cheaper. As should appear clear from the text, the leading article relates the experience of these authors with the observations of Spark and Melby on blood pressure, not on side-effects. The side-effects provide the contraindication to the use of spironolactone as a definitive long-term treatment for primary hyperaldosteronism.—Ed., *B.M.J.*

Poultry Mite Infestation

SIR,—Pigeons are known to be associated with such conditions as aspergillosis and pigeon fanciers' lung. We wish to report an additional health hazard in which they figure.

Several patients on one ward of this hospital developed an itching, raised erythematous rash of the trunk and limbs. Numerous tiny insects were discovered on their bodies and in their bedclothes, and were subsequently identified by the Natural History branch of the British Museum as *Dermanyssus gallinae* (De Geer), commonly known as the red mite of poultry. It is said to be the commonest blood-sucking mite of domestic and wild birds in the British Isles. Usually, as in the present instance, human infestation can be traced to abandoned nests and roosts in the upper parts of buildings, usually old ones.

The rash subsided quickly after the patients, clothing, and bedclothes, etc., were dealt with professionally with an organophosphorus preparation.—We are, etc.,

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M. S. KATARIA.

Hypovitaminosis B₁₂ in Psychiatric Patients

SIR,—The article by Dr. F. Murphy and others (6 September, p. 559) is very misleading in its conclusions and summary from a practical point of view. The screening of the 1,004 consecutive admissions in the 50+ age group may have led to the finding of only two cases of pernicious anaemia, but hypovitaminosis B₁₂ was present in 34—an incidence of 3.4%. Surely this was the whole point of the exercise—they had primarily psychiatric symptoms, not haematological ones. The authors seem to have forgotten that low vitamin B₁₂ levels can produce damage to neurones in subacute combined degeneration of the spinal cord in the absence of haematological change, and equally can do so with neurones concerned with the psyche.

If screening had been carried out routinely as suggested in an original article by me¹ on an even more likely "at risk" but restricted group—females of 65+ presenting with depression—then the percentage of positive findings might have reached something like 10%. What would be important to know is the answer to the question, "How many of the patients were treated with vitamin B₁₂ drugs by those doctors who were responsible for their total care in hospital?"—I am, etc.,

W. A. G. MACCALLUM.

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REFERENCE

¹ MacCallum, W. A. G., *Journal of the Irish Medical Association*, 1965, 57, 187.

G.M.C.'s Annual Levy

SIR,—The purpose of the General Medical Council, as I see it, is to protect the public from the activities of untrained, incompetent, or errant doctors. It is a statutory body, responsible to the public, and must be paid for by the public.

It seems quite wrong in principle to expect

doctors to contribute directly to the upkeep of such a body. As a taxpayer and potential patient I naturally and willingly expect to pay for it. As a doctor, no.—I am, etc.,

J. W. MALTBY.

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Career Prospects in Rheumatology

SIR,—Although staffing and prospects in the N.H.S. are periodically tabulated by the Department of Health in useful attempts at guidance (*Supplement*, 23 August, p. 103), there is often considerable difficulty in obtaining facts. For example, the investigation into prospects in cardiology recently reported by Sir Max Rosenheim and his colleagues (26 July, p. 237) arose from the fact that the true number of consultant cardiologists in the country is not known.

The situation is equally difficult in the field of rheumatic diseases, the borders of which are not clearly defined. As far as hospital practice is concerned the care of these patients may be undertaken by general physicians, general physicians with an interest in the field, rheumatologists, or specialists in physical medicine.

I was recently requested by the education subcommittee of the Arthritis and Rheu-

matism Council to prepare a report on the career structure in rheumatology. Questionnaires were sent to consultant clinical members of the Heberden Society, to consultant members of the British Association of Physical Medicine, and to other physicians subsequently named by specialists from the first two categories as practising in the field within their region. Participants were asked to classify themselves into one of four categories: A, rheumatologist; B, general physician with interest in rheumatology; C, physician in physical medicine; and, D, physician in physical medicine and rheumatology. Further details were requested about their work, junior staff, and new or unfilled posts.

One hundred and sixty-three questionnaires were posted and 159 were returned completed. Participants placed themselves in the four categories as follows: A, 21; B, 28;

C, 32; and D, 78. There were 28 senior registrars planning a career in rheumatic diseases in this country (20 of them in categories C and D). There will be 25 consultant retirements in all categories before 1975; there appear to be plans for 18 new posts; and 6 currently unfilled posts were named. The information obtained indicates a shortage of trainees, with a danger of consultant posts, at least in categories A, C, and D, remaining unfilled, or, because of lack of competition, being filled by unsuitable candidates. The situation may be having a deleterious effect on the practice of rheumatology, but, of course, indicates good prospects for young men and women entering the field.

The full report was submitted to the Arthritis and Rheumatism Council earlier this year and is to be published in the November issue of the *Annals of the Rheumatic Diseases*.—I am, etc.,

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Care of Aged Doctors

SIR,—It would appear that the best way of tackling the problems raised by Dr. K. Hazell (16 August, p. 412) and Dr. J. P. Crawford (6 September, p. 598) would be on a local basis.

Information concerning aged doctors and their dependants is likely to be obtainable from the local division of the B.M.A. or the local branch of the ladies' guild of the Royal Medical Benevolent Fund, and those are the bodies best placed to organize help. This would mean that the problem would be put not only on a local basis but also on a personal one, involving those with a direct knowledge of persons requiring help. Doctors in that area could then have a personal responsibility for the continuing care of these aged doctors and their dependants.

I feel that many doctors and their families would be spurred to greater efforts regarding charitable appeals for their unfortunate colleagues if they were personally concerned with their care.—I am, etc.,

Ilford, Essex.

T. C. MAYER.

Cats and Dogs

SIR,—In reply to Dr. J. Burkinshaw's comment on the etymology of *Toxocara cati* (13 September, p. 657) I am unable to control the pedantic urge to point out that "catus" is a late Roman word for the cat ("cattus" may have been used even earlier). The evidence for the use of "catus" seems to derive mainly from writings attributed to the lower strata of Roman society, who, being probably more familiar with *T. cati* than those in a more *felix* position, must be allowed priority.—I am, etc.,

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