reputation for being inflammable, and is commonly available dissolved in alcohol as model aircraft engine fuel. This material would not, of course, be suitable for use in the eyes; here there seems to be no alternative but to wait for the glue, which seems itself not to be irritant, to fall out. One would hesitate to use it in the mouth, but it might be reasonable if the situation justified the risks. Methylene chloride, commonly found in non-alkaline paint thinners, is capable of dissolving the glue, but it is irritant to the skin and does take a very long time.

I personally have stuck my fingers together with one of the glues and on each occasion separated them without any trauma at all in less than five minutes using nitromethane.

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Catatonic stupor responsive to ECT

SIR,—In view of the informative report by Drs William R Breakey and A K Kala on typhoid catatonia responsive to electric convulsion therapy (ECT) (6 August, p 357) it is of interest to note that in 1964 I reported¹ a case of catatonic-type stupor subsequent to a severe head injury which, after very careful assessment and supervision, was treated with ECT more than seven months after the original injury. At the time of treatment the stupor was in fact deepening. In common with the patients reported by Drs Breakey and Kala, the previous personality of my patient was well-integrated, family history was negative, and there was no positive psychiatric history prior to the accident. Contrary to the statement of Drs Breakey and Kala that catatonia in acute brain disorders subsides with treatment of the underlying disease, the stupor in the patient on whom I reported was, as stated, deepening. After ECT the patient made a good recovery which was maintained during a period of follow-up of 5½ years since discharge from hospital, and his progress was substantiated by formal psychometric testing.

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¹ Silverman, M, *British Journal of Psychiatry*, 1964, 110, 648.

Carbon dioxide-dependent staphylococcus

SIR,—Dr M Rahman (30 July, p 319) reports the finding of a carbon dioxide-dependent *Staphylococcus aureus* in pus from an abscess.

We recently isolated a similar organism from an axillary abscess following insect bites. It differed from Dr Rahman's strain in being able to grow on blood agar in air, but its growth was so delicate that it was first thought to be a non-haemolytic streptococcus. As with Dr Rahman's strain, enhancement of its growth by CO₂ was first noted by its good growth under anaerobic conditions in an atmosphere of 90% hydrogen and 10% CO₂ and was confirmed by even better growth in air containing 10% CO₂. The organism was coagulase-positive, fermented mannitol, and was sensitive to methicillin, fusidin, genta-

micin, and lincomycin and resistant to penicillin and tetracycline.

The patient's condition responded promptly to treatment with flucloxacillin.

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Survival of specialist societies

SIR,—Dr R A Goodbody (23 July, p 264) raises an important matter in these days of advancing knowledge in the different scientific medical disciplines and the expense of keeping up to date.

It has always seemed an anachronism that the part-time consultant can get tax relief for study leave if it is approved by the employing authority, whereas the full-time consultant is given no relief at all. Furthermore, the employing authorities, who would benefit exclusively from the knowledge acquired by the full-time consultant, will not reimburse expenses.

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How many medical students?

SIR,—The crystal ball (NHS issue) provided for those of us who are trying both to manage the Health Service now and plan for its future is cloudy at the best of times. Viewed by one who has read your reports of the recent proceedings in Glasgow it becomes positively opaque. On the one hand your Annual Representative Meeting fears that there are going to be too many doctors and calls for a freeze. On the other the conference of local medical committees fears that there are going to be too few general practitioners. Each set of fears is embodied in a suitable resolution.

While there are undoubtedly problems of maldistribution, geographical and between specialties, the information I and my health authority colleagues receive is that we are in total short of the number of doctors we need to meet the demands the public is making—demands, indeed, that the medical profession, the NHS, and successive governments have encouraged the public to make.

It would be unfortunate if the mistakes of the Willink Committee were repeated. We can only hope that the BMA will be able to shape a coherent policy for the profession which will take account not only of the legitimate aspirations of doctors for a satisfactory career structure but also of the community's need for medical care, for which the community must be prepared to pay.

As to how policy is to be shaped on the basis of resolutions passed it is not my business to say, although perhaps I may usefully call attention to the admirable solution to a not dissimilar problem arrived at by the contributor to the *Eatonswill Gazette* who was required to prepare an article on Chinese metaphysics. Taking the *Encyclopaedia Britannica*, "he read for metaphysics under the letter M, and for China under the letter C, and combined his information."

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GMSC and the Court Report

SIR,—I deplore the tone of the letter from Dr P D Hooper and his colleagues (16 July, p 193) on the subject of the memorandum of the General Medical Services Committee on the Court Report. The doctors concerned are entitled to their opinion that our recommendations are superficial and that we have misunderstood the recommendations of the Court Committee. I must, however, take issue with them when they suggest that the GMSC "are divorced from the views of their members." I would point out that our recommendations on the Court Report were overwhelmingly endorsed (with one minor amendment) by the Annual Conference of Local Medical Committees in Glasgow, representing all general practitioners in the NHS.

In addition, a similar policy has been endorsed by the Medical Advisory Committee to the DHSS, the Central Committee for Hospital Medical Services, the Central Committee for Community Medicine, the Joint Consultants Committee, the Royal College of General Practitioners, and most of the nursing organisations. Also, the British Paediatric Association suggest that the title "general practitioner paediatrician" should not be used.

I leave it to your readers to decide who is out of step. Is it not possible that Dr Hooper and company have done the very thing which they have accused us of—namely, that they have not really understood the majority policy of the profession? This accepts the need for improvement in child care and better education of all the professionals concerned. At the same time the profession is opposed to the particular recommendations of the general practitioner paediatrician and the child health visitor, which it is thought would diversify the primary care team.

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General Medical Services Committee

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Industrial action

SIR,—In your issue of 13 August you print 10 letters on the subject of doctors and industrial action, nine of which are critical, which of course they have every right to be, of the very solid and nearly unanimous decisions taken not by a clique of the establishment but by duly appointed representatives of virtually every section of the profession.

If democratic responsibility is to mean anything—and by this I do not refer to one man, one vote—there are certain questions which one has a right to demand shall be answered by the congenial resigners, non-joiners, and free-loaders.

Just how many meetings of the Association, either locally or nationally, did you attend and vote at during the past year?

Just how does donating any extra salary (and incidentally saving your BMA subscription) to a cancer campaign or other no doubt worthwhile charity assist your Association to pay for the necessary material and staff to maintain your case?

If you are so sure of your rectitude just what would you do? Nothing?

And while the letters pour in, the doctrinaires who are determined to humble doctors and medicine continue their own sweet way, absolutely certain who are our worst enemies. Unlike the Duke of Wellington's men, of this