

be regarded as consultant work.) Promotion directly to consultant posts from the grade of medical assistant must be barred in future. The individual must obtain a recognized higher qualification and then spend a period of time as a senior registrar before being considered as eligible for grading as a consultant anaesthetist.—I am, etc.,

The Royal Infirmary,  
Sheffield 6. J. A. THORNTON.

### Filling Practice Vacancies

SIR,—In all the expressions of unrest and impending reform, so much to the forefront recently, I am surprised to note few suggestions for the modification of the present method of filling executive council practice vacancies. Surely the fallacies of an antiquated system of short-listing, followed by what is often a farcical interview, are apparent to the appropriate authorities as well as to the unfortunate applicants themselves? At the moment a large number of applicants with equal qualifications and experience often present themselves time and again before a committee of lay and professional individuals. With these, the allocation of frequently well-above-average incomes may rest on a few often irrelevant questions and but a glimpse of personal demeanour.

Would not a waiting-list system be fairer and more practical? If a newly qualified practitioner, for example, were to add his name to such a waiting-list of a particular executive council or executive councils then by the time he is ready to take charge of a large practice he will probably have received the necessary hospital and general practice experience while his name worked its way up the list. Finally, he would have the option of refusing a vacancy which is then offered to him with the chance of remaining at the top of the list until a more personally suitable one appeared. Such a method, in my view, would limit any unfair bias with perhaps less cost to public funds. A small committee could do any routine and final vetting of the applicant, and the latter would, of course, have virtually no competition at the time. After all, these practices are State-owned.—I am, etc.,

London W.10. B. L. D. PHILLIPS.

### Future of General Practice

SIR,—Since the 14% fiasco 18 months ago thousands of doctors have either written or voiced their personal views on what should be done to produce reasonable contentment in general practice. Every possible combination and permutation has been expressed and utter confusion with conflicting views has resulted. Whatever the outcome of the negotiations and deliberations with the Review Body and the Minister of Health, it follows that many will still be dissatisfied with the final plan because it will have been impossible to work out a formula to please all. This cycle of events will start all over again *ad nauseam*.

So far as I am concerned, the statement that the Review Body would not report until after the general election was the last straw. I will write again from Australia, and, in the meantime, the best of luck to you all.—I am, etc.,

Pittdown,  
Uckfield, Sussex. R. A. HYDE.

### Wastage of Doctors

SIR,—The recent figures for emigration of doctors are of considerable interest, but there is one set of figures which I feel would prove more interesting and informative—that is the annual number of resignations of principals and partners from executive council lists, exclusive of resignations due to ill-health. If we also knew the total annual number of appointments to practice vacancies and partnerships we could thereby calculate the percentage wastage per annum. The significant point about this is that thereby we could discover just how many general practitioners voiced their discontent by opting out of the Service (as I did) and how many tried the Service, weighed it in the balance, and found it wanting.—I am, etc.,

Hightown,  
Near Liverpool. E. J. WALSH.

### Drink and Drivers

SIR,—As the mover of the “woolly resolution” on this subject at the A.R.M. at Manchester, I cannot allow the remarks of Dr. C. P. Wallace (29 August, p. 573) to go unanswered. I agree that in its final form it may lack polish, but this is the result of amendments to the original wording. To most people the meaning is clear. A clinical examination is still necessary because the driver's condition may not be due to the effect of alcohol, in whole or part. He may indeed require urgent treatment. “The appropriate level” of blood alcohol was accepted by the R.B. as an amendment in order that Council might be given a more general instruction. Dr. Wallace in his letter agrees that an intoxicated driver should be convicted automatically, yet in debate hotly opposed it. This resolution was put forward in an effort to obtain a scientific definition of the phrase “intoxicated driver,” and I submit that until this is done there is indeed too much scope for woolgathering.—I am, etc.,

Alexandria,  
Dunbartonshire. W. JEFFREY C. SCOTT.

### Medical Controversy in Public

SIR,—The prestige of the medical profession seems to have suffered since the introduction of the National Health Service with its attendant problems. The profession is obviously having a great deal of undesirable publicity, and the bitter controversy recently regarding a prominent psychotherapist has aggravated the whole position. “Flavus” wrote in the *New Statesman* (14 August, p. 210): “The layman . . . may . . . wonder whether doctors of all kinds haven't an abnormal tendency towards professional bitchery—which the advent of the new