Unless we settle soon for a reasonable fee, which I personally feel is near the one offered, then we shall soon lose one of our most lucrative "perks" along with, in many cases, the fees for quinquennial cervical smears.—I am, etc.,

ROBERT GREEN

Burnham, Bucks

1 *Guardian*, 24 September 1974, p. 5.

Purchase of Added Years

SIR,—I am disturbed by the N.H.S. pamphlet on "Purchase of Added Years" (S.D.S.) to which the chairman of the B.M.A. Superannuation Committee seems to give some importance and suggests consulting our accountants to see if there is any advantage in the contents (7 September, p. 630).

The whole premise of this pamphlet is the ridiculous one that a doctor has to put in 40 years' service by the age of 60. (What trade union would countenance that?) I should have thought that the Association would reject the fatuous and impossible ruling and therefore refuse to have anything to do with this product of long gestation on which a rapid reply is expected.

It must be insisted that 30 years in the Health Service during which practitioners are responsible for night and day care for the patient is a more than adequate term for full pension rights. Because of this we should not give tacit recognition of an unattainable rule foisted on us by the administrative mind.

As a bitter postscript my annual net practice income, before car expenses and tax, as a senior partner with an increasing list has risen by approximately £300 since October 1972 and it is probably unlikely that purchase at a later date would make much difference if I did accept the thinking behind the pamphlet.—I am, etc.,

ANDREW JACKSON

Luton

Annual Postgraduate Meeting

SIR,—After 30 years of membership of the B.M.A. I have just attended my first Annual Postgraduate Meeting and realize what I have missed over the years. My wife and I have just had a very pleasant three days in the Isle of Man, in good company, and the Scientific Meeting was most stimulating.

I look forward to the next opportunity to attend a similar function and would strongly recommend these meetings to all other members.—I am, etc.,

P. A. TRAFFORD

Bristol

Royal Medical Benevolent Fund Christmas Appeal

SIR,—It is symptomatic of an inflationary situation that at the very time when most people are having to tighten their belts a charity is faced with asking for even greater support.

Christmas will soon be upon us and, as in previous years, the Royal Medical Benevolent Fund will be sending Christmas gifts to many beneficiaries. Most of those

we help have little enough left over to buy those extras which are so much part of Christmas—this year they will have even less. The purchase of a small present for a friend or relative, the cost of providing traditional Christmas day fare and gifts for the children are in many cases expenses which our beneficiaries will find increasing difficulties in meeting.

May I therefore, Sir, through your columns, ask all members of the profession to remember those less fortunate amongst their colleagues, their families and widows,

and to realize that their generosity can bring much unexpected happiness and relief to old and young alike.

Contributions may be passed direct to the treasurers or medical representatives 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

Points from Letters

Malabsorption in Overland Travellers to India

Dr. A. PINES (Hertford) writes: Dr. S. Margaret Farquharson's advocacy of metronidazole in this syndrome (24 August, p. 519). I was in a party of six climbing in the Afghan Hindu-Kush mountains. . . . Despite strict hygienic precautions we all developed episodic diarrhoea with intermittent malaise and cramps, frequent bulky stools between diarrhoea, and weight loss—three lost up to 15 kg. Courses of sulphonamide and tetracycline had little effect. In the sixth week a few days of metronidazole was given to each member of the party with dramatic effect and rapid return of good health. Naturally no bacteriological examination of the stools could be undertaken but giardiasis seems probable. . . .

Growing Up Foods

Dr. S. BRADSHAW (Hereford) writes: I protest strongly at the appearance in the *B.M.J.* (14 September, facing p. 695) of an advertisement for "Nestlé's Growing Up Foods," a new range to be "available only at Boots." These manufactured foods are not even to be for babies, they are a "special range of foods for pre-school children." Are we mad? Is the average mother to be regarded as no longer capable of buying, preparing, and serving the meat and two veg., the stewed fruit, the milk, the boiled egg, the porridge, the wholemeal bread and butter, the apple, the cheese and salad, and the herrings that, with a little variation, will keep any preschool child healthy? Is she instead to pay more for prepared foods, canned or bottled or packaged at a high energy cost, their nature and mode of preparation and administration decided for her by a commercial firm? Commercial interests have already very largely deprived the mothers and children of the Western world of the benefits of breast-feeding, and according to War on Want are now seeking to do the same in the underdeveloped world.¹ Are we to tolerate this new extension of their nutritional empire? . . .

1 *Lancet*, 1974, 1, 719.

Domiciliary Consultations

Dr. H. JACOBS (Severalls Hospital, Colchester) writes: I should like to take up a point in the letter from Dr. S. Mehta and others (14 September, p. 690). Domiciliary

consultations were not devised or arrived at as a method of augmenting the pay of those doctors who do them. They are used in Britain because they are of the very greatest value, certainly nowhere more than in psychiatry, where one can see the patient in his own setting and all the tensions or otherwise in the family, together with the social and economic environment etc. Some patients just cannot get up to clinics and so far from this country switching over to a system without home consultations, as they describe occurs in Sweden, I would venture to suggest that Sweden might do very well to look at our system from the point of view of the patients. We must not forget that the N.H.S. is basically run for patients and a number of patients cannot or will not come up to clinics. The urgency of their situation is often such that it is imperative that they have a full examination where they are. . . .

Population Problems

Dr. S. L. HENDERSON SMITH (Huddersfield) writes: reports of the two recent population conferences leave one with a sense of profound disquiet at the general attitude of "laissez-faire" which the experts are taking with regard to this problem. . . . The responsible and intelligent limit their families. The feckless and socially disadvantaged breed as they will. Can society afford to shy away from some form of control in the near future (for example, the licensing of children beyond the second?) With effective contraception and legal abortion now available the continued production of unprepared-for children becomes a luxury whose exercise is increasingly antisocial. In an overcrowded and potentially starving world the right to breed may well need to be re-examined.

Doctors' Pay

Dr. W. J. J. LEGG (Putaruru, New Zealand) writes: I note with some satisfaction that fellow general practitioners in Britain are at last seriously threatening to quit the N.H.S. Last year I emigrated to New Zealand—far from being a rich country—and as a result have more than trebled my income so that now my earnings are in excess of £20,000 per annum—and there are plenty of G.P.s out here earning far more. Recently midwifery fees were increased by 50% and are now around the \$100 mark, of which about half is received for the confinement—equivalent to £30 sterling. . . .