biopsies are necessary if such a claim is to be made.

The changes in subepidermal IgA deposition reported in the paper would thus provide a useful additional basis for the assessment of a patient's progress. However, one would need to know that the pattern of IgA deposition did not show spontaneous variation before changes occurring over a period of six months could be confidently accepted as evidence of improvement. In consequence we are not yet convinced that the changes represent "a more objective and sensitive index of improvement in the skin than the ability to reduce dapsone," though the need for such an index is undisputed.

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¹ Heading, R C, *et al*, *British Journal of Dermatology*, 1976, **94**, 509.

² Scott, B B, and Losowsky, M S, *Gut*, 1976, **17**, 984.

Emergency treatment of hypercalcaemia

SIR,—I noted with interest the report from Drs A R Behn and T E T West (19 March, p 755) of the successful emergency treatment of hypercalcaemia with calcitonin in two patients with myelomatosis. While the concurrent administration of steroids in these cases made it somewhat difficult to assess the effects of calcitonin per se, my own experience is that calcitonin alone is an effective agent in this situation.

However, following preliminary studies in the treatment of osteolytic myelomatosis using mithramycin,¹ I have found this drug to be consistently the most effective agent—with rapid action for "emergency" therapy; in the relatively low doses used, bone marrow toxicity is rarely a problem.

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¹ Stamp, T C B, Child, J A, and Walker, P G, *Lancet*, 1975, **1**, 719.

The anaesthetist's visit

SIR,—“Surgeon” (Personal View, 16 April, p 1026) expresses the wish that “all anaesthetists would visit all patients before their operation” and cannot “understand why they all don't routinely.” Since the anaesthetist would be in theatre starting the morning operating list before the patient arrived in the hospital at 9 am I wonder how “Surgeon” thought a preoperative visit was possible, unless he is suggesting that the anaesthetist should leave his anaesthetised patient in the care of the orderly during the visit. The same contribution also illustrates the point that, however socially desirable it may be, the preoperative visit is not essential for the safe and effective conduct of every anaesthetic. Preoperative assessment of the patient's health, however, is essential and is routine.

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What to tell the employer

SIR,—As a practising oncologist I am frequently puzzled about how to reply to letters I receive from medical practitioners acting for the employers of one or other of my patients. Such letters usually request details of diagnosis, of treatment, and sometimes, most difficult to answer, of prognosis. The purpose for which this information is required is not usually stated, but presumably it will be used to help non-medical personnel make decisions concerning the employee's job responsibility, promotion, or relocation. Such inquiries can sometimes best be answered by a telephone call to the doctor concerned—one has then the opportunity to satisfy oneself about the doctor's essential good faith and to discover the use for which the information may be intended. All this, it seems to me, must take place only after the patient's express permission has been obtained.

More difficult is the situation when details of a patient's medical history are requested by a prospective employer. It requires no great stretch of the imagination to deduce that statements, for example, that a patient has been treated for Hodgkin's disease (and may now be cured) or that he is in the chronic (and asymptomatic) phase of chronic granulocytic leukaemia may be used to discriminate against him when it comes to deciding whether or not to offer him employment. What then can I answer? Presumably some compromise must be reached. The assumption that a prospective employer is entitled to full medical information must be false. Conversely he is (presumably) entitled to be forewarned against the risk of taking on an employee who will very soon be incapacitated for an indefinite period or who can reasonably expect to spend the bulk of the coming year in hospital. The compromise may be this—the prospective employer should be entitled to ask the patient's regular doctor a general question such as, Is the prospective employee's medical condition such as to allow him to work with the minimal interruptions over the next 12 months? If the answer is yes, no specific permission to reply need be solicited from the patient and no discrimination should be exercised in selecting him for employment. If no, detailed consultation between patient, prospective employer, and doctor will be required. It follows that a request for medical history on the original job application form should be answered with only a general statement—for example, “Please refer to Dr X.” The essence of the compromise is that it removes from the employer's medical adviser to the patient's own doctor the responsibility for judging his overall fitness for work in the short term.

What seems clear is that no employer, present or prospective, is entitled to medical information as of right. The exact amount of information that should legitimately be given to him is difficult to define.

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Closure of GP maternity units

SIR,—The closure of small maternity units in Birmingham will lead to the break-up of teams with special experience. I am pleased that Dr

G W Taylor (16 April, p 1043) has drawn attention to the disadvantages to patients from the trend of closing small GP-orientated units and subsequent displacement of mothers to centralised “consultant-orientated” units. The problems of intensive obstetrics find echoes in the problems of intensive coronary care. I believe that ultimately there will be a return to more personalised systems of delivery and that it will be shown that impersonal mechanistic deliveries stand at risk of producing more complications of uterine inertia and fetal distress than they set out to cure. The mother likes to think she gets the credit for the delivery. The obstetrician's triumph, after monitoring a successful delivery, is at the expense of this mother. She needs that feeling of self-sufficiency and support from which to form the mother-child bond on which the child's successful upbringing will presumably depend.

Obstetrics, by its nature, is also neonatal paediatrics and preventive psychiatry. These latter aspects may not be well served by large remote units.

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Urgent action needed

SIR,—The West Berkshire District Medical Committee has received the reports of eight health care planning teams. These represent the expenditure of considerable amounts of time and thought by a large number of individuals. If one word were to be used to sum up the state of the National Health Service as evidenced by these reports that word would be “inadequate.” This is epitomised by the latest report from the last paragraph of the mental illness Health Care Planning Team:

“Most of the above-mentioned needs have long been recognised and in some cases positive steps have been taken towards their implementation. Despite the current needs for financial restraint generally, the Health Care Planning Team sees its recommendations as essential for the maintenance of adequate psychiatric care for the community with which it is concerned. Failure to implement the measures will lead to a stagnating or even deteriorating service with the mounting cost to the community of inadequately treated illness.”

The response by the authorities to the reports of the health care planning teams is that the needs and gaps in the NHS have long since been recognised, but they cannot be implemented because of other priorities and lack of finance.

We are well aware of the considerable weight of evidence recently printed in the *BMJ* (29 January, p 299; 5 February, p 399) and presented to the Royal Commission on the NHS. Consideration of all the evidence obtained must be lengthy if this is to be done efficiently. If the experiences of other district medical committees is similar to that of the West Berkshire DMC the medical profession and the Department of Health and Social Security cannot afford to wait for the Royal Commission, and comments from other district medical committees would be appreciated in an endeavour to promote urgent action.

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