

enough leisure to enable him to play his rightful part—one aspect of which I have just indicated above—in a democratic fellowship.—I am, etc.,

Devon.

F. JOHN GARRATT LISHMAN.

** We agree that medical men as citizens should utilize "the political machinery of the country" in order to play their part in "a democratic fellowship." But are the Socialist Medical Association and the Medical Policy Association parts of this machinery? The former, at least, wants the B.M.A. to attack the latter.—Ed., *B.M.J.*

Reserve of Medical Students

SIR,—I have been approached on several occasions by medical students whose reservations have been cancelled by the Ministry of Labour because they have failed in one examination in the medical course. The most onerous effect of this procedure is seen in cases where a student has failed in the second M.B. examination at a university but has passed the equivalent examination of the English Conjoint Board, and upon the latter achievement has been accepted for his clinical training at a London teaching hospital, and some months later—in one instance after the student had completed nine months' clinical training to the satisfaction of the hospital authorities—has been called up and forced to relinquish all prospects of qualification. The Minister in reply to myself (*Hansard*, July 29, 1943) described his procedure as follows:

"One of the conditions for the continued reservation of a medical student is that he shall be periodically certified by the responsible authority of the university or other training establishment as making satisfactory progress in his studies. This restriction is necessary not only for some general reasons but because the number of places for medical students is limited, and an unsatisfactory student is not only failing to qualify himself but is preventing someone else from doing so."

I submit, Sir, that this is putting too high a premium upon the result of one examination. There must be few of us who have not failed at some part of the very arduous preparation for the medical profession. I have repeatedly pointed out in such cases to Mr. Bevin that the consequence of his regulations is to withhold from qualification a number of candidates for the medical profession and thus invalidate the success of schemes for post-war reconstruction which depends so largely upon securing an adequate number of doctors to work them. The demand is likely to be at least three times as great as the present supply, and inasmuch as the minimal period for training a doctor is some six years, preparation for that demand should be put into operation now.—I am, etc.,

House of Commons.

E. GRAHAM-LITTLE.

The Hospital Case and the G.P.

SIR,—After reading Sir Adolphe Abrahams's stimulating letter on postgraduate study (Oct. 7, p. 480), may I offer a humble suggestion whereby some of the issues raised may be approached. A little closer co-operation between hospital consultant staff and G.P.s may result in more instructive handling of the clinical material which presents itself in the realms of one's own practice.

The G.P. sends his case to hospital either because he is unable to diagnose it or he needs special therapeutic facilities, or both. Having referred his case to hospital he usually loses trace of it for some weeks, after which time he may or may not receive a letter stating either the diagnosis arrived at by his superiors in the field or the treatment to be followed. Would it not be a great deal more instructive if the rationale followed in arriving at the diagnosis were also explained to the G.P.? May I give you just one illustration.

I referred a case recently to a well-known surgeon at a local hospital. An abdominal tumour was palpable (at least in my opinion, for what it may be worth). I have not heard one word from the hospital. The patient rang me up and said she was being admitted for investigation two days later and she has now been in hospital one week. I have taken the trouble to visit the hospital twice in an effort to follow up the case. I have gleaned from the sister of the ward that she has no information for me, "two stools have been done and come back negative," and that is all. The

tentative diagnosis I made was "renal tumour and calculus." I am left wondering what possible connexion there may be between a renal tumour and a negative stool. No one has confirmed the palpable tumour or told me its possible identity.

Could not the gods of the profession occasionally step down from their pedestals to confer with, may advise and teach, their subjects. I feel that were this possible the interesting cases which do present themselves to the G.P. would be made a great deal more instructive.—I am, etc.,

KATE FORREST.

Artificial Insemination

SIR,—The letter from Dr. Harper in your issue of Oct. 14 needs an answer. It would have been well had he verified and weighed his facts rather more carefully before blossoming into print about this very complex subject of artificial insemination. The following points must be made clear:

Artificial insemination is certainly never done without the full and willing consent of the barren husband at any clinic or in any case with which I have dealings, nor, I imagine, would it ever be by any bona-fide doctor in his senses. Artificial insemination from a donor is called for only in a very small group of barren marriages (perhaps 2% or less of all cases seen)—i.e., those in which the husband is completely and irremediably sterile and the wife fertile, where adoption is unacceptable because the wife desperately wants a baby of her own, and where, in consequence, the marriage may be in danger of breaking down. In such cases, with the full and written consent of the sterile husband, artificial insemination, carried out as a private arrangement between the couple and the doctor, may be the best possible solution, leaving the world at large to regard the child as the husband's. It is worth placing on record that most of the requests for artificial insemination come from the sterile husbands themselves, anxious to make such reparation as they can to their wives for the children they cannot beget. Moreover, in my experience the wives are of the type who do not seek the easy way out of finding a "fancy man." It seems possible that there will be a better and more rational selection of genes if the wife receives an artificial insemination from a semen donor on a carefully chosen panel than if in her chagrin and desperation she commits an impetuous act of adultery. In any case, if we are to concern ourselves with the quality of genes there are plenty to engage our attention in the community at large before we concentrate upon that rare bird the artificial donor. Adoption undoubtedly is the solution for some, but an adopted child carries no genes from its adopted parents, whereas a child conceived as the result of artificial insemination does at least carry them from one.

In building up a panel of semen donors it is best to choose married men with offspring and to talk to their wives first, and only if these are willing for their husbands to act as semen donors are the husbands themselves approached. It is also well to select only those couples who appear to be intelligent enough to comprehend the reason for the appeal. (In the case quoted by Dr. Harper my judgment must have been at fault.) A clean bill of health, a sound intelligence, and a high grade of fertility are all essential in a donor; wherefore the building up of such a panel is no easy matter and places a grave responsibility on the doctor who attempts it. In this help might well be given by such expert bodies as the Medical Research Council and the Eugenics Society.

The legal position with regard to artificial insemination from a donor has not yet been defined in this country. In America, where artificial insemination has been done for many years, it is an accepted part of legitimate medical practice in carefully selected cases; even there the legal position is still fluid. When Dr. Harper says that the matter requires full ventilation and direction from competent authorities we must all agree. It is noteworthy, however, that demand by the citizen for legal protection in this matter has not yet been voiced nor has organized religion committed itself.

One last point. If by "veterinary" Dr. Harper had meant scientific, which it is to be suspected he did *not*, it would have been a well-deserved compliment to the Cinderella of the professions.—I am, etc.,

Crediton, Devon.

MARGARET HADLEY JACKSON.