for a place in his son in a medical school, his son having passed "A" levels (not at his first attempt), with one B and two Ds. I have heard of several medical colleagues whose sons or daughters have failed to get into a medical school because they did not get high enough grades at "A" level.

What are we training doctors for? Are they all destined to become high-grade specialists or Fellows of the Royal Society? Doctors in general practice do not require an esoteric high-brow intellect, yet nearly half the graduates are destined for general practice. They require patience, humanity, common sense, and an ability for hard work in the field.

If we are to determine the training of the sons of doctors in the profession and it used to be the practice in Britain. I suggest that it is high time that we returned to it.—I am, etc.,

N. GEOFFREY NICHOLSON

Ashford, Middlesex

Ambulance Personnel

SIR,—I most strongly disagree with the point of view expressed by Mr. Oliver Dearlove (10 November, p. 360). I do not consider the home background is of any great benefit to one's training—indeed it all too often leads to the case of a son being expected to follow in his father's footsteps, even when he is not strongly motivated. This can lead to unfortunate failures and a wastage of valuable medical school places.

Furthermore, although "A" level results may not be the best guide, they are a good standard. I fail to see why, if somebody cannot get a place by normal methods—that is, the Universities Central Council on Admissions (where interviews usually are taken into account)—his father's position and willingness to finance advertising should entitle him to any advantages.—I am, etc.,

CHRIS NORTH

Medical Faculty, University of Sheffield

Anaesthetic Safety Devices

SIR,—Dr. C. Burke (3 November, p. 229), no doubt un-intentionally, gives the impression that common sense regarding the oxygen supply to anaesthetized patients might be the prerogative of anaesthetists in Canada and the United States. I can reassure him that fuel cell and oxygen electrode meters are readily available in Britain, albeit of American manufacture, with their advantages of displaying the inspired oxygen concentration received by the patient and giving an audible and visible warning if the concentration is above or below preset limits. In this way a failure of oxygen or nitrous oxide supply can be made known.

A fail-safe device as described by Mr. R. J. Davies (3 November, p. 229) is clearly an additional desirable feature, while an alarm to detect accidental disconnection of the patient from the anaesthetic circuit, particularly during controlled ventilation, would seem to be essential.

If these aids to the safety of anaesthesia are not generally in use it might suggest a surprising complacency by specialists in this field.—I am, etc.,

J. M. MANNERS

Southampton

Aerosols and Asthma Deaths

SIR,—It is usually assumed that the decrease in the number of deaths from asthma which followed the official warning about pressurized aerosols containing sympathomimetic drugs1 was due to the stricter controls on the supply of these aerosols. This hypothesis has, however, been questioned by several authors.2 Another possible explanation for the decrease in mortality after the warning was issued could have been a change in the attitude of general practitioners to the treatment of asthma, and this may have been the reason why more patients with asthma were admitted to hospital at that time,3 and why there was an increase in the number of prescriptions for corticosteroids,4 which could both have contributed to the reduction in mortality. It is apparent from the recent correspondence in these columns that there is no convincing evidence to incriminate aerosols, however, only one indication for the use of oral sympathomimetic amines in asthma—when, for any reason, a patient is unable to use a pressurized aerosol.—I am, etc.,

Graham K. Crompton

Respiratory Diseases Unit, Northern General Hospital, Edinburgh

7 Inman, W. H. W. (1973), Proceedings of Symposium on Evaluation of Bronchodilator Drugs. (To be published.)

Relapsing Polyvondritis and Pulseless Disease

SIR,—With reference to your leading article on "Relapsing Polyvondritis" (16 June, p.

1 November, p. 359) concerning the Brighton ambulance men who participated in the mobile coronary care scheme. The attitude they and their union adopted typifies the professionalism we need to encourage in this important body of men; it does much to establish them as paramedical technicians—much more than the current regrettable industrial action. I have a deep interest in the status of ambulance men, being the medical representative of the Institute of Certified Ambulance Personnel on the Board of Registration of Medical Auxiliaries.

I would like to point out that there is provision for ambulance men who have obtained the Diplomas of the Institute of Certified Ambulance Personnel to obtain admission to the National Register of Medical Auxiliary Services of the Board of Registration of Medical Auxiliaries at B.M.A. House. It is true that this is a small beginning, but all paramedical professions had to start somewhere and I believe that such a recognition of training and qualification will be greatly to the advantage of ambulance men from a professional point of view. Physiotherapists, occupational therapists, chiropodists, and others who have comparably intimate contact with patients originally registered in this way but are now recognized by the Statutory Register of Professions Supplementary to Medicine. Such graduation is the essential function of the Board.

Doctors should encourage in ambulance men a professional attitude at all times; this begins by recognizing their importance and enhancing their pride in professional status.

SIR,—The Institute of Ambulance Personnel is, the representative of specialists or Fellows of the Royal Society? Doctors in general practice do not require an esoteric high-brow intellect, yet nearly half the graduates are destined for general practice. They require patience, humanity, common sense, and an ability for hard work in the field.

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Ashford, Middlesex

Ambulance Personnel

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REGINALD ELSON

Woodsetts, Near Worksop, Notts.

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