This procedure would have two advantages. The first is that it would overcome many of the administrative difficulties, both on the ward and in the laboratory, which arise from the necessity of sending a plasma sample and request card to the laboratory on one day and the 24-hour urine sample with a second request card on the following day. If the plasma is taken when the collection is completed, both specimens can be sent with a single request card. The second, perhaps less important, advantage is that with this procedure the change in creatinine clearance will be greater than with the conventional method should the plasma creatinine be rising or falling during the period of the urine collection. For example, if renal function were deteriorating and plasma creatinine rising the creatinine clearance would be lower if the plasma is taken at the end of the urine collection than if it is taken in the middle.

There is no doubt that clinical biochemistry laboratories would welcome this change in procedure, and it appears to have no clinical disadvantages.—We are, etc.,

R. B. PAYNE
S. M. ROSEN
P. H. SMITH

Leeds (St. James's) University Hospital,
Leeds

Guillain-Barré Syndrome after Measles

SIR,—We thank Dr. P. E. Phillips (7 October, p. 50) for his interest in our report on two cases of Guillain-Barré syndrome and encephalitis after measles (3 June, p. 572). A few comments are needed.

As stated in the case histories of our patients, they were admitted to the hospital six and seven days respectively after the onset of the rash. At that time, Koplick's spots are of course not to be expected. We did not consider it necessary to point out to the readers of the *B.M.J.* that acute and convalescent sera were titrated simultaneously. The spinal fluid cell values on admission were given in the paper. The very slight pleocytosis in Case 1, 11 mononuclears/mm³, is not unusual in measles. Cell counts of fluid obtained later during the course of the disease were consistently normal (0.4 cells/mm³) in both cases, whereas the protein concentrations were high.

Thus we feel that the diagnoses of measles and polyradiculoneuritis are well established. Also, we certainly agree with Dr. Phillips that our patients had encephalomyelitis with a polyneuritis. That the latter conformed to the criteria of the Guillain-Barré syndrome is, we think, an interesting point.—We are, etc.,

GUNILLA LIDIN-JANSON
ÖRJAN STRANNEGÅRD

Institute of Medical Microbiology,
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Sweden

Vasectomy in the Surgery

SIR,—With reference to Dr. E. R. Seiler's letter (28 October, p. 232) on the subject of vasectomies, I would like to report that over the past 2½ years my partner and I have performed this operation more than 200 times in our surgery.

I am happy to say that, apart from one

failure, we have had no haematomas, sepsis, or other complications. Like Dr. Seiler I at first had difficulty in immobilizing the cord, but after the first few operations this became relatively easy and nowadays we find the operation a very simple procedure which is over in about 20 minutes.

Although we have never used a general anaesthetic we feel that under local anaesthesia the patient probably has a better chance of avoiding complications, especially haematoma formation. Our patients suffer only minimal discomfort.

In conclusion I would add that I entirely disagree with Dr. Seiler's last sentence and suggest that if a doctor is adequately trained in this operation it is one that can be carried out with ease in general practice.—I am, etc.,

C. G. BROWN

Slough, Bucks

Defence Societies and Disciplinary Actions

SIR,—The Medical Protection Society has recently successfully defended a member against an allegation of serious professional misconduct brought before the Disciplinary Committee of the General Medical Council by the Medical Defence Union.

In recent weeks many members of the profession have expressed concern that an action should have been brought in this way and have sought information regarding the policy of this society. This is that we do not see as one of our functions the initiation of actions of this nature against members of the profession. Indeed, we regard such as being inconsistent with our aims and sympathies.—I am, etc.,

J. LEAHY TAYLOR

Secretary, Medical Protection Society

London, W.1

Occupational Health Services

SIR,—Dr. T. A. I. Rees (28 October, p. 230) draws attention to an important point—that of lack of planning for the provision of occupational health services for local authority employees after integration of the National Health Service in April 1974.

Local authorities are one of the largest employers of staff, employing over three-quarters of a million people in England and Wales in a great variety of occupations. While few people would claim that local health authorities have led the field in promoting occupational health services, many medical officers of health have been instrumental in pioneering occupational health services in their areas, to the benefit of the worker, the authority, and the public they serve. While it is proposed that the future National Health Service will have an occupational health service¹ this service will apparently be available only to National Health Service staff.

The working party on collaboration between the National Health Service and local government might well keep in mind the aphorism of Dr. L. G. Norman when chief medical officer to London Transport: "The interests of employer and employee usually coincide: both want a healthy employee." The most effective way to achieve this would be for local authority employers to

establish comprehensive occupational health services for their employees. These services should be staffed by occupational physicians and occupational health nurses seconded to the local authority but working within the National Health Service.—I am, etc.,

A. R. BROADBENT

Health Department,
Hounslow

¹ Department of Health and Social Security, *Arrangements for the Reorganized National Health Service*. London, H.M.S.O., 1972.

C.C.H.M.S. and Consultant Contract

SIR,—At a recent meeting of the medical committee of this large district hospital a discussion took place about the composition and function of the Central Committee for Hospital Medical Services. As a result of this discussion I was asked to write to you summarizing the views of the medical committee.

Serious doubts were expressed about the competence of the C.C.H.M.S. to represent the views of consultants—indeed, several members of my committee expressed surprise at the claim that they were represented by this body, since no direct communication exists between members of the C.C.H.M.S. and themselves. The committee feels that the C.C.H.M.S. is quite unrepresentative of the views of consultants as a whole, who have no effective voice to speak for them.

The occasion for this expression of views was a discussion on the proposed new consultant contract. We are informed that, at the Annual Representative Meeting, a motion was tabled by our representative on the regional committee for hospital medical services. This motion, hostile to the introduction of the new consultant contract and genuinely representative of the views of my committee, was not discussed at the A.R.M. The committee deplores the fact that in a supposedly democratic Association no opportunity for open discussion of such an important issue was permitted.

Even if the C.C.H.M.S. were a democratic body (which it is not), and therefore competent to speak on behalf of consultants, it is most undesirable that an issue of such importance as a change in contract should be decided without reference to consultants as a whole. The only way in which this can be effected is by a national referendum of consultants, and it is the unanimous view of my committee that this should be arranged without delay. If the cost of such an undertaking should be a deterrent, each consultant participating could be invited to make a suitable contribution; it is unlikely that anyone would object to doing so.—I am, etc.,

J. A. FLEMING

Chairman, Medical Committee,
West Middlesex Hospital

Isleworth, Middlesex

** Among its 104 members the constitution of the C.C.H.M.S. allows for 32 members engaged in consultant or specialist practice to be appointed by regional committees for hospital medical services in England, Wales, and Northern Ireland (each committee appoints two). Five members engaged exclusively or predominantly in consultant or specialist practice are appointed by the Scottish Committee for Hospital Medical Services. Of the 66 consultants on the C.C.H.M.S. for 1972-3 two are from North-