on azathioprine. In seven an evident improvement was observed after commencement of azathioprine. For these reasons we believe an immunosuppressive drug for such cases has definite advantages.—We are, etc.,

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Testing for Phenylketonuria

SIR,—Your news paragraph headed "Testing for Phenylketonuria" (20 September, p. 725) referring to the Health Department's circular H.M. 69/72 is an inaccurate extract when you state that "Hospitals will be responsible for babies born in their wards." How can they, when there is an increasing number of "48-hour" discharges, and the circular states that the blood shall be taken between the sixth and fourteenth day?

Further, despite the circular of the Department of Health, which is based on C.M.O. 12/68, the Guthrie test[1] has already been replaced in several areas—for example, Manchester,[2] Kingston upon Hull,[3] Birmingham,[4] and just recently Lewisham—by the Scriver test[5] (where a specimen of blood is taken in a capillary tube for plasma chromatography). Among other advantages[6,7] this method helps to differentiate between the urgent cases of true hyperphenylalanaemia and those which are transient in association with raised plasma tyrosine levels, which the Guthrie test is unable to do.

In the Lewisham area, specimens are taken for the Scriver test by the ward midwives from all babies still in hospital on the ninth day, and the remainder are taken at home by the local authority midwives (this is also the practice in Norway).[8] The specimens are delivered to the hospital for chromatography, and further communication is by telephone if there is any abnormality in the pattern of amino-acids on the chromatogram.

Your inaccuracy is serious, as, compared with the thousands who will read the paragraph, only a small percentage will ever set eyes on, and far less will read, the H.M. 69/72 which the hospital secretary has today sent for the file that we keep in the mess.—I am, etc.,

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2 Komrower, G. M., Fowler, B., Griffiths, M. J., and Lambert, A. M., *Proceedings of the Royal Society of Medicine*, 1968, **61**, 294.
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5 Scriver, C. R., Davies, E., and Cullen, A. M., *Lancet*, 1964, **2**, 230.
6 *British Medical Journal*, 1969, **3**, *Suppl.* 33.
7 MacMillan, M., *British Medical Journal*, 1969, **1**, 252.
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SIR,—The medical news paragraph on testing for phenylketonuria (20 September, p. 725) in quoting out of context gives misleading information. The Phenistix test was never unsuitable, but the Guthrie is an improvement. "Hospitals will be responsible for babies born in their wards. . . ." This is not the case where an early discharge before the sixth day occurs.

In giving publicity to the facilities available for general practitioners to do the test themselves, confusion could be caused in areas like this where arrangements have been made for local health authority midwives to attend babies who are at home on the sixth neonatal day in order to take a blood sample. General practitioners will, of course, be notified immediately as soon as any untoward results become available.—I am, etc.,

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Functions of the G.M.C.

SIR,—I followed the discussion at the Annual Representative Meeting on the finances of the General Medical Council (*Supplement*, July 19, p. 72) in the hope that someone would challenge the assumption that the G.M.C. is doing properly, or in some cases at all, the job for which it exists. It was formed to protect the public from incompetent or improper medical practice, in four ways:

(1) Compilation and publication of the *British Pharmacopoeia*. This has been done in exemplary fashion, but is to be handed over to the Medicines Commission, together with the losses incurred in the task.

(2) Maintenance of the standards of medical examination (and thereby of education). The qualifying examinations are in a state of flux, and the closely related subject of medical education has become so chaotic that a Royal Commission on Medical Education was set up and has reported.[1]

(3) Publication of the *Medical Register*, and prevention of those not on the *Register* from issuing certificates and claiming court fees or pretending to be registered practitioners. This was intended to ensure adequate standards of medical practice, but has not prevented legally registered practice by many doctors who understand and speak so little of the English language that they cannot communicate effectively with their patients or their colleagues. This incompetence of the G.M.C. became a continuing national disgrace, and the Department of Health had to take over the task of maintaining the standard of practice in this respect. A draft Hospital Memorandum requires that as from 31 October 1969 applicants for hospital posts must, if graduates of medical schools outside the British Isles and not previously employed in National Health Service hospitals, provide evidence of satisfactory completion of a period of attachment in an N.H.S. hospital unless they are in certain exempted categories. This compulsory scheme replaces a voluntary scheme which was introduced in 1966. In it paragraph 6 states that its provisions include the ability to communicate in English (and the use of colloquial English is mentioned), all the provisions being additional to "provisional," "full," or "temporary" registration with the G.M.C.

(4) Maintenance of ethical standards of those on the *Register*, and removal of offenders from the *Register*.

Of these four functions the first will soon be terminated; the second seems largely ineffective in that the control by the G.M.C. of the qualifying examinations has no effect on the continuing postgraduate education without which none of us can hope to maintain our continued competence to practise; the third has as mentioned above in one important respect been taken over, by default, by the Department of Health; and it is hardly surprising that the public and professional image of the G.M.C. is that of a private court obsessed by advertising, alcohol (and other drugs), and adultery, basing its standards on a code which in the case of advertising at least has not been re-examined in the light of modern methods of communication and education of the general public. And in the case of adultery its code would be unacceptable to almost any other section of the population, which marvels at the reports in the more sensational press of the plight of those erring doctors who lose their livelihood because they are found out doing what the rest can indulge in with relative impunity.

I submit, Sir, that the G.M.C. does not do the job for which it exists. It should be seen to do its job before there is any question of providing it with more funds, whether by annual retention fee or otherwise; and, as suggested by Dr. A. M. Spencer (*Supplement*, 19 July, p. 72), a firm of management consultants should be engaged by the G.M.C. forthwith to advise on the efficient conduct of its affairs.—I am, etc.,

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REFERENCE
1 *Royal Commission on Medical Education. Report 1968*. London, H.M.S.O.

SIR,—I wholeheartedly agree with Dr. J. W. Maltby (4 October, p. 53). The G.M.C. surely is an independent statutory body which exists chiefly to protect the public. The profession should no longer seek any special relationship with its own G.M.C. to be mystically cemented with extra funds levied for that Council's upkeep.

This reform might well lead to others. Only this year a controversial judgement of the G.M.C.'s disciplinary committee has met with widespread criticism from respected sources. This is by no means the first such controversial decision, however excellent the vast majority of disciplinary decisions might be. The fact that no single appeal to the judicial committee of the Privy Council against a decision of the G.M.C. disciplinary committee has ever been successful is cause for alarm, not congratulation. Appellants to the Court of Appeal and the House of Lords enjoy considerable success.

The integrity and standing of members of the G.M.C. are never in question. Some of the Committee's disciplinary procedures are. Its refusal to give reasons for its decisions. The distressing fact that prosecutors, judges, and jury are in effect one and the same body. The suspicion that in sifting non-medical evidence and assessing testimony even eminent doctors are no substitute for a legally qualified judge.