

materials. Our results indicate that all products do have deleterious effects on some of the materials tested. No product was free from corrosive effect and, indeed, the preparations marketed by the original patent holder did not perform better in this respect than products from other manufacturers. An objective scoring system was used to assess the extent of corrosion produced and our results indicate that, with the exception of a preactivated acidic product which consistently performed badly, the overall performance of the various formulations was similar.

The six products analysed were all found to be of different compositions. All (except the acidic preparation referred to above) required activation by the addition of a solution or powder. These activating agents were found to contain a variety of buffer systems, corrosion inhibitors, detergents, and colouring agents.

Manufacturers' claims of stability throughout working life require careful investigation because many of the assay methods in common use are non-specific to glutaraldehyde monomer and do not discriminate against aldehyde groups in polymer formed by degradation of glutaraldehyde in alkaline solution. We have succeeded in suitably modifying one method,¹ which we believe to be specific to the available monomer and free of interference from other aldehydes. Our results confirm that under optimal conditions the manufacturers' claims of stability are justified; the effect of adverse conditions of use on solution stability are being investigated.

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¹ Hajdu, J, and Friedrich, P, *Analytical Biochemistry*, 1975, **65**, 273.

History of an improvement

SIR,—I believe that the following example of Hutter's Law ("improvement" means "deterioration") is worth recording. I must stress, however, that this hospital is not the one involved, and that all concerned were most helpful and co-operative.

About 18 months ago odd holes appeared in the operating theatre wall, with a row of clips leading from them. I was informed that this had to do with prevention of pollution by anaesthetic gases. Some weeks later I was told, en passant, that boxes of the necessary apparatus had arrived, and that this had been connected up in my absence. I was rather worried that no anaesthetist had been involved, and even more worried after inspecting the equipment as it appeared to be rather suspect. After requesting its dismantling, I obtained the assistance of the hospital engineer and the firm that designed it. Several of the items were seen to be of the incorrect specification, so that its use would have been dangerous. Replacements were ordered and arrangements made to have them installed by the designers, hospital engineer, and an anaesthetist. At the end of 12 months, having heard of no progress, I contacted the engineer, who contacted the firm. At the end of a further three months the apparatus arrived, and after some correspon-

dence so did the firm's expert, together with the hospital engineer. When all was nearly completed a test was made to ensure that everything would work according to plan, as at a previous hospital the fresh gases had been evacuated from the Boyle's reservoir bag before reaching the patient.

To our surprise, the reservoir bag in the test circuit deflated fairly completely and the gauge in use showed that a vacuum was causing this to happen, although the system was a simple passive one through the exterior wall. This was due to a Venturi effect when the wind was in a certain direction, and it would have prevented the patient from receiving a fresh inflow of anaesthetic gases. The system is therefore not yet in use, and I am thankful that I used the services of the experts and did not rely on my own knowledge (or lack of knowledge) of complicated physics.

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Obstetrics in Brecon

SIR,—We read with interest Mr David Shapland's article on the medical services in South Powys (5 May, p 1199), including his comment on the consultant paediatric service that Brecon Hospital receives. We would like to point out that Dr Shapland is no longer a member of this practice and that the comments made on this service in no way reflect the opinions of the remaining partners.

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Aftermath of an accident

SIR,—I enjoyed reading Dr Dale Falconer's humane and witty account of what was undoubtedly a terrifying experience. Something very similar happened to my family and car. Again, but for seat belts and the NHS the result could have been tragic.

Nevertheless, one word of caution to all full-time NHS consultants. Do not rush out and hire a replacement car so that you can continue to fulfil your emergency commitments, or, like me, you may find yourself responsible for finding £1200 while the insurance company unwillingly drags itself to settle many months later.

As a full-time anaesthetist working entirely without junior staff and being first on call 96-144 hours per month, I was hurt when Fife Health Board told me that I am not an "essential car user" and advised me to use a taxi. As the father of four growing children I was wounded when the bank manager advised me that my large overdraft had run my current account into very large bank charges and that neither these nor the interest on the overdraft are recoverable from the insurance company. As a member of the BMA I was furious that Fife Health Board should be immune from prosecution in the event of harm befalling a patient owing to the late arrival of the anaesthetist, and yet should limit its contribution to the provision of his car to less than the cost of a full set of new tyres each year.

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Changes in death certificates

SIR,—Like other colleagues, I have just received details of the changes in death certificates. That such a certificate should be a simple statement of fact no one, not least myself, would contest, bearing in mind its medicolegal functions.

However, the new format requires what appears to be tantamount to a full medical history. Example No 12 of the notes for guidance gives the following details: "Cardiac failure 4 months, hypertension 2 years, chronic renal failure 2 years, diabetes mellitus 20 years, and generalised metastases for scirrhus carcinoma of the breast (excised) 10 years. Contrariwise, example No 1 gives only myocardial infarction 1 day. Logic surely demands an antecedent cause for this, so why the omissions?"

The information asked for would seem to be for purely academic reasons. If this be so, then it should attract a suitable fee for the time and trouble it will take to assemble the facts, especially in general practice. If a fee is unacceptable, then I suggest that the BMA takes immediate steps to see that the certificate is either simplified or withdrawn.

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* * *The BMA was not consulted about the changes in the notes of guidance on completing medical certificates of cause of death. The BMA has recently written to the Government commenting on its failure to consult and raising several points about the changes.—ED, *BMJ*.

The new consultant contract

SIR,—It is understandable that academics with honorary appointments should feel concern about the financial implications of the proposed consultant contract. However, it is the case that such consultants more frequently obtain recognition by the merit award system. I doubt if full-time clinicians have any objection to the tendency of the merit award system to recognise academic consultants, but it would be unfortunate if the opposition of academics prevented the implementation of a contract which would recognise the work load of those who are too busy to participate in academic pursuits.

It is obvious that there is a risk of the consultant community's being split once again, as it was in the past over the issue of part-time versus full-time practice. Those who pay us and determine our conditions will always be ready to exploit our weaknesses and make the most of our internal disputes. Must we lose out again because we are divided?

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SIR,—Mr D E Bolt, chairman of the negotiating subcommittee of the CCHMS in his 1978-9 annual report¹ asks the profession to remember, when the time finally comes to vote for or against the proposed new contract, the advantages which go beyond an acceptable pricing by the Review Body. The new contract is seen by Mr Bolt as the means by which consultants can strengthen their base in negotiations with the Government through lessening