Fashions in Infant Feeding

SIR,—Your leading article (30 June, p. 727) summarized the dangers of feeding babies with milk containing too high a solute content. It was stated that severe hypernatraemic dehydration may result from failure to follow the manufacturer's instructions. The method of making up a day's milk feeds (say 32 fl. oz. (900 m)) using separate accurately measured single scoops is laborious and time-consuming, and only the most meticulous mother is likely to produce regularly the desired concentration. I would suggest that a 4-unit scoop be also supplied with milk powders; or that the powder be supplied in sachets each containing four scoops.

I would also like to report that a popular brand of baby cereal sold widely in infant welfare centres has the following instructions on the packets:—"is very effective when added to baby's last feed at night. According to age, up to one heaped teaspoonful for every 2 oz. of boiled water used in making the bottle feed will help baby and mother to have an unbroken night's sleep." Unfortunately, many mothers deduce that it may be helpful for peaceful days too, and not infrequently I have found that the extra solute is also being added to one or two feeds during the day.—I am, etc.,

PHILIPPA WRIGHT

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Nasal Polyps

SIR,—With reference to your leading article (14 July, p. 63), it is perfectly true that "unfortunately, it is virtually impossible to remove every square centimetre of ethmoidal mucosa by any surgical operation and guarantee complete freedom from a recurrent polypus." It is also true that allergy skin tests are almost uniformly negative, or at best unhelpful, in patients with simple nasal polypi; nor it is surprising that "treatment with antihistamines... is unfortunately of little value in established cases." But this misses the most important point in their postoperative management, for though they are not specifically allergic in origin, most of these polypi are due to some disturbance in the vasomotor mechanism of the upper respiratory mucosa. To ignore this factor is, in my opinion, to deny the patient a most essential part of his treatment and one which is at least as important in preventing recurrence as the meticulous removal of polypoid mucosa. The energetic long-term use of antihistamines, and in rather rare instances of systemic steroids, is to be recommended as a regular part of the postoperative management of a condition which "causes a good deal of misery."—I am, etc.,

JOHN BALLANTYNE

London W.1

Women Doctors and Family Planning

SIR,—Dr. Elphis Christopher's anxieties, as set out in her letter (21 July, p. 176), reflect the views of many women doctors working in the Family Planning Association about the future of the work at present being done by the association and their own role after April 1974. The Department of Health and Social Security is confident that there will continue to be work for these

doctors to do and envisages an increased demand for family planning advice. However, such reassurance does not allay all the worries these doctors have.

The term family planning means more than contraception. Moreover, appropriate contraceptive advice today now involves a considerable understanding of subfertility, endocrinology, psychosexual problems, etc. In fact the work done by many F.P.A. clinics reflects the need many women have for general gynaecological advice. This service to women is part of the philosophy which supports a generally available medical service maintaining health by the adequate provision of screening procedures, health education, and active preventive measures. The F.P.A. has done a wonderful job in providing such a service as widely as it can. It has insisted on high standards and on training for doctors and nurses and has sought to meet the changing needs of the community. It has kept records from which valuable facts have been extracted.

Whether after April 1974 family planning advice is given in hospital, G.P. surgery, or separate clinics, the Medical Women's Federation and many others are very concerned, not only about the need for high-quality family planning advice but also, of course, for the careers of women doctors who wish to take part in this service. We very much hope that assurance will be given soon to all doctors now employed by the F.P.A. that if they wish to be employed in family planning they will be so employed by area health authorities. Furthermore, longer-term plans should be made to ensure that the family planning service is strengthened by becoming part of the gynaecological and obstetric service. Family wellbeing needs such a service as much as it needs child and psychiatric health services.

It is the great hope of many women doctors that all the preventive services will soon take their rightful place as an integral part of the relevant specialty and not be perpetuated as an appendage or subsidiary activity. We want this primarily to ensure high-quality service but also because all doctors will need to be identified as specialist-trained before long. Family planning cannot for the foreseeable future be an independent speciality.

At the moment, as Dr. Christopher's letter indicates, there is an urgent need to maintain the goodwill of the hundreds of doctors employed by the F.P.A. The doctors working in the clinics should be taken into the confidence of those who are planning future family planning services and their advice and collaboration should be sought.—I am, etc.,

JEAN LAWRIE

Hon. Secretary,
Medical Women's Federation

London W.C.1.

Administrative Posts in the N.H.S.

SIR,—I am sure that many doctors now working in administrative posts in public health and the hospital service will be disturbed to read in the B.M.A.'s Memorandum of Evidence to the Review Body that the establishment for medical administrators in the reorganized Health Service is likely

to be between 650 and 1,000 for Great Britain (paragraph 75) (see also leading article, 28 July, p. 189). In the preceding paragraph it is said that there are 1,480 likely aspirants for these posts. One wonders what will become of those who fail in the forthcoming scramble for jobs. The situation is especially ironic when one reads that the district community physician will be the only medical administrator at district level to cope with a population of up to half a million people, a task which usually occupies three or four full-time medical administrators.—I am, etc.,

E. L. HOWELLS

City of Portsmouth
Department of Public Health,
Portsmouth

Notional Funding

SIR,—The problems of superannuation are complex, and criticism and arguments do not help to clarify the situation. Perhaps I might be allowed on this occasion to deal with one topic—notional funding.

I have always disliked the concept of notional funding and I have stated so on many occasions and expressed this dislike through the various negotiating channels. I am of opinion that a properly funded scheme, correctly managed and with expert advisers, could earn more than a notional fund and that increased surpluses would permit of increased benefits. There is, of course, no guarantee of this. There are, for example, major unit trusts which have in recent years achieved unsatisfactory results. This rejection of a notional fund is in fact B.M.A. policy and has been for some years.

What I dislike even more is the notional investment policy, which is decided upon solely by the Government actuary and with income returns based on medium-dated Government securities. No one who was present at the Annual Representative Meeting in 1972 can be in any doubt as to my views on this (see *Supplement*, 5 August 1972, p. 118). We continue to press for pension monies to be more realistically funded and, at the very least, for a more appropriate calculation of interest rates.

A very great deal of money is involved, and it is not surprising that the Exchequer, the Government, and the Department of Health resist any such a suggestion strongly. We therefore have to live with the notional funding scheme and do our best to achieve improvements within those limits. This does not mean that we do not remain concerned with the inequities of the system and in particular the derisory income levels added to the book-keeping funds.—I am, etc.,

R. D. ROWLANDS

Chairman,
Compensation and Superannuation
Committee, B.M.A.

B.M.A. House,
London W.C.1

General Practitioners' Superannuation

SIR,—We who have been penalized for retiring before March 1972 should be grateful to the negotiators who have been, and are, fighting our cause. They, as we, are handicapped by fragmentation and small numbers, making us electorally insignificant.