run computer-matching scheme, in which the consultants do not indulge in clandestine "I'll put you first if you put me first" pacts, and in which a student who has a higher preference for a particular post than another (who in any case will have put somebody else higher) will be given the post, regardless of whether the consultant prefers the second student. Such a system is hardly new, but is the only sensible and fair way to place a large number of people in the right jobs at the right stage of their medical education. Until such a system becomes established Mr Hall and others should continue their present policy. Many medical students will be grateful.

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Domiciliary visits by consultants

SIR,—"Dr Primus" (1 December, p 1429) is right to criticise the domiciliary visit as a way of circumventing outpatient waiting list delays in patients who are perfectly capable of attending hospital. But he should concede that, properly used, the domiciliary visit can obviate the need for hospital admission in a proportion of acutely ill patients.

With the NHS short of money it is the expensive hospital sector which should be curtailed. Hospital admission means expensive staffing, equipment, and building. Consultants' time may be cheaper, especially now that a glut of well-qualified doctors is inevitable. Being available to see people at home who are acutely ill is not a misuse of a consultant's time.

The domiciliary visit fee is, of course, an inducement to consultants to make themselves available for this type of work. However, a fee is trifling compared with the costs of hospital admission. Finally, involvement in domiciliary visiting keeps consultants aware of the problems faced by family doctors and improves contact between specialists and general practitioners.

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Payment for general practitioners in hospitals

SIR,—The letter from Dr C J G Menzies (1 December, p 1442) on payment for general practitioners in hospitals highlights one of the problems inherent in applying nationally negotiated agreements to every variable local situation.

Since the inception of the NHS the vast majority of general practitioner hospitals have provided a casualty service for which they received no payments. The bed fund was deemed by the DHSS to provide adequate payment for both inpatient and casualty cover. A small minority in such hospitals had managed to persuade their employing authorities to make special payments for casualty services but there were no central guidelines and most authorities refused to make ad hoc arrangements.

Circular HC(PC)(79)5 was agreed in an attempt to correct this situation. The new circular was overwhelmingly welcomed both by the Conference of Local Medical Committees and by the Association of General Practitioner Hospitals. Paragraph 9, which limits the new method of payments to GP hospitals where the casualty service is staffed entirely by GPs, was inserted at the insistence of CCHMS representatives who foresaw a possible threat to accident and emergency departments in district general hospitals if the new method of GP payments were to spread beyond purely GP hospitals. Any circular regarding employment of doctors in the hospital service can be introduced only with the agreement of representatives of hospital doctors.

The situation at Harwich where an SHO is employed by the area health authority to help with the work in the casualty department of a GP hospital must be rare. Incidentally, there are very many GP hospitals which cope with attendance rates of new casualty patients many times greater than those at Harwich without requiring the assistance of hospital-based doctors.

Dr Menzies had already contacted the BMA for advice prior to the publication of his letter and possible solutions to the Harwich problem are being actively pursued by the GMSC and the DHSS. It is to be anticipated that other local anomalies will arise from implementation of the new circular and the GMSC will be pleased to offer advice and to help in such situations.

The fact remains, however, that in over 95% of GP hospitals introduction of the circular has resulted in increased payments into the medical staff funds, in many cases of the order of several hundred per cent. For rather different reasons I am inclined to agree with Dr Menzies that this is "an incredible contract," though I cannot agree that the majority of GPs working in GP hospitals are no better off as a result of its introduction.

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Out-of-hours services by medical laboratory scientific officers

SIR,—The national dispute between the Association of Scientific, Technical and Managerial Staffs (ASTMS) and the Department of Health has resulted in restrictions in the provision of out-of-hours emergency laboratory services in some hospitals. I am informed that at least one health board has agreed with the ASTMS arrangements, which contravene the Whitley Council regulations and which are liable to prove very expensive. While such local arrangements are intended to be temporary, and to apply only until national agreement is reached, there is a danger that they may remain extant for longer than may originally have been anticipated. In some instances such agreements may have been necessary to safeguard the welfare of patients, but I understand that they have also been made, or offered, to medical laboratory scientific officers (MLSOs) working in laboratories in which the medical staff was prepared if necessary to provide an emergency service, as Professor Whitby (17 Nov, p 1296) and his colleagues are doing.

If such local arrangements become widespread and remain in force for long, they will certainly be very costly. If they contravene the Whitley Council regulations, as I believe they do, is it likely that additional central funds will be provided to meet the extra cost? If not, how is the cost to be met? In particular, will it be deducted from the budget of the hospital or laboratory incurring the costs of such agreements?

This college cannot become involved in the remuneration of laboratory staff. However, one of its major functions is to ensure the provision of a high standard of pathological services. Any reduction in the revenue available for maintaining and improving laboratory services and for upgrading standards of laboratory safety, whether due to the additional costs of emergency services or other cause, would be strongly opposed by the college. It may be that Professor Whitby was led by such considerations to oppose proposals which he believes to be in contravention of Whitley, in which case he deserves support for the stand he has taken.

Actual costs of agreements for out-of-hours work have a habit of far exceeding the estimates, as happened when UMTs were introduced as a result of industrial action by doctors. It seems appropriate to suggest that heads of pathology departments should seek reassurance from their employing authorities that the extra cost of implementing expensive local arrangements for out-of-hours work will not be deducted from the revenue of their departments, or indeed from other parts of the NHS where the loss would lead to a deterioration in patient care.

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Penis captivus has occurred

SIR,—In reply to Dr F Kräupl Taylor's article on penis captivus (20 October, p 977), which was recently brought to my attention, there can be no doubt but that I have seen a case of this seemingly rare condition.

The year was 1947 and the case occurred when I was a houseman at the Royal Isle of Wight County Hospital. I can distinctly remember the ambulance drawing up and two young people, a honeymoon couple I believe, being carried on a single stretcher into the casualty department. An anaesthetic was given to the female and they were discharged later the same morning.

In view of the number of letters that have recently been written on this subject I rang my old friend Dr S W Wolfe, who is now in general practice in Bridgwater, and who was the other houseman at the hospital at the time. He confirmed my story, his exact words being, "I remember it well."

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****Although the correspondence on this subject was closed we are making an exception for this one letter as it reports personal experience of a case.—ED, *BMJ*.

An interesting person

SIR,—Minerva (1 December, p 1446) in reviewing the *Graduate's Travel Guide* by John Borrie of Otago University says, "Surely there must be at least one interesting person in New Zealand." There is. I am he.

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