corrosive action of the zinc chloride formed, zinc sulphate has a therapeutic action in the case of gastric ulcer, while the same drug may have a damaging effect on the intact mucous membrane, apparently being capable of causing gastric erosion and haemorrhage.

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¹ Frommer, D J, *Medical Journal of Australia*, 1975, **2**, 793.

Gin Seng and mastalgia

SIR,—In recent months there have been several advertisements advocating the re-juvenating properties of various proprietary medicines. Gin Seng is one such preparation and is derived from the root of several species of the *Panax* genus of plants. It is commonly held to have no medicinal virtues other than those of a demulcent.

However, we wish to report the case of a 70-year-old woman who developed swollen, tender breasts with diffuse nodularity after taking Gin Seng powder regularly for three weeks despite experiencing a general feeling of "well being." Her breast symptoms and signs settled after cessation of Gin Seng. The patient had two further trials with this preparation and on each occasion the same effects were noted. Serum prolactin levels were measured both while the patient was taking Gin Seng and when she was not and the values were normal on each occasion.

Perhaps Gin Seng has a mild hormonal activity. We would be interested to hear whether any similar effects have been noted with this preparation.

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Hyperbaric oxygen

SIR,—I read with interest your leading article on hyperbaric oxygen (22 April, p 1012). I was, however, surprised at the omission of Monsall Hospital from the list. This department has had an active hyperbaric unit (single-patient hyperbaric oxygen chamber) functioning since 1967 and admits patients from a very wide area of the North-west. In 1977 alone 10 patients with gas gangrene were treated in the unit.

B K MANDAL

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Flight from specialist medicine

SIR,—By a rather significant coincidence on 27 April the newspapers were full of speculation about the doctors' pay settlement on the same day that I was, as tutor, presiding over an appointments committee at this hospital.

This committee was appointing junior doctors to linked hospital/general practice training posts. The response to the advertisement was overwhelming, about 50 candidates applying for four posts. They were of such outstanding quality that the process of short-listing consisted of elimination of those candidates not able to offer a first-class degree

at Oxford or Cambridge, open scholarships, prizes, or some other such mark of academic excellence. Among the candidates were a doctor who had nearly completed training in haematology and a doctor who already possessed several higher qualifications in surgery and who must have been within a year or two of the necessary qualifications to apply for a first-rate consultant appointment. This is in painful contrast to the small handful of foreign medical graduates who apply for posts linked to specialist training. Some of these doctors are, of course, good specialist material, but they are seeking higher qualifications in order to return to specialist practice in their own countries.

The Department of Health is said to be concerned about the headlong decline in the recruitment of British graduates to specialist medicine. Some of us had believed that it was inevitable that the Government should use the present pay review to make at least a gesture towards the correction of the scandalous inequities in medical salary structures since there is no doubt that, although many factors determine the flight from specialist medicine in Britain, pay is the major one.

One can only take an extremely pessimistic view of the prospects for consultant practice in the National Health Service. Although it seems inevitable that there will be a continuing erosion of the numbers of specialists practising in the United Kingdom, I would hope that the profession would do what it can to ensure at least that the standards of practice are not allowed to fall. We must work through the universities and the royal colleges but, above all, through advisory appointments committees to ensure that, in this present situation of famine of talents, the seed corn is not consumed.

TERENCE MORTIMER

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Deputising services: new code of practice

SIR,—I was incensed to read Mr David Ennals's introductory remarks for the new deputising services code (15 April, p 998). He said, that "The GP is entitled to reasonable leisure time, but I am determined that this should never be at the expense of the service to patients."

The deputising code relates almost completely to work at weekends and between 6 pm and 9 am. However, the organisation and realistic cost of such a service is a non-starter for Mr Ennals. His priority for payment is low, and provided the patients are seen, whatever the hour of day or night, will not improve.

Point 4 of the new code says, "The doctor must visit if requested." This may make good business sense if the patient is prepared to back the request with £10 out of hours instead of £5 normal hours. However, we find (in a practice which does all its own deputising) that 50% of telephone calls are for advice only, and that many patients requesting visits can be offered suitable advice instead. Whatever our terms of service say, I do not visit on demand but will readily do so if there is a medical indication. Usually I forget to have my night visit fee form signed by the patient because of my concentration on and interest in the patient's condition alone.

If the code approves only suitably ex-

perienced GPs for deputising (point 1), then it is inappropriate to force the doctor to make unnecessary visits purely on demand. I think this has wider implications and will only encourage patients to abuse a system that allows a visit for non-urgent conditions at any hour. It will undo the long-term careful education in out-of-hours self-medication that has been achieved in a practice such as ours.

J W BONE

Flitwick, Beds

Hospital practitioner grade

SIR,—With reference to the letter from Dr A B Shrank (15 April, p 992) the position of women clinical assistants is indeed unenviable. I work in a large subnormality unit where seven out of a staff of 12 are women clinical assistants. All these women are ineligible for posts in the hospital practitioner grade because they work more than five sessions a week and are not in general practice. To expect them to work alongside a hospital practitioner who is to be paid at a higher rate and who may well be less qualified and have less experience in psychiatry than many of these women would seem to me to be, at the least, inequitable.

FRANCES F KERR

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Hospital day nurseries

SIR,—We heartily agree with the arguments expressed by Dr Sheila Hollins and her colleagues (15 April, p 991) about the need for the provision of crèche and nursery facilities for children of hospital employees. The same problem exists in many other institutions and in particular we are concerned at the lack of such facilities at almost all schools of the University of London. Among the members of the London School of Hygiene and Tropical Medicine are many employees and post-graduate students who need such facilities but who are unable to obtain places for their infants in the few hopelessly oversubscribed nurseries.

From the preliminary inquiries we have made in schools and colleges in the Bloomsbury area, there appears to be a great need for an expansion of the provision of crèche and nursery facilities for students and university employees. It may be justifiably argued that there is insufficient space for the nurseries within every institution and a solution might be to establish facilities for the central institutions on an intercollegiate basis. We are investigating the feasibility of such a scheme and would welcome the views of members of other institutions.

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BMA and the Abortion Act

SIR,—In reference to the Annual Report of Council (22 April, p 1065) and its support of the 1967 Abortion Act I would indicate that I