he removed the bandage. The swelling of the forearm and the hand increased slowly during the following months, and four months later there was considerable pitting oedema of the hand and the arm up to just above the elbow joint. The volume of the arm was 3+27 l, compared with 2-35 l for the right arm. Brachial angiography and phlebography showed the arterial pattern of the arm to be normal except for the fistula. Almost all the blood from the fistula, however, flowed into the distal limb of the cephalic vein. The lumen of the cephalic vein proximal to the fistula was almost completely obstructed by old thrombotic material. The deep veins in the axillary region showed post-thrombotic deformity but the flow was mainly unrestricted. At angiography not only superficial but also deep veins in the forearm were filled early (fig.). The artery and the vein were ligated distal to the fistula, the swelling of the arm decreased, and 10 days later the volume of the left arm had diminished by 490 ml.

Attitudes towards Disablement

Sir,—Having talked with many of my physically disabled contacts I am persuaded that by no means all are happy about the Tunbridge Report. ¹ It is my considered opinion that it is indispensable to have new rehabilitation units such as those at Edinburgh and Southampton what money is available would be better used in providing, for example, increased facilities, both home and hospital-based, for physiotherapy—and remembering that the primary need of the disabled is for the humanitarian approach. Let more funds be channelled into the provision of transport for the disabled (buses, for example) and some for more sporting facilities.

In other words, I believe rehabilitation demands a strictly pragmatic approach. The essential academic work such as bioengineering could well be done in a central rehabilitation research institution. The disabled themselves could then have primary care from their own general practitioner guided by periodic reports from the community physician, who would themselves be in possession of individual reports from members of the rehabilitation team as applicable in a given case. These members include not only nurses and paramedical workers (occupational therapist, physiotherapist, social worker) but also a variety of voluntary workers who, in my opinion, constitute an invaluable if not essential part of the team. The role of hospital-based rehabilitation physicians and physiotherapists is, I think, very nebulous.—I am, etc.,

MABEL L. HAIGH
Cottingham, Wetherby, Yorks

N.H.S. Superannuation—Purchase of Added Years

Sir,—It was agreed a long time ago that with effect from 1 October 1972 members of the N.H.S. superannuation scheme should have the right to purchase "added years" of reckonable service within certain limits and thus enhance their eventual retirement benefits. The statutory regulations to introduce this provision did not, however, come into force until 19 July 1974 (19 September in Scotland). Particulars are now available from N.H.S. authorities, and doctors who are interested should approach the authority with which they are associated to find out which option is most advantageous to them. For those already in the scheme the option to purchase added years remains open only until 19 July 1975 (9 September 1975 in Scotland).

The cost of an additional year normally depends on his or her age and income at the time of purchase. However, provided an application is made before 19 October 1974 (9 December 1974 in Scotland) the cost may be based on the age and income of the applicant on 1 October 1972 (or the date of joining the scheme if later).

Doctors will, of course, have to decide individually whether or not to purchase added years in the light of their personal circumstances and the advice of their accountants. However, it could obviously be very much to the advantage of a doctor who is contemplating the purchase of added years to apply without delay.—I am, etc.,

R. D. ROWLANDS
Chairman, Superannuation Committee
B.M.A.
B.M.A. House,
London W.C.1

Alternative Health Service

Sir,—Congratulations to Dr. P. Joan Bishop (17 August, p. 473) on a letter full of sound common sense which should be read by all who are connected with the N.H.S. and by all politicians.

Surely we must realize that the financial well-being of any profession and social service depends upon a prosperous business community. At present Britain has the worst inflation and worst trade deficit of any major country, and it would be a brave man who would count on any improvement next year. With the world-wide slowing down in economic growth there will surely be less rather than more government money available for the N.H.S., hence the urgent need to investigate alternative methods of finance. Dr. Bishop's letter reminded me of the masterly writings of the late Dr. Ffrangcon Roberts (see 31 August, p. 582) on the cost of the N.H.S. In 1949 he was one of the few men to expose the fallacies of the Beveridge report and the concept of a "free" health service. I can do no better than quote his conclusions. "It can indeed be laid down as a law, that in a free economy the cost of medical treatment rises with the standard of living," and, again, "I believe that through ignorance and miscalculation in its preparation the cost of the Health Service has been grossly underestimated, that when in full operation it will be not less than £500 m., and that in future years it will rise to an even higher figure. Whatever the exact figure, I am firmly convinced that at the present rate of expenditure it will involve us in national ruin."

Prophetic words indeed when the sum of £500 m. is now being demanded by the medical profession merely to stave off the collapse of the Health Service.—I am, etc.,

D. H. K. SOLTAU
Cheltenham

1 Roberts, F., British Medical Journal, 1949, 1, 293.