

"Cord Round the Neck"

SIR,—In the course of attendance on about 5,000 confinements I have never seen a stillbirth which I could ascribe to the above cause. I think it is a possible cause in the absence of a medical man or a trained midwife, but not otherwise. On one occasion I feared the child would be strangled, so I cut the cord at once. The cord was twice round the neck and taut from the navel to the neck and from the neck to the placenta. The child had been shot out suddenly, so that there was an extra pull on the cord. I was unable to get my fingers underneath it. I am inclined to agree with Mr. Mortimer Reddington (Jan. 19, p. 109) that such a diagnosis should be regarded with grave obstetric doubt.—I am, etc.,

Erdington.

ROBERT ANDERSON.

Medical Future of the Colonies

SIR,—I have just received the *Journal* of Nov. 17, 1945, and in view of the Commission on Salaries inquiry in the West African Colonies appointed by the Secretary of State for the Colonies to start early in Jan., 1946, I read with great interest the leading article on the medical future of the Colonies (p. 693). On reaching the first sentence of the concluding paragraph I received a shock: "These reforms are suggested only for the European medical officers." This at once raises the racial question with its unscientific invidious treatment meted out to the non-Europeans in the services of the different British colonies. Does the B.M.A. support this distinction based on "colour"? Does the B.M.A. hold no brief for its non-European members who are employed by the British Colonial Governments?

I may claim to some extent to be representative of the non-European medical officers in the Colonies in general and of Sierra Leone (West Africa) in particular, having just retired after 32½ years' service in the Sierra Leone Medical Service as distinct from the Colonial Medical Service. I have been a member of the B.M.A. since 1912. Why should this editorial deal with the grievances of only one part of its members so pointedly? Non-Europeans equally with their European colleagues are entitled to all the facilities of the Association and to the help of the B.M.A. in the alleviation of their legitimate service grievances.

Can it be, then, that the writer seriously considers that we have no grievances or that they are too trivial to be considered? Very early in the article it is stated: "It is no exaggeration to say that before this war most people were profoundly ignorant of conditions in this Empire." This persistent overlooking and ignoring of the non-European civil servants in the Colonies is one of them.

The purport of the rest of this letter is to show very briefly the invidious distinctions and inequalities of conditions of service between European and non-European medical officers in one Colony—Sierra Leone—since the formation of the West African Medical Service by Chamberlain in 1902. Prior to this, since 1865 African medical officers had been continuously in Sierra Leone; frequently in those early days half or two-thirds of the medical staff were African, receiving the same pay and promotion as their European colleagues. In the 'seventies one was head of the medical department of the Gambia with a junior European under him, and in the 'nineties a similar state existed on the Gold Coast. The Africans had all been trained in the medical schools in the U.K. and passed the same (frequently higher) examinations and been registered in exactly the same way as their European colleagues.

With the formation of the W.A.M.S. the colour bar was introduced and no West African could enter the West African Medical Service. Thus there were two services side by side—the W.A.M.S. (European) and the local Colony service (African). In 1943 the W.A.M.S. was absorbed into the larger Colonial Medical Service, and though in the more recent advertisements for recruits in the medical press and the official regulations no mention is made of it, the colour bar still exists, as so far no non-European has been appointed to West Africa and African applicants have been offered posts in the local Colony services. Thus there are still two services. So, regardless of what policy may in the future be adopted towards the training of medical men from the indigenous peoples, there is at present a definite body of non-European personnel in the

West African Colonies (three hold specialist posts and three have been awarded the M.B.E.), and they cannot be passed over so easily. Not only were these non-European medical officers on a much smaller salary scale, but until quite recently there was no promotion for them from the grade of medical officer, and though qualified they were not employed on the health side. In addition their European colleagues have the following privileges, all of which have a definite cash value: longer vacation leave and local leave with passages paid both ways; good furnished quarters or an allowance in lieu; free conservancy, when in Freetown, the capital, free pipe-borne water supply, and exemption from municipal rates; pension on a higher scale, and if re-employed when on pension receive an additional 15%; and when sick have a much longer period on full pay before going on to half-pay.

