millimetres. If Dr Price or anybody else can produce a genuine pascal meter we would be interested to see it. We are most alarmed by the prospect of considerable confusion which could be dangerous to patients if this unit is introduced for measuring blood pressure.

BARCLAY C ABERNETHY
A TODD
D D KENNEDY

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Radiological protection of the thyroid

SIR,—There is an increase in the use of radiopharmaceuticals labelled with iodine-125 (half life 60 days). In most clinical nuclear medicine procedures the radionuclide is released gradually from the pharmaceutical, and this is the case with labelled fibrinogen, which is now widely used in the investigation of coagulation disorders.

Practice varies with regard to blocking of the thyroid with stable iodine and we have modified our practice^{1,2} to make certain that the radiological hazard to the thyroid is kept to an absolute minimum. Our practice now is to give a tablet of potassium iodide (60 mg) at least one hour before the commencement of an investigation using ¹²⁵I-fibrinogen and then to give a further tablet each Monday, Wednesday, and Friday for the following four weeks.

We appreciate that our approach is more than strictly necessary and perhaps inconvenient to staff and patient. We are confident, however, that the thyroid uptake of radioiodine in these circumstances is negligible and there is no radiological effect.

WILLIAM R GREIG
C R M PRENTICE

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¹ Prentice, C R M, in *Recent Advances in Clinical Nuclear Medicine*, ed W R Greig and F C Gillespie, p 133. Edinburgh, Churchill Livingstone, 1975

² Negus, D, et al, *British Journal of Surgery*, 1968, **55**, 835.

Staff representation in the NHS

SIR,—May I express my complete agreement with Scrutator's comment in "The Week" (18 March, p 730)? For it is also my view that "a much more radical reform of staff representation in the NHS is needed than the tinkering with existing Whitley councils proposed in [Lord McCarthy's] report."

LAURIE PAVITT

House of Commons,
London SW1

Distinction awards

SIR,—My experience of the working of the distinction awards system as a one-time member and chairman of a local committee is so much at variance with that of Mr B H Price (11 March, p 652) that I must state my opinion. As I have now been long retired I

have no axe to grind except for the purpose of trying to chop down a system which I think has been dishonourable and discreditable to British public life, on account of its corruption and secrecy.

While it is common knowledge that awards have been given to those of high professional attainments, I am convinced that the system is also used to ensure amenability and docility towards the establishment. A consultant who is doing good work and who is thought worthy of an award by his colleagues may be denied one because he has stood up against authority because of what he considers to be the interests of his patients, while another consultant who is prepared to be a "yes-man," willing to toe the party line and spend his time in so-called "administration" instead of with his patients, may be sure of an award and other privileges.

Few can deny that the atmosphere of secrecy conflicts with the principle of "justice appearing to be done." The linking of a high award with the remuneration of a university chair or a senior clinical appointment would be acceptable to most and might attract more competition than has been the case in the past.

Surely the time has now come for professional opinion to be tested again, not by the kind of unsuitably worded and valueless BMA questionnaires of the past, but by asking a simple question such as, "Do you consider the present system of giving distinction awards should be continued?"

BRYAN WILLIAMS

Boxgrove, Sussex

In defence of the receptionist

SIR,—The "knocking" of family practitioners' receptionists has reached almost epidemic proportions recently in the wake of the sociological survey on their work which was commissioned by the Department of Health and Social Security, and surely it is high time practitioners stopped being apologetic about this problem and began to protest. With the existing system of completely open access by the patient to the family doctor a competent receptionist, advised by the doctor, is an essential part of the system, and without her few doctors would survive long enough to give the continuity of service which is the hallmark of good general practice.

It is indeed the maligned receptionist who creates order out of the chaos of limitless demand, thus ensuring the survival of the family practitioner service, let alone its effective continuity along with the preservation of the doctor's sanity and his coronary arteries. The receptionist is surely the only way in which a fair sorting out of the demands of the patients can be met. Somehow, somewhere along the line, priority must be worked out between the patients whose medical needs require attention and those whose needs are less immediate; between the patient who is really unfit to come along to see the doctor and the patient who is either just unwilling or uncertain. To suggest, as is frequently done, that a patient should have direct access to the doctor during consulting hours in order to state his claim for priority shows a lamentable ignorance of the sustained clinical activity required of the doctor during his attendance at the surgery.

We must make it clear that the doctor's receptionist does a specialised and essential job under circumstances which are often difficult and sometimes unpleasant. Is it too

much to ask the DHSS to help promote greater understanding of the receptionists' problems so that patients can be more co-operative and the service can thus run more smoothly, to the patients' advantage?

D M BRIERLEY

Worcester

Is the GP really necessary?

SIR,—I have read with interest Dr I F M Saint-Yves's letter (11 March, p 653), because I have been pondering just this thought. I wonder whether he would develop his thinking for us. He seems to suggest that a general practitioner becomes a generalist within hospital facilities of the sort we were accustomed to call general physician or general surgeon. This may be right. Thought needs to be given to our new direction.

The past 100 years has seen the conquest of infection via sanitation, then antibiotics. It may well be that to a great extent we can leave its daily application to others. Our job is at the frontiers of medicine, to recognise and explore new problems and answers. This means a global awareness of the hazards that confront the earth's and man's condition today. I wonder whether we have really taken this on yet. The doctor's job is more than care; this is the special province of other vocations. Our job is the ceaseless search for cure. What then is the relationship between the earth's sickness and man's sickness?

A development of view in GPs and their practice of medicine of the dimension suggested by Dr Saint-Yves would renew heart in their work and free them from static parochialism. It would also give the needed job satisfaction to our increasingly skilled paramedical staff.

MARGARET MARSH

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Devolution and the BMA

SIR,—The Scottish Council of the BMA is opposed to the devolution of the Health Service. However, so far as I am aware, the Scottish members of the BMA have not been approached on this vital issue and thus Council does not have the necessary authority to speak on their behalf. I, for one, strongly support devolution, especially in medicine. If the Scottish members are not to be consulted, this leaves them with but one alternative, to resign from the BMA, if they support devolution.

IAN F M SAINT-YVES

Menstrie,
Clackmannanshire

*.*The Scottish Secretary writes: "On 8 January 1976 all Scottish Divisions were asked to send in comment on the White Paper 'Our Changing Democracy: Devolution to Scotland and Wales.' Next Scottish Council considered devolution and agreed a report which was published in full in the *BMJ* of 20 March 1976. Then in July 1976 at the Annual Representative Meeting in London, which included 54 Scottish Representatives, the report was approved unanimously. Since the Bill was published I have received some 10 letters from doctors objecting to the report of Scottish Council."—ED, *BMJ*.