Correspondence

6 July 1968

William Y. Sinclair.

Postnatal Consultation

SIR,—Dr. Ian Copstick (8 June, p. 625) doubts the value of the postnatal vaginal examination. We are convinced of the value of a routine vaginal examination and cervical smear, which take only a few minutes to do. It has to be carried out in any case if the patient desires anti-oestrogen pills, as so many request it at this time.

In our fairly small practice numbering some 400 patients we have seen one case of stage I carcinoma of the cervix and another of carcinoma in situ—the latter discovered by "Pap" smear following a miscarriage at 16 weeks. There were no symptoms in either case. Both were successfully treated at the local hospital.—We are, etc.,

J. H. WILLIS.

Ocular Damage due to Paraquat and Diquat

SIR,—Dr. A. A. B. Swan (8 June, p. 624) suggests that the bipyridyl (paraquat and diquat) produces a central and relatively trivial ocular burns. Lest his impression in defence of the bipyridyl should give the impression that local damage caused by these weedkillers is trivial we would like to stress the similarity between the effect they cause on the eyes and that caused by an alkali.

Since writing our medical memorandum on ocular damage due to paraquat and diquat (27 April, p. 224) we have seen several further cases in which "freeglone" Extra or Weedsol solution have been splashed in the eye, and in each case, after a delay of several days, a serious superficial ocular burn had developed, which in two cases has produced corneal scarring. We have had communications from a number of general practitioners describing similar cases seen by them.

Dr. Swan adds that the labels on all liquid formulations of the bipyridyl carry the warnings: "Wear rubber gloves and face shield when handling the concentrate. Wash concentrate from skin or eyes immediately." In all of the cases seen by us, or reported to us, the concentrate has been washed immediately from the skin and eyes, but in all of these cases the inevitable ocular damage has resulted. In view of the widespread and increasing use of these weedkillers in agriculture and horticulture we feel that rather than minimize their effect on the lives of Dr. Swan and Imperial Chemical Industries Limited should emphasize their dangers.—We are, etc.,

J. STANLEY CANT.

D. R. H. LEWIS.

Postnatal Examination

SIR,—In reply to Dr. Ian Copstick's invitation for comments regarding his recommendations for postnatal examination (8 June, p. 626) I would like to point out one serious omission.

Probably the most important aspect of the postnatal examination and particularly pelvic examination is performing a cervical smear. I cite the following figures from Aberdeen: In 1965, 1,116 smears were performed, 6 of which confirmed preclinical cervical cancer. In 1966, 1,043 postnatal smears gave no positive results. In 1967, 1,163 postnatal smears gave a pick-up of 23 atypical and 1 preclinical cancer.

I can only presume from Dr. Copstick's letter that it is possible that antenatal smears may be taken. If so, these remarks are not applicable.—I am, etc.,

WILLIAM Y. SINCLAIR.

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REFERENCES

The picture was classical of gas gangrene. At necropsy there was extensive retroperitoneal gas which had obviously spread from the thigh. The myocardium was flabby, and the cause of death was cardiac failure owing to an overwhelming gas gangrene infection.

One can only speculate about the origin of the infection. The wound of the Clostridium welchii could have been the patient's own skin, the needle, the syringe, contamination of the hyperdric adrenaline or A.C.T.H. According to the practitioner the needle and syringes had been boiled and stored in alcohol. Whatever the source of the infection it is quite likely that the hyperdric adrenaline precipitated the spread of the infection and brought about the death of the patient.—I am, etc.,

H. GAYLIS.
Department of Surgery,
University of Witwatersrand,
Johannesburg.

Correspondence

Service Doctors' Pay

Sir,—I have followed keenly, but so far in silence, the efforts of the B.M.A. and others in the matter of pay for service doctors during the past two years. I am now constrained to put pen to paper.

It is with deep disappointment that I read the interim report of the Prices and Incomes Board on Service Doctors' pay. 1 Disappointment not so much in the award itself, but rather in the thoroughly negative and autocratic manner in which the evidence submitted by the B.M.A. and Defence Council was rejected. The Armed Forces Committee rightly stresses the inability of service doctors to redress grievance by unconstitutitional means now widely accepted as normal by society. Surely there can be no one more effectively "over the barrel" than the permanently commissioned doctor, whose ethical integrity is capitalized by morally and intellectually bankrupt politicians.

It must be seen that the armed Forces present limited and ever diminishing professional opportunity to the doctor. No amount of internal reorganization of Forces medical service can fully compensate for this, and adequate remuneration will not entirely sweeten this bitter pill. There are those of us who wish to serve, but many others feel resentment and frustration at the professional and financial cul-de-sac in which they find themselves. These latter should be released from contract which the Government has invalidated by its repeatedly broken word.

A basic principle to be upheld is the right to start a new career without the stigma that resignation implies, the savage loss of accumulated contribution, the possibility of gratuity repayment, and an enforced wait for two years. Perhaps such voluntary retirement would go some way to reshaping the structure of the medical service we seek, or is there a fear lurking at the back of the Defence Council mind that such a scheme would see a mass exodus of Service doctors?

If this indeed be the case no further comment on the conditions and terms of service of doctors in the armed Forces need be made. However, more fundamental issues are at stake than those discussed. Pay is but one aspect of the financial parsimony which at present threatens the very existence of British medicine, and one can see without any great claim to national disintegration in the next decade unless advice offered by our profession is heeded by whose power it is to remedy the situation.—I am, etc.,

D. B. WATKIN.

REFERENCE


Points from Letters

Patients on Holiday

Dr N. P. Bruce (Isle of Wight) writes: May I support Dr. P. C. Matthew's plea (15 June, p. 694) for written evidence from the home doctor that a patient on holiday is genuinely prescribed a psychotropic drug at home? May I add that the home doctor should put the date and amount of the last prescription, and the temporary doctor either add the date and amount of the new prescription or keep the letter, whichever is appropriate?

Tetracyclines

Dr. B. M. BARKER (Medical Director, Bristol Laboratories Ltd., Middx.) writes: In the section on tetracyclines in Today's Drugs (8 June, p. 607) reference is made to pyrroolidinomethyl tetracyclines. Your readers may like to know that this drug is available in Britain only under the trade name of Tetrax P.M.T. (Rohitetrachine nitrate).