Health Centres

SIR,—I have recently read with great interest an account in the lay Press of a scheme at Dartford, Kent, whereby four practices, involving eight doctors, have been merged into one. Three main surgeries have been provided, and the arrangement enables each doctor to have one day off per week, together with alternate Saturdays, night duty being by rota. Some time ago I put forward a plea in these columns for the early establishment of health centres and regular working hours under the proposed State Medical Service, so I am naturally pleased to see that some others at least share my views. It would be very interesting to have the views of other medical men on this project, and it is to be hoped that the Dartford doctors will be good enough to inform the profession as a whole of the success or otherwise of their scheme in due course.

After eight years of general practice in various parts of the country I must confess myself unable to understand or appreciate the "freedom" which we are supposed to enjoy at present and which so many doctors, writing each week in this *Journal*, are so afraid of losing. Most of us already take N.H.I. patients, whom we are bound to attend at all times, and are in addition the virtual slaves of the rest of the community. In theory one can accept only the patients one desires; in practice, as everyone knows, one must take all and sundry. This being the case, I cannot believe that it is fear of "control" which is the true reason for the widespread opposition to any form of State service; nor can one assume that the reason is financial, since the overhead cost of running a practice nowadays is so great that the profits are, in general, extremely modest.

It is unfortunate that in the past we have represented ourselves to the public—falsely, I think—as a race of supermen, to whom leisure and a certain amount of private life meant nothing, and that we have allowed them to persist in the mistaken belief that a patient must always have the same doctor, whatever the circumstances. No one can doubt that a proper system of health insurance will be of inestimable value to the community, but it is also clear to every general practitioner that under such a scheme the amount of work will be enormously increased. It is not too much to say that the medical man already has one of the most harassing jobs in the world. Under a State service, unless some suitable provision is made, we know instinctively that our lives will be quite intolerable.

I do not wish to appear dogmatic, but it does seem to me that this is one of the main reasons for the existing distrust and apprehension. I have yet to meet a colleague who believes that the present quixotic system is right or necessary; yet how seldom does one hear the fact mentioned in public. Possibly this is due to fear of the fatuous retort (usually made by some person with ample leisure): "Why did you become a doctor?"

With regard to the direction of doctors, which will obviously be necessary in some form to ensure a proper distribution, I think it is clear that with fixed hours, and the removal of surgery premises to a health centre, this innovation would lose most of its distasteful character, as it would enable the doctor to live where he pleased within reasonable distance of the centre. In conclusion, I would like to express my admiration for the pioneer action of the Dartford doctors and to express my hope that their project will be a success. So far from opposing the new Health Service, it appears to me that the time has come for us to confess our limitations and to request the Minister of Health to provide us with conditions which will no longer be a grave menace to our health and happiness and a constant source of anxiety to our dependants.—I am, etc.,

Llandudno Junction, Caernarvonshire.

H. DAKIN.

Supply and Demand

SIR,—It seems to be a matter of general agreement that the successful working of a National Health Service (in whatever form it finally emerges) will require an increased number of doctors. The formation of Regional Appointment Boards, therefore, leads to some interesting speculations. One early result might be that Scottish, Welsh, and Northern Ireland graduates would be prevented from leaving their own countries, which, presumably, would have first claim on their services if required. If in addition the Government of Eire were to ban the export of doctors, the question would then arise of whether

the population of England could receive adequate medical attention.

Further, consideration of their own needs by Provincial Boards might lead to a situation in which graduates, qualifying in the provincial universities, would be tied to their own districts; and, under a rigid appointments system, doctors from the Dominions might find it difficult to enter English medicine by "free-lancing" in resident posts at the various special hospitals in London. What would be the ultimate fate of English medicine and surgery without these convergent and enriching streams? Perhaps, after all, there is still something to be said for the much abused *laissez-faire* and its often forgotten concomitant *laissez-passer*.—I am, etc.,

Bournemouth, Hants.

T. R. AYSLEY.

Soluble Sulphonamide Compounds

SIR,—The soluble sodium salts of sulphapyridine, sulphathiazole, sulphadiazine, etc., introduced first in 1939, have been exceedingly useful preparations for intravenous injection, especially in the unconscious patient. Their great disadvantage, as is now well known, is their high alkalinity and consequent liability to cause irritation and even necrosis in the tissues unless they are highly diluted. This property is occasionally dangerous—as when, by some inadvertence, these preparations are injected undiluted into the theca, the brachial artery (in mistake for a vein), or the subcutaneous tissue (in mistake for a muscle). From these respective causes I have seen permanent sciatic palsy, loss of an arm, and deep sloughing ulcers of subcutaneous tissue and skin. It would seem therefore that these preparations would by general agreement be superseded as soon as a neutral preparation, proved to be harmless and equally efficient, could be obtained. This I consider has been done.

My colleagues and I have injected the preparation known as "soluthiazole" intravenously or intramuscularly whenever a sulphonamide injection was indicated in this hospital for over two years. We are quite satisfied that this preparation is harmless intravenously, intramuscularly, and even when injected, as sometimes happens, deeply into the subcutaneous tissue. The pH value is around 7. The solution is not, however, isotonic. It is hypertonic. Accordingly we have not used it, nor, indeed, have had occasion to use it, in contact with mucous or serous membranes. The first preparation which we tried had a tendency to crystallize out in some of the ampoules, but I understand that the preparation now in use has been slightly modified to obviate this defect, and we have seen no trace of crystallization in any of our ampoules for more than a year. The ampoules of 5 ml. each containing 1 g. of sulphathiazole should be kept at room temperature, not in the cold.

During the course of my teaching of students and post-graduates I have been struck by the almost universal ignorance that the problem of the production of a soluble neutral preparation of sulphonamide in concentrated form and completely satisfactory for intravenous and intramuscular injection has been solved. Hence this letter.—I am, etc.,

London, S.E.13.

H. STANLEY BANKS.

Lung Puncture and Artificial Pneumothorax

SIR,—The annotation headed "Pleural Gas Analysis" (Jan. 4, p. 21) makes reference to induction of artificial pneumothorax and raises the interesting question of the frequency of lung puncture during this operation. During the induction of well over one hundred artificial pneumothoraces during the last year I have had two cases of *tension* pneumothorax, which followed the inductions within a few hours. In these cases emphysematous bullae were found on the lung surface at subsequent thoracoscopy, and probably the development of the tension element in these cases was due to puncturing these bullae.

That a leak of air at the lung surface does, however, much more frequently occur when it is punctured than these two cases suggest I have no doubt, because I have often been struck by the greater degree of collapse of the lung seen when screening the patient after induction than could be accounted for by the amount of air introduced. Since the great majority of artificial pneumothoraces very soon "stabilize" themselves without any tension element developing, some mechanism must be at work to close this puncture hole. I think it can