taken into account if this is possible but since the time-table to which the committee of inquiry will work is not yet known, it may not be feasible to do so.—We are, etc.,

J. H. MARKS
Chairman, Panel A

J. S. HAPPEL
Chairman, Panel B

B.M.A. House,
Tavistock Square,
London W.C.1

C.C.H.M.S. and Consultant Contract

SIR,—As a member of the Regional Hospitals' Consultants and Specialists Association, I could not agree more with the comments of Dr. R. A. Dale and others (20 January, p. 178) on the structure and function of the Central Committee for Hospital Medical Services and its failure to represent the opinion of hospital consultants in this country. Dr. Dale suggests that not until the views of all hospital consultants are obtained by a referendum can trust in the C.C.H.M.S. be restored.

Could I point out that the R.H.C.S.A. circulated a full referendum on proposals for a new contract three years ago, so that all members could acquaint themselves with the various proposals and express their views

if they wished. The R.H.C.S.A. council subsequently based their "consultant charter" on the results of this referendum—accepting a majority vote, for or against a proposal, as binding. Furthermore, controversial points, such as pay for emergency work, were further subjected to discussion and, in fact, further voted on by ballot. Members are free to contact the executive office at any time to put forward their views, and many do. Members also have the right to attend council meetings to speak on any subject they wish to be discussed.

Dr. Dale regrets that there is no formal organization within hospitals for regular meetings, etc. I accept his point that the hospital medical services structure of the B.M.A. certainly does not represent consultant opinion, but I would like to draw his attention to the simple and democratic structure of the R.H.C.S.A. The kind of national organization of hospital consultants which Dr. Dale and his colleagues are looking for, does, in fact, exist.—I am, etc.,

JOHN A. RIEDEL

Leicester

General Practitioners and the E.E.C.

SIR,—There is one matter referred to in the General Medical Services Committee

debate on the European Economic Community (*Supplement*, 27 January, p. 25) by Dr. Terence Gardiner to which my reply was unfortunately not reported. As this is a matter of considerable interest, I feel that readers would be interested in the reply.

Dr. Gardiner stated that "Europeans looked upon doctors working in the N.H.S. as salaried persons and civil servants."

In my reply I quoted the report of the Commission on Social Security of the Union of European General Practitioners (1972). This first outlines the justification for the statement that "in the countries of the Six and the U.K. the Commission considers that general practitioners in all seven countries should be regarded both legally and in practice as acting as a free profession and not as salaried workers." The report then goes on to say that, "the commission stresses that these principles are valid for the seven countries considered, including the U.K., in which connexion we wish to stress that general practitioners working in the N.H.S. are neither in a practical nor a legal sense to be regarded as employees in the public service." This has particular significance in relation to Article 48(4) of the Treaty of Rome, which excludes employees in the public service from the provisions of the treaty.—I am, etc.,

ALAN J. ROWE

Bury St. Edmunds, Suffolk

Points from Letters

Fatal Injuries after Car/Lorry Collisions

Dr. M. GOLDMAN (Liverpool) writes: We should all take heed of the grim facts revealed in the paper of Professor William Gissane and Dr. John Bull (13 January, p. 67) and note especially their final suggestion of putting traffic on to the railways, which are under-used, instead of the roads, which are unnecessarily congested. . . . One simple measure might help in the short term: to reduce from 60 m.p.h. (97 km p.h.) to 40 m.p.h. (64 km p.h.) the speed limit for heavy goods vehicles on motorways, to bring it into line with their legal limit on all-purpose roads, although it is perfectly obvious that even the present restrictions are frequently ignored.

Unwelcome Drug Literature

Dr. D. JEFFERSON (St. Leonard's Hospital, London N.1) writes: I wholly endorse Dr. Clifford Hawkins's "Personal View" (24 June 1972, p. 764) but wonder how one might suppress the ever-increasing flow of unwelcome drug literature intruding upon one's doormat? Apart from being an enormous waste of money, surely this flow of rubbish through the letter box can only incense and alienate doctors against the offending pharmaceutical companies?

