hospitals and those working in conventional psychiatric hospitals.

R W K REEVES

HM Remand Centre,
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¹ Quinn, S, *Nursing Times*, 1979, 75, 237.

Falciparum malaria despite chemoprophylaxis

SIR,—Mr P Moody rightly points out the great current difficulty involved in the selection of optimal malaria prophylactics for some parts of the world (9 June, p 1565) and shows the disadvantages of almost all the options available.

His view that advice may be difficult to obtain is, however, fortunately less correct. The Ross Institute of the London School of Hygiene and Tropical Medicine (01-636 8636) is happy to provide such advice on malaria prophylactics to both doctors and the general public, and does provide it to many thousands of people each year; while the Liverpool School of Tropical Medicine, the Hospital for Tropical Diseases in London, and the East Birmingham Hospital all provide similar advice.

DAVID BRADLEY

Ross Institute of Tropical Hygiene,
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London WC1E 7HT

Multiple-puncture tuberculin testing

SIR,—We have been considerably interested in the articles and correspondence on this subject, because we screen approximately 500 new employees in the NHS hospitals in the Ipswich health district and we found it convenient to use the tine test. Unfortunately our experience of a marked BCG reaction after negative tine readings led us to review this procedure.

Traditionally, Heaf testing had been used for many years. We found that when employees with negative tine reactions were tested by this method a significant proportion gave a grade 2 reaction, and BCG was unjustified. Two years ago therefore we discontinued the use of tine testing. As we were looking for people needing protection the procedure for us was too unreliable. We can summarise our experience as being "a positive tine test is reliable, but don't trust a negative one."

P K WILSON

Staff Health Department,
Ipswich Health District,
Ipswich, Suffolk

Contaminated hospital water supplies

SIR,—The reports (3 February, p 350) and letter about contaminated water supplies (9 June, p 1564) drew attention to a potential hazard that fortunately manifests itself but rarely.

At present, "wholesomeness" is the accepted requirement applicable to all water supplied for human consumption, whether from the public supply or commercially bottled. The term does not imply sterility but indicates that the water complies with the standard.¹

Members of the *Pseudomonas* group do not usually survive the normal methods of water treatment as applied at water works, but they

may gain access to the distribution system in small numbers subsequently. If these organisms reach a site where nutrients are available, which may often be the result of using unsuitable plumbing materials, then multiplication is possible. Raising the water temperature will, within limits, encourage multiplication of certain bacteria, including *Pseudomonas aeruginosa*. Increasing the water temperature to the 50–60°C range will largely overcome this problem. The use of the correct plumbing materials and recommended water temperature will be effective only if the roof tanks are in a good state of repair and properly covered.

The National Water Council publishes a list of plumbing items which have been constructed from materials that will not support microbial growth.

J D ROSS

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¹ Joint report from the Department of Health and Social Security, the Welsh Office, and the Department of the Environment, *Public Health and Medical Subjects, No 71*. "Bacteriological Examination of Water Supplies." 4th edn 1969, reprinted 1974, London, HMSO.

Review Body report

SIR,—I suppose we should be grateful for the recent award by our Review Body but in the area of general practice it has been palliative rather than remedial. There is a sad lacking of any long-term policy and planning that might have been so easily able to improve standards of practice generally. The following areas come specifically to mind.

A greater increase in the basic practice allowance would have encouraged practices to increase partnership size. By this means more jobs would have been created, and a decrease in the patient-doctor ratio would improve medical standards. A greatly increased fee for performance of cervical cytology would have offset the heavy losses made by most practices performing this service voluntarily on the under-35-year-olds, again improving medical standards.

Finally, the awards for the out-of-hours payments are still derisory. The toil and bane of general practice lies for most doctors in their out-of-hours responsibility. Where deputising services are available they are expensive and where the GP is forced to cover himself the cost to mind and body can be destructive. Once again the Review Body has failed to recognise and reward this very great responsibility. After-hours calls in general practice (and this should mean after 6 pm) can never be paid at less than a recall fee for a hospital consultant.

The Review Body has more than a duty simply to prevent doctors from resigning en masse: it could be used as an intelligent tool to improve medicine. This time, as ever, it has failed.

A R ROGERS

Exeter, Devon

Pay and contracts

SIR,—In my retirement, I sympathise deeply with those who struggle to obtain acceptable contracts for the work of doctors and nurses. The provision of a service that is free for all seems to involve some loss of appreciation by

the public, and also to lessen the incentives which helped us in the past to give of our very best.

