

Lord Halsbury's Review Body they would immediately claim the public's respect and perhaps even set in train similar feelings among members of other bodies responsible for negotiating pay awards: this is the only way to a voluntary incomes policy and thus to national economic salvation.—I am, etc.,

JOHN W. BAKER

Matfield, Near Tonbridge, Kent

SIR,—Overpaid doctors (Dr. H. M. Holden, 29 June, p. 732) are obviously "all right, Jack," but it is sad and yet true to say that their attitude demonstrates a complete lack of knowledge of and interest in the situation for their younger colleagues.

At senior house officer level, with a frugal and working wife, I work hard. I am lucky enough to get a mortgage on a very small property—this is at the expense of three-fifths of my income. I certainly cannot afford a balanced diet, I can afford to heat only half of my home, and my flowers are being replaced by more useful cabbages. My luxurious honeymoon consisted of three days camping, and should my wife become pregnant I will be forced to sell up, emigrate, or enter general practice immediately. No second car or second home for me and no hope of one. What is more, the future is of a deteriorating Health Service and a profession that obviously thinks no more of itself than of skilled labour.

All right, Jack, you are the one who should be considering emigration, not me—you are the one who has benefited from substantial earnings some years ago (before inflation)—many of your ilk have awarded yourselves degrees that I shall have to work hard for. I believe that my profession is useful and I care about the few who may die and those who do die that I can only

make comfortable—perhaps it is because of this belief that my attitude will be rewarded one day if I stay. But don't tell me that young doctors—S.H.O., consultant, and G.P. alike—are overpaid because you obviously just don't know.—I am, etc.,

ADRIAN ROGERS

Exeter

SIR,—To read about the rosy life and times of Dr. H. M. Holden makes a pleasant change these days (29 June, p. 732). He should feel satisfied since he appears to be a subtle mixture of Albert Schweitzer and Charles Clore.

However, the real point of his letter which excites comment is his remark, made quite ingenuously, that his salary as a trainee G.P. has dropped "slightly" from that of a full-time consultant of nine years' seniority.—I am, etc.,

ROSS WATKIN

Carshalton Beeches, Surrey

SIR,—I would like to add my name to those who think we doctors are paid enough. There are other health service employees and other members of the community whose need is greater than ours. Economic reality and social justice require that differentials should be narrowed.—I am, etc.,

DEREK PHILIPS

Huddersfield

Private Beds and the N.H.S.

SIR,—Let there be no mistake. Consultant practice is faced with two alternatives. Either it surrenders to the demands of a Marxist minority, in which case it will be transformed eventually into the Russian shift

pattern, or it fights for its present position of independence and for the right to treat and serve equally, under the same roof, rich or poor, irrespective of whether they eat caviar or cottage pie. Let the patient too have no doubts as to the alternatives. On the one hand a system in which each consultant is on duty for seven or eight hours, so that should anything go amiss outside these hours the responsibility for the care of the patient shifts to others. On the other hand the present system in which one consultant remains in charge, contactable day and night and available at all times to give his advice and skills to his patient.

These are the final choices facing us and the public. I do not believe that the vast majority of either wish for the impersonal and soulless service of a shift system. Therefore, so long as we are not excluded by Act of Parliament from treating both types of patient in the same hospital we should defend this right. To achieve this, defence action may well be necessary. I suggest that if services to private patients are withdrawn at any hospital the B.M.A. should advise the consultant staff of that hospital to discontinue the admission and care of non-urgent cases. Outpatient clinics would be run normally so that no patient in need of immediate treatment or investigation would suffer.

The withdrawal of any part of his service is an anathema to a doctor but the threat to our professional liberty is now so great that it must be protected. Arrogantly, the north-west divisional organizer of the National Union of Public Employees states, "Power lies with our members." He is in error. It lies with us and should be used in the best interests of our patients and of our profession.—I am, etc.,

STANLEY AYLETT

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Points from Letters

Pseudocyanosis

Dr. N. G. GOLD (Kettering and District Hospital) writes: A most faithful reproduction of peripheral cyanosis can be achieved with the blue rinse popular among grey-haired elderly women. I was fortunate that the patient with whose persistent cyanosis, in the face of apparently normal respiratory function, I was unsuccessfully wrestling with should have informed me that she was a habitual head scratcher. In the case of less forthcoming patients differentiating between real and simulated cyanosis may be effected by the realization that the feet are uninvolved.

Letter to Consultants

Dr. J. K. JOHNSON (County Hospital, York) writes: On 14 June I received a letter, sent by first class mail, from the Secretary of the B.M.A. and I saw the same letter in your issue of 22 June (*Supplement*, p. 120). The letter itself said nothing that we did not already know and the tone of the letter was surely enough to infuriate all but the most devoted B.M.A. followers. Postage alone of this letter to 12,000 consultants must have cost more than £400, and when the cost of the envelope and paper and the time in-

involved is included it must have cost well over £1,000.

If we are being asked to pay an extra £9 a year to run the B.M.A. I think we have a right to demand that this sort of money should not be wasted in this way. . . .

Screening—G.P. or Family Planning Doctor?

Dr. M. J. AYLETT (Corsham, Wilts) writes: Dr. N. A. Chisholm (8 June, p. 557) invites the views of G.P.s on his suggestion that doctors working in family planning clinics should have direct access to pathological services. As one who is primarily a G.P. but has also worked in family planning clinics I would go farther and suggest that access to all services, including the radiologist or any other specialist, should be freely available, provided firstly, that it is with the full knowledge and co-operation of the G.P. and secondly, that the service is used only as an integral part of the family planning method under consideration. The only danger of open access is the over-investigation of the patient for reasons not related to the birth control method proposed or in use. . . . The real indications for the investigation of liver function, glucose

metabolism, or possible haemoglobinopathies must be rare. . . .

Reactions to Tetanus Toxoid

Dr. M. S. COOPER (Manager, Biological Quality Control, Lederle Laboratories, New York) writes: With reference to your leading article (12 January, p. 48), while Mueller and Miller¹ did report on the development of culture media relatively low in antigenic components, the medium in general large-scale use in the United States for the cultivation of toxin-producing organisms in many cases does contain bovine antigens. It is not likely that these antigens, which are protein in nature, are completely removed during the fractionation or purification of the tetanus toxin or toxoid. Before an assumption is made that the reactions are due to tetanus toxoid itself rather than an impurity it is suggested that sensitivity to bovine antigen be ruled out by suitable control tests. We have performed skin tests with bovine antigens on several individuals who had demonstrated local reactions to tetanus toxoid. These individuals reacted similarly to the bovine antigen alone.

¹ Mueller, J. H., and Miller, P. A., *Journal of Immunology*, 1943, 47, 15.