

Webb, Rosemarie, 165 Zetland Road, Doncaster, S. Yorkshire.
 Webster, Elizabeth A., 16 Kendal Avenue, Barking, Essex.
 Whittington, R. M., 11 Four Oaks Road, Sutton Coldfield, West Midlands.
 Williams, Hywel N., 31/32 Clytha Square, Newport, Gwent, Wales.
 Williams, Roger A., 37 Moorside Court, Newcastle-upon-Tyne.
 Williamson, J. D., 11 Durham Road, London, N9.
 Willis, A. W., 20 Billing Road, Northampton.
 Winterton, I. S., 15 Bluebell Close, Wylam, Northumberland.
 Wittels, P. L., House No. 10, Pilgrim Hospital Residences, Sibsey Road, Boston, Lincs.
 Wood, J. A., 49 Linden Drive, Evington, Leicester.
 Woodburn, A. G., 108 Drumlin Drive, Milngavie, Glasgow, Scotland.
 Woods, B. T., 20 Abbots Crescent, Enfield, Middlesex.
 Woolmore, M. J. F., 457 Wellingborough Road, Northampton.
 Wright, M. H. G., Royal Acre, Snape Lane, Englesea Brook, Weston, Nr. Crewe.
 * Denotes pass with distinction

CHANGE OF ADDRESS

The journal office at Exeter has been most grateful to the many members of the College who have taken the trouble to notify a change of address.

As control of the addressograph for all

purposes, including distribution of the *Journal*, is now centralised at College headquarters, it would be most helpful if members would in future send any change of address to:

The Registrar, 14 Princes Gate, Hyde Park, London, SW7 1PU

DEATHS

Fellow

MILLER, R. A. M., Coorparoo, Queensland, Australia.

Founder Members

MYLES, Q. ST. L., Bristol 8.
 SMITH, E. B., Syston, Lincolnshire.
 SORSBY, MAX, London, N.W.4.
 THOMAS, R. V., Birkenhead, Cheshire.

Members

GAREH, ERIC, Nottingham.
 HENDRY, W. J., Elwood, Victoria, Australia.
 MAGNIER, JOHN, Cork, Eire.
 MIKUZIS, JONAS, Adelaide, South Australia.
 WATSON, F. G. H., Salisbury, Wiltshire.
 WILLIS, J. C. J., New Zealand.

Founder Associate

SLOAN, T. W., Aghadowey, Co. Derry.

Associates

CONN, W. J. C., Galashiels, Selkirk.
 DE SILVA, K. C. D., London, W.5.
 GRAY, S. J. P., Exeter.
 METRUSTY, N. G., Belfast.

MEDICAL NEWS

ROYAL SOCIETY OF MEDICINE

Lord Hunt of Fawley, General practitioner London, was one of the new Honorary Fellows of the Society who were presented with their diplomas in July 1975.

NATIONAL HEALTH SERVICE FINANCING

Mrs Barbara Castle, Secretary of State for the Social Services, in her reply to the chairman of a group of professional organisations within the National Health Service, wrote "... I told you that in the country's present

most serious economic condition there was no hope of our obtaining, over the next few years at any rate, real-term additions to the present National Health Service expenditure levels of the size mentioned in the Memorandum. We cannot look forward to the regular annual growth that we have been accustomed to . . ."

THE FAMILY PRACTITIONER COMMITTEE

The Family Practitioner Committee is *not* a Committee of the Area Health Authority.

The Area Health Authority is required by Section 5(4) of the N.H.S. Reorganisation Act 1973 to establish an FPC for its area; by virtue of paragraph 8 of Schedule 1 to the Act, the FPC is, like the AHA itself, a body corporate with perpetual succession and a common seal.

REFERENCE

The Family Practitioner Services (1975). p. 103.

GROWTH IN PRACTITIONER SERVICES AND POPULATION

The Scottish Home and Health Department reports that between the years 1963 and 1973, when the population of Scotland did not vary significantly, there were substantial increases (135:100) in the number of prescriptions issued and the number of courses of dental treatment.

The number of attendances by home nurses, domiciliary midwives and health visitors at general practitioners' surgeries, compared with the local authority clinics, changed from 4,491:80,788 in 1964 to 49,927:80,159 in 1973.

REFERENCE

Scottish Home and Health Department (1973). *Scottish Health Statistics*. Edinburgh: HMSO.

NURSING AND PRIMARY HEALTH CARE

The Regional Office for Europe of the World Health Organisation reports that two working groups have been formed, the first on the *Role of Nursing in Primary Health Care* and the second to *Define Parameters of Efficiency in Primary Care*.

The address of the Regional Office for Europe is: 8, Scherfigsvej, DK-2100 Copenhagen Ø, Denmark.

CHILDREN IN THE CARE OF LOCAL AUTHORITIES

A recent White Paper published jointly by the Secretaries of State for Social Services and Wales gives details of children in the care of local authorities in the year ended 31 March 1974.

The number of children entering care in that year was 52,680 and the total number of children in care on 31 March 1974 was 95,867. This represents 7.1 per thousand of the estimated population under the age of 18 in England and 6.0 per thousand in Wales. Forty per cent of the children were boarded out.

The average gross cost to a local authority of keeping a child in care was £18.79 a week.

The average cost to an authority of maintaining a child in a community home was £36.20 a week.

WINCHESTER AND CENTRAL HAMPSHIRE MEDICAL AND DENTAL FEDERATION

Among the educational sessions being held in Winchester are *The Battered Baby* on 2 December, speaker Mr R. L. Castle, and *Cases from General Practice*, presented by Dr B. J. Doney, M.R.C.G.P., General practitioner, Winchester.

