susceptible to obstruction as a result of lymphoid hyperplasia until involution of this lymphoid tissue occurs. This relationship would account for the characteristic age distribution of acute appendicitis.⁵ On this basis lymphoid hyperplasia occurring during viral exanthemata and bacterial infections could lead to appendicitis. However, one study has shown that there is no greater incidence of acute appendicitis in children with these infections than there is in children who are otherwise well.⁶ An alternative explanation is that obstruction is due to muscular spasm in the appendix associated with a low-fibre diet, as is thought to occur in the colon, and this would account for the geographical distribution of the disease.^{3, 4}

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¹ Wagensteen, O H, and Bowers, W F, *Archives of Surgery*, 1939, **34**, 496.

² Bowers, W F, *Archives of Surgery*, 1939, **39**, 362.

³ Burkitt, D P, *British Journal of Surgery*, 1971, **58**, 695.

⁴ Burkitt, D P, in *Refined Carbohydrate Foods and Disease*, ed D P Burkitt and H C Trowell, p 87. New York, Academic Press, 1975.

⁵ Bohrod, M G, *American Journal of Clinical Pathology*, 1946, **16**, 752.

⁶ Lawrence, K B, and Waring, G W, *New England Journal of Medicine*, 1949, **241**, 1.

Richter's hernia at site of insertion of laparoscope

SIR,—Mr J B Bourke's suggestion (26 November, p 1393) that this complication might be eliminated if smaller-diameter laparoscopes were used cannot be allowed to pass without comment. It is surprising that a surgeon (rather than a gynaecologist) should ever accept an unsutured 12 mm defect in the linea alba. This defect is easily closed with a figure-of-eight suture using a heavy taper-cut or cutting needle and the problem is eliminated. Smaller defects caused by smaller laparoscopes should be similarly sutured.

At present the general surgeon is usually called to deal with the complications of gynaecological laparoscopy. Natural reluctance to embarrass colleagues results in little comment being made in these circumstances and the reported complications are almost certainly only the "tip of the iceberg." As laparoscopy is used increasingly in general surgery and the surgeon treats complications of his own making I anticipate further reports of Richter's hernia if the defect in the linea alba is not sutured.

DOUGLAS STEWART

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Labetalol and urinary catecholamines

SIR,—We have recently learnt that the levels of free urinary catecholamines are considerably increased in some patients following oral labetalol and that this effect may persist for up to 10 days after stopping the drug. The demonstration of excess urinary catecholamines is often used as a criterion for the diagnosis of pheochromocytoma, but patients suspected of having this condition are not normally investigated until all antihypertensive treatment has been stopped. Nevertheless, we have recently heard of a labetalol-treated patient in France in whom pheochromocytoma was wrongly diagnosed and an unnecessary operation subsequently carried

out. It is to avoid similar mistakes that we have written this letter.

We are carrying out experiments to determine the mechanisms whereby labetalol increases urinary catecholamines. Increased sympathetic activity in response to the fall in blood pressure caused by labetalol is, of course, a probable explanation for the excess urinary catecholamines. This hypothesis and others are now being investigated in our laboratories and the results obtained will be published as soon as possible. In the meantime we wish to reassure physicians that rebound hypertension did not occur in patients in whom labetalol treatment was deliberately stopped abruptly and has not been reported in any other patient.

DAVID HARRIS
Medical Director,
D A RICHARDS

Head of Medical Department,
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Shadow over Maltese medicine

SIR,—Mr J Z Adami (17 December, p 1604) says that he can provide proof that the aid offered by the BMA to Maltese students goes only to students who take an anti-Maltese Government stand and he therefore accuses the BMA of being a political organisation. The fact is that help is offered, in so far as it is possible to offer help, to all Maltese students irrespective of their political allegiances, which are of no concern to us. I have, however, made inquiries as a result of which I am informed that two students who support the Maltese Government are in this country. The first is Mr Adami himself, and he has not so far called at BMA House, nor has he requested assistance. The other student called at BMA House to request our help in obtaining a locum. He was given several addresses and I understand that he has now obtained a preregistration job in the London area, though we have not heard from him since. I believe that there are two Maltese students apart from Mr Adami who have not so far visited us at BMA House, but we are not aware of their political views. Needless to say, we shall be very pleased to see them if they would care to call.

One student who, we are told, supports the Maltese Government has sought financial help from us. Unfortunately we were unable to help him, as the fund from which we provide financial assistance is limited to Maltese nationals and this student is not Maltese. It had nothing to do with his political views, of which we were unaware at the time.