I have had interviews and correspondence with successive medical and Dominion secretaries of the B.M.A. since 1922, and have applied for the help of the B.M.A. towards removing the above inequities—so the above facts are on the file in the B.M.A. offices—and in spite of this we non-Europeans are passed over so casually.—I am, etc.,

M. C. F. EASMON,
Freetown. Senior Medical Officer (Sierra Leone) (ret.).

Medical Journals for Hong Kong

SIR,—Would you allow me the hospitality of your columns to make an appeal on behalf of my colleagues in Hong Kong? Below is an extract from a letter just received from one of the Chinese doctors who remained at his post throughout the 3½ years of Japanese occupation, at my earnest request, in order to provide medical and health services for the prisoners of war and civilian internees, their uninterned wives, children, and dependants, and for the general community. Such men remained loyal to the Allied cause, despite every effort by the Japanese military and civilian authorities to win them over with alluring promises of advancement. Hardships, humiliation, starvation, and even imprisonment and all that went with it, including maltreatment and loss of health and vigour, failed to break their spirit, and they courageously carried on their duties even after my removal by the Kempe-tai from their midst. I quote from one of several similar letters received from the Far East:

"The doctors here are terribly short of medical literature. It would be useful to collect some back numbers of the *Lancet*, *British Medical Journal*, *Practitioner*, *British Journal of Surgery*, etc., that are not wanted by our British professional brothers, to be circulated among doctors of the various hospitals. No doubt all of us here [in Hong Kong] wish to know what has happened in the past four years. Honestly, we are not jealous at the titles and decorations and wealth brought back by friends who went away from Hong Kong during the Japanese occupation, but we do want to catch up intellectually what we missed."

On the receipt of a postcard I shall be very happy to collect any copies of such medical periodicals as can be spared by colleagues living within, say, three miles of Charing Cross and to send them to Hong Kong for distribution. A generous response to this appeal will serve as a token of our profound admiration towards Chinese, Portuguese, and Eurasian medical and dental colleagues who sacrificed so much for the sake of humanity and for their allegiance to the British Commonwealth of Nations and our Allies.—I am, etc.,

The White House, Albany Street,
London, N.W.1. P. S. SELWYN-CLARKE,
Director of Medical Services, Hong Kong.

Health Service Forecast

SIR,—We are told in the press that the Minister of Health has nearly completed his Bill and will divulge its contents in the near future. In these circumstances it may be useful to note a very significant leader in the *Tribune* of Jan. 11, a newspaper with which Mr. Aneurin Bevan is understood to have been closely associated. The statement opens by expressing confidence that "the Bill will have a swift and easy passage when it is introduced in the House later in the year." It is stated quite categorically "that everyone will subscribe at a flat annual rate," and that "the poorest subscriber will be entitled to specialized medical service, and private rooms in hospitals will be allotted to those who need them."

The policy which the Minister has announced with regard to the purchase of practices finds its explanation in the following paragraph: "Apart from areas deemed to be fully served by doctors, the medical practitioner will be free to set up practice anywhere; private practices may continue so long as they are in public demand, but, as they fall vacant, they will be filled in conformity with the district's special needs instead of being offered to the highest bidder."

The free choice of doctor which is dealt with in the B.M.A.'s Principle III is explained (and limited!) in the following paragraph: "There will be no interference with the right of the patient to choose his own doctor and there will be nothing to stop him from paying a private fee, *in addition to his annual subscription* (the italics are mine), if he can find no better use for his money." We have been warned.—I am, etc.,

House of Commons.

E. GRAHAM-LITTLE.

Questionnaires, Past and Future

SIR,—May I suggest that one question, such as the following, is all that is necessary: "Do you wish to enter a centrally controlled service?" If the service be centrally controlled the central authority could convert, by regulation and without reference to Parliament, an originally attractive service into one which would be repugnant to both patient and doctor. If the present system, which in the main is on a basis of peripheral control by patients and doctors, were set free from unnecessary financial restrictions nothing would stand in the way of the rapid adaptation of its structure to meet the various and varying demands made upon it to the advantage of all concerned (except those whose pleasure is to exercise power over the lives of their fellows). A similar question to the one suggested above was recently put to 30,000 doctors. Of the 10,000 who made the effort to reply, 77% were opposed to a centrally controlled service. Full details of this questionnaire are, I believe, available for the use of the Negotiating Committee.

As part of a comprehensive and long-term policy directed against the freedom of the individual all official proposals, actual and foreshadowed, conform consistently to a centrally controlled type of organization. In this the executive of the B.M.A. acquiesces. The Negotiating Committee avoids the fundamental issue and discusses mere details.—I am, etc.,

Bexley, Kent.

