Infirmary in a letter to the Scotsman (6 November, p 12).—Ed, BMJ.

"Inducement allowance" for shortage specialties?

Sir,—In the revised contract package it is stated that to help consultant recruitment in some shortage specialties the area health authorities will be able to advertise any consultant post at the maximum of the scale if it has been vacant for at least a year and unsuccessfully advertised at least twice. 1

I do not think this half-hearted measure will produce any positive result. Shortage specialties such as mental handicap (psychiatry) are suffering even more as the standard of care cannot be adequately provided without sufficient medical staff. Those medical staff in post are also much pressed with extra work without any monetary compensation, and they may switch to some other specialty. Also young psychiatrists who think psychiatry know that it takes only four years to get to the top of the pay scale, and the extra income from domiciliary visits, court cases, and private practice in general psychiatry soon offsets the initial difference in salary; so there is no need for a psychiatrist to switch to mental handicap. This reasoning will be similarly applicable to all other shortage specialties, and I foresee no real improvement in medical staffing in the future even if this measure is adopted.

The only way to attract medical staff is by giving them an extra allowance of 10% of their basic pay as an "inducement allowance" to work in these shortage specialties. Perhaps it is not too late to implement this scheme and improve the post—otherwise, in my view, there is no way to improve the medical staffing of shortage specialties and the standard of care will remain below the acceptable level; and I am sure the authorities responsible will realise this.

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1 British Medical Journal, 1979, 2, 1087.

Points

Drug names that look or sound alike

Dr W T Houlbsy (Aberdeen AB1 6AG) writes: Of the 103 pairs of drugs listed by Dr H McNulty and Mr P Spurr (6 October, p 836) as having caused or being potential causes of confusion because the names look or sound alike, 71 are pairs of proprietary names and only 28 pairs of approved names (the remaining pairs are a proprietary and an approved name). There is surely an important lesson to be learned from this.

Dr R N Palmer (Medical Protection Society, London WIN 6DE) writes: A further pair of drugs (21 October, p 836), confusion between which led to the death of a young man, is Inderal and Intal. The case is reported in the annual report of the Medical Protection Society for 1979 (p 37).

Dr F V Simpson (Scarborough YO13 0RA) writes: I can add to the useful list of drugs which have been confused (6 October, p 836).

One of my patients took thyroxine for several weeks by mistake for thymoxamine, fortunately without ill effect. I am not so certain of the details of the second case, but if I remember correctly the patient was given tablets of chlorpromazine 5 mg in mistake for carmazole 5 mg. . . .

Cryosurgery for haemorrhoids

Mr Philip Schofield (Withington Hospital, Manchester M20 8LR) writes: I have read with interest the excellent article by Mr M R B Keighley and others (20 October, p 967). The authors are to be congratulated on making a logical attempt to classify haemorrhoidal disease. They give the most satisfactory treatment. . . . The method of cryosurgery which they indicate, however, would not in my view be expected to be successful. Cryosurgery to haemorrhoids should attempt to produce the cryolesion in the pile itself. The results produced in this article for cryosurgery seemed to conflict with the majority of results previously reported in the literature, and this may well be a reflection of the method used.

Epilepsy in general practice

Dr C W M Whitby (Department of Neurology, Radcliffe Infirmary, Oxford) writes: The report by Dr L I Zander and his colleagues (27 October, p 1035) quotes a rather high prevalence rate of 7·6 per 1000 for patients with epilepsy in the general practice studied; but 92 patients in a practice of 8500 gives a rate of 1·1 per 1000. If the 12 rejected patients are included, the prevalence would be 7·5 per 1000.

Friedreich's ataxia and electrocardiographic changes

Dr R E Smith (Warwickshire Postgraduate Medical Centre, Coventry CV1 4FG) writes: I read William Evans's contributions with pleasure. He says that the electrocardiograms of two brothers (13 October, p 930) with Friedreich's ataxia showed heart block and some other changes. He exaggerates when he says that subsequent investigations of 38 patients with this disease had similar electrocardiographic changes. The facts in his article 1 are that 12 had conspicuous or significant changes, 10 had slight changes, and 16 were physiological.

1 Evans, W., and Wright, G, British Heart Journal, 1942, 4, 91.

A use for savings from abolishing AHAs?

Dr David Haslam (Ramsey, Cambs) writes: With the recent announcement that area health authorities are to be abolished next year, I cannot help but wonder what is to become of the countless pieces of paper, such as hospital notepaper, that bear AHA headings, to say nothing of the many sign boards and so on. . . . The experience of the speed with which these signs and headings appeared when AHAs were first introduced implied that old stocks of notepaper were destroyed, and many people were employed full-time repainting vans and sign boards. Is this what the savings from abolishing AHAs are to be spent on?