BRITISH MEDICAL JOURNAL

SATURDAY 1 NOVEMBER 1969

LEADING ARTICLES

G.M.C. and Profession page 247 Preventing Flu page 248 New Light on Carbohydrate Disorders page 249 Brain Surgery for Sexual Disorders page 250 Mechanisms of Toxicity page 251 Cyclone over Cyclamates page 251 Glyceryl Trinitrate and Angina page 252 Vis Naturae page 252

PAPERS AND ORIGINALS	
Quality Control in Haematology: Report of Interlaborator	y Trials in Britain S. M. LEWIS AND B. J. BURGESS 253
-	DEREK HOLDSWORTH, D. TURNER, AND NEIL MCINTYRE 257
	ZETT
Rubella-neutralizing and Haemagglutinin-inhibiting Antib	odies in Children of Different Ages
T. BROWN, M. H. HAMBLING, AND B. M. ANSARI	
Five-year Winter Chemoprophylaxis for Chronic Bronch	
	NAIRN, M. S. PURVIS, J. M. WATSON, AND F. G. WARD 265
· · · · · · · · · · · · · · · · · · ·	EDDY AND S. P. SINGH
Platelet Aggregation during Oral Contraception \L. POLLI	er, celia m. priest, and jean m. thomson
DDELIMINADA COMMUNICATIONO	
PRELIMINARY COMMUNICATIONS	
Changes in Leucocyte Migration after Renal Transplant	
M. G. M. SMITH, A. L. W. F. EDDLESTON, J. A. DOMINGUEZ, D. B. EVA	ins, m. bewick, and roger williams
	HOMAS T. Y. LEE, W. K. TSANG, AND S. Y. YU
riuctuating memiparesis in a roung man - k. wkm	
	CURRENT PRACTICE
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287 CORRESPONDENCE 297
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287 CORRESPONDENCE 297 OBITUARY NOTICES 306
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD. 281 Treatment of Soft Tissue Injuries at the Roadside P. S. LONDON 284 Any Questions? 286 BOOK REVIEWS 287 CORRESPONDENCE 297
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand 290 Work of a Nurse in a Health Centre Treatment Room P. N. DIXON 292 Conferences and Meetings Liver Circulation and Portal Hypertension 294 Personal View ALAN PORTER 296 NEWS AND NOTES Motoring 309 Epidemiology 310 Medico-Legal 311 Parliament 312	CURRENT PRACTICE Epilepsy F. B. GIBBERD
MIDDLE ARTICLES Specialists' Register and Consultation Benefit in New Zealand	CURRENT PRACTICE Epilepsy F. B. GIBBERD

Correspondence

Letters to the Editor should not exceed 500 words.

Solitary Confinement
G. G. Gray, M.B., and P. A. L. Chapple,
D.P.M
G.M.C. Proposals
A. N. Clapham, M.B.; T. D. Richards,
M.B.; G. D. Jones, M.B.; Major R. R. M.
Porter, F.R.C.S.ED.; C. E. Allen, M.D.;
G. E. Crawford, M.B297
Shortage of Preregistration Posts
B. D. Apthorp, M.R.C.P298
Australia Serum Hepatitis Antigen
A. J. Zuckerman, M.D298
Serum Hepatitis in a Haemophiliac
J. E. P. Fitzpatrick, M.B., and C. C.
Kennedy, D.M., F.C.PATH299
Hiatus Hernia and Reflux Oesophagitis
J. W. Todd, F.R.C.P299
Diet and Duedenal Ulcer
J. W. Rae, F.R.C.P.ED., and R. S. Allison,
F.R.C.P.; T. L. Cleave, M.D299
Priorities in Mental Care
S. K. Goolamali, M.B300

Myocardial Infarction after Surgery	
S. M. L. Nade, F.R.C.S., and others	300
Adenoepithelioma of the Cervix	
S. Way, F.R.C.O.G.	300
S. Way, F.R.C.O.G	
and Leukaemia	
D. I. K. Evans, M.R.C.P.ED.	200
	500
Elusive Tumours	201
G. S. Yeoh, F.R.C.S.	301
Maternal Rh Immunization	
T. M. Allan, M.B	301
Patient-monitoring on a General Ward	
H. S. Wolff, B.SC	301
Platelets and Aspirin	
J. R. Leonards, M.D	301
Postoperative Gas Gangrene	
R. H. Maudsley, F.R.C.S., and G. P. Ard	en
F.R.C.S.	
Hazard of Self-inflating Resuscitation Bags	502
R. Y. Cartwright, M.B., and Pamela R.	
Hargrave, S.R.N.	302
Suppression of Lactation	
P. J. W. Young, M.B	302