BROOK ADVISORY CENTRES

The Brook Advisory Centres saw nearly 20,000 new clients in 1974 of whom 80 per cent were unmarried, three per cent were under 16 and 41 per cent were under the age of 20.

Seventy-one per cent were prescribed the pill and nine per cent of the girls who come to the centres were already pregnant.

Brook Advisory Centres (1975). *Annual Report for 1974*.

NEW ZEALAND

At a meeting of the New Zealand College of General Practitioners the following motion was passed: "That the deans of the medical and clinical schools be written to suggesting that family medicine staff of the clinical schools be allowed and encouraged to undertake some clinical work in appropriate family practices so that they maintain their credibility and ensure an effective influence in the organisation methodology of suitable demonstration practices and health centres."

REFERENCE

New Zealand Family Physician (1974), 1, No. 2, 45.

DISTINCTION AWARDS

One hundred per cent of the A+ distinction awards in Scotland were held by teaching hospital consultants on 31 December 1973.

REFERENCE

Scottish Home and Health Department (1973). *Scottish Health Statistics*. Edinburgh: HMSO.

UNIVERSITY COLLEGE OF SWANSEA

The University College of Swansea has published a series of occasional papers on medical sociology and the social aspects of pharmacology.

Those published so far include:

Medical training, experience and prescribing of doctors new to general practice by G. Eaton and P. Parish

Social climate and ward atmosphere by D. Hall and R. Pill

General practitioners' estimates of patient expectations and other aspects of their work by G. V. Stimson

Prescribing accountability in National Health general practice by R. E. A. Mapes

Health careers and competence: aspects of behaviour in a children's ward by R. Pill

Enquiries should be addressed to the Medical Sociology Research Centre, Park Buildings, Park Street, Swansea SA1 3DJ.

PRIVATE MEDICAL INSURANCE

The British United Provident Association (BUPA) reports new records for growth in 1974 with a subscription income £7,500,000 higher than the previous year.

About two million people have now taken out private insurance cover with this organisation.

SALARIES FOR PHARMACISTS

The proprietor's notional salary for England and Wales has been raised to £4,725 a year with effect from 1 January 1975.

REFERENCE

The Pharmaceutical Journal (1975). 215, 5.

FAMILY PLANNING ASSOCIATION

The Family Planning Association estimates that it trained about 300 general practitioners in 1974.

MORGANNWG HOSPITAL, BRIDGEND, MID GLAMORGAN

A course of lectures, tutorials and clinical demonstrations in psychological medicine and allied subjects will be held from 26 September to 12 December 1975. Application should be made to Dr M. W. Annear, Morgannwg Hospital, Bridgend, Mid Glamorgan CF31 4LN.

CORRESPONDENCE

PHYSICAL SIGNS IN ASTHMA

Sir,

Most general practitioners called to see a patient with an acute asthmatic attack will agree that it is often difficult to assess the true degree of airflow obstruction in many cases. Physical signs have been shown to be misleading; noisy wheezes are often present with little obstruction, whereas patients in severe danger can present the listener with relatively normal breath sounds.

Estimation of the peak expiratory flow-rate (PEFR) with a Wright's peak-flow meter is a relatively easy procedure and gives a good guide to the degree of disability; generally speaking a PEFR of less than 100 litres/minute signifies severe and dangerous airflow obstruction in the acute attack.

However, there is another simple observation which can be made on clinical examination which gives an excellent objective measurement of the degree of obstruction; that is the measurement of pulsus paradoxus. This can be elicited with the sphygmomanometer by noting the difference in the systolic pressure between inspiration and expiration at the brachial artery. Important pulsus paradoxus is present when the difference between these two pressures is at least 10 mm Hg in each respiratory cycle.

Knowles and Clark (1973) reviewed the efficacy of this sign and confirmed that the degree of pulsus paradoxus correlated well with the PEFR and FEV₁/FVC ratio in patients with severe asthmatic attacks; the lower the PEFR and FEV₁/FVC ratio the greater the degree of pulsus paradoxus.

In view of the simplicity in performing the

measurement of pulsus paradoxus and its apparent accuracy in assessing the degree of airflow obstruction, it should prove a useful additional tool for every general practitioner confronted with the common problem of the acute asthmatic patient.

J. C. DAVIES

Vocational trainee in general practice

REFERENCES

- Rebuck, A. S. & Read, J. (1971). *American Journal of Medicine*, 51, 788.
Knowles, G. K. & Clark, T. J. H. (1973). *Lancet*, 11, 1356-1359.

USE OF VITAMIN B1 IN CHICKENPOX

Sir,

For many years I have been using Vitamin B1 to control the 'cropping' of chickenpox.

If Vitamin B1 is started *as soon as* the diagnosis is made:

- (1) Further crops of vesicles cease,
- (2) Inflammation of the original vesicle appears to decrease,
- (3) Hence irritation also decreases, and whatever irritation persists is eased by 'Caladryl' lotion diluted one in four,
- (4) Scabbing is more rapid.

The dosage of Vitamin B1 I have used is:

- Age up to five years: 3mg t.d.s.
Age five to ten years: 5mg t.d.s.
Age 10-14 years: 10mg b.d.-t.d.s.
Adults: 20mg t.d.s.

For the few very severe infections (confluent) in adults: I use 50mg t.d.s.

In addition a few adults with intense irritation