student" is not the one for whom both my patients and I are so grateful. A consultant responsible for a clinical service must accept a major responsibility for the calibre of his team and for delegation of duties to its members. He should learn as well as teach, and I am grateful for all that social workers have taught me concerning the difficulties and at times tragedies complicating the lives of patients. This information has proved vitally important in the planning of treatment and postoperative care.—I am, etc.,

JOHN STALLWORTHY

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SIR,—We ought to be grateful to Mrs. Carole R. Smith for her honest account of the aspirations of hospital social workers (25 August, p. 443) because it should stimulate doctors to define clearly and categorically exactly what is required in the hospital service from this group of ancillary workers.

She states that social workers complain that "the most common referrals were for convalescence, home helps, meals on wheels, home nursing or health supervision by health visitors," tasks which, they assert, could readily be done by clerks, whereas the modern social worker with a degree in sociology or psychology should, in their opinion, fulfil a quite different function. This, according to Mrs. Smith, should include particular orientation to the psychosocial functioning of their patients because, she says "she is trained to look for and interpret various cues sent out from the patient, whether they be verbal or non-verbal, and to respond to these in an appropriate way."

It would be interesting to know what special skill the social workers feel they possess which makes them so much better than doctors or nurses in recognizing and coping with the psychological problems which beset all seriously ill patients. A skill in such matters certainly cannot be learnt from attending a university course in sociology or psychology because it depends for the most part on inborn intuition and insight combined with a genuine interest in people, qualities of mind, I humbly submit, as likely to be found in doctors and nurses as in social workers. Further, she states that social workers can be of help to nurses who at times penalize difficult patients without stopping to inquire why they are difficult. This may on occasions be true, but it is a problem to be solved by the nursing profession and certainly does not call for social workers to act as interpreters in the nurse-patient relationship.

I believe the dissatisfaction felt by hospital social workers is partly the fault of doctors, who have not laid down sufficiently clear guide-lines as to what is required from them. All other groups of ancillary workers such as physiotherapists, radiographers, and dietitians, have come into being in order to perform well-defined tasks and doctors have devised training specifically for their needs. In contrast to this, the graduate social worker's course in sociology or psychology is really nothing more than an extension of her general education and does not by itself necessarily fit her for a special role in the hospital team.

Doctors certainly realize the very important place of social workers in the hospitals in organizing and co-ordinating social services for their patients, and it is a matter for sincere regret if the modern graduate feels that such work is beneath her and the possession of a degree makes her wish to intrude into the delicate interpersonal relationships between doctor, ward sister, and patient, when in fact she has no special skills to offer in this field.

It should therefore clearly be stated that if Mrs. Smith and other social workers assure us that the organization of essential social services in hospitals can be competently done by clerks, then we should forthwith stop employing relatively expensive graduate social workers because there is no doubt that in the field of psychosocial work they are certainly not essential experts in the general wards (that is, non-psychiatric) and with an attitude of mind as revealed by Mrs. Smith they can be considered only to be misplaced intruders.—I am, etc.,

P. E. BALDREY

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Immediate Sterility after Vasectomy

SIR,—There must be misgivings about the recommendations in Mr. D. Urquhart-Hay's paper (18 August, p. 378).

Nobody can be certain that the non-motility of sperms seen under the microscope means that they are dead or, if dead, that they were so at the time of ejaculation. Of the 110 specimens reported on by Mr. Urquhart-Hay, none was completely aspermic. "Few and non-motile" was the best result achieved after 158 days. For safety this is not good enough. If sperms persist at all there must be a leak, and leakage means live sperms. In the view of most of us jealous for the reputation of vasectomy as an efficient method of birth control the double completely negative count should be insisted on before the patient is given the all-clear.—I am, etc.,

L. N. JACKSON

Hon. Director,
The Crediton Project

Crediton, Devon

Tetracyclines and Young Children

SIR,—Mr. D. S. Stewart (11 August, p. 320) has again drawn attention to one of the undesirable side effects of prescribing tetracyclines for small children and has noted the evidence suggesting a "modest decline" in the use of this group of drugs. It is thus encouraging to be able to state that, in two parallel studies of general practice prescribing in the north-east of Scotland, the use of tetracycline at consultations for new episodes of respiratory illness by 42 doctors who took part in both studies fell from 127 out of 930 (13.6%) in 1969-70 to 17 out of 1,546 (1%) in 1971-2.

While this change is apparently part of a general trend (the extent of which official sources might be able to measure) it is tempting to look for an explanation for this particularly dramatic local change. The fall has in fact coincided with the use of graphs¹ showing consensus opinion among local general practitioners against the use of tetra-

cycline for children at a number of meetings throughout the region, and the major changes in prescribing patterns have been in doctors who were originally "behaving" outside the consensus zone. Similar changes have been noted in the reduction of the use of tetracycline as a primary treatment of tonsillitis at any age (45 out of 501 or 9% in 1969-70 reducing to 19 out of 661 or 2.9% in 1971-2) and in both these areas of prescribing in a small number of trainee general practitioners.²

Worthen³ comments on the "legitimizing" effect of peer groups on prescribing habits, and the findings reported above may be a demonstration of how this phenomenon can be put to an educational use. While it is, of course, naive to assume that peer group or consensus opinion is automatically correct (almost, in fact, as naive as ignoring it when it is inconvenient) it appears that in this case we are all broadly in agreement. Mr. Stewart appears unlikely to meet any substantial opposition to his conclusions and recommendations on abstaining from the use of tetracycline in the young.—I am, etc.,

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¹ Howie, J. G. R., Richardson, I. M., Gill, G., and Durno, D., *Journal of the Royal College of General Practitioners*, 1971, 21, 657.

² Richardson, I. M., and Howie, J. G. R., *British Journal of Medical Education*, 1972, 6, 29.

³ Worthen, D. B., *British Journal of Medical Education*, 1973, 7, 109.

St. John Ambulance Air Wing

SIR,—With reference to Dr. Z. M. Sharnagiel's letter (1 September, p. 502) concerning the St. John Ambulance Air Wing, the direct telephone number of the flight control centre is Epping 5624. The telephone number given in Dr. Sharnagiel's letter is that of St. Margaret's Hospital, where the centre is based. When the centre is left unattended a recorded message gives the telephone number of the duty flight controller when the above number is dialled. A 24-hour service is maintained by volunteer flight controllers.

The air wing was formed in early 1972 to provide a volunteer air service for the rapid transport of organs, drugs, blood supplies, and patients in emergencies when other means are not available. The function of the air wing is to assist by any possible means in life-saving or emergency missions in the United Kingdom or abroad within the scope and ideals of St. John Ambulance Association.

There are now over 100 pilots with more than 60 single- and twin-engined aircraft. The majority of pilots are formed into groups covering the whole of the U.K. and are able to fly to and from small airfields and landing strips as well as the major airfields. The air wing can usually have an aircraft in the air one hour after the initial call to the flight control centre, and special landing facilities have been made available through co-operation with the R.A.F., R.N., and United States Air Force in the U.K.

To date the air wing has carried out 72 flights, the majority of these for the carriage of transplant kidneys at night. Recently there has been a demand to carry patients, and the air wing has supplied medical and nursing air attendants and medical equip-