there was a considerably higher proportion of unsaturated fatty acids, which may be very relevant in the prevention of the modern Western-world epidemic of arterial atheroma. Incidentally I do eat and enjoy butter but balance the saturated fats in my diet with plenty of unsaturated ones.

ROBERT WIGGLESWORTH

Kettering and District General Hospital,
Kettering, Northamptonshire
NN16 8UZ

Anaesthetic deaths and caesarean section

SIR,—While agreeing with everything advocated by Dr B H Goodrich (21 April, p 1079), I would like to make a plea for more caesarean sections to be performed under epidural blocks. While there is still, and always will be, a place for general anaesthesia, especially when there is an urgent need for rapid delivery, an epidural block would seem to have many advantages in cases where time allows. We have been performing caesarean sections under epidurals for three years, and as the benefits of this method become appreciated we are now using it with increasing frequency. One of the big advantages is, of course, that the mother is awake to see the baby at the moment of delivery and hold and cuddle it soon afterwards.

M R FELL

Odstock Hospital,
Salisbury SP2 8BJ

"Strange Encounters"

SIR,—"Strange Encounters" makes extraordinary reading. At first I was amused—then amazed—then dumbfounded—then furious—that such things happened in our profession. Then I wondered if they were fabricated but came to the conclusion that no editor would allow it. I assumed Will Macredie (cunning camouflage) must be some well-known Scottish physician or surgeon—probably, I don't know why, I thought a surgeon. But I could not find him in my 10-year-old *Medical Directory*. I looked many times, as the listed clans of Macs and Mcs are a terrifying sight. You could easily miss the fellow in all that blether. He didn't sound like a graduate of recent vintage, unless there was a new species in our midst. So I thought I would wait till I could get a look at a current number. Needless to say he is not there—nor in the *Medical Register*. Or shall I say he isn't where he ought to be in that wild maze of names?

So, is he one or many? I hope the latter. Surely all those things haven't happened to one man?

J D SPILLANE

Newport, Dyfed SA42 0NR

**Yes, they have.—ED, *BMJ*.

Lethal cigarettes

SIR,—I find that exhorting patients to give up smoking is more lastingly effective if followed by an invitation to place any cigarettes they may have on their person into my wastepaper basket. After momentary surprise and hesitation, most accept this challenge.

This symbolic act adds weight to their resolve, and at the same time provides me with a useful byproduct.

One hundred cigarettes, collected by this method in a few days, are brought to the boil in a quart of water and simmered gently for half an hour. The resulting infusion is strained through muslin, and a further half gallon of water added.

For this simple exercise in health education, the practitioner is rewarded by a generous and unending supply of insecticide garden spray, lethal to greenfly and caterpillars.

P J EDWIN

Dudley, West Midlands

Ethics, strikes, and the GMC

SIR,—The 1978 report of the General Medical Council makes on the whole welcome reading: for instance, paediatricians will be glad to see finally buried (deans and faculties please note) the notion that medicine, surgery, and obstetrics should any longer be regarded as primus inter pares among hospital specialties.

But one thing needs to be said on the subject of medical ethics. We live in an age of collectives and in a producer—not a consumer—society; and the major way in which physicians are likely "to exploit their privileges for reasons other than the patient's interests" is now not by individual actions but by mass withdrawal in labour in disputes over pay and conditions. Such action should be specifically outlawed by the General Medical Council as incompatible with the responsibilities of a profession which has been effectively granted a monopoly in supplying a vital human need. In exchange our near-monopoly employer should refer our case with that of other professions similarly situated to the Comparability Commission.

Of course, it would be difficult for the General Medical Council to strike the whole profession off its register—but not impossible if one considers what registration entails.

JOHN A DAVIS

Department of Child Health,
Manchester University,
Manchester M13 0JH

Rubella vaccination

SIR,—You report in Medical News (9 June, p 1571) that the DHSS is to launch a campaign in mid-June with the aim of reducing the incidence of rubella in women of childbearing age by increasing the proportion of schoolgirls accepting vaccination from the present 70% to 90-95%. I must ask whether the decision to offer this procedure at such a young age was originally based on any sound evidence of its likely efficacy, and whether the duration of immunity produced has been shown to be satisfactory? I have reason to doubt it.

Nearly 18 months ago I started to ask women consulting me for contraceptive advice to answer a simple questionnaire with "yes," "no," or "don't know" as follows: (1) Have you had German measles? (2) Have you been vaccinated against German measles? (3) Have you had your blood tested for immunity against German measles? (4) If so, when and where? (5) If not, would you like a blood test to check your immunity against German measles? (6) If the test shows you are susceptible to German measles, would you like to be vaccinated against it? I have not had time, or the means, to analyse the results fully, but several points are emerging quite clearly: In the first place, few women appear to be able to remember accurately whether they have had rubella, and even fewer can remember whether they were vaccinated against rubella while at school.