E. U. MACWILLIAM.

A Burning Topic

SIR,—At a time when the future of the medical profession in this country and the immediate prospects of so many of its members are in the balance, it can only cause irritation among your readers if you continue to give up columns of space to letters, however flippant or however magisterial, advocating that a venerologist should be called a venerologist (or alternatively a "moskovend" or a "priapologist") or that the operation of myringotomy should be called "syngomyringodiacentesis." There are more burning topics. For example, the present plight of those many practitioners who through war service, voluntary or otherwise, have lost their practices, and on demobilization find that they are debarred from acquiring new ones, so that they can now only go to work as salaried employees in other men's practices.

There is a feeling in the air that in future general practitioners will be paid, not according to how good they are at general practice, but according to the letters after their names. The natural course, then, for those now suspended in this limbo, especially for those with definite specialist ambitions (which they may have forgone for the security of the practices they have now lost), would be to use the Government scheme for rehabilitation, by a Class I or a Class III appointment, to acquire some higher or specialist qualification. This, it seems, is completely ruled out under the scheme. Neither the man who has spent any time in general practice nor the specialist is allowed anything beyond a contemptible two-week refresher course. If one pays a visit to the H.Q. of this postgraduate scheme one may be confronted by an individual who at the mention of the word "right" or "claim" jumps up from his chair, flourishes a disability at one, and declares that *he* has no claim against the country; and while one is still gasping from the impact of such mawkishness the interview comes to an end.

One is led to understand that the only people to benefit by this scheme are those who have avoided war service or served in the E.M.S. long enough to become graded specialists. Was this the country's intention in setting aside this sum for rehabilitation of Service doctors? Have we (who have lost most and need most rehabilitation), in fact, no claim on these facilities, nor right to ask for them? Can we not now use these opportunities, which we had so counted on during long evening hours of study in the Forces?

I suggest that we hear no more of "moskovends" or of "syngomyringodiacentesis," and that the space thus released be given over to one weekly letter on this subject until enough interest has been aroused to get something done.—I am, etc.,

Tacolneston Norfolk.

W. J. GARDNER.

A Tribute to Honorary Staffs

SIR,—Undergoing rehabilitation at my old London teaching hospital I have been forcibly struck by the very apparent ageing and tiredness of those of the honorary staff who remained behind to carry on during the war years. This change is apparent enough when I recall their pre-war appearances, and it becomes even more obvious when I compare them with their youthful-looking colleagues now returned from the Services. An acid tongue might remark that everyone knows how little work was done in the Services, but in the case of Service specialists I am quite certain that most have done their full share. The difference is due to the drag of everyday wartime civilian life, the frustration of shortage of nurses, of laboratory staff, of instruments, etc., the drag of travelling, and, not least, the very considerable amount of time spent by many under constant threat of enemy air activity.

Not only do I wish to pay a belated tribute to their devotion and loyalty, but I want to point out that the teaching hospitals are now faced with having tired men both to teach the new generation and to help deal with the very difficult years stretching before the medical profession. My humble suggestion is that during the next few years these leaders of our profession should be rehabilitated by six months in Canada and the U.S.A., studying their own specialty and incidentally resting, feeding, and rejuvenating.

Feeling that the motives behind a letter of this nature might be misunderstood, I would prefer to remain

"EX-MAJOR, R.A.M.C." (Non-specialist).

A United Nations Medical Association

SIR,—Now that the United Nations Organization is meeting in London, is it not apposite to consider the possibility of forming a United Nations Medical Association? The excellent achievements of the League of Nations Health Organization are known and appreciated (though not perhaps as widely as they should be). Undoubtedly this or a similar body must continue to study and organize public health projects of international importance. But some of us working with U.N.R.R.A. recognize the need for an organization somewhat similar to the B.M.A. or the A.M.A. The social and professional benefits which such an organization could offer to our numerous displaced and distressed colleagues in many countries are apparent to all who have worked in the camps. These, our colleagues, have now no homeland, no books or journals (though we try to make good this deficiency). The aid which might come to them through U.N.M.A. should be socially and psychologically preferable to selective charity from any other source. It would enable them to identify themselves with their professional fellows in every land.

The above is, of course, but an expedient reason for proposing the function of such a body as U.N.M.A. at the present time. Other important professional reasons will be obvious. Furthermore, it is reasonable to suppose that so large an international body of mainly cultured, tolerant, and enlightened people would form a considerable contribution towards maintaining world peace. The first step that suggests itself in the development of such an organization is the publication of a U.N.M.A. journal to be printed in English and several other languages. The choice and decision as to these languages should not lead to as much dispute as some might anticipate. It requires no fertile mind to imagine the interest and value such a pioneer journal should otherwise possess.—I am, etc.,

U.N.R.R.A., Austria.

F. M. PURCELL.