

ambitious graduates emerging from the universities. These men and women can afford to be selective in their choice of career; potential earning capacity, facilities for research, opportunities for teaching and private study, and ultimate standing both within and without the profession are factors which will influence their final decision.

Competition for such a service would be keen. In particular the specialities have a certain appeal because of insistence on high standards and the evolution of a hierarchical academic and fiscal system which places a premium on valuable, original work. By contrast the present picture of general practice looks somewhat uninviting.

A recent survey of opinion amongst 5,000 junior hospital staff has proved at once enlightening and depressing. Dr Maurice Rosen (1965) was reported as saying that 7.6 per cent of doctors wanted to go into general practice, 16.2 per cent had definitely decided to emigrate and 40.1 per cent at present intended to be consultants. Of the 40.1 per cent, 10.3 per cent said that they too would emigrate if they did not seem likely to gain a consultant appointment and conditions did not improve. An obvious conclusion can be drawn from these figures, namely, that the most talented and capable of our younger men reject openly the concept of the errand-boy doctor.

Summary

I believe that the College must clearly define its future purpose. If it is to survive, it must reconsider, in my opinion, its policies along the lines suggested.

REFERENCE

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CLINICAL NOTES

WAX IN THE EARS AND ITS MANAGEMENT

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THE ATTENDANCE AT THE CONSULTING ROOM of patients suffering from the effects of impacted wax in the ears is a common happening. Studies have been made of patients presenting with wax in ears in general practice (Horder and Horder 1954, Davies 1958, General Register Office 1962) but there has been no attempt to assess the need for wax removal in patients seeking advice for other reasons. An attempt is made here to discuss the

size of this problem and to indicate how a simple method of wax removal could improve the hearing of many patients who are unaware of the presence of impacted wax.

Method

The study was a series of 500 patients over 15 years of age seen in the consulting room for all reasons during the autumn. A clinical estimate of the fraction of occlusion by wax in the meatus of each ear was made. There was no attempt to assess the consistency of the wax or the presence or absence of symptoms from its existence.

The results were:

Complete occlusion of both ears	6	1.2 per cent
Complete occlusion of a single ear	25	5.0 per cent
More than three-quarters occlusion of both ears	15	3.0 per cent
More than three-quarters occlusion of a single ear	39	7.8 per cent

Among the 500 patients seen, five attended because they wished to be treated for wax. One of these patients had complete occlusion of both ears, the other four had complete occlusion of one ear.

Discussion

Most practitioners would agree that removal of wax from ears was a commonplace feature of any general practice. In this study I have been impressed by the great difference between the number of patients seeking relief from symptoms of wax impaction (5 or 1 per cent) and the number with complete occlusion of at least one ear (31 or 6.2 per cent). It would also be accepted that an additional 54 patients (10.8 per cent) with more than three-quarters occlusion would be likely to benefit from early removal of wax.

As soon as the size of this problem was seen, it became necessary to select a method of wax removal that would be simple and efficient yet without harm or discomfort to the patient. Reasonable expertise in the management of wax will prevent discomfort and morbidity (Lindahl 1961).

Management

Every practitioner has his own method of wax removal. An ideal method would remove the wax at the time of the initial diagnosis. Immediate syringing, except where the wax was of very soft consistency, would be unlikely to be successful.

A compromise has been made in utilizing the wetting properties of dioctyl sodium sulphosuccinate 5 per cent in oil. The contents of two capsules (1.0 ml.) of this agent was expressed into the affected ear with the head inclined to one side. A plug of cotton wool smeared with vaseline was then applied to the external auditory meatus and after about ten minutes the ear was syringed using a Bacon's aural syringe. In almost all cases the wax was easily removed with a few washings of lukewarm water.

Acknowledgement

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Ear Capsules used in this study.

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THE ACCURACY OF HAEMOGLOBIN DETERMINATIONS WITH THE SPENCER HAEMOGLOBINOMETER

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FIVE YEARS AGO Dr H. Kramer recommended the Spencer haemoglobinometer made by the British-American Optical Company for use in general practice. At that time no critical review of the instrument had been published. The manufacturers kindly made available one instrument for trial. This instrument uses a demountable glass cell in which is confined undiluted blood haemolysed by saponin. The cell is observed through a green filter using an eyepiece in which half the field is occupied by the cell, and half by an optical wedge. The optical wedge can be moved by a small handle which carries a pointer moving over a scale graduated in units of 0.5 g. haemoglobin per 100 ml.

Some tests on the instrument have now been performed. They were done by one operator filling the cell and lysing the blood, and then handing the instrument in turn to five observers each of whom recorded his observations without communicating them to the others. The results were collected and recorded by the operator. This operator selected the blood samples from among those which had been examined by the laboratory earlier that day; they covered the range 4.0 to 16.5 g. haemoglobin per 100 ml. At that time the alkaline haematin method was used routinely and was standardized monthly against the analysed blood sample distributed by the Keeler Optical Company Ltd. Daily standardization was with the Gibson-Harrison artificial standard.

One hundred sets of observations were made. One observer was missing for three samples and another for one, so the best estimates for