A disappointingly small proportion of the women, mostly those who were younger or single, were willing to undergo blood tests for the levels of immunity to rubella to be estimated, and, surprisingly, some of those who insisted that they had been vaccinated against rubella while at school were found to have inadequate levels of antibodies against rubella.

In the light of my experience, I think that the DHSS should reconsider its aims, and perhaps offer vaccination against rubella to those women who are wanting to start having their families, so that the procedure can be carried out at least three months before they stop whatever method of contraception they are using. This would provide safer family planning.

PHILIP HOPKINS

London NW3 4PS

Tine and Mantoux tuberculin tests

SIR,—Drs J A Lunn and A J Johnson reported (3 June 1978, p 1451) poor specificity of the tuberculin tine test when compared with the Mantoux test. Tuberculin tine tests have proved useful in our hands in clinical practice over a number of years following an unpublished trial we carried out in 1962 using Mantoux 10 TU and tine tests. In this trial we achieved 98% correlation in patients suffering from active tuberculosis.

Following Lunn and Johnson's paper we decided to repeat our trial using two groups. One group came from Heatherton Hospital, where most of the tuberculous patients in Melbourne are admitted either for diagnosis or for the start of chemotherapy. The second group was a series of children attending a suburban chest clinic as contacts for follow-up tuberculin testing two years or more after BCG vaccination. In each group a standard Mantoux test, 10 TU, was carried out on one arm using purified protein derivative (PPD) supplied by the Commonwealth Serum Laboratories, Melbourne, Australia, and at the same time a tine test was carried out on the other arm using tine discs supplied by Lederle. The Commonwealth Serum Laboratories, main suppliers of tuberculin in Australia, have over the years maintained a constant standard of tuberculin production and advised that a Mantoux test using 10 TU of their product is equivalent to testing with 5 TU of PPD. In Australia a standard Mantoux test is therefore carried out using 10 TU of Commonwealth Serum Laboratories PPD.

The hospital tests were all carried out by one of us and read at 72 hours. At the chest clinic methods were the same except that tests were read at 48 hours by two experienced observers. 5 mm or more of induration was read as positive for the Mantoux tests and 2 mm or more at any one of the tine punctures positive for the tine test. The results are shown in the table. In addition, seven subjects, proved to be non-tuberculous, were negative

Results of tine and Mantoux testing in patients with proved pulmonary tuberculosis and children tested two or more years after BCG

	Patients with tuberculosis		Children after BCG	
	Mantoux positive	Mantoux negative	Mantoux positive	Mantoux negative (8)
Tine positive	34	0	9	0
Tine negative	0	3	7	8

on both tine and Mantoux tests. The only area where correlation was absent was in the Mantoux positive reactors after BCG vaccination. Further analysis of these 16 children showed good correlation if the Mantoux was positive with greater than 10 mm of induration.

Our results are more in line with the report by Sinclair and Johnston (19 May, p 1325), and our conclusion is that in Australia the tine test is just as reliable as the Mantoux test for clinical use. In epidemiological and contact surveys it is probably as reliable when looking for intermediate and strong positive reactors—that is, those who react to the standard Australian Mantoux test with more than 10 mm of induration.

P R Bull
R Drummond

Heatherton Hospital,
Melbourne, Victoria

Gordon Price

Northern Suburbs Chest Clinic,
Melbourne, Victoria

Review Body report

Sir,—Studying the Ninth Report of the Doctors' and Dentists' Review Body has left me with considerable intellectual admiration for the sophistry of the exercise—a peculiarly backhanded compliment to our professions. Erle Stanley Gardner could well have described it as "The Case of the Deceitful Denominator." Our pay rise, when (if?) we get it, will no doubt be welcome; this is the numerator in the equation, and it will feel quite sizable. But the percentage rise this represents depends on the choice of denominator. An example will show what I mean: taking a first-year house officer, his present pay is £3420 per annum, recommended pay £4164 per annum, and apparent rise 21·8%. But, at April 1978, the pay should have been £3897 per annum and it is on this denominator that the rise should be calculated—that is, 6·9%.

Consultants do even worse. The apparent rise for a consultant on the lowest point is 17·7%, but the "rise" on what should have been paid is 1·0%. None of these rises approaches that in the cost of living over the past year, let alone the 25% widely quoted in the media. I wonder who was the press liaison officer in Whitehall who so successfully misled the press corps?

In passing, it should be noted that many deficiencies of the New Earnings Survey as a guide to our pay have been paraded at craft conferences and the ARM in the past. A new one now appears. The real earnings of others are compared with our hypothecated earnings. The longer this continues, the more likely it will be that we shall all join Alice in Wonderland. Others in search of "comparability" studies, be warned.

