, Canadian Council on Hospital Accreditation, Toronto, 1972.

Retaining Intravaginal Medication

SIR,—A considerable proportion of local vaginal medication may rapidly be lost by direct seepage through the introitus. In a recent trial, a disposal plastic cup known as Tassaway was used. Designed primarily to collect menstrual blood, this looks superficially like a cervical cap. It was inserted well below the cervix in the lower vagina, the four circular ridges near its rim ensuring a good seal. The device was removed by pulling on a tab at its base, together with posteriorly directed pressure to release the partial vacuum in the vagina above.

Thirteen normal non-menstruating subjects volunteered, 12 of whom had previously used Tassaway for menstrual protection. The medication chosen was Betadine vaginal gel (Napp Laboratories Ltd.), which contains povidone iodine (USNF) 10% w/w. It is possible to titrate the iodine content using standard sodium thiosulphate and starch indicator, and hence to assay the amount of gel after any treatment interval.

Six subjects received 7.9 g (one applicator-full) of the gel followed by immediate insertion of a Tassaway and the application of a protective pad with the patient recumbent. They were asked to pursue their normal activities and to return for examination four hours later. The procedure and time scale were identical for the second group (seven subjects) except that the Tassaway was not inserted until two hours after the Betadine.

In the first group (excepting one subject in whom there was immediate marked leakage when the device was inserted in the squatting, not recumbent position) approximately 70% of the dose was recoverable from the Tassaway after four hours. The amount lost on the sanitary pad was either negligible or undetectable. In all seven subjects in the second group there was heavy staining on the pads and no iodine could be detected in the Tassaways by starch indicator. Speculum examination showed hardly a trace of the characteristic gel colour. This implies a marked loss from the vagina in this group assuming—as in the first group—negligible loss once the devices were in use.

There was no subjective discomfort reported and examination revealed no evidence of tissue damage. In the first group it is of particular interest that the retained medication was not only within the device, but a significant proportion was seen bathing the upper vagina and cervix. Depending on the patient's posture, a continuous redistribution of the water miscible gel between Tassaway and vagina may be occurring.

Further studies are planned to confirm this suggestion and also to use Tassaways combined with conventional medication to treat vaginitis of varying aetiology, in order to overcome the patient's subjective problems of leakage and perhaps to shorten the treatment period.

It is a pleasure to acknowledge the assistance of Mr. D. N. S. Robertson and Mr. D. Methuen, and Dr. J. C. Wood and Mr. D. J. Whitehouse.

—I am, etc.,

JOHN GUILLEBAUD

Royal Buckinghamshire Hospital,
Aylesbury, Bucks

Rickets in Glasgow Pakistanis

SIR,—We have read with interest the paper on rickets and osteomalacia in the Glasgow Pakistan community by Dr. J. A. Ford and others (17 June, p. 677). A similar survey has been conducted from this department, and the same conclusions were reached.¹

The Glasgow workers in their discussion postulate that the apparent vitamin D deficiency found in some Pakistani children may reflect genetic differences in the conversion of cholecalciferol (vitamin D₃) to its more polar active metabolites. We have investigated the fate of [1, 2-³H, 4-¹⁴C] cholecalciferol in three adult osteomalacic patients (two Pakistani, one Indian) to whom

isotopes could ethically be given. All three patients were able to form 25-hydroxycholecalciferol to the same extent as non-Pakistani control patients with a similar degree of vitamin D deficiency. The two Pakistani patients were also shown to form the potent biologically active metabolite 1,25 dihydroxycholecalciferol. Details relating to one of these patients have been published.²

We feel therefore that inability to produce the appropriate metabolites of vitamin D is not the explanation for the phenomena reported in both surveys.—We are, etc.,

E. BARBARA MAWER
ANNE M. HOLMES

Division of Metabolism,
Department of Medicine,
Royal Infirmary,
Manchester

1 Holmes, A. M., Enoch, B. A., Taylor, J. L., and Jones, M. E., *Quarterly Journal of Medicine*, in press.

2 Mawer, E. B., Backhouse, J., Lumb, G. A., and Stanbury, S. W., *Nature, New Biology*, 1971, 232, 188.

The late Sir Farquhar Buzzard

SIR,—I am trying to collect material for a possible *Memoir* on the life and work of Sir Farquhar Buzzard. If any of your readers possess letters or other documents relating to him, I would be most grateful if I might be allowed to see them.—I am, etc.,

A. M. COOKE

Merton College,
Oxford

Examination Fees for Diplomas

SIR,—I think the profession should protest against the action of the Examining Board of the Royal Colleges in dramatically increasing the entrance fees for medical diplomas. In many cases the fee has been increased from £20 to £40 and no explanation has been given. I would point out that these examinations are usually taken by our junior staff who cannot afford large fees for what are non-essential diplomas.

In my own specialty, the standard required for the Diploma in Child Health is greater than one needs to enter general practice, but not high enough for consultant training. Consequently many candidates will now consider that membership is all they require, and I am sure they will not be prepared to pay an enormous fee for the privilege of taking the Diploma of Child Health.—I am, etc.,

T. F. MACKINTOSH

Basingstoke District Hospital,
Basingstoke, Hants

Review Body Report

SIR,—The report of the Halsbury Committee (*Supplement*, 1 July, p. 15) is certain to provoke in the short term considerable comment much of which will, I am sure, be unfavourable, but I believe one of the long term results will have wider repercussions.

