with paediatric training) or attached clinical medical officers with the necessary interest, experience, and qualifications. Such physicians would normally also act as school medical officers and would then belong by right to the paediatric division in their district, which by including them would justify its independent existence.

JOHN A DAVIS

Department of Child Health,
University of Manchester

Part-time contracts for women doctors

SIR,—In response to Professor Philip Graham's letter (13 January, p 128) asking women doctors to provide models to the community of ways in which family lives can be combined with rewarding and contributing careers, may I make a plea to all doctors working in community paediatrics to encourage their regional health boards to consider providing a number of specific school-term-only contracts? The number of such contracts to be drawn up would depend very much on local requirements.

These contracts would serve a need to both the employing authority and the doctor concerned. Within the nature of the clinical medical officers' commitment in paediatrics, the work complement varies between school term and school holidays. At present, this alteration in work force needed is often met by the wide use of sessional doctors who lack the security of a contract.

JILL FYFIELD

Chairman,
North Lothian Clinical
Medical Officers' Subcommittee

Community Health Service,
Lothian Health Board,
Edinburgh

The Warnock Report and medical confidentiality

SIR,—I have been following the correspondence concerning community child health doctors with great personal interest. It has been most encouraging to see support for our oft-maligned service coming from eminent paediatricians. I was therefore most concerned to read in the GMSC report (13 January, p 142) that, in the name of medical confidentiality, the dissemination of information should be at the discretion of the general practitioner.

The main concern of the Warnock Committee was for children with a continuing disability not amenable to medical treatment. The parents, as they begin to recover from their grief, and later the child need continual support and encouragement from a competent team of professionals. I have worked in the child health service for ten years and, sadly, could report many instances where "needless distress to the child and his parents" has been unwittingly caused by GPs unaware of the educational implications of such things as developmental delay, hearing impairment, and minor neurological incompetence. It is so easy to give a bland general reassurance in the midst of a busy surgery.

In the mid 1950s I served a tough four-year apprenticeship as a hospital resident. I later spent five years as a GP principal in a busy urban practice. I enjoyed both and viewed my later entry into "school medicine" as a sacrifice willingly made for the sake of my

young family. I now realise, after much further training, that this field of medicine is as worthwhile and demanding as any other. Of course medical confidentiality must be maintained at all times but I fail to understand why medical colleagues in the hospital and general practice should assume it is not safe in our hands?

DOROTHY SELL

Gloucester

Pathologists' work load

SIR,—While I sympathise with Dr G S Andrews (13 January, p 130) in his wish for a higher salary, I do hope that the BMA is not now going to make it a policy matter that GPs should no longer have open access to pathology services.

If it is the genuine wish of the DHSS that more patients are to be treated in the community, and if we are to maintain a high calibre of recruitment into general practice, it is essential that these facilities remain. Finally, whereas many investigations in hospital are purely routine, requested by a newly qualified houseman, such are the difficulties of getting the specimen or patient to the laboratory that GPs, who are for the most part experienced doctors, generally only request investigations when they are really needed.

STELLA PARRACK

Liverpool

PPP plan for BMA members

SIR,—Your notice (13 January, p 146) about Private Patients Plan's scheme for BMA members prompts me to mention my recent experience as an outpatient. I needed the help of three consultant colleagues, one of them a radiologist who looked after three items of diagnostic radiology. I then discovered that, although the maximum inpatient benefit payable in one year was as high as £12 500 the maximum aggregate annual amount payable for outpatient treatment was only £25, which did not come near to paying for my x-rays, and left nothing for my colleagues. If there was any fault, it was mine for not reading the table of benefits sufficiently closely before joining; but I believe in insurance, and I believe in properly rewarding my colleagues for their services—and I now think the PPP provision for outpatients in the BMA plan is niggardly.

JOHN DOBBING

Department of Child Health,
University of Manchester

Nursing at a crossroads

SIR,—Dr H A Talpur in his letter (3 February, p 348) states that in his view the root of the problem of staffing hospitals with sufficient nurses of the right calibre lay with the educational requirements for entry to nurse training. He implies that the demand for five or six O levels is too high and that people possessing such educational attainments are unlikely to want to work long unsociable hours, with poor pay and no promise of a post at the end of training.

Does this mean that Mr Talpur is suggesting the answer to the problem is not to improve the appalling pay and conditions under which nurses are employed, but simply to lower the

educational standards required? If this is so, he cannot be aware that nurses do not only look after the general well-being of the patient but are involved in the use of complex treatment and machinery and the assessment of a patient's condition. It is essential that State registered nurses are able to use initiative and intelligence and assume responsibility. Reasonably high educational standards are imperative to ensure wards are staffed by nurses with such qualities.

I suggest that the problem of nurse staffing is almost solely due to successive governments' continued exploitation of the nursing profession. I, for one, would not have left the profession had the working conditions and salary been adequate compensation for all that nursing involves.

VANESSA A GREENWOOD

London W11

Taxation of consultants' emoluments

SIR,—The distribution of the DHSS Circular (HL(78)39) regarding taxation of allowances seems to have passed with very little comment in spite of the fact that it was issued as far back as last November. I can understand why the authorities have kept this very quiet indeed, having now at last managed to have a look at a copy. The implications for hospital staff are alarming, especially in view of the already grossly inadequate reimbursement of motor car expenses. The document clearly states that home-to-base hospital mileage allowances will in future be taxable, and although they will at present allow tax relief on such mileage if the car has to be used to travel to other places in the course of duty it is noted that discussions are proceeding and further advice will be issued when appropriate. Mileage allowance paid for attending emergencies, even in the middle of the night, is apparently taxable, and if one takes the only appropriate action that really seems to be open to us, and insists on a taxi being provided for emergency calls, then for consultants certainly the taxi fare is taxable. This would introduce the ludicrous situation where a consultant is financially penalised for attending an emergency at the hospital, and indeed, the more emergency calls that he attends the poorer he will be.

As a young consultant, I have been expected to endure the indignity of earning less than people junior to me, and indeed took a reduction in income for the privilege of becoming a consultant. One has accepted the situation because of the desperate financial situation of the country—a decision which the Prime Minister has called "rough justice." It would seem that the adjective "rough" is highly appropriate but there is clearly no longer any justice. To claim that this is a strict interpretation of the law is totally laughable as it seems that those below an arbitrary income level are not subject to the same tax as those above that level.

I feel that it is time that the Association takes a completely firm stand with the Department of Health and the Inland Revenue about these matters and states that the proposals are totally unacceptable. I feel that there is enough strong feeling about the inadequacy of mileage allowances already for it to be feasible to take nationwide action if these proposals are implemented, and I personally would be more than happy to insist on a taxi for all emergencies even if I have to pay tax on those taxi fares.