per patient for England was only 89.37p in February 1977, so that had all practitioners conformed to Dr Marsh's final pattern of prescribing the saving would have been only 4.87p per patient, rather less than a third of that achieved by Dr Marsh and his colleagues.

Furthermore, the saving per practitioner would depend on list size, and as the national average is only about three-quarters of the average for Dr Marsh's practice the overall saving must be reduced in proportion. This gives an estimated overall saving of £2.5m.

In other words, some of us are already trying to rationalise our prescribing.

J E BACKHOUSE

Middlesbrough, Cleveland

SIR,—I was interested to read Dr G N Marsh's article (12 November, p 1267). In it he uses detailed figures and tables to show a percentage decrease of items prescribed and change in cost of prescribing after reorganising his practice as described. The figures are taken from five partners. It is footnoted that partner E changed during the year discussed and that "some of the differences may be attributed to that."

It is clear from the tables that partner E's figures are the most significant of all the partners' and have most effect on the results. A more accurate result would have been obtained if E's figures had not been included at all. If that had been the case table I would have shown a percentage decrease in the number of items prescribed of 13% (not 19%) and table II a percentage increase in cost of prescriptions of 9.5% (not 4%). E's effect on the overall results is of the order of 31% in table I and 42% in table II.

I am not criticising the overall paper, which still shows a considerable saving in the treatment of minor illness. I am criticising the presentation of this paper as a scientific treatise when it has such easily challenged figures.

A INWALD

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Scattering of starch powder

SIR,—The report by Drs B Dunkley and T T Lewis (26 November, p 1391) on a meningeal reaction to starch powder in the cerebrospinal fluid (CSF) draws attention to the tendency for starch powder used with surgical gloves to be scattered in unwanted places.

We have frequently found starch particles in imprint preparations of lymph nodes, spleen, and liver biopsy material removed at operation and even in smears of centrifuged deposit from specimens of pleural fluid or CSF aspirated by an operator wearing surgical

gloves from patients who have not previously had a pleural tap or a lumbar puncture.

Clearly when surgical gloves are put on there is usually a wide scatter of starch powder, with particles settling slowly on exposed surfaces, including uncovered biopsy samples, glass slides, and media or containers, while any article actually handled by the glove-wearer is likely to be directly contaminated with starch granules. Cytologists should be familiar with this common artefact in biopsy material; with Romanowsky stains the granules appear green and their nature may not be immediately recognised, but their strong positivity to the PAS stain and striking appearance under polarised light are quite characteristic (see figure).

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Offensive self-description?

SIR,—It is sad that an advertiser in your "Partnerships (wanted)" column (22 October, p xi) should feel that describing himself as a WASP will increase his chances of finding a suitable position; sadder still if he is right.

However, I do not think that your journal should allow itself to be used by the cynical in search of the prejudiced and I am surprised that this advertisement's potential offensiveness to members of a multiracial association did not lead to its refusal by your staff.

R S MACDONALD

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Head-worn hearing aids

SIR,—It was gratifying to read Minerva's comment about the issue of head-worn hearing aids (19 November, p 1362) and to console oneself with the thought that if no one else seems to care, at least Minerva does.

A stream of Department of Health and Social Security papers since the 1960s has stated the facilities and establishment necessary to provide proper audiology units, although the emphasis is only on hearing aids and not equally on the diagnostic functions. We provide something like 750 aids per year, also an exchange, repair, and advice service. We have over 3000 registered users of body-worn aids for changeover to head-worn aids, and possibly as many for changeover who are not registered. All applicants for aids are examined as outpatients, since there is often pathology in the deaf which requires treatment. The same applies to the unregistered patients, some of whom have had Medresco aids for 12 or 14 years and whose new aid may need changing to the other ear. The staff to cope with this very heavy work load consists of one junior audiology technician and one trainee technician. At the present rate it could take somewhere between 10 and 20 years to effect the changeover while continuing to supply "first time" aids.

The problem, as always, is money. To put the picture properly in perspective we have to consider our own part in the recently published "Strategic Plan for the Period to 1986," in which the ENT department is scheduled to suffer a 52% cut in inpatient services and 25% in consultant sessions.

Perhaps those thousands who at present stand little chance of obtaining one of the new aids should write to the Minister for the Disabled to invite his own suggestions as to how the centre could "make its own arrangements."

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Emergency in emergency departments

SIR,—Our association has been formed to foster and improve all aspects of immediate care.

The letter from Mr C C Slack (19 November, p 1359) informing us of the inadequacy of many of the junior doctors at present employed in the accident and emergency departments and his warning that many of these departments may be closed in the near future should of itself be sufficient reason for the profession and the public to ask HM Government and the Department of Health how such a sorry state of affairs has been allowed to develop.

An insight into only one aspect of preventable deaths is detailed by Mr D W Yates in his paper, "Airway patency in fatal accidents" (12 November, p 1249). He shows that in an urban area over a five-year period (his table II), of 53 people with low injury severity scores dying within 72 h of accident, 12 with obstructed airways died before admission, and 17 with obstructed airways died after admission to an accident and emergency department.

A study was made by the Medical Commission on Accident Prevention during 1975-6 at the request of the Department of Health and Social Security and undertaken by Mr Alfred Dooley. This included an evaluation of the level of care in the area of the North Riding Road Accident After Care Scheme in comparison with that in the rest of rural North Yorkshire on the basis of mortality during the years 1972-6. His report to the commission dated April 1976 and addendum of March 1977 indicated a difference in level of care equivalent to a reduction of about 50% of later deaths in the scheme area.

Immediate care is the provision of skilled medical help at the scenes of accidents or other medical emergencies no matter where they occur. Immediate care schemes, including hospital flying squads and resuscitation units, comprise doctors and nurses, ambulancemen, police, firemen, and other rescue services which help to provide immediate care. Training is mutual and call-out is simultaneous for all services.

In 1977 there were 73 schemes operating with over 1200 participating doctors (about one-fifth of the total of rural general practitioners in the UK). The majority of schemes are registered charities, the doctors giving their time and service voluntarily. This work is not covered by the National Health Service.

Surely the time has come for an overall improvement in all aspects of immediate care to be fostered by HM Government and for departmental deviousness and infighting with statistics to cease. Guidelines have been propounded by Mr Dooley.¹

It grieves many to see the way in which the National Health Service is hamstrung through lack of finances and through maladministration. Standards can still be maintained if the

Starch granules in a splenic imprint from a patient with Gaucher's disease; the same field is stained consecutively with Romanowsky and PAS stain and shown under polarised light.