and where it was bought rather than on its intrinsic worth.

It is depressing but relevant to consider the position of the new full-time consultant at the bottom of the scale. He will find himself with a net income of about £340 per month if he is married with two children, and he is unlikely to have very much capital if he has undertaken his postgraduate training in Britain. He may well wonder how he is expected to proceed with house purchase, when a typical three-bedroom semi-detached house costs a minimum of £17,000 in many parts of the country and the maximum mortgage available is £12,900, which will cost him about half of his net salary. As a culmination of 12 years of pre- and postgraduate training this is hardly affluence. Those of us who are more fortunate than young consultants in this deplorable situation do them a disservice by drawing attention to our own more fortunate circumstances. Who can be complacent in the face of present trends in recruitment to the hospital service?—I am, etc.,

J. F. NUNN

Northwood, Middx

Side Effect of Tranlycypromine

SIR,—I report what I believe to be a hitherto unreported side effect of tranlycypromine.

A middle-aged alcoholic was admitted to hospital. He had serious domestic and other personal problems and was understandably depressed. He was put on a regimen of tranlycypromine 30 mg a day and diazepam 10 mg three times a day together with glyceryl trinitrate to take should he develop a headache. He was given the usual dietary warnings. He rapidly changed from his withdrawn, anxious, very depressed state to a mood of calm confidence and he was discharged. At outpatient follow-up he reported only occasional headaches, but on several occasions he had had left-sided chest pain about half an hour after taking the tranlycypromine. Glyceryl trinitrate relieved the pain. He was advised to take glyceryl trinitrate at the same time as the tranlycypromine, and subsequently he had no symptoms of angina.

Though generalized hypertensive symptoms are known to occur occasionally with tranlycypromine I do not know of angina alone having been reported. I wish to thank Dr. R. Gardner, of Fulbourn Hospital, Cambridge, for permission to report this case.—I am, etc.,

J. D. WILSON

Dorchester, Dorset

Liver Hamartomas in Patients on Oral Contraceptives

SIR,—Our recent experience with one of our patients supports the possibility of an association between oral contraceptives and liver tumours, suggested by Dr. J. P. O'Sullivan and Mr. R. P. Wilding (6 July, p. 7).

A 34-year-old woman had been on haemodialysis for seven years. Over the same period she had been on a large dose of oral contraceptives (Norinyl-1) (norethisterone 1 mg, mestranol 50 µg one to three tablets daily) because of persistent menorrhagia. She presented with severe abdominal pain, shock, and signs of peritoneal irritation. Surgical exploration of the abdomen revealed a massive haemoperitoneum, the source of haemorrhage being a ruptured intrahepatic haematoma confined to the right lobe. Despite repeated surgical interventions and

intensive transfusion, the patient died. At necropsy the liver was found to be enlarged and contained multiple, discrete, highly vascularized tumours. Details of the histology of these lesions are not yet available, but preliminary examination showed that the tumours were similar to those described by Dr. O'Sullivan and Mr. Wilding.

All the cases previously described have had solitary lesions. Dr. O'Sullivan and Mr. Wilding recommended that they be treated by partial hepatectomy. Obviously this operation would not have been appropriate for our patient. This case will be reported more fully in due course.—We are, etc.,

G. VOSNIDES
B. O'KEEFE

W. BRANDER
M. BEWICK
C. OGG

Renal and Transplant Unit,
Guy's Hospital,
London S.E.1

Nursing Staff and Work Load

SIR,—I fully sympathize with the letter headed "Nursing Staff and Work Load" (13 July, p. 115). The authors show an understanding of the current situation and offer a workable solution.

In the hospital where I work the nursing administrators have tried to practise responsible management of manpower resources in just the way suggested, by acquainting the medical staff with the numbers of nurses available and proposing adjustments to the work load. In many cases this has met with excellent response from the medical staff and it has been possible to fit the work to the staff available, with the result that in those units the patients have received better care and the staff morale has improved. In the long term we would hope this would show an improvement in the wastage figures.

When medical co-operation is lacking an impossible situation arises where nurses are over-burdened but remain loyal to consultants by continuing to accept heavy work loads with a consequent fall in standards of patient care. Nurses often feel unable to express their despair to their consultants and if they do the medical staff see the situation as a failure of the nursing administration to provide adequate staff to their wards. Instead, nurses look for posts elsewhere, all too often outside the Health Service, where there is not this conflict and where they can earn a reasonable salary without the burden of responsibility they now carry.

Some people seem to think that if nurses are awarded an adequate salary increase the staff shortage will magically go away. I fear that the problem is far deeper than this, and we must face the reality of having to work out how best to use the resources we have in the best way possible so that patients will not be subjected to unnecessary hardship. It is only by complete co-operation and understanding between nurses and doctors that we will be able to achieve this.—I am, etc.,

HAZEL H. L. E. HALTER
Principal Nursing Officer

Cambridge

N.H.S. and the Profession

SIR,—In the past few weeks you have received your share of sanctimonious letters on

the above subject with quotations from the Hippocratic oath, etc. No doubt in the main these letters reflect the fortunate personal position of the writers but they make poor reading to doctors in the 35 to 55 age group who have houses to purchase and children to educate. Too many of these able doctors are driven to emigration.

These writers are fully entitled to their views, but it would be a pity if independent persons got the impression that they were very numerous. I think that our representatives are doing a good job and that they are supported by a vast majority of the profession. They should receive every support and encouragement. They represent a dedicated profession which has not let patients suffer despite all difficulties, and this is what our employers have counted upon throughout the years. If we have been remiss at all it has been in not giving more support to the claims of the nurses and other paramedical staff, particularly the physiotherapists, radiographers, and technicians.

I have no doubt that you, Sir, would be willing to allot space for the names of those who are prepared to work without any increase in remuneration. Not much space would be required, and presumably this would satisfy the writers of recent letters, who then would have made their gesture.—I am, etc.,

B. H. ELLIS

Middlesbrough

Finance and the Health Service

SIR,—My subscription to the *B.M.J.* ensures my continued receipt of it—but by sea mail, which means a delay of about two months. This letter is prompted by reading your leading article on finance and the Health Service (25 May, p. 398). I have been in general practice in Australia for nearly one year, after several years of medical work in hospitals, university departments, and general practice in Britain. I do not offer the complete answer to the difficulties of providing a good universal health care system. At its simplest it is the problem of making enough money available to pay for the service. In almost every organization in this world you get what you are prepared to pay for.

In Britain the National Health Service is a political pawn and suffers because of this. The people pay taxes and the Government uses part of the revenue from taxation to provide the cheapest health care system that it can get away with, relying heavily on highly motivated professionals to make the system work. Payment by taxation is not felt by the public in the same way as direct payment for service and so, for this and other reasons, there is no effective public demand for better service. Hence your editorial observations on irritability, depression, and frustration among doctors and nurses.

The salaried system which affects hospital doctors, and will soon control general practitioners too in Britain, is a method by which a doctor is paid not for what he does but for what he is. It means that the lazy, slow, and idle people are paid a higher rate for their productivity than those who are diligent and efficient. The illogicality of this seems obvious to me yet it looks as if the general practitioners will be sucked into this