ship that has grown up between the family practitioner committees and practices. On-the-spot advice concerning practical working problems in primary care, the necessity to form forward plans, and the evolution of changes in patient care will all suffer by the absence of practising doctors. One doctor representative on the committee is totally inadequate.

There are many other worrying proposals for general practice. 'We have lost our existing contract, together with the independent contractor status; our charter has been torn up; our freedom of referral has gone; the partnership with family practitioner committees has been destroyed; and local medical committees have been emasculated' has been one response to the proposals, with which we agreed (Dr C. Zuckerman speaking at the GMSC).[17]

What is there to be constructive about? At least for the present the NHS is to be 'available to all, regardless of income, and to be financed mainly out of general taxation'.[2] An increase in information technology, audit and cost-consciousness is to be welcomed, as long as it is used for the benefit of patient care, and not for cutting costs as the sole objective. Patients should have the best care available.

What are the aims of these proposals?[6] The title of the white paper, *Working for patients,* is in our view a complete misnomer. These proposals aim to cost-limit the NHS, especially general practice. The services available to the patient will be reduced. Direct government control will be imposed, with general practitioners being left to explain and implement the government's decision to limit health spending. The government's proposals are an attempt to buy time, and be seen to be active, before the next election, and to prepare the way for privatization, if the Conservatives are successful at the next election. Two-tier health care will then have arrived in this country, with treatment becoming a function of ability to pay, and not of patient need. Why else would the government put such a poorly researched, evaluated and negotiated set of proposals before the country?[18]

The white paper states 'The general practitioners' advice will therefore be crucial ...' Unless these proposals are properly researched, evaluated and then negotiated with the doctors, we cannot support them. If the government does impose the proposals, a major tragedy will befall the NHS.

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Oilseed rape and asthma

Sir,

Like other general practitioners and chest physicians, I have noted the rise and plateauing out of the incidence of asthma. In my own area of practice, I have watched an increasing number of fields changing from grassy green to yellow owing to the planting of oilseed rape. The rape oil plant (*Brassica napus*) contains glucosinolates which by enzymatic processes give rise to volatile isothiocyanates (mustard oils). These are well recognized bronchial irritants.

I have obtained figures for the acreage of oilseed rape grown in the Essex region of Greater London (Ministry of Agriculture, Fisheries and Food) and also figures for asthma admissions at the King George Hospital, Ilford (Redbridge Health Authority). Curiously enough these figures parallel each other (Figure 1).

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Why do trainees take the MRCGP examination?

Sir,

In view of the current discussions about the role of the MRCGP examination, the results of an anonymous questionnaire study of the perceptions of a sample of general practitioner trainees of the role of the membership examination may be of

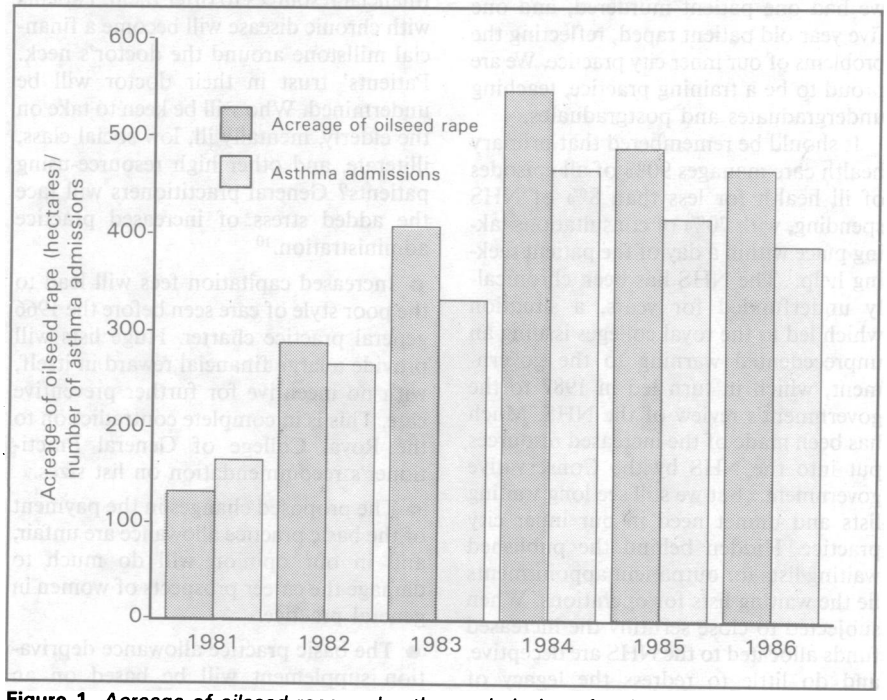

Figure 1. *Acreage of oilseed rape and asthma admissions for the period 1981–86.*