However, we must also bear in mind that in the present state of worsening chaos in many parts of the world it seems quite ludicrous that Western nations should keep struggling to improve their already high standard of living, and there is a universal need to encourage and admire those who adopt a simple pattern of living. For us to be members of an interesting profession is rewarding in itself, so that we might at least consider the possibility of setting the much-needed example of a group that is willing to accept somewhat less than we are entitled to demand. We must try to discourage the competitive lunacy which is so damaging to today's world.

W RITCHIE RUSSELL

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Domesticated doctors

SIR,—I read with some annoyance the letter from Dr Ruth E Ferguson about the so-called domesticated doctors (16 June, p 1632).

Women doctors have a choice these days and she has made hers. Many of us have opted for the half-way house, which involves "neglecting our families" for a minimum of 20 hours a week. We married women doctors cannot have everything handed on a plate. If a woman doctor wants to be involved in medicine then she herself must make a considerable effort both at work and at home. If she is prepared to do this then the RHA and the postgraduate dean will help her with her training. We must make sacrifices, go to meetings, take postgraduate examinations, and practise medicine actively (even if only part time). Otherwise we will not be taken seriously as professional women.

Most of us thoroughly enjoy our double life and hope that we are making a small contribution to the running of the NHS now, and will be doing more in the future when we have fewer domestic commitments.

C ANGELA SCOTT

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The general practitioners' work load

SIR,—I was disturbed to hear of the Review Body's rejection of the professions' claim that work load has increased, particularly when I read that the Review Body quoted a reduction in the number of prescriptions issued as one of the indications of a falling work load.

As a dispensing practitioner who has made a particular effort over the last few years to reduce my prescribing of medicines, I can assert that a fall in the number of prescriptions issued results in a considerable increase in the general practitioners' consultation time and hence work load. If we are to give more time to counselling our patients, then the outcome should be a fall in prescriptions issued.

It seems that the Review Body's misinterpretation of a statistic may have cost general practitioners dearly. It is all the more unjust since a fall in the numbers of prescriptions issued not only represents a great saving to NHS funds but I believe is very much better for our patients. Indeed, the recent LMC

conference rejected the item-of-service payments in the new charter on the grounds that they put "emphasis on the measurable and the technical" rather than on such factors as time spent talking and advising patients. As a dispensing doctor I lose on a further front; since my prescribing is now nearly 20% less than two years ago the proportion of my income from that source is proportionately reduced.

Falling numbers of sickness benefit claims were quoted in the same context. I would hazard a guess that the more time a doctor gives to his patient in consultation the less time the patient may need to be off sick. Perhaps our negotiators could take a look at new ways of measuring our work load. It would be a sad day if measures of our success as doctors result in falling income. I do not wish to grumble, Sir, but fair is fair.

MICHAEL HALL

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Points

Cigarette smoking and health

Dr J D EGDELL (Mersey Regional Health Authority, Liverpool L2 7RW) writes: . . . Drawing I hope legitimate deductions from figures produced by Doll and Peto,¹ I see that those who exclusively smoke cigarettes experience an excess death rate over non-smokers which is more than seven times that experienced by those who exclusively smoke a pipe or cigars or both. This suggests that if 1000 cigarette smokers had been prevailed on, at the outset of their smoking careers, to use a pipe (or cigars) to the exclusion of cigarettes, as many lives would have been saved as if 860 of them had been persuaded never to smoke at all. With these figures in mind, we need to ask ourselves the question: How much easier is it to induce people to substitute one pleasurable habit for another than to make them abandon such a habit altogether? . . . I put forward for debate the proposition that a campaign should be launched with the theme, "If you *must* smoke—smoke a pipe."

¹ Doll, R, and Peto, R, *British Medical Journal*, 1976, 2, 1525.

Matters of life and death

Dr D B CARRON (Scartho Road Hospital, Grimsby, South Humberside DN33 2BA) writes: The fee for emergency recall is £8.50, travelling expenses taxable; it is often a matter of saving life or preventing death, depending on your point of view. The fee for signing one half of a cremation form is £9.30, travelling expenses untaxed. There must be something wrong somewhere.

What is to be done with the XYY fetus?

Dr D P CHILD (Biddulph, Stoke-on-Trent ST8 6HD) writes: I was appalled by the tacit acceptance of eugenics implied by your leading article (9 June, p 1519). It is just *not* widely accepted that "selective termination of pregnancy" is justifiable, and to suggest that such measures be applied to children in the womb running a high risk of developing criminal or psychiatric tendencies is totally abhorrent.

