should receive publicity, particularly since other teaching hospitals in London will be making the transition in 1978 and 1979. I hope you will help in correcting the record through the columns of your journal.

LYAL WATSON
Postgraduate Sub-Dean,
University College Hospital Medical School
London WC1

* * We sent a copy of this letter to Dr Guèret Wardle, whose reply is printed below—ED, BMJ.

SIR,—I have checked again the factual basis of my observations to the recent Council meeting regarding preregistration jobs at University College Hospital. Some of those who finally had to look for jobs outside UCH and linked hospitals feel that they must have misunderstood what was said to them before this year's graduates qualified. Genuine misunderstandings like this can arise from time to time, but it does not detract from the central argument. It appears that there used to be sufficient posts for all those who did not wish voluntarily to seek jobs elsewhere to do their preregistration jobs within UCH or linked hospitals. Now that is no longer true—not through any fault of UCH, but because with one annual graduation and an increase in the total number graduating over the years there are more people needing jobs.

I must apologise if my comments have given offence to UCH. They were not meant in any way to be a criticism of that institution but to illustrate a much wider problem. There are an increasing number of medical graduates qualifying each year throughout the country at a time when the NHS budget is to remain largely static. As we heard the chairman, Dr J C Cameron, say at the same Council meeting, for the first time there were very nearly not enough preregistration posts available over the country as a whole. Government has no statutory obligation to provide jobs, other than preregistration posts, for doctors in training. With even more doctors qualifying next year it is pertinent to ask three questions:

(1) How many more preregistration posts are to be created next year and where will they be?

(2) How many more posts other than preregistration posts are to be created so that those doctors who have become fully registered can continue in training next year?

(3) What plans are there to prevent an unbalanced career structure from becoming even more unbalanced? There are already too many in the training grades for the number of available career posts.

D GUÈRET WARDLE

BMA House,
London WC1

Functional budgeting

SIR,—Although the BMA's advice to consultants on functional budgeting (12 November, p 1299) is, for the most part, concerned with unimportant detail, the paragraph labelled (e) seems, if I understand it correctly, to raise an important new issue.

In stating that "it is the duty of the consultant medical staff concerned to maintain proper standards by restricting the service offered" the advice seems to suppose that one can simultaneously maintain standards and restrict the service offered. But surely this is a

contradiction in terms. To restrict the service is to lower the standard, since it is an essential and integral element of high professional standards that services are not withheld from some patients merely so that others can be offered services not available to all. Good professional practice demands a sense of proportion and co-operation in pursuing the most equitable distribution of available resources.

ALWYN SMITH

Department of Community Medicine,
University of Manchester

Assessment for invalidity pensions

SIR,—I am concerned about the assessment of patients for the new non-contributory invalidity pension for married women. We all know patients in our practices who qualify for this money, but it appears that many women, particularly those who play well the role of invalid, are claiming but in no way fulfilling the criteria needed. General practitioners have to relate to such patients and in some cases have developed a balanced rapport over many years. If we turn the applicant down, then she can have a sight of the assessment report, possibly to the detriment of the doctor-patient relationship.

It would be better if independent assessments were, in these cases, made by doctors outside the practice and not by the patient's own general practitioner.

I G MOWAT

Peterborough

Confidentiality

SIR,—I have recently been requested to complete a form "advised by the Association of British Adopting and Fostering Agencies, 1972" and forward this to Miss So-and-So at the local Family Community Services. Admittedly the envelope is marked "confidential." The form, however, requests intimate details of, among other things the examinee's urogenital system and causes as to why "he or she" is not pregnant or cannot be made pregnant.

I refuse to send such a form to any Tom, Dick, or Fanny and have sent it to a "professional" person who would act as referee and who, the introductory letter states, would ask for further information were it required. I fail to see why the forms cannot be returned direct to this referee and I feel that all the Family Community Services require to know is whether the applicant is "fit" or "unfit" to adopt a child. It is fairly common knowledge that Family and Community Services files have been, or could have been, examined by lay councillors.

C LIPP

Sheffield

Requirements for temporary registration

SIR,—The General Medical Council has recently received a number of applications for admission to the TRAB tests and for temporary registration from doctors who qualified overseas but who have travelled to the United Kingdom before acquiring the necessary professional experience.

Before overseas-qualified doctors are admitted to the TRAB tests or granted temporary registration the council requires them to have

completed *overseas* an approved internship of 12 months' duration or equivalent appointments. For this purpose the compulsory year's rotating housemanship introduced by most Indian universities since 1963 is accepted by the council as conferring only half the necessary experience.

In order to avoid disappointment by doctors who arrive in this country without the necessary experience the council wishes it to be known that it will not entertain applications for temporary registration in order that such doctors may hold one or more preregistration posts in the United Kingdom.

M R DRAPER

Registrar,
General Medical Council

London W1

Points from Letters

Varus and valgus

Dr A P MILLAR (Benson, Oxford) writes: If anybody is interested in words at this time when undergraduates are failing examinations in basic English the terms "varus" and "valgus" may be of interest. They have an orthopaedic slant, so to speak, valgus meaning a joint in the lower limb with its distal segment angulated away from the midline and varus meaning angulated towards the midline. The interest lies in the fact that the words had exactly the opposite meaning in Roman times. Smith's *Smaller Latin-English Dictionary* defines valgus as "bow-legged" and varus as "knock-kneed." . . . I once asked somebody who was a classical scholar to investigate this change of meaning and as far as I recall he found that the meaning changed about the beginning of the last century, but it would be interesting to know how and why the meaning of these two words should have been turned inside out and accepted throughout the world in their new sense.

Oust the louse

Dr H DE GLANVILLE (Nairobi) writes: Why does Miss M Tamblin (12 November, p 1292) suggest that it is important not to enter a chlorinated swimming bath for a week after malathion treatment of the head for lice when, if the advice in your leading article (22 October, p 1043) is followed, the malathion is shampooed out of the hair after 12 hours, lice and nits by then being dead?

Increases in plasma prostaglandin after vaginal examination and amniotomy

Dr R A WIKNER (North Herts Hospital, Hitchin, Herts) writes: . . . In their article on this subject (5 November, p 1183) Dr M D Mitchell and his colleagues fail to mention the number of women involved in their study, which makes their subsequent statistical analysis meaningless.

Of molluscs and men

Dr J J C CORMACK (Edinburgh) writes: Your contributor to "Words" (12 November, p 1271) asks, "Where . . . are the cockles of the heart . . . ?" Could it be that there is some connection between cockles and muscles?