

jobs, how to learn psychological medicine, how to achieve contact with general practice during the hospital period, whether to have one or two attachments during the year in practice, what to do about unsatisfactory trainers, how to organise a day-release course—in brief, all the questions which arise about any scheme of vocational training. Most answers are naturally much the same and may do little more than reflect the conventional wisdom, but at least they will have the merit of having been slowly forged by each scheme itself.

If the answers are largely similar, there are admittedly also differences, but I suspect that either these are small and applicable only locally, or else if they are more profound this may be because they fit the individual ethos of a particular scheme. The anarchy of Ipswich would not suit the hierarchical committee structure of Newcastle.

In criticising the concept of a national conference of trainers and trainees, I should therefore like to suggest that smaller, regional meetings are held in all regions, as they are in East Anglia. Since the meetings are recognised under Section 63, it is perfectly possible for college representatives and course organisers to move from region to region; any trainees who wanted to do so would not be prevented. This would, I believe, provide all the cross-fertilisation necessary to help each area to formulate its own answers.

Above all, any conference needs a task; it needs to consider a hypothesis and attempt to provide some kind of answer or suggestion for action. The Newcastle conference failed to the extent that it had no hypothesis; its success lay in the superb planning and organisation by the Newcastle trainees.

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(see *Editorial and Report*)

### IMMUNOGLOBULINS

Sir,

Human specific immunoglobulins are used to provide passive protection against certain infections or to treat such infections. Examples are (a) anti-chickenpox or anti-zoster immunoglobulin, which is thought to be of value for protecting patients on immunosuppressive treatment who have been exposed to chickenpox and (b) anti-vaccinia immunoglobulin which is used to treat certain complications of smallpox vaccination.

Specific immunoglobulins can be prepared only from plasma containing a high titre of the specific antibodies. Such plasma can be obtained only

from persons who have recently recovered from an infection or have been immunized.

There is a need for plasma collected, at the times shown, from healthy persons from 18–65 years of age in these categories:

1. Individuals vaccinated against smallpox: third week after re-vaccination.
2. Individuals vaccinated against tetanus: 21–28 days after the last injection of the primary course or after a subsequent reinforcing dose.
3. Individuals who have recovered from chickenpox, herpes zoster, or mumps in the previous three months.

It would be of the greatest assistance if members of the College would explain the need to any of their patients who are undergoing immunization or who are convalescent and whom they consider fit to volunteer as blood donors.

The appropriate regional transfusion centre, the address of which is in the telephone directory under *Blood transfusion*, will usually be able to make arrangements to collect blood from any who volunteer by inviting them to attend at the regional transfusion centre or, if more convenient, at one of the regular blood collection sessions.

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### CHEWING GUM PROPHYLAXIS

Sir,

Further to Dr Paine's letter (*March Journal*) I have not so much fallen into but noted the 'classic trap', having made a reasonable statement of fact.

Whereas the science of statistics allows an interpretation of observations, the fact remains that more children improved among the gum chewing group than among the non chewers.

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### REFERENCES

- Paine, T. (1972). *Journal of the Royal College of General Practitioners*, **22**, 180.  
Ripley, G. D. (1972). *Journal of the Royal College of General Practitioners*, **22**, 61.