E GREY-TURNER
Secretary, BMA

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Prevalence of communicable diseases

SIR,—In your recent leading article on schistosomiasis in China (19 November, p 1304), the unqualified statement that "Schistosomiasis is the only communicable disease in the world whose prevalence is increasing" begs several questions. How far is it justifiable to consider the prevalence of a communicable disease as global when most such diseases occur in their own separate environments? Furthermore, those who have intimate knowledge of the occurrence of communicable diseases in

the field know the difficulties in interpreting official notifications.

Are we not in our seventh pandemic of cholera? Are viral jaundices on the decline? Is malaria control equally effective in all parts of the tropics? Is not the "epidemic" of Bancroftian filariasis in the Far East still under way? Although transmission of onchocerciasis (associated with river blindness) may have been controlled in the Haute Volta, what is happening in the rest of Africa? And is the control of sleeping sickness effective in all parts of Africa?

In sum, sir, the increase in the prevalence of communicable diseases may by no means be confined to schistosomiasis.

WILLIAM KERSHAW

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Emergency in emergency departments

SIR,—I would like to endorse wholeheartedly Mr C C Slack's anxiety regarding the future of staffing of accident and emergency departments throughout the country (19 November, p 1359). In his letter he raises one or two important points regarding the staffing of such departments.

(1) He points out that the present junior hospital doctors' contract has made the work in an accident and emergency department less attractive than before. I am sure that he does not state this point forcefully enough, as most departments operate a 40-hour week, creating a situation in that doctors moving to an accident department job from a surgical specialty will often suffer a cut in salary of up to 30%.

(2) He raises the point of subsequent default and alleges that some hospitals adopt a policy that work in the accident and emergency department must be the first undertaken in any surgical rotation. This is not our practice in Hull, but it is certainly accepted both by the senior house officers and by the employing consultants that one reason for senior house officers wishing to work in the department is that they use it as a time for taking examinations, as a consequence of which up to a month of the six months spent in the department may be taken as holiday, study leave, and leave for examinations.

(3) Many doctors entering Britain now have little option but to take jobs in accident and emergency departments, as few surgical specialties will accept senior house officers unless they have already passed their primary fellowship examination. This is a blueprint for disaster, as accident and emergency departments are fraught with dangers of diagnosis, medicolegal problems, hazards with communication, etc, and it is of course the last place that a doctor new to the country should elect to work.

Having now had experience of managing an accident and emergency department for several years I would like to propose (1) that it is possible to run both a training programme and a career grade structure of doctors parallel to one another in the same department; and (2) that the junior staffing levels of a department should be based on the number of patients seen per annum in that department. It is accepted now that the specialty of accident and emergency work has come to stay and it therefore follows that all major accident

units, which usually have an annual turnover of over 50 000 patients, should be run by a consultant in charge. As part of a training programme the career posts of registrar and senior house officer must be retained and if one takes an arbitrary figure of one doctor per 10 000 patients a department such as this one, which sees 75 000 patients a year, could best be staffed by having one consultant, two registrars, three full-time career-grade clinical assistants (or for want of a better though more out-of-date description, medical assistants), as well as four senior house officers. This would allow a flexibility of staffing and enable a rota to be formed to cover the department at all times with both full-time career staff and training grades.

From past discussions with Department of Health and Social Security representatives I get the impression that it is the opinion of the Department that accident and emergency departments of the country should be staffed with full-time permanent staff; surely, therefore, the time is now ripe for a structure of medical staffing of these departments to be arranged and the future of departments throughout the country be guaranteed.

JOHN K GOSNOLD

Accident and Emergency
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Hull, Humberside

Time and money

SIR,—Among the many abbreviations which abound in our everyday affairs, two in particular have of late assumed major prominence: UMTs and NHDs.

The preoccupation of our employing authorities with the measurement of elapsed time is, to my mind, a matter for grave concern. It would seem to stem from the fact that it is our misfortune to be subject to a Government in whose eyes earning capacity can be equated only with physical activity of the pick-and-shovel variety or with the manipulative skills of the worker on a factory production line. In these, of course, the number of wheelbarrows filled or the number of bolts inserted and nuts tightened is directly related to the time spent on the job.

The practice of medicine in all its aspects differs rather significantly from activities of this sort in that as a profession which used to be regarded as learned we are paid for the application of specialised knowledge, and the time involved in doing so is largely irrelevant. My own position as a histopathologist is of particular interest. In the light of the current attitude of officialdom one can only deduce that when I am presented with a section of a typical breast carcinoma, the recognition of which involves no measurable lapse of time, it must follow that I cannot be regarded as having done any measurable work entitling me to remuneration. On the other hand when I encounter some obscure and atypical lesion necessitating recourse to various reference texts, a visit to the library, and a search of my files, having expended a substantial period of time on this, I can thus be considered to have earned my salary. Is there therefore more merit in not knowing the answer? Bear in mind, too, that should I encounter a further example of this lesion my recognition of it will then be immediate.

