with the exception of old age pensioners and children, had to pay even a small fee for a home visit (including those at night) it would go a long way towards providing better service for those who really require it, in addition to increasing the finances of the N.H.S. It is not unusual for one to do 25 home visits in one day.

I firmly believe, after eight years' stay in Britain, that the alleged deterioration in the standard of health care is not due to importation of ill-trained doctors from abroad, as has been suggested, but to the increasing abuse of the Health Service by the public in general.—I am, etc.,

K. RAGHAVAN

Mansfield, Notts

Trade Union Tactics

SIR,—I was delighted to read in "Round-up" (5 October, p. 57) that the B.M.A. is now officially registered as a trade union. Having grasped this nettle, dare we hope that the B.M.A. will now proceed to behave like a trade union—namely, to obtain the best terms and conditions of service possible for all its members? In particular, it means ensuring that we are adequately paid by our monopoly employer the N.H.S. and also have a realistic level of fees negotiated for non-N.H.S. services. In recent years the B.M.A. has failed in this respect and must have the worst record of any trade union in the country with regard to pay negotiations.

I suggest that what we need is a nucleus of highly skilled and therefore highly paid, possibly non-medical, full-time professional negotiators who would be a match in all respects for the politicians and civil servants of the D.H.S.S. With all respect I do not believe that our present part-time, amateur negotiators are equal to the task, and their recent record would confirm this. There is still a lot of naivety in the profession where politicians and the Review Body are concerned. For proof of this one only has to read recent letters in the *B.M.J.* concerning the fees being offered for family planning services.

The B.M.A. must produce the necessary results, for if it does not there is a great danger of further division within the profession, and that can only be detrimental to us all.—I am, etc.,

T. J. MALLINSON

Tamworth, Staffs

SIR,—Dr. D. Lynch (12 October, p. 109) appeals for non-members to join the B.M.A. and for those who have resigned to rejoin (12 October, p. 109), the idea being to show that we all support our leaders (?) in their negotiations on our behalf. With all respect to our colleague I believe that we should all do just the opposite to what he advocates.

Since the inception of the National Health Service the B.M.A. has shown itself to be singularly inept as the profession's representative in negotiations with the Government. It has been suggested by some doctors that this is because the Association's negotiators have been incompetent and out of touch with reality but I believe that the main problem is that it is difficult, if not impossible, for one panel of negotiators to represent all branches of the medical profession at one and the same time.

All holders of medical qualifications are members of the same profession in broad general terms, but when it comes down to job specification we really form several professions in one. Surely each branch of the profession would do better if they negotiated their own pay and terms of service. Let the Hospital Consultants and Specialists Association represent their own members, the Junior Hospital Doctors Association theirs, and I am sure that the up-and-coming National Association of Doctors in Practice could do more than justice in representing the interests of general practitioners.

Of course, this could only come about if the B.M.A. was stripped of its undeserved power by all members doing as I am doing today, sending in my resignation as a vote of no confidence.—I am, etc.,

ALAN PORTER

Preston, Lancs

Consultants' Salaries

SIR,—Stage 3 is now at an end and the Prime Minister has assured us that there is no need to restrict fair remuneration. Lord Halsbury is now being reappraised on the question of remuneration.

Points from Letters

Fainting during General Anaesthesia in Supine Dental Patients

Dr. C. B. BURKE (Hanover, New Hampshire) writes: With regard to the suggestion that fainting in the dental chair due to visceral pooling can best be treated by placing the patient in a steepish head-down position (Dr. J. G. Bourne, 7 September, p. 627) I can only suggest that this position may lead to a reduction in cerebral perfusion due to increased cerebral venous pressure. Also a head-down tilt in the non-intubated patient presents obvious complications.

Sir Albert Cook's Case Notes

Mr. E. P. HOARE (Nairobi) writes: In his interesting article on Makerere Medical School (14 September, p. 675) Dr. W. D. Foster refers to the fine medical library and mentions Sir Albert Cook's own books which are kept there. Particularly noteworthy are the bound volumes of Cook's original Mengo Hospital case notes. Nearly five years ago arrangements were made for these notes to be microfilmed, but for a number of more or less obvious reasons the project has not yet started. . . . Perhaps a fiftieth anniversary offers suitable incentive to preserve the work of a much admired pioneer.

Sheet Anchors and Mainstays

Dr. F. W. S. WEBB (Ipswich) writes: Distinguished land-based professors of rheumatology are fond of referring to the salicylate group of drugs as the "sheet anchor" of treatment for rheumatoid arthritis (Dr. P. Lee and others, 9 March, p. 424)

It is hoped that Lord Halsbury will not go back on his word. In his Fourth Report¹ he said or implied two things: (1) that the Review Body must act "as honest brokers between the Government, the profession and the public" and (2) that he could not regard the profession as a "special" case—that is, "of a peculiar or restricted kind" (*Pocket Oxford Dictionary*).

The average rise in remuneration of the population in 10 years has been 160%, whereas that of consultants has risen only 81%. The salaries of ministers of the Crown have risen by 160% and 10 years ago a basic consultant's pay was 89% of that of a minister. The responsibilities of both jobs have remained much the same. Consequently it is a matter of social justice (about which we hear so much) that consultants should have some honest brokering and be treated as others. A minister now receives £13,000 a year + £3,000 parliamentary pay, but I would hope that consultants would feel that they were treated justly if they were to be paid 89% of only the £13,000—that is, £11,646 a year.—I am, etc.,

BRYAN O. SCOTT

Oxford

¹ Review Body on Doctors' and Dentists' Remuneration, *Fourth Report 1974*. London, H.M.S.O., 1974.

without apparently knowing much about their anchors. A sheet anchor is the largest and heaviest anchor which a ship carries and is used only in an emergency . . . This description scarcely fits the salicylates and is more apt for the various cytotoxic drugs. To preserve a nautical term "mainstay" would, I think, carry the message better . . .

Swimmers' Ears

Mr. P. MCKELVIE (The London Hospital) writes: In your leading article (27 July, p. 213) it is stated that ototoxic antibiotics should not be used in the local treatment of external otitis. An intact middle ear is surely an adequate barrier to these agents and in any case the threat to the inner ear is far from established even when there is a perforated ear drum.

Overseas Doctors

Mr. R. K. BANERJEE and Mrs. G. BANERJEE (Sunderland) write: In the past few weeks overseas doctors have been successively held responsible for unsatisfactory casualty services, poor communications, practice of sub-standard medicine, falling standards in recruitment of consultants (for example, geriatrics, V.D., etc.), and deterioration of standards in general practice . . . The overseas doctors have become scapegoats and are blamed for all the possible shortcomings in the N.H.S. They are now probably patiently waiting for a person in a responsible position to come out with a statement which would put the blame on them for the high rate of inflation, sexual permissiveness, and poor weather in Britain to complete the picture.