How to use an overhead projector

Mr BRIAN A NETTLEFOLD (Royal Infirmary, Glasgow G4 OSF) writes: May I correct a misleading impression given by Dr J Robbins (9 June, p 1565) on the ease with which transparencies may be made using Xerox or similar copiers? Owing to the heat in the fuser units of most plain-paper copiers, it is virtually impossible to substitute acetate sheets for paper and produce successful copies; the acetate simply melts in the fuser. Most plain-paper copier manufacturers, however, do supply special heat-resistant transparent sheets or rolls that can be used successfully.

Racial discrimination?

Drs J WHEWELL and D S STRACHAN (Middlesbrough, Cleveland TS1 2NX) write: In your issue (9 June, p viii) there is an advertisement for a partner in a South Croydon practice, indicating that a fast bowler would be preferred but no golfers. If one takes into consideration the fact that golfers are a race apart, doesn't this advertisement contravene racial discrimination regulations?

Pellet or dropping?

Mr R A DAVIS (Ministry of Agriculture, Fisheries, and Food, Surbiton, Surrey KT 7NF) writes: Perhaps I may be permitted a comment as a "Queen's Ratcatcher" on "faex" (Words, 19 May, p 1338). In the course of advising local authorities and others on matters of public health in relation to rat and mouse control we have developed what might be called coprological expertise. The item for which the term "faex" is suggested is commonly and conveniently referred to by us "in the trade" as a "pellet," or in Anglo-Saxon as a "dropping." These terms occur in papers published in ordinary reputable biological journals, and I see no reason why these English words could not be used in medicine also. The American-English biological literature incidentally uses the term "scats."

Keeping up to date

Dr J A C WILSON (Hope Hospital, Salford M6 8HD) writes: With reference to Mr J M Longmore's method of keeping an up-to-date medical textbook from extracted articles from the medical press (9 June, p 1547), use foolscap lever files. The gluepot will seldom be needed and recall is easier. They will be more difficult to read in bed, or in the bath; but Mr Longmore will find that the volume of literature will accumulate gradually, despite regular pruning of outdated articles. As the volume increases, designate one file to each system, increasing as required. . . . I have been using and recommending this system for the last 30 years. . . . A card index of references is not enough. I now have 92 files in my office at this hospital, available for reference at any time.

History and humour preferred

Dr J SLUGLETT (Bristol BS8 2DD) writes: Allen Quartermain, the white hunter hero of Rider Haggard's novels, would have told Mr S Bender (2 June, p 1477) that the author of his

favourite book, *Ingolds by Legends*, was the Revd R H Barham and not Harrison Ainsworth.

Merit awards

Mr D I WALKER (The Infirmary, Rochdale, Lancs OL12 0NB) writes: While it seems at present that there is little money to be spread among the consultants, it annoys me to see that £23 000 000 has been set aside for so-called "merit awards." Surely this money could have been better distributed.

Re-reorganisation of the NHS

Dr R D BRITAIN (East-Anglian RHA, Chesterton, Cambridge CB4 1RF) writes: . . . It is likely that the Royal Commission will recommend that the NHS sheds a tier. Following the example of the reorganisation of local government, it will probably recommend that the NHS reorganisation be "organic"—not the abolition of any specified tier but rather a devolution determined through consultation with the statutory NHS authorities, the RHAs and the AHAs. These authorities are unlikely in many instances to recommend their own abolition. It is more probable that the most common pattern will be the abolition of districts through the mechanism of the areas recommending that they themselves become single-district areas. This is especially likely to be true in metropolitan areas. The result of this will be the exact opposite of the weight of recommendations to the Royal Commission. The running of the Health Service will become even more remote from those who actually deliver services to patients. . . .

NHS certificates for hospital patients

Dr R LANCER (Greenford, Middx) writes: I have had trouble in the same way as Mr R L L Simmons (16 June, p 1631), seeing poor patients struggling up to the surgery post-operatively after they have been discharged home and waiting for a long time merely for their National Health Service certificates.

I have discussed the problem many times at medical committees and over the telephone with senior nursing officers, senior consultants, and hospital secretaries. I am convinced that the problem has its roots in the basic conflict between hospital medical staff and general practitioners. . . . When it comes to the time that a certificate is required to take away after discharge, and to cover the patient for the initial few days or weeks after discharge, it is no longer sufficient for a sister or staff nurse or ward clerk to sign the certificate—it must be signed by a registered medical practitioner, and of course we all know that sister would not dream of disturbing the doctor. . . . So the request goes out, "Oh, yes—you go and see your general practitioner and he will give it to you." This attitude shows a complete and utter contempt for the sensibilities not only of the patient but also of the general practitioner and his work. I therefore add my name to the appeal put forward by Dr Simmons in trying to rectify what appears to be a very simple administrative problem, but one which can be as important to the patient as the operative or medical treatment he has received while in hospital.