I do not earn my salary by the fact of being physically present in my office between certain

arbitrarily specified hours but by the application of my knowledge and experience to the diagnostic problems presented to me. The number of these items is something over which I have no control and is wholly dependent on the work done by other colleagues—which is determined by the number of patients referred to them by outside practitioners and this in turn arises from the random incidence of disease throughout the population. And yet we find ourselves subject to exhortations to "increased productivity" from our administrators—even from those medically qualified. How does one make these people understand that the practice of medicine has nothing in common with the manufacture of screw nails? Granted there are many fields of medicine in which manual dexterity of the highest order is involved—but this is still applied in the light of prior specialised knowledge and it is by virtue of this, and not of time spent, that the doctor's salary is earned. With increasing experience, a surgeon may, for example, carry out a gastrectomy in half an hour less time than he could 10 years earlier. Is he thereby deemed to have earned less?

Oddly enough the application of specialised knowledge is recognised in the case of the skilled tradesman, as in the slightly apocryphal story of the garage bill:

To hitting motor with hammer . . . 5p.
To knowing where to hit it . . . £5.

But then, of course, the mechanic is still a member of the "working class" and we are not.

D M McCLURE

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Dental dispute

SIR,—May I comment briefly on Mr Ennals's statement about his dispute with the dental profession (3 December, p 1487)? The Secretary of State gives the impression, rather skilfully, that dentists are rejecting a reasonable offer. In fact his "offer" remains as it was when the dispute first arose in July—that general dental practitioners must at some time or other repay any money accidentally "overpaid" during the years 1974-5 to 1976-7. We will not know the precise sum involved for some time; but whatever the size of the error it was the result of forecasting difficulties in a period of great economic uncertainty and the Department of Health was partly responsible. Mr Ennals says that overpayments can no more be ignored than underpayments. In fact the only confirmed overpayment is of £299 in 1974-5, which is more than balanced by an uncorrected (or ignored) underpayment of £467 in 1972-3.

For three years of its post-Pilkington life the dental pay system incorporated retrospective adjustments of the fee scale's practice expense allowance. These adjustments were introduced by Barbara Castle in 1974 as part of a deliberate attempt to restore dentists' confidence in their pay machinery. In the event the system proved extremely inefficient and we now want to dispense with it—having already wiped the slate clean last year by repaying the initial benefits. Mr Ennals has the same broad problem now as Mrs Castle had in 1974, with a dental fee scale so depressed and distorted by the effects of pay policy that the NHS general dental service is on the verge of collapse. When the Review Body has demonstrated so conclusively the underpay-

ment of doctors and dentists is it reasonable of Mr Ennals to expect dentists to agree that at the same time they were being overpaid? His predecessor had a better understanding of the problem.

R A FOLLOWELL

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Registration of overseas doctors

SIR,—By December 1976 1500 persons had taken the TRAB examination, of whom 1000 had failed and 500 had passed, while 913 had been exempted. Such a large number of exemptions calls into question the validity of the procedure. Using the same pass rate as for those who took the test, I presume that some 600 of those exempted would probably have failed. I am convinced, too, that there is a serious fault with the clinical assessment part of TRAB because of the discrepancy between the 30% pass rate for the written section and the high pass rate in the clinical. The Department of Health and Social Security's blurb states: "It is a cause for pride that so few fail the clinical assessment." But surely a properly conducted clinical should have at least an equal and predictable proportion of failures as the written examination. The lack of congruency between the written and the practical parts of the test is astonishing. Indeed, the results would seem to be upside down.

Having had the chance to meet and talk with a few consultant assessors about their work, I found their comments revealing. One doctor, when asked how many he failed, said, "None. You can't send them home." A gynaecologist, asked about the assessment of the candidates' ability to examine a chest, replied, "If they want that they must send them to a physician." Another examiner confined his assessment to the area between the umbilicus and the pubes.

I know of several instances in which successful candidates' basic knowledge of science and medicine seemed below the standard required of university graduates here. One doctor, assisting at an amputation, was unable to name the nerves entering the leg. Another did not know what specific gravity or specific heat meant and could not explain isotonic fluids. According to another air contained 80% oxygen and expired air none at all. I presume that such gaps in basic knowledge would not prevent a doctor from taking higher qualifications, and what examiner at this level would think to test such facts?

It may seem invidious to pick such anecdotal examples from both sides of the assessment table, but I think they are sufficiently serious to demonstrate a weakness in our registration system. How many doctors know that temporary registration is no bar to a consultant appointment, though it does disqualify a candidate for general practice? Thus so far as the hospital service is concerned the distinction between temporary and permanent registration seems to have little value. Surely the time has come for reassessment of the whole procedure of registration.

J P N HICKS

Lowestoft, Suffolk

SIR,—Racial discrimination has been an emotive subject for a long time and one that