specialist bodies throughout the world including the EEC and North America. This additional specialist examination will be an optional one.

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Dental anaesthetic fees: all is now clear

SIR,—After legalistic rereading of the eighth report of the Review Body on Doctors' and Dentists' Remuneration (1978) it is now clear to me that the scale of fees at present payable under the general dental services statement of fees and allowances for the anaesthetic is intended to apply only to general dental practitioners working with their partners in the same practice, because no provision is made for the cost of mileage or the provision of equipment.

It will be recalled that the scale of dental anaesthetic fees is as follows: for 1-3 teeth extracted—£2.00; for 4-11—£2.60; for 12-19—£3.50; for 20 or more—£4.60; for any anaesthetic given by a dentist operator—£0.60.

These fees are clearly too low to remunerate the general medical practitioner called in to give an anaesthetic, for whom the Review Body scales are increased as follows: administration of nitrous oxide or ethyl chloride—from £4.60 to £5.75; administration of any other general anaesthetic—from £7.65 to £9.55. (Presumably general dental practitioners called in from outside to anaesthetise should be paid on a similar basis.)

Still less does the present scale meet the case of the consultant (anaesthetic or dental) called to give a dental anaesthetic—in this instance a domiciliary scale fee is clearly earned, because the skill, work, and responsibility involved are higher than those in other instances of domiciliary consultation. Again, it will be recalled that a consultant can be called in for a domiciliary visit whenever the general practitioner considers the need is justified; the scale of fees advised by the Review Body is to be increased from £10.90 to £12.30 a visit. Additional fees are payable for mileage and for the use of equipment.

When will the Secretary of State see fit to honour their obligations in the interest of the public seeking dental treatment?

CYRIL SCURR

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Use and abuse of medical women

SIR,—Scrutator reported my views (7 October, p 1031) as expressed at the recent meeting in Birmingham with accuracy. Dr Patricia Price, in her letter (21 October, p 1167), obviously disagrees with some of those views (as she is entitled to do), but since she has expressed herself at some length I must reply to her letter, as the initial report was naturally brief.

While there remain shortages, women doctors have indulged in certain demands. I stated that when we eventually get to a stage of overmanning women would have to maintain a realistic approach. This in no way denies part-time work, or children; but having made a decision to offer full-time or part-time work they must see that they fulfil that particular

commitment. This has nothing to do with not seeking proper tax reliefs, but male and female colleagues will expect them to arrange their personal lives so that they offer a proper commitment at whatever level they have sought. They must therefore be good organisers and be willing, out of the joint incomes, to contribute financially to give adequate domestic support. The women must not expect her income to be as profitable as if she were without husband or children. Patricia Price is also wrong in her comparison of former costs of domestic help relative to salary. It is a question of attitudes. Women doctors will get just as much equality as they are willing to compete for, even allowing for special arrangements.

I stated that I have considered crèches were not really as helpful to doctors as they have been to nurses. The latter more often work as part of a team; a doctor is more likely to work on her own—and what happens when her child has measles and cannot go to the crèche, and she is committed to an operating list or an outpatient session? It also needs to be stated that during school age there are long school holidays which must be catered for, and that young teenagers may be, in different ways, as demanding as very young children. However, the trend of society towards a more sharing parental role should be noted.

In the early years women in medicine looked for opportunities to train and opportunities to work. My main theme is that because of a period of shortages, when it has been easier for women to work, let us by all means look for satisfactory arrangements for training and for work and tax reliefs; but let us not make unrealistic demands and complaints so that medical women of the future are denied a right to work—on equal terms if they wish. When there is overmanning, they will have to pay particular attention to making satisfactory back-up arrangements for whatever level of commitment is offered, as I would hope women do at present.

MARY WHITE

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The Glanvill case

SIR,—“Scrutator” (30 September, p 969) quotes remarks I made to the General Medical Services Committee about the Glanvill case (in which Dr Glanvill successfully challenged the exclusion of his wife from the ancillary staff payments scheme for general practitioners). I wish to clarify certain matters. I referred to the introduction at a late hour of a new claim which challenged the integrity of the Secretary of State. The Secretary of State's power to exclude wives had been challenged from the start of the action in 1976. During the trial Dr Glanvill's counsel submitted that from the original statement of claim it was open to him to argue that the Secretary of State had not only exceeded his powers but also acted unreasonably. DHSS counsel considered that the argument about what was reasonable should be specifically pleaded and so the statement of claim was amended during the course of the trial. I have been informed that it was not part of the Glanvill's case to challenge the Secretary of State's personal integrity; what was in issue was the way in which he had exercised his statutory discretion. This I readily accept and I apologise if my necessarily summarised report to the GMSC was misleading. The BMA received from the Medical

Protection Society in July 1976 a copy of the writ and statement of claim, but it is now clear that the BMA could not have been told of the amendment to the statement of claim before the trial began.

Four weeks before the trial a letter was received from the MPS seeking a great deal of detailed information, which was readily supplied. The letter also inquired whether, if necessary, a representative of the GMSC would be willing to give evidence in court. In reply it was made clear that, while we would be happy to give evidence in this case, the hearing unfortunately clashed with the Annual Meeting of the BMA in Cardiff. A telephone call was received about five days before the trial saying that it would be of help if someone from the GMSC could appear in court to verify one particular point. The MPS was informed that, although it would not be possible to appear, the chairman or secretary would be prepared to sign an affidavit covering the particular item.

I would like to reiterate that the GMSC will give every support to the Glanvills in their continuing legal actions on this issue, and I hope that any misunderstanding we have had in the past can be put behind us.

TONY KEABLE-ELLIOTT

Chairman,
General Medical Services Committee

British Medical Association,
London WC1

Withdrawal by HJSC from the Review Body

SIR,—We write as representatives of the junior doctors at the Whittington Hospital who met recently to discuss the Hospital Junior Staff Committee's decision to withdraw from the Review Body.

While not in a position to judge the rightness or wrongness of the HJSC's decision, we are concerned that it was not better communicated to the junior staff whom the committee represents. It appears that at present the links between junior hospital doctors and their representatives are inadequate: we feel it is important that these links should be developed and a proper negotiating structure set up.

We wish to record our provisional support for the HJSC as our representative body for the present but with the proviso that under no circumstances would we be prepared to take strike action in view of the harm to patients that would result. We would be interested to know the opinions of other junior doctors on these points.

MARK DENYER

Chairman,
Whittington Hospital Junior Doctors' Executive

SIMON O FRADD

Local representative of the JHDA

Whittington Hospital,
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Clinical medical officers

SIR,—I note that Dr Shelagh Tyrrell's relentless publicity drive for members of her organisation has now been extended to your columns (28 October, p 1233). It is indeed sad that members of the British Medical Association seem to prefer not to attend local meetings where these issues can be discussed and negotiators briefed, but instead prefer to establish splinter organisations which try to establish their national credibility by criticising