Quite apart from the distressing lack of unhypothecated cash in pocket, the matter is serious because members of the Review Body and of the Government must, along with many others, be becoming aware of the formidable staffing structure problems facing us now, particularly in the hospital service; indeed, the report refers to them indirectly in paragraph 21. The implementation of the consultant contract, which seems to me unlikely on this pricing, would have been one element in alleviating the situation. One could try to sort out these problems rationally and plan for the necessary changes, which will cost money. Or one can allow catastrophe theory to operate unmodified and await the crisis, which could, in the end, prove even more costly.

I return to contemplation of the Ninth Report. It's clever, indeed it's magnificent, mais ce n'est pas la guerre.

D Bell

Edinburgh EH2 2BE

Sir,—May I point out an anomaly in the Ninth Report (1979) of the Review Body on Doctors' and Dentists' Remuneration? Whereas paragraph 21 refers to the continuing difficulty of recruitment to radiology, among other specialties, paragraph 34 states, "We expect that the average amount that will be earned from recall fees, based on the present numbers and duration of recalls, will be about 8% of present salary. Since such recall is at present remunerated by the inclusive salary, the salaries that we recommend have been adjusted to leave the earnings of consultants unchanged on average." This means that those consultant members of specialties with few or no recall fees to be earned are subsidising the consultants in other specialties, who are already likely to have a greater total income due to both the greater opportunities to indulge in private practice and the greater rewards therefrom.

If the present consultant salary is £14 259 per annum 8% of this is £1140·72, so that at a recall fee of £7·50 (and most radiological recalls would not last more than one hour) then at least 152 recalls per year would be needed.

Even if a very small number of consultant radiologists were being recalled to the hospital roughly every other day, the vast majority of consultant members of this shortage specialty will still be giving up 8% of their salary to subsidise other specialties. This effect is exaggerated in the new contract, the terms of which would be very advantageous to most physicians and surgeons (in which specialties there is a glut) (paragraph 21) and disadvantageous to radiologists, particularly those now working full-time.

T Healey

Barnsley District General Hospital,
Barnsley S75 2EP

Sir,—The ancient Chinese, it is said, paid their doctors only when well. The Review Body believe that this is again relevant, since 10 sessions of consultant time (on the new contract) are valued at a maximum of £10 920 per annum, whereas 10 sessions of senior clinical medical officer time are rewarded with £12 789.

Norman A Coutts

Hawkhead Hospital,
Paisley PA2 7BL

Sir,—It has been proclaimed in a blaze of lay publicity that doctors and dentists have been awarded average rises of 25·7% following the Government's acceptance of the recommendations of the Ninth Report of the Review Body. In a leading article "The Review Body reports" (9 June, p 1522) it was stated that the pay award for general practitioners "is the status quo plus 26%."

Review Body award 1979

	1978 (£)	1979 (£)	Increase £	Increase %
Target net income..	9785	12327	2542	25·97
Basic practice allowance	3030	3565	535	17·65
Group practice allowance	525	620	95	18·09
Supplementary practice allowance	595	700	105	17·64
Capitation fees:				
65	2·70	3·15	0·45	16·66
65-74	3·50	4·10	0·60	17·14
75	4·30	5·05	0·75	17·44
Seniority:				
1st	725	855	130	17·93
2nd	1235	1455	220	17·81
3rd	1965	2135	350	17·81
Maternity:				
Full	41·60	49	7·40	17·78
Item of service:				
Immunisation/vaccination	1·00	1·20	0·20	20
	1·45	1·70	0·25	17·24
Cervical smears	2·90	3·40	0·50	17·24
Night visits	5·75	6·75	1·00	17·39
Pill	3·80	4·65	0·85	22·36
IUCD	12·25	15·50	3·25	26·53
Trainer payment	1625	1915	290	17·84
Supplementary capitation fee	0·54	0·64	0·10	18·51
Temporary residents				
+ 15 days	2·20	2·60	0·40	18·18
= 15 days	3·30	3·90	0·60	18·18
Emergency treatment fees	5·75	6·75	1·00	17·39

Could you please explain to me how this can be so when the above table indicate that the pay rise is in the region of 18% for general practitioners. Have we been outsmarted yet again? If not, where is the missing 7·7%?

R C Fraser

***"The status quo plus 26%" referred to the Review Body's recommendation to increase GPs' average *net* income from £9785 to £12 327, which represents a rise in post-expenses income of approximately 26%. Confusion has occurred because practice expenses were raised by only 4%, resulting in an increase in GPs' average gross remuneration of about 18%. We apologise if we have contributed to this confusion and an explanatory statement by the BMA is at p 1740.—Ed, *BMJ*.

Sir,—We have noted with great disappointment the Review Body's Ninth Report, published recently, and its acceptance by the Government. It is our view that even on superficial examination of the report it should be rejected completely by the profession, as it is likely to benefit perhaps a minority while the majority of consultants will actually lose out. The following points need to be considered carefully.

(1) Under the new contract 13 sessions (£14 196 per annum on the highest increment) have been equated with 11 sessions of the present contract £14 259 per annum). This effectively means that everybody will have to work two sessions or seven hours longer to get the same money, or, in other words, the