thought the orders could only be made by a magistrate in a juvenile court. Fourteen thought such orders prevented parental access to the child unless the order was revoked or the order specifically gave parents access. Seven thought the place of safety was always a hospital if the child was under 12 months of age. Questions on the meaning of a "care order" were similarly seriously wrong.

If any lawyer feels smug about this, a solicitor can qualify without any tuition whatsoever in forensic medicine; the Council of Legal Education are, we understand, introducing forensic medicine as an optional subject in the final year for law students but without any examination. At universities known to us any facility for a law student to acquire any knowledge of medicine is haphazard or non-existent. The student actively has to seek involvement in such an activity.

The purpose of this letter is not to suggest that either law or medicine can provide remedies for the basic causes of violence to and abuse of children: but those practitioners in either profession who are going to have to deal in one role or another with individual patients and clients involved in these tragedies should surely be better equipped by proper training.

T J DAVID
C H H BUTCHER

Booth Hall Children's Hospital,
Manchester M9 2AA

Pressure in cuffed tubes

SIR,—I was interested to read Dr W G Notcutt's remarks about pressure on the tracheal mucosa (9 June, p 1566) but regret that he made no reference to the rise in pressure that occurs in a cuff if it is inflated with air and nitrous oxide is used as an anaesthetic agent.^{1 2}

T H S BURNS

Department of Anaesthetics,
St Thomas's Hospital,
London SE1 7EH

¹ Stanley, T H, Kawamura, R, and Graves, C, *Anesthesiology*, 1974, **41**, 256.

² Revenäs, B, and Lindholm, C E, *Acta Anaesthesiologica Scandinavica*, 1976, **20**, 321.

Emergencies and the laboratory

SIR,—Your leading article (9 June, p 1521) demonstrates a truly remarkable ignorance of the clinical chemistry "scene" on the other side of the Atlantic. For example, the number of clinical chemists per million of population is 27 in the UK and 14 in Ontario hospitals. Attempts at monitoring demand and ensuring legitimate utilisation that are possible in the UK are well nigh impossible in Ontario with this staffing ratio. Not only that—the work load per patient day can be up to 20-fold greater in a teaching hospital in Ontario than in a similar institute in the UK.

My approach¹ was subtitled "a method for improving communication between the physician and the emergency clinical biochemistry laboratory," and because of the priority form I now know exactly when an emergency test result is required. Therefore I have assured myself that legitimate requests will be adequately dealt with. Of course, many (nearly all?) priority requests are not essential, but before solving that problem I need accurate information on the extent of the

misuse. The priority form helps me to obtain this.

Since I wrote that paper last year, the number of emergency tests have increased considerably. The current ratio (June, 1979) of priority test (result required within a two-hour time period or less) to routine test is 0.97 for random glucose (n=858), 0.44 for electrolytes (n=701), and 0.73 for electrolytes with urea and creatinine (n=725). Being "more convincing" is the least of my worries.

A R HENDERSON

University Hospital,
London, Ontario

¹ Henderson, A R, *Journal of Clinical Pathology*, 1979, **32**, 97.

Sweet medicines and teeth

SIR,—Of the children studied by Dr I F Roberts and Dr G J Roberts (7 July, p 14), half of the patient group had chronic disorders of the nervous system and apparently most had fits. While the authors explicitly set aside consideration of any relation between specific medication and dental disease, where anti-convulsants—and in particular phenytoin—are concerned this is to set aside a most important aetiological factor.

Unfortunately, phenytoin-induced hyperplastic gingivitis and poor oral hygiene conspire by positive feedback. The degree of gingival hyperplasia found in those receiving phenytoin over a long period is inversely related to the meticulousness of oral hygiene practised, as elegantly demonstrated in an unintentional controlled trial by a patient taking the drug whose gums proliferated only on the side that she had not been careful in brushing her teeth.¹ With failure to keep gum proliferation at bay the teeth may be set at further risk as a result of sequestration of food particles behind the intruding tissue. Any sugar in the phenytoin preparation adds to this risk to the epileptic child, and here in particular the authors' call for its replacement should be heeded.

SIMON KROLL

The John Radcliffe Hospital,
Oxford

¹ Bruun Kristensen, C, *Epilepsia*, 1977, **18**, 295.

Disposable syringes for insulin injection

SIR,—Dr A Greenough and others (2 June, p 1467) made an excellent case for the use of disposable syringes for insulin dependent diabetics.

The statement that the syringe carries the caption "Sterile. Destroy after single use" because sterility cannot be guaranteed once the syringe has been removed from the packet is correct, but this is only part of the story.

The compatibility and toxicity studies associated with such products are extensive but always assume that the product will be used once only. Any adverse effects associated with continuous contact of the syringe and its components with insulin and its vehicle and preservatives over a period of months is unknown.

The British Standard 5081, to which all products sold in the UK must conform, specifies that sterile hypodermic syringes and needles for single use are not intended for

containing injectable fluids or samples over extended periods.

MICHAEL J E ELY

York House,
Wembley, Middx

Direct debit payments

SIR,—The letter from Dr P J Hirsch (23 June, p 1714) contains one serious error of fact. He stated that, "there is no legal redress and once a mistake has been made that is just unfortunate." Before the Association was permitted to introduce the direct debit system, our sponsoring bank, the National Westminster, insisted that we entered into an indemnity in the form prescribed by them and this was lodged with the Committee of London Clearing Banks. Under this indemnity any mistakes have to be made good by the Association.

Dr Hirsch also stated that "the old banker's order could easily be changed when sending out notification of subscription changes." This can, of course, be done but in practice proves inconvenient to many of our members as we cannot do it for them. The variable direct debit is not only convenient to the member as it always ensures that his subscription is up to date, but is also highly economical for the Association.

Finally, there is no question of the Association being given a blank cheque. Our members are advised annually of the current subscription scale and our computer is programmed so that it cannot collect more than the standard subscription rate for any year. If for some reason too high a subscription is collected from a member, we are bound under the terms of our indemnity to refund it. In practice this is extremely rare.

J E MILLER
Treasurer BMA

BMA House,
London WC1H 9JP

Functional budgeting

SIR,—We are concerned at some of the implications of Mr P J E Wilson's letter (2 June, p 1485) on the subject of functional budgeting. There appears to be a basic misunderstanding of what this is and attempts to do. "Functional" is a rather curious term which in the context means departmental. It can be applied only to identifiable departments with responsible department heads who will be budget managers. Clinical units manifestly do not fall within this definition because they use services supplied by many departments. The question Mr Wilson seems to raise is whether departmental budgeting will restrict resources available to clinicians and thereby affect their freedom of action.

Clinicians must be aware that they do not have unrestricted resources at their disposal; budgetary control has been around for a long time and has manifested itself as much in financial systems as in physical control of resources: allocated beds, clinic sessions, staff, equipment. This control has usually been exercised at district or area management team levels, resulting in frustration to departmental managers and clinicians alike, who may be unable to exercise full control over their own resources. The introduction of departmental budgeting will help to alleviate this problem because it allows the manager discretion in the use of his resources within a negotiated overall total. He will thus have flexibility to respond to