Temporal or Giant-cell Arteritis

SIR,—In his excellent article on temporal arteritis Dr. Kenneth Robertson suggests (Aug. 2, p. 168) that reports of this condition should be made as cases appear. Since my attention was drawn to it in the *Medical Annual* of 1942 I have had at least five cases confirmed by biopsy, two of which have been shown at local B.M.A. meetings, and as I have been told of other cases recognized by local general practitioners the condition is not very uncommon. The sex incidence of my cases is unusual, four being males. All have been 60 or above. In one rheumatoid arthritis was associated, and in one prostatic carcinoma. Blood changes, fever, malaise, and depression were not characteristic, and it seems clear that diagnosis depends on biopsy of the temporal arteries. There was a remarkably similar look about my patients, with skin drawn tightly over prominent bony cranial ridges, so that in clinical photographs the sometimes dusky red temporal vessels were easily demonstrated. Headache in four cases was severe, worse on pressure, temporal or bitemporal, and not associated with vomiting. I was not able to assure myself of peripheral vascular disease other than what might be expected in this age group, and, as all survived, had no post-mortem opportunity. In two there was evidence of intracranial involvement—one the case where headache was not prominent but where a confusional state was associated with paresis of the lower limbs, and one where, following some months of severe headache, there was rapidly developing blindness on the side of the affected temporal vessel, with evidence of retinal artery thrombosis. Biopsy appeared to hasten relief from headache, but had no specific effect on those with intracranial lesion, though freedom from pain and the provision of a definite diagnosis and relatively cheerful prognosis had probably some effect on one of them.

Excision of part of the vessel is not troublesome, as the lumen is practically occluded. For this reason I do not hesitate over biopsy as treatment, though in future I shall certainly consider anticoagulants. Differential diagnoses which arose were temporo-mandibular arthritis, cerebral tumour, and arteriosclerosis with cerebral thrombosis and degeneration. If the existence of temporal arteritis is remembered, however, diagnosis has seemed straightforward, and, especially since the work of Cooke and others, the interest has seemed to lie in its causes, general and local, why the arterial tree becomes diseased at all, and why the temporal arteries should so often be the branches first affected. I have no suggestion about the general cause, but locally would point out that the temporal vessels run over bony ridges in close relation to joints, muscles, and fasciae in constant movement, exposed to "micro-trauma" from hat-brims, spectacles, and pillows, and only protected from such and from temperature change by a thin layer of skin.

At the Royal Sussex County Hospital we are planning investigation into temporal artery histology in the aged compared with that of less exposed vessels more inured to physical stresses and strains. But as a clinically diagnosable condition temporal arteritis seems simple if remembered.—I am, etc.,

Hove, Sussex.

W. A. BOURNE.

Salaries of Specialists in N.H.S.

SIR,—We all naturally see this matter of specialization most easily from our own particular angle, and so I naturally feel no difficulty in agreeing with Dr. Clifford Allen (Aug. 2, p. 189) when he feels "that the M.D. and M.R.C.P. should be considered equal to the M.S. and F.R.C.S." But it is not less easy to agree with him when he says that "if a D.P.M. is appended to the medical degrees it should not lead to a poorer remuneration." The medical degrees (presumably the M.D. and M.R.C.P.) imply that their holder has a good general grasp of medicine and so a more proportionate view of his own special branch of it.

But the question will arise as to whether those who have none of the higher degrees just mentioned, but simply hold a diploma such as the D.L.O. or the D.C.H., should be ranked equally with those who also hold the F.R.C.S. or M.R.C.P. It seems to me that there are difficulties here and that the varying stature of the many diplomas is to blame. For example, the D.A., to which Dr. Allen refers, is the main higher qualification in a rather isolated branch of medicine, but the D.R.C.O.G. ranks

well below the M.R.C.O.G., the recognized specialist qualification in another well-defined branch. Surely the time for a country-wide standardization of medical degrees and qualifications is more than overdue.—I am, etc.,

Edgware, Middlesex.

G. H. JENNINGS.

SIR,—I should like to endorse whole-heartedly the argument briefly but effectively outlined by Dr. Clifford Allen in his letter (Aug. 2, p. 189). The instance he cites of a salary scale offered to "specialists in nervous and mental diseases" (I quote the words of the advertisement to which he refers) comparing unfavourably with that offered to general physicians and surgeons is unfortunately not confined to the Iraqi Government. A county council with a deserved reputation for being less parsimonious than most to their whole-time specialists recently displayed similar discrimination in their advertisement in the *B.M.J.*

It cannot surely be seriously disputed that possession of the same or equivalent higher qualifications and experience in any field of medicine or surgery should carry the same remuneration in a salaried service, whatever the basis of that service. Any departure from this principle invites the dangers of neglect of the financially depreciated specialty mentioned by Dr. Allen; but even were the basis of discriminatory remuneration to be accepted—which, I repeat, I regard as indefensible—the specialist in psychological medicine could claim that his own branch demanded one of the highest rates of all by virtue both of its sociological importance and the statistical proportion among sick people of the problems with which it deals. Whence then arises this tendency to financial undervaluation of these appointments? Whilst emphatically agreeing that any such tendency must be entirely excluded from a National Health Service, an understanding of one possible explanation for its continued existence may help in removing it.

Governments, governing bodies, and appointment committees in general tend all too often to be well in the rearguard of contemporary medical thought and values. To them the psychiatric specialty may still predominantly suggest a conception which was for so long responsible for the Cinderella status of the mental health services, whereby the D.P.M. became the touchstone, and apprenticeship in mental hospitals begun almost immediately after qualification effectively prevented all but the distinguished few from obtaining higher qualifications in general medicine. One effect of this conception has been that among candidates for specialist appointments, whereas the general physician had to have his M.D. or M.R.C.P. and the surgeon his F.R.C.S., the psychiatrist, whatever his other merits or experience, might have simply a D.P.M., which is of course not a higher qualification at all. The fact that this conception is no longer true does not, unfortunately, prevent its implications from influencing those at present responsible for offering appointments and deciding salary scales.

The conclusion to be drawn is either that these bodies have yet to discover (or refuse to believe) that first-class men are available for their appointments in psychological medicine—or that, for reasons of economy or prejudice, they don't want them even if they are. One thing is, however, quite certain: they will not in fact attract such men until they demonstrate effectively their recognition of the standard required and the status implied by that standard, of which remuneration equal to that offered to other branches is simply one indication, albeit a significant one.—I am, etc.,

Bognor Regis, Sussex.

DAVID STAFFORD CLARK.

Working Hours in N.H.S.

SIR,—May I support Dr. P. B. Atkinson's letter (Aug. 2, p. 190)? The matters he suggests in para. 3—e.g., 28 days' leave, every other week-end off, no patient seen after 6 p.m.—are principles which would unite G.P.s together far more than the controversial one of sale of practices, which many of us think is as out of date as buying Army commissions and as immoral as simony. How comes it that the A.R.M. has just rejected these points (vide *Supplement*, Aug. 2)? No wonder you report (p. 178): "It soon became clear that medical men . . . especially those in general practice, are . . . uneasy about the present . . . situation."—I am, etc.,

Lincoln.

G. D. SUMMERS.