Contraceptives and Cervical Carcinoma
Myron R. Melamed, M.D.; J. E. Dunn,
jun., M.D302
Social Class and Serum Uric Acid Level
R. Singh, D.P.H303
Hypovitaminosis B ₁₂ in Psychiatric Patients
F. Murphy, M.B., and others303
Herpes Zoster and Multiple Sclerosis
G. W. Beebe, M.D., and J. F. Kurtzke,
M.D303
Fluid Therapy during Surgery
R. J. Knight, M.B., D.A303
Representation of Hospital Junior Doctors
R. W. Blamey, F.R.C.S.; T. M. W. Fare-
well, D.P.M.; J. P. Grier, M.B.; Katharine
F. Bradley, M.B.; E. A. Harvey-Smith,
M.R.C.P., and T. H. Taylor, F.F.A. R.C.S304
Lewisham Hostel
I. P. James, D.P.M., and others; L. W.
Kay, M.R.C.S., and others305
The Consultant's Job
G. F. Cassie, F.R.C.S305

Solitary Confinement

SIR.—In the Evening News of 16 October there was a pathetic picture of an 18-year-old girl on the roof of Holloway Prison, and the photograph was accompanied by two statements. One, that she had been sentenced to 30 days' solitary for a previous episode of similar behaviour, and the other, that a doctor advised hospital treatment, "so that doctor advised hospital treatment, the sentence probably would mean 30 days of 'complete segregation' in the prison hospital." Apart from wondering in general about the archaic system of solitary confinement, one might also feel that hospital treatment and complete segregation are mutually incompatible activities. They certainly are in terms of modern psychiatry.

I am sure we have all welcomed the release of the Reuter's correspondent, Mr. Anthony Grey, from Chinese hands, and have read with horror of the mental torture that is involved in such solitary confinement. It must be with great disquiet that we read of similar confinement of the mentally sick in this country. The prisoner needs, we are told, "hos-

pital treatment."

One can ask is this humane, as well as, Is this effective? Clearly it is not the latter, as this is the second episode. On the former point I do not believe it is possible to answer in the affirmative. Is it not time our prison service abandoned punishment and substituted treatment and rehabilitation?

We have a number of very archaic prisons in Britain, and society must provide the money to give these prisoners adequate accommodation and greater freedom. Tolerance of inhumanity at any point in the system contaminates us all. Many Germans claimed they did not know what was happening in their prison camps. Fortunately, through press vigilance, we cannot claim this ourselves.—We are, etc.,

GEOFFREY GRAY, Chairman,

P. A. L. CHAPPLE, Medical Director, National Addiction and Research Unit. London S.W.3.

G.M.C. Proposals

SIR,—I question whether there is any need at all further to subdivide the profession by a vocational register.

Evidence of good experience and higher qualifications is required of any applicant for a senior specialist post; and to include a specialized register of general practitioners is a self-evident ridiculousness.

Let us by all means have further opportunity for postgraduate training and revision courses; but let us not thereafter spend anybody's money on unnecessary administration. We are sufficiently administered now.—I am, etc..

Rothesay, Bute.

A. N. CLAPHAM.

SIR,—The B.M.A. is to be congratulated on immediately taking appropriate action to forestall amending legislation to the Medical Acts (Supplement, 18 October, p. 11) which might by its improper haste result in "bad law," which would affect every member of the medical profession practising in this country.

There would appear to be needed a much fuller inquiry into the future constitution and activities of the General Medical Council, presumably by the setting up of a Royal Commission. There would also have to be considered the position if this country joined the Common Market. Supposing the regis-

tration system envisaged by the G.M.C. was not acceptable to the other European countries—is the Government of the day going to guarantee a return of any annual levies which we shall have paid under this new proposed scheme?

There are a lot of questions to be answered before the medical profession can commit itself to legislation, and it is to be hoped for the sake of junior doctors and medical students that they are not subjected to such restrictions that they will find it a burden to practise in Britain in the future.—I am, etc.,

Mangotsfield, Glos. T. D. RICHARDS.

SIR,—I write in support of the letters of Mr. R. S. Murley and Mr. J. J. Shipman (18 October, p. 166). I was horrified to learn that we are literally on the threshold of major changes—that is, vocational registration, specialty boards and registration, annual fees, etc., without the profession generally being aware of what is going on.

It is suggested that the vocational registration for general practitioners would take place six years after graduation and will include three or more compulsory years in hospital and two compulsory years in general practice. I, for one, am unalterably opposed to supporting this, and thus committing future generations of doctors, until and unless a full referendum has been conducted and a twothirds majority secured for its implementation. I have little reason to doubt that (a) it gives the Government greater control over the profession generally, and (b) it provides a continuing, and probably cheap, source of labour for the Hospital Service and for general practice. I would suggest that the B.M.S.A. should oppose such compulsion to the bitter end.

Except for a few general-practitioner hospitals, which the Government is doing its best