On their own conservative estimates (paragraph 48) the net earnings of young general practitioners will exceed those of a newly appointed full-time consultant by over £700 per annum despite the consultant's average

age being some seven years older. While this differential exists, there will be great pressure on the part of full-time hospital staff to seek financial parity with their younger general practitioner colleagues by undertaking private practice, thus aggravating the shortage of hospital medical manpower. If this continues, supported by the rapid expansion of private health insurance schemes, it will soon produce a situation where a sufficient proportion of the population is using private health services to establish a two-tier health service. This would be the first step towards dismantling the Health Service as we know it and the Review Body must consider the likelihood of this happening in future reports.—I am, etc.,

R. D. M. MACLEOD

Dr. Gray's Hospital,
Elgin

SIR,—After studying the latest pay award and its split up, may I be permitted to make several observations.

I would suspect that most doctors will not be receiving 7½% increase, as very few will be receiving percentage increases on all items that are stated. Personally I feel that my increase will be in the region of 5% and

I think I have the average type of list and the average type of work of the practitioner in Britain. Five per cent is therefore, I feel, not a satisfactory increase to keep pace with the escalating cost of living.

A more fundamental point; I was alarmed to note that we appear to be going back to a pool type of system whereby an overall figure is decided in advance which is then divided out among items within rigid limits, so that any marked increase for one item means a marked decrease for another. I thought that the original fight of some years ago was to do away with such a system. It now appears to be creeping back in and for the future appears to me to be an extremely dangerous precedent.

Personally I am very keen on vocational training and I do believe that both trainees and trainers deserve to be adequately remunerated. This remuneration should not be paid to them at the expense of all other practitioners. The remuneration should be a separate item paid for by the Treasury. I feel that the British Medical Association must have realized this situation in advance and I cannot understand how they have allowed such a system to be re-introduced.—I am, etc.,

N. L. SHORT

Dartford, Kent

Points from Letters

Mothering the Baby

Dr. B. BARNETT (Birmingham 13) writes: A major omission in your leading article (20 May, p. 419) is that there is no mention of the father. Debate which fails to take the father into account in what is the central issue of family life misses a very important factor. It is not only that a child needs a father; for the best mothering of the baby there must be adequate support of a man. . . . Delivery is now almost wholly institutional. While this has undoubtedly been a major advance in respect of morbidity and mortality, like other advances it has thrown up problems which are new and often quite unanticipated by the planners. Organizations (including even those with medical representation) and managements have their own logic and imperatives which sometimes clash with common-sense practice evolved in quite other circumstances. The issue is not so much that as doctors we need proof of the mother's desire—and indeed need—to handle her babe, but how can this be achieved when it seems so much more economical in manpower to have nurseries, etc. Another aspect which demands consideration arises from the increased hospitalization for obstetrics. The social-neighbourly-involvement is minimized. Though it will be always agreed that man is not only an animal but a social animal, the social aspects of crises periods have not had enough consideration. . . .

Research in Psychiatry

Dr. J. R. M. COPELAND (U.S./U.K. Diagnostic Project, Institute of Psychiatry, London S.E.5) writes: Your leading article entitled "Research in Psychiatry" (8 April, p. 61) asks why research into "functional" mental disorder has made little progress. Part of the reason may lie in the special problems of the classification and assessment of psychiatric illness. Before research can begin the subjects for study must be clearly identified and the criteria for identification be both understood and capable of being reproduced by other workers. . . . Not even within the British Isles is psychiatric diagnosis standardized, a patient in London regarded as suffering from schizophrenia may be diagnosed in Glasgow as having mania.¹ In

practice there seems to be agreement on the diagnosis of many types of patients, but diagnostic terms are still not sufficiently exact to allow proper communication between research workers who seldom bother to define them. To some extent these problems are now being overcome by the use of standardized methods of examination and diagnosis (the British Glossary of Mental Disorders goes much of the way towards providing suitable descriptions of diagnostic categories) and by insisting on good inter-rater reliability for the procedures used. In this way it has been possible to show that psychiatric diagnosis can be as reliable as diagnosis in other areas of medicine. These techniques represent only a small advance towards solving the problems which confront psychiatric research, but they are important in a subject notorious for its nebulous terminology. . . .

1 Copeland, J. R. M., Cooper, J. E., Kendell, R. E., and Gourlay, A. J., *British Journal of Psychiatry*, 1971, 118, 629.

Treatment of Trigeminal Neuralgia

Dr. A. W. GALBRAITH (Geigy Pharmaceuticals, Macclesfield, Ches) writes: Carbamazepine (Tegretol) is discussed in "Today's Drugs" (3 June, p. 583). I should like to point out that both 100 mg and 200 mg tablets are now available. . . .

Functions of the G.M.C.

Dr. M. T. HASLAM (Clifton Hospital, Yorks) writes: I was somewhat perturbed to read the comments of one of our representatives at the meeting of the General Medical Council (*Supplement*, 10 June, p. 141). I refer to the partisan comments of Dr. F. Pigott who was concerned that general practitioners can get struck off for adultery with a patient, but that consultants do not get struck off apparently for an affair with someone with whom they work. . . . The G.M.C. has a duty to safeguard the patient. It is difficult to see how the patient, or the doctor's efficiency in treating the patient, is impaired in any way by a liaison of this kind, reprehensible though Dr. Pigott might feel it to be, and it is difficult to see therefore what business it should be of the G.M.C. . . .