bronchitis during their lives and I was pleased that they had been protected against measles. The only complication of vaccinating these 280 children was one febrile convulsion. This accords with the reporting to the Committee on Safety of Medicines of 150 cases of convulsion attributed to live attenuated measles vaccine in 3½ years.

In my experience in the past 20 years in this practice measles remains a prostrating and potentially serious illness which recurs in extensive epidemics every two years. It affects almost every child who has not been immunised. In a population with many non-immunised children epidemics will continue. In our summer 1977 epidemic 98.5% of cases occurred in the non-immunised. Measles vaccination is safe, with only one febrile convulsion in 280 children; it confers a high level of immunity, so that of those vaccinated in the past nine years 99% have remained free from measles. As 10% of affected children catch measles under the age of 2 years but none under 6 months, we normally advise vaccination at the age of 13 months.

Before the ravages of further measles epidemics can be curtailed more doctors will need to be convinced of the safety and efficacy of vaccination and fewer mothers frightened by adverse publicity. I hope that our experience will help to convince doctors that in practice measles vaccination is safe and effective and will protect the children under their care.

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Postgraduate training in environmental health

SIR,—The resolution on postgraduate training initiated at the Community Medicine Conference held in Glasgow last month by the West Midlands Regional Committee for Community Medicine is timely (30 July, p 344). In Britain the shortage of medical officers trained and experienced in environmental health becomes increasingly apparent as the holders of the diploma of public health leave the NHS. Facilities for postgraduate training in environmental health are, as the resolution indicates, extremely necessary.

The Post-Graduate Medical School of the Royal Institute of Public Health and Hygiene has a long history of expertise in this field. At the present time the doctors taking the full-time course leading to the DPH examination of the Conjoint Board come mainly, although not exclusively, from overseas. Quite apart from the diploma examination, however, it is apparent that the environmental health subjects dealt with by the institute's authoritative visiting lecturers can be equally relevant to the "proper officer" functions of the doctors practising in the NHS in this country.

The Post-Graduate Medical School of the Royal Institute of Public Health and Hygiene will be only too pleased to be of assistance in the present situation. Inquiries should be addressed to the undersigned.

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Need part time be second-rate?

SIR,—As you hint in your leading article (23 July, p 210), there is little evidence to justify an "amateur image" for part-time doctors with domestic commitments or to support a claim that some married women working part time take frequent time off to cope with sick children or "real or manufactured domestic crises." In fact, surveys of married women working part time suggest that they are rather more conscientious and aware of the criticism that they may receive if they do not work well than some of their colleagues. It may be that it is women who are forced to work full time because of the shortage of suitable part-time posts who find themselves with a conflict between their domestic and professional commitments and who sometimes go absent and attract opprobrium.

Otherwise you make admirable and important points. Schemes to train doctors part time have so far been very successful, as one of us has previously described,¹⁻³ but women are now becoming more aware of the difficulties in achieving a part-time consultant post at the end of this period. The suggestions that have been put forward to promote part-time consultant posts are complex and usually unworkable, as we have pointed out before.⁴ Airie⁵ recently summarised the difficulties in an excellent review of the situation and we strongly support your call for a coherent policy for the part-time employment of a large proportion of women doctors doing first-rate work. A recent survey of women doctors by the Royal College of Psychiatrists (to be published) confirms that this is what women want themselves rather than second-rate jobs unwanted by everyone else.

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¹ Buglass, K, in *Women in Medicine*, Proceedings of a Conference, DHSS, July 1975.

² Buglass, K, *British Journal of Psychiatry*, *News and Notes*, November 1975.

³ Buglass, K, Dunn, T L, and Gaston, F W, *British Journal of Medical Education*, 1976, **10**, 297.

⁴ Buglass, K, and Buglass, R, *Lancet*, 1976, **2**, 1202.

⁵ Airie, T, *Lancet*, 1976, **2**, 1073.

Health centre running costs

SIR,—I was distressed to read the letters from Dr C C Griffiths and his colleagues, of Church Stretton (16 July, p 194), and Dr J Gask and his colleagues, of Market Drayton (6 August, p 392), in which they report large unilateral increases of health centre charges which have apparently been deducted from their remuneration without consultation or agreement.

I should like to point out that the General Medical Services Committee had prolonged negotiations with the Department of Health to prevent such occurrences and that a circular, HC(77)8, was sent out to all area health authorities in April 1977. This circular has attached to it a model health centre licence and supporting notes explaining how charges to general practitioners should be negotiated. Firstly, the family practitioner committee must be consulted and has to have written permission from the doctors before charges can be deducted from their remuneration. Where the cost of services—that is, lighting,

heating, cleaning, etc.—is greater than would be incurred by the general practitioners obtaining similar services in their own premises in the vicinity of the centre this latter amount should be the charge. There is also provision for the setting up of a practitioner staff committee, of which every principal is automatically a member, "for the discussion and settlement of matters of common interest to the practitioners—for example, a proposed increase of charges." Further, there is provision for arbitration in the event of unresolved dispute.

I trust that all doctors practising in health centres will scrutinise the above-mentioned circular and will enlist the support of their local medical and family practitioner committees in negotiating a fair deal.

ARNOLD ELLIOTT

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How many medical students?

SIR,—Mr N Scheurmier (6 August, p 392) adopts a most self-righteous attitude to the problem of the future surplus of doctors. I would recommend him to read the leading article in the *Guardian* of 23 April 1976 entitled "Teachers on the Dole"; it was the epitaph of the teaching profession. Is he content to see a similar gloating epitaph written for the medical profession? The dole queue is probably unlikely to affect those of us who have been established as consultants for some time; does Mr Scheurmier expect senior doctors to be silent about such an issue? The recommendation by the Todd Committee to expand undergraduate numbers was based on rather shaky demographic and economic premises. The question now is one of getting sums right rather than creating an élite.

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A gross exaggeration

SIR,—Like Mark Twain in similar circumstances I have to complain of a gross exaggeration. After reading your leading article (6 August, p 347) on "Poor-risk prostatectomy" I hastily checked that my apex beat was still palpable and corneal reflex functioning as of yore, evidence to me, with my archaic concepts, that I am still shuffling around this mortal coil. You had been kind enough to quote me, but dubbed with a surprising prefix.

My dictionary confirms that "the late" refers either to one who is habitually unpunctual or one who is recently deceased. As the former description can rarely if ever have been levelled at me with justice I have to accept the second interpretation, with some chagrin. While I admit to having passed on, or should it be over(?), from working in the fume-drenched atmosphere of a British metropolis to the less polluted air of the Irish countryside, I am pleased to report that I have yet to sample the experiences of the hereafter.

TERENCE MILLIN

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