Removing Obstructed Balloon Catheter

Mr. D. J. ARWADE (Alton, Hants) writes: Obstruction of the balloon of the catheter (Mr. S. C. Sood and Dr. H. Sahota, 23 December, p. 735) is invariably due to an air lock in the inflation tube caused by injecting a mixture of water and air in the first place. While injecting liquid paraffin down the inflation tube may be effective in dissolving the rubber of the balloon, it may take from four to 30 minutes. Liquid paraffin may cause irritation of the bladder mucosa and due care is needed to drain it completely at the end, otherwise it may stay in the bladder for months. Injecting anaesthetic

ether (2-5 ml) down the inflation tube is a very effective method of relieving the obstructed balloon immediately. Before this the bladder should be distended with 200-300 ml of sterile water. Almost instantaneously the balloon bursts and the bladder is simply emptied of the mixture of water and ether. On one occasion . . . I found that the inflation channel was too small to admit the smallest size of ureteric catheter. Injecting ether proved to be an effective method. . . .

Contraception for the Needy

Dr. K. L. OLDERSHAW (London S.E.15) writes: Mr. S. C. Rowlands (6 January, p. 51) makes the point that "dramatic increases in attendances at family planning clinics have been noted since the inception of free supply provision" in certain boroughs. . . . What is happening is that more patients are going to clinics and fewer to general practitioners. The sooner the family doctor is enabled to provide services on equal terms with other agencies, the better. Unfortunately, 1974 may well be here before he can.

Tissue Reaction to Methylmethacrylic Cement

Dr. R. CUTLER (Surrey) writes: Methylmethacrylic cement was being used by dentists in the early 1950's¹ and the caustic and, in some circumstances, corrosive effect on mucous tissue was well recognized. . . . A later and most useful development was the application of a modified denture-type material suitable for repairs and for direct application to a denture to permit modelling in the mouth to take up local shrinkage and so on. It was quickly found that if the material was applied and adapted in a thick treacly state or even in a slightly thicker consistency tissue corrosion after as little as two minutes' contact could be alarming, and it was only when the material was applied in a soft putty-like state with the tissues protected by silicone grease that absolute freedom from tissue

reaction could be guaranteed. It is my impression that the material currently used in joint procedures is little different from that used by dentists, and that it is incapable of use in joint operations in the putty-like, semipolymerized state referred to above. . . .

¹ Cutler, R., *British Dental Journal*, 1952, 92, 67.

Side Effects of the Pill

Dr. G. P. WALSH (Blackburn) writes: Preliminary checking on a small scale seems to confirm Dr. D. A. Varvel's figures (23 December, p. 729) about loss of libido. Thus five women had no loss of libido on the pill. Five others, who either completely or nearly lost their libido, all claimed that this returned during the interval of seven days when they were pill-free. . . . It may be that taking the pill conjures up an image in women of a temporary sterility that psychologically cuts their libido, to return automatically in those seven days although they have been categorically assured that conception is prevented. On the other hand, the presence of amenorrhoea and sterility of sometimes long duration may awaken the hunch that libido loss is hormonally rather than psychologically induced. If the former, the Simon Trust will be able no doubt to produce figures to show that potent but vasectomized man does not induce libido loss in the 50% of women who seemingly lose it with the pill. . . .

Dr. ROSEMARY J. ATHERTON (Birmingham) writes: As a family planning doctor I agree with Dr. D. A. Varvel (23 December, p. 729) that amenorrhoea, headaches, and loss of libido are troublesome side effects, which can sometimes, though not always, be removed by changing the brand of pill, but I do not feel that they are anything like as common as he suggests. The majority of patients seem well satisfied with the pill, and while it is not ideal, it is the best contraceptive available at present. . . .