What the family planning nurse has been doing is what the delegating doctor has asked her to do having regard to her competence—write up the patient's requirements. This is *not* a prescription. To say it is is at best a misunderstanding, at worst a downright lie. The actual prescription resides in the doctor's scrutiny, agreement, and signature. If it is claimed that in family planning clinics, as is the case, patients leave with supplies before the doctor has actually signed this is merely a convenience with very, very little risk attached for anyone relying upon good faith and the high standard of nursing care, for if the doctor disagrees he will not sign and will immediately seek recovery of the supplies, as he would if an error had occurred. The nurse is protected because in delegation she is acting on the doctor's instructions (though she is, of course, required to act at all times responsibly and competently as a qualified nurse). The risk in this practice must be much less than that of a chemist's counterhand delivering the wrong package. By the way, does anyone regard such a person to be "prescribing"?

The other piece of humbug being circulated in the press is that the family planning services will collapse unless nurses are allowed to prescribe. Rubbish. If the delegating doctor writes up and signs every patient's oral contraceptive requirements, the work of a moment, before the patient collects supplies the clinics may proceed completely as normal.

The present "brouhaha" about nurses' liability for "prescribing" seems to have originated from an interpretation of part of the Medicines Act by the Royal College of Nursing which, as may be seen from the above, is misconceived.

N CHISHOLM

London NW3

Facilities for private practice in NHS hospitals

SIR,—It has been your recent practice to publish each set of consultative proposals put out by the Health Services Board for the withdrawal of facilities for private practice from NHS hospitals. This form of publicity has been very helpful to the profession and the board, but special problems arise in connection with the most recent proposals (21 October, p 1103) and I would be grateful for the opportunity to comment on them.

On this occasion the board is writing individually to each hospital or group of hospitals affected, the texts varying in detail, so that it is more difficult for you to publicise the matter. The board is, in addition, sending sufficient copies of its letter to each health authority to allow circulation to every consultant engaged in private practice, so that the fullest publicity is being obtained for its proposals in another way. However, the important change in the board's procedure on this occasion is that it is concentrating upon places where alternative facilities outside the NHS are available but, in the board's view, under-used and proposing reductions in NHS authorisations calculated to raise the occupation of the local nursing home to near 75%.

The board is fully aware that the existence of vacant beds in a nursing home does not necessarily imply that they would be suitable for private patients presently being treated in NHS hospitals, because the supporting facilities in the nursing home may not meet the requirements of many of the patients concerned. However, it has placed the onus for demonstrating this upon the profession, who are, indeed, the only people with a full knowledge of the facts. As it may not be immediately obvious to all consultants how best to prepare and present evidence to the board to challenge their present proposals where they are invalid, a letter has been prepared suggesting how the task can be tackled and it is being sent to the chairmen of the medical executive committees of all hospitals affected by the latest exercise.

It cannot be too strongly emphasised that every consultant affected must involve himself in the preparation of an adequate response from his hospital or group. It is impossible to act from the centre in this matter because only the local people have the necessary information and can exercise a judgment regarding the suitability of the local nursing home for the treatment of the kinds of cases which they undertake. Failure to respond may lead to the unnecessary loss of essential authorisations, with serious damage to private practice, in the affected localities. If any consultant concerned needs additional copies of our letter of guidance, or has specific questions to ask, communications to Mr R Woods, Secretary of the CCHMS, at BMA House will ensure any help that we can give. The final date for responding to the board's proposals is 8 January 1979, but the time to start preparing your reply is now. It is vital that this matter is dealt with fully and effectively by every consultant whose NHS beds are under threat.

D E BOLT
Chairman,
CCHMS/JCC Joint Subcommittee on Independent Medical Practice

BMA House,
Tavistock Square,
London WC1

Points

Taking medical histories through interpreters

Dr H H W BENNETT (Trowbridge, Wilts) writes: The article by Dr John Launer (30 September, p 934) interested me very much, having had to cope with this problem in four very different languages during my early years as a missionary doctor. Dr Launer gives some very useful advice, but I should like to add one very important suggestion, and that is that the doctor should listen carefully to what both the interpreter and the patient are saying instead of merely waiting for the answer. Many sentences and phrases will be frequently repeated in the many histories and in a surprisingly short time the doctor will find that he or she is understanding much of what is said; and a little later (in weeks rather than months) can begin to take an active part in the conversation. . . .

Use of orthotolidine

Mr A R Lyne (Ministry of Agriculture, Fisheries and Food, Bristol) writes: I was very surprised to see reference to the use of orthotolidine for testing for free chlorine in water (30 September, p 935). Orthotolidine has been recognised as a carcinogen and its use in the UK is controlled by the Carcinogenic Substances Regulations 1967.[1] The most convenient alternative to orthotolidine is the DPD reagent (*N*,*N*-diethyl-*p*-phenylene diamine sulphate), first described by Palin,[2] which is now universally accepted. The reagent is commercially available in tablet form.

[1] Muir, G D, *Hazards in the Chemical Laboratory*. London, Chemical Society, 1977.
[2] Palin, A T, *Proceedings of the Society of Water Treatment and Examination*, 1957, **6**, 133.

Pain after hip replacement

Mr B M WROBLEWSKI (Centre for Hip Surgery, Wrightington Hospital, Wigan, Lancs) writes: The very interesting article by Dr I W McDowell and others on "A method for self-assessment of disability before and after hip replacement operations (23 September, p 857) wrongly assumes that pain the patient is complaining of must necessarily come from the hip.

Pulmonary oedema associated with suppression of premature labour

Dr M J A MARESH (Queen Charlotte's Maternity Hospital, London W6) writes: The idea put forward by Mr H R Elliott and his colleagues (16 September, p 799) that women should be screened for cardiac lesions before administration of glucocorticoids plus sympathomimetic drugs in premature labour is impracticable. Cardiovascular examination should have been performed at booking and any suspected abnormality referred for a specialist opinion. The time to diagnose abnormality is not when a woman is admitted in premature labour, since cardiovascular auscultation may be confused by her anxiety-induced tachycardia, and the time involved in obtaining cardiovascular investigations and consultant opinion may well allow premature delivery to proceed.

Polio immunisation of parents

Dr J W MCCRONE (Neston, Wirral, Cheshire) writes: I am unable to agree with the suggestion in a recent Department of Health and Social Security circular (CMO(78)15, CNO(78)12) that the unimmunised parents of children receiving oral polio vaccine should also be offered immunisation in order to protect them from the very small risk of contact vaccine-associated poliomyelitis. In a leading article (23 September, p 845) you state that this risk is only 0·1 to 0·6 per million doses and that "these are maximal estimates of risk, based on circumstantial evidence." Most children are brought to the surgery by one parent only and so I do not think it is feasible or justified to follow the Department's recommendation.

Correction

Cervical presentation of rectal carcinoma

We regret that the above title, which was given to the letter from Mr T I S Brown and Dr G L Ritchie (16 September, p 832), is incorrect. It should read "Massive metastatic disease of the foot from primary cervical tumour."