

to be aware of the danger of the total loss of our liberty.—I am, etc.,

STUART SANDERS

London W.1

SIR,—Every time a patient, be it a housewife, a wage earner, or a cabinet minister, elects to pay privately for treatment this is a display of discontent with the N.H.S. that must result in pressure being made to improve the latter. It is little wonder that the Government fears the steady increase in the demand by the public for private treatment and takes the usual reaction when a public service proves inadequate: "If we destroy the competition then comparisons are not possible and efforts to improve become less urgent." We see the same in education and, in my own profession, we see it in the general practice of dentistry.

The abolition of the entire private sector of medicine referred to by Mr. Walpole Lewin (30 August, p. 553) is indeed the aim of many extreme elements now in power. Dentists also fear this threat but as independent contractors they are able to determine their own priorities, whether it be classes of patient<sup>1</sup> or types of treatment. Efforts will be made to divide our professions, for this is the first step in political conquest. I hope that it will be made clear that it is only so long as we have an alternative to State employment with its inevitable (and often not very subtle) control on clinical freedom that we can continue to be honest with our patients, saying to them "This is the best available" rather than "This is all that exists because Big Brother cannot afford better.—I am, etc.,

D. N. BARBER

Manchester

<sup>1</sup> Barber, D. N., *The Problem of Betterment in Dental Practice*, 2nd edn. Manchester, Barber, 1969.

### Telephone Transfer Charges

SIR,—I have heard that the charges for transferring our telephone calls is to go up next month from 4p to 30p per time. This is more than just another price increase. It strikes at the very roots of the one thing that keeps us going in this practice, the ability to enjoy trouble-free off-duty.

The cost of the telephone transfers at the present charge comes to between £60 and £100 a year and the tremendous increase proposed will make it too expensive to use this method at all. Worst of all, it is going to hit our wives, who have to man the phone when we are on duty after the secretaries have gone home. They are already heartily tired of being unpaid servants of the N.H.S. and this final straw is just going to make them withdraw their co-operation. This would be a disaster, for who would answer the phone when the doctor was out in the absence of reasonable telephone transfer arrangements? I have discussed this with several colleagues, whose comments range from abandoning the telephone and letting patients try to get to the local hospital to leaving the country.

If these charges really are being increased, is adequate protest being made to the Department of Health, etc., and is any preparation being made to advise doctors about alternative methods using, for example, Ansaphone? Why is there all this rush and

secrecy over a charge which must have been planned months ago? When I questioned our Post Office representative last week she said that there would possibly be an increase but did not know any details.

Surely a more considerate approach would have been a letter to the affected subscribers explaining the position and offering suitable alternatives. Could not the Post Office be persuaded to delay this increase till adequate alternative arrangements can be made? The only alternative I can see is that of installing a second telephone for domestic use and either switching off the business phone when off duty or obtaining an Ansaphone. Either method would mean circulating all the patients—a mammoth task—and who wants to sign a seven-year Ansaphone contract when the whole position may change in a year or two? This is a very worrying problem coming in the midst of a very busy time in the practice.—I am, etc.,

GRAHAM HUNTER

Bexhill-on-Sea,  
Sussex

\*.\* We have had the same difficulty as Dr. Hunter in obtaining clear information from the Post Office but it seems that these increases are in fact coming into force next month for operator-controlled transfer services, though the rental charges for subscriber-controlled transfer equipment will not be affected. The G.M.S. Committee has already discussed this matter and is taking appropriate action.—ED., *B.M.J.*

### Registration and Red Tape

SIR,—Dr. M. Curwen's letter (30 August, p. 545) remains a valid criticism despite Mr. M. R. Draper's reply (13 September, p. 655). For the gist of the letter's argument is that the General Medical Council is not at liberty to act until certain requirements have been fulfilled. So be it. The G.M.C. may not be guilty of undue delay but somebody is: 36 days needs some explanation.

I am in a somewhat similar situation. My present house surgeon passed his Cambridge finals in June 1975 and his name is recorded in the *Cambridge Reporter* to prove it. But

## Points from Letters

### Prostaglandins and Asthma

Dr. M. B. BHIDE and Dr. R. B. GHOOI (Haffkine Institute, Bombay) write: . . . From Dr. K. R. Patel's observation (17 May, p. 360) that disodium cromoglycate (DSCG) fails to inhibit prostaglandin  $F_{2\alpha}$  ( $PGF_{2\alpha}$ )-induced bronchoconstriction it cannot be concluded that " $PGF_{2\alpha}$  may not be the main factor in the pathogenesis of bronchial asthma." It has not been demonstrated or suggested that DSCG inhibits the effects of the mediators of anaphylaxis. It also fails to inhibit the bronchoconstriction induced by histamine and serotonin, but it minimizes the release of these substances from their storage sites. On the basis of the results obtained one could only conclude that DSCG is not a  $PGF_{2\alpha}$ -receptor antagonist; whether or not it plays an important role in

the university will not pass his name to the G.M.C. until he has been awarded his degree at the next Congregation in the latter half of October. So he has to practise as a "student" houseman, lose his pay, and have difficulties (I fully expect) in getting his six months' work recognized for preregistration time.

Of course, it is traditional; I had the same problem at the same university a quarter of a century ago. But some traditions are not worth retaining.—I am, etc.,

G. A. D. LAVY

Pembury Hospital,  
Tunbridge Wells, Kent

### Royal Medical Benevolent Fund Christmas Appeal

SIR,—Last year, as a result of the efforts of our members and of the greatly sympathetic response of the medical profession to my Christmas appeal, over £15 500 was raised. The whole of this sum was distributed to some 900 of our beneficiaries, ranging in age from the over-90s to the under-10s.

To those who have little, who are lonely, for whom life is a continuing struggle to make ends meet these gifts bring a happiness and relief out of all proportion to their size. They make it possible to keep Christmas as we more fortunate are able to do or to make some special purchase normally out of reach of a small and restricted family budget.

Inflation is no stranger to any of us, rich or poor, employed, self-employed, or retired, but most of all it hits the least well-off and erodes even further their standard of living. Once a year we have this chance to give our beneficiaries that something extra to lift them above making do with the bare necessities of life and I am appealing to each one of you in the profession to help us in this task.

Contributions may be passed direct to the treasurer or medical representative of the local guilds of the Royal Medical Benevolent Fund or sent, marked "Christmas Appeal," to the Director, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN.—I am, etc.,

T. HOLMES SELLORS

President,

Royal Medical Benevolent Fund

London S.W.19

the pathogenesis of bronchial asthma cannot be deduced. . . .

### Economies in the Health Service

Dr. EVA LESTER (North Middlesex Hospital, London N.18) writes: When we are being forced into economies which will result in a deterioration in the already low standard of patient care the appalling waste of money brought about by tiers of administrators should no longer be a subject for tolerant grumblings and jokes. It is quite clear that reorganization was a disastrous mistake. In negotiations between the medical profession and Mrs. Castle a rapid reduction in the size of the administration of the Health Service to manageable proportions should be demanded as a priority.