Sinus bradycardia following treatment with Hydergine

SIR,—With reference to the paper by Dr A C D Cayley and others (15 November, p 384) I hope that the reported side effect of sinus bradycardia will not deter others from continuing to evaluate Hydergine.

One problem with drug evaluation trials is that a fixed dosage of treatment is usually compared with a placebo. Because of the many problems of drug treatment in the elderly it seems to be advisable to introduce a new drug cautiously, whatever the recommended dose may be. With Hydergine I have used 1.5 mg daily for seven days, 1.5 mg twice daily for seven days, and, finally, 1.5 mg three times a day. So far no sinus bradycardia has been observed in approximately 40 patients who have been treated. Clinical improvement has been difficult to evaluate in hospital patients, although hyperactivity has resulted in two cases.

My impression is that this preparation may be of more value in those patients who show early evidence of brain failure and this implies the need for a trial in general practice.

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"Happy death day"

SIR,—Your leading article, (22 November, p 423) interested me as I know a remarkable example of the relationship between birthday and death. My aunt was a splendid old lady with all her faculties, conducting her own business and writing her own letters. She had had a tough life as a missionary's wife in South Africa in the last century and had had four children under very rough conditions.

She always said, "I'm going to live until I'm a hundred and then I shall have had enough." She had a wonderful 100th birthday—mayoral visit, telegrams, many visitors, etc. She went to bed as usual that night and never awakened.

R W L WARD

Doncaster

Added years and lump sum—act now

SIR,—May I take this opportunity to remind members of the Association of the rapidly approaching closing date for applications to buy added years and/or the unreduced lump-sum retiring allowance under the NHS superannuation regulations? Applications must be in the hands of the appropriate authority by no later than 31 December 1975 (9 February 1976 in Northern Ireland). Not only will the favourable terms now on offer cease to be available after the closing date, but thereafter applications for added years can be considered only if they are submitted within one year of becoming employed in the NHS.

In England and Wales the appropriate authority is the employing authority or, in the case of general practitioners, the family practitioner committee. In Scotland applications go to the health board, except that general practitioners applying to buy the unreduced lump sum should apply to the Scottish Office Superannuation Division,

Government Buildings, Broomhouse Drive, Saughton, Edinburgh EH11 3XQ. In Northern Ireland and the Isle of Man the application should be submitted to the appropriate Government department. In the case of the unreduced lump sum, the application should be made on the tear-off form attached to leaflet SDV/SBT, which all married men should have received from the appropriate NHS authority.

The fact that a member may not have received an official estimate of the cost of buying added years/lump sum by the end of this year does not matter. Provided he has applied for an estimate by the closing date he is within the time limit. If, however, he has received an estimate and wants to go ahead with the purchase he should so inform the paying authority before the end of this year.

May I also refer members to the information on buying added years/lump sum given in the *BMJ Supplement* (20 September, p 718) and to the additional information on payment by instalments with tax relief (11 October, p 118).

Finally, may I respectfully suggest that part-time consultants paying premiums to retirement annuities should look closely and urgently at their own position? They will no longer be entitled to any tax relief on such premiums when their NHS income reaches £10 000 per annum. If this is likely to happen within the next few years it will be to their advantage, from the tax point of view, to apply now to buy added years/lump sum by instalments. A paper on this subject is available from the Assistant Secretary, BMA Scottish House, 7 Drumsheugh Gardens, Edinburgh, EH3 7QP.

B L ALEXANDER

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Profession or trade?

SIR,—Those of us who work in the hospitals of the NHS must have reason for concern when we read of ourselves in the *Sunday Times* (23 November, p 16) that "they behave without due seriousness, like people who, having just discovered their power, cannot resist the urge to use it, whatever the cost to some patients' health." If these seem hard words we must accept that the recent behaviour of some junior staff and the proposals for consultants to do emergency work only from 1 December (*The Times*, 21 November, p 1) provide some reason for such criticism. If such remarks can be made by a responsible newspaper we must ask ourselves where we stand.

Dr L I Zander (22 November, p 466) provides the correct basis for our negotiations—"The central theme of our argument should relate to the welfare of the NHS patient." This is a welcome reminder of the order of our responsibilities. To say that we will care for all emergency and cancer patients does not let us off any moral hook because we all know that every urgent case is not immediately known to be urgent and every week we are reminded of the obscure ways in which cancer can present. It is time that we all accepted that we cannot truly advance our views on the running of the

NHS by threats to make patients suffer, for by so doing we debase the whole currency of our profession. If our case is a good one then it should be able to stand on its own merits and win support among the public and in Parliament.

The practice of medicine and the aims of political parties frequently do not mix and the provocation at the moment is particularly strong. Our negotiators have a particularly difficult task and they deserve thoughtful support from the rest of the profession. There is an understandable temptation to argue that we negotiate with people who only understand the language of trade union bargaining. We must be careful that, in defending what we believe to be important principles, we do not employ methods which disregard the basic principles of the medical profession.

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SIR,—I write in support of the views of Drs R D and Mary Catterall (22 November, p 466), believing that trade union attitudes are wholly unsuited to the practice of medicine for reasons outlined by them. Having practised medicine for some years previously, at a meeting in Sheffield in 1947 I supported the broad concept of the National Health Service. At the same time I expressed the view that this service should have an independent governing body free from direct political interference. If this view had been accepted I believe that the present conflicts would not have arisen. One hopes that the new Royal Commission will give unbiased consideration of the above concept.

E K BLACKBURN

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SIR,—There can be few more tragic spectacles than that of an ancient and learned profession destroying itself and a philosophy that has been built up through centuries of service by men of great courage and high principles.

The profession's negotiators seem to be seeking the conditions of employment at present applicable to workers on the shop floor while continuing to claim the privileges of a profession but denying its responsibilities. The junior staff are not working to contract—they are breaking their contract, but unlike strikers in industry they expect to be paid in full while they are doing so. If their present contract is unacceptable they should terminate it, but let them remember that their contract is with the Secretary of State and not with their patients, who have suffered enough as a result of the incompetence and dishonesty of successive Governments who have failed to put the affairs of the National Health Service in order. Both the profession and the public are now reaping the fruits of this shabby charade. The high esteem in which the professions have traditionally been held and their very considerable autonomy have been hard earned and once lost will not easily be recovered.

The doctors at the Royal Marsden Hospital (15 November, p 412) have restored hope that all is not lost and one hopes that