Correspondence

Organization of Consultants and Specialists

SIR,—The information on the new move on the above subject contained in your leading article (Aug. 14, p. 343) and in the report of the first meeting of the new Central Consultants and Specialists Committee (*Supplement*, p. 81) will come as a surprise and shock to many specialists who have been thinking that as far as the B.M.A. was concerned the manner of their representation had been settled at the Annual Representative Meeting last June. As this move to explore the prospect of collaboration with the Royal Colleges and Scottish Corporations, even to the extent of setting up a joint committee, to which, to some degree at least, the new Central C. and S. Committee would be subsidiary, has now been made public in the *Journal* and in the *Lancet* of Aug. 7, it should be considered by the local and regional committees of specialists and it is necessary to make some comment on the subject.

Specialists will be surprised that any move at all has been made to discuss with the Colleges the formation of a joint committee. For the constitution of the new Consultants and Specialists Committee states that it will "consider and act upon all matters affecting those engaged in consulting and specialist practice," and will be autonomous. Further, it had been made clear that at least in the eyes of the Association it would be the only negotiating body for consultants and specialists. No one therefore would expect that the new committee would be made in any way subservient to any other body.

It must be stated that this move was not initiated by the new Central C. and S. Committee. When the committee was informed of the conference of the President and Chairman of Council of the Association with the Colleges it decided that further conference should only be exploratory of the possibilities of collaboration in the interests of specialists and, further, that reference must be made to the regional committees before any decision was taken.

Everyone wants to see ended if possible the present unhappy position of specialists, divided in their loyalties and representation and consequently weak in negotiation upon the terms and conditions of their employment in the National Health Service and upon other matters. It was for that reason that we have striven to set up a completely representative organization for all specialists based on the functional units of hospital staffs, with elected regional committees from which the majority of the central committee would be elected. We agreed to set up this organization through the B.M.A., first because that was clearly the only body with the resources available to allow us to be immediately and strongly represented, time being at present an important factor; and, secondly, because the specialists could in that way be represented through the same body as all other branches of the profession and the unity of the profession thus be preserved.

It is evident that most specialists have approved of this organization in preference to the proposal of Lord Moran for an *ad hoc* committee of the Colleges and the various special-practice associations. For they have seen in the latter merely a recrudescence of the old Consultant Services Committee, which was ineffective, and have understood that an *ad hoc* committee for the continuous representation of professional interests could not be as efficient or acceptable as one built up democratically from the periphery to the centre. They have also known that the special-practice associations, as for example the British Orthopaedic Association to which I belong, are not constituted for medico-political purposes but are purely scientific bodies. So also the Colleges are clearly academic and examining bodies, undemocratic in their constitutions and in their Councils representative very largely only of the teaching members among specialists. There can be no doubt that despite their loyalty to the Colleges as academic institutions most specialists not only do not want the Presidents and Councils to intervene in medico-political affairs or to represent them in negotiation on terms and conditions of employment, but actually resent their attempts to do so because they have no means of keeping in touch with the rank and file. However desirable it may be, therefore, that

harmony shall exist between the B.M.A. organization and those who control the Colleges, it is unlikely that specialists will accept a position in which, through the existence of a joint committee, the authority of the Central Consultants and Specialists Committee to consider and act upon all matters concerning special practice might be impaired. On the other hand, it appears obvious that the true functions of the Colleges are examining, research, and postgraduate education, as Lord Webb-Johnson has himself indicated (July 3, p. 46). If a joint committee is set up it will be difficult to define its functions and powers and for it to operate without offending one or other of its constituents.

There is a danger that in trying to please everyone in this matter we shall please no one. Certainly, if the authority of the Central Consultants and Specialists Committee is impaired, the specialists attached to the non-teaching hospitals will have to reconsider whether they should continue to be represented through it or should revert to and build up their own association as a Regional Hospital Staffs Association. For it is clear that while they have consented for the sake of harmony to equal representation on the Central Consultants and Specialists Committee with the representatives of the teaching hospitals (which of course they greatly exceed in numbers of their hospitals and personnel), they would be likely in a joint committee with the Colleges, the Councils of which are mainly composed of teachers, to find themselves in a minority of perhaps one in five or more. Unfortunately there have been and continue to be (*vide* the medical membership of the Central Health Services Council) many indications to the non-teaching specialists that they are to be assigned a minor place in status and in the councils of the Health Service. For that reason they formed their own association several years ago and they may return to that if they cannot feel sure of the protection of their interests in the B.M.A. organization. If that should happen, that organization would fail by losing the greater part of its support.

As one who has taken some part in forming the new organization I hope that nothing will be done now to destroy it by weakening its authority. As a Fellow of one of the Colleges for many years I also want to see the Colleges remain true to their proper functions and in that way best maintain their dignity and influence.—I am, etc.,

Bournemouth.

N. ROSS SMITH.

Post-pituitary Extract in Obstetrics

SIR,—The method whereby posterior pituitary extract is given by a slow-drip intravenous infusion of a dilute solution, as advocated by Mr. G. W. Theobald and his colleagues (July 17, p. 123), is attractive so far as the treatment of uterine inertia is concerned. In the belief that it probably more closely resembles the physiological output of oxytocin by the pituitary, I have used a similar technique in a few cases during the last twelve months, and within the limits of a small experience I can confirm some of Mr. Theobald's statements. Our procedure consisted in giving a stronger solution (one part of "pitocin" in 1,000 parts of 5% glucose saline), but at a slower rate (maximum 16 drops per minute, and often less). The total dose only once exceeded 10 units of pitocin. The women treated were all suffering from long-standing uterine inefficiency which had failed to respond to the usual remedies, and all had been in labour for not less than 48 hours. The strength and frequency of uterine contractions were increased in proportion to the rate of the drip and could be controlled almost at will. The rapid response of the uterus to either speeding or slowing the rate of infusion appears to offer a degree of safety to mother and child which is lacking when single doses of oxytocin are given intramuscularly or subcutaneously.

In some cases of inertia the beneficial effect of the oxytocin drip is remarkable, but unfortunately the results are not always good. This is almost certainly because inertia varies in type and aetiology. The effect of the treatment is to enhance the activity of the uterus, but it does not apparently change the quality of the action. Thus, when the inertia is of the hypertonic type, or when a quiescent upper segment is associated with high tone and increased resistance in the lower segment and cervix, the efficiency of the uterus is not improved. The uterine contractions are increased but remain incoordinate, as evidenced by the patient's symptoms and by the failure of the cervix to dilate. Our observations to this effect appear to be

borne out by the account of Case 7 in Mr. Theobald's article. Moreover, I am informed by Dr. S. R. M. Reynolds, who also has been using oxytocin by intravenous drip and recording the effects on three areas of the uterus simultaneously by means of the "strain-gauge multi-channel tokodynamometer," that his results indicate that posterior pituitary serves only to augment existing uterine motility and in certain cases results in increased activity of the middle zone of the uterus rather than improved expulsive contractions of the fundus, thus hindering instead of assisting the progress of labour.

Mr. Theobald points out that an intravenous oxytocin drip does not take pride of place over analgesics and anti-spasmodics in the treatment of inertia, and it seems wise to add that even when these have failed it should not be given without first taking care to exclude as far as possible incoördinate uterine action. In this condition it is of no value and it may make matters worse, even to the extent of producing a contraction ring. Its real indication is the uterus which is hypotonic but whose polarity is not disturbed. Even then we have found that after prolonged treatment the uterus which initially responds well may become refractory and cease to react when the rate of the drip is increased. This is in keeping with a similar phenomenon which can be seen when intramuscular injections of posterior pituitary extract are repeated at frequent intervals.—I am, etc.,

Liverpool.

T. N. A. JEFFCOATE.

Treatment of Typhoid Carriers

SIR,—The careful inquiry into the efficacy of penicillin and sulphathiazole on chronic typhoid carriers reported by Drs. R. M. Fry, R. E. Jones, B. Moore, M. T. Parker, and S. Thomson (Aug. 7, p. 295) is particularly commendable for the strict criteria demanded before a cure was assumed. It is to be hoped that other forms of treatment will be examined with equal care before being offered to patients. In particular this should apply to surgical treatment, for it is possible that surgery may be more frequently advised now that the ineffectiveness of current chemotherapeutic methods has been demonstrated.

Attempts to cure the chronic typhoid carrier by removal of the gall-bladder presuppose that this organ contains the only focus of infection in the body. For this belief there is no pathological evidence. Animal experiments have revealed lesions in the wall of the gall-bladder, but these have not been observed in human cases. The bacilli certainly flourish within the bile in the gall-bladder and evidence of a mild cholecystitis is generally found, but no focus of bacilli has been found in the wall; indeed there is still much in favour of Gerbat's belief that the gall-bladder merely acts as a human test-tube containing the bile culture medium in which the organisms flourish so readily. Furthermore, even if it could be established that there was a permanent focus in the gall-bladder, there is no way of establishing that there are not other foci, either primary or secondary, which would of course be uninfluenced by cholecystectomy. Thus Saphir *et al.*¹ found that, although they could sterilize the bile (eight negative duodenal intubation specimens being their evidence for this), none the less faecal excretion of bacilli continued in sixteen out of twenty-one cases; this strongly suggested the presence of other foci either in the intestines, the bile ducts, or elsewhere. Indeed in Fry's series the reappearance of bacilli after apparent sterilization also raises this suspicion.

Despite these difficulties many authorities regard cholecystectomy as a certain cure. Many claims of successes have been made, but subsequent investigation has shown that many were based on bacteriological criteria of cure which are now held to be invalid. Thus the cure rate of 75% quoted in the report² of the Infectious Diseases Subcommittee of the Research and Clinical Committee of the Royal Medico-Psychological Association is based on unstated criteria of cure and upon work done at several different laboratories and hospitals. Again Browning *et al.*³ were forced to reject most of the reported cures as being invalid, although three of their own cures were strictly tested. Furthermore there is a long unpublished list of failures reaching widely round the globe which, though they are unlikely to find their way into the medical press, would substantially dilute the percentage of claims made on the published series of very few cases. It is doubtful if much hope of permanent cure can

be offered to the chronic carrier by cholecystectomy, and it is hoped that in future it will only be advised after careful thought—e.g., in young patients with a short history (and therefore with more chance of the gall-bladder being the only focus) whose bile is persistently positive and who are incapable or unwilling to control their potential danger by other means.

Lastly, it is more than probable that before long an efficacious chemotherapeutic remedy will be discovered. In the meantime attention should be directed to the bedside, for it is often through careless initial surveillance that carriers escape. Anyone who has dealt with over two hundred cases of typhoid must be frightened by the realization that on the law of averages he should have discovered from four to ten carriers. But more important still is the possibility that chemotherapeutic remedies may be effective in the early stages of the carrier state; proof that these remedies have no beneficial effect in a series of carriers of between three and sixteen years' duration does not imply that they will have no effect if given in the early stages. Vigilant testing of stools should therefore continue with added zeal, and when a carrier is detected intensive treatment should be commenced at once with penicillin and sulphathiazole or with iodophenolphthalein.¹ Despite the inevitability of thus including in the treatment those convalescent carriers who might recover spontaneously, such a procedure might none the less preclude some chronic carriers from developing.—I am, etc.,

Hadley Wood, Herts.

JAMES T. HAROLD.

REFERENCES

- ¹ *J. Amer. med. Ass.*, 1942, **118**, 964.
- ² *J. ment. Sci.*, 1936, **82**, 263.
- ³ *Chronic Enteric Carriers and Their Treatment*, 1933. Spec. Rep. Ser. med. Res. Coun., No. 179, Lond.

The B.B.C. and the N.H.S.

SIR,—It is a pity that a serious paper should publish a letter containing so many inaccuracies as that on "The B.B.C. and the National Health Service" by Dr. Ff. Roberts (July 24, p. 224). Since those of your readers who did not hear the broadcast may have received a very false impression, I should appreciate the opportunity of making a few corrections.

1. Your correspondent writes, "We heard a mother's dread of the voluntary hospitals transformed into joyous confidence in the same hospitals nationalized." No such incident occurs in the programme (I write with the script before me). A mother certainly showed a certain amount of anxiety when the doctor told her her child should go into hospital. This is a natural reaction, since the layman connects a stay in hospital with serious illness. No comparison, however, was made between voluntary hospitals and nationalized hospitals until the question of expense came up, when it was pointed out that, whereas a charge used to be made according to the patient's financial status, now no payment is necessary.

2. Your correspondent writes, "The hero of the piece was a surgeon . . . to him came a Mr. Venables, intended to be a typical *nouveau riche*. . . . He wanted to know whether he should remain a private patient or become a public patient." Mr. Venables naturally went to his own general practitioner to discuss this question—not to a surgeon. This point, of course, is scarcely worth mentioning except that it illustrates the generally low standard of accuracy throughout the letter. Venables was portrayed as a reasonably sympathetic character—a man of shrewdness and common sense. He was not "intended to be a typical *nouveau riche*" (your correspondent, by the way, professes a curious omniscience with regard to my intentions, which he mentions several times). The conversation between Venables and his doctor was intended to be of interest to those people who are able to afford to remain private patients and therefore are faced with the problem of deciding whether it is worth the expense or not. It was pointed out that the private patient had certainly enjoyed considerable advantages over the panel patient in the past and that it appeared likely that he would continue to enjoy advantages over the national patient in the future, but perhaps not quite so many. Venables decides to remain a private patient. Your correspondent says that he shows his astuteness but comments that this was contrary to my intentions. Why should he think so? We are all free to choose our luxuries in accordance with our incomes and personal tastes. There is no question of either praise or blame.

3. Your correspondent writes, "Playing opposite to the hero was the villain, personified of course by the medical superintendent." I was somewhat mystified by this statement, since no medical superintendent appears as a character in the programme at all. A medical superintendent is, however, mentioned in one anecdote concerning a case of torticollis—an anecdote which happens to be true. Your correspondent writes, "The superintendent was for discharging her (the patient), but the hero nobly stood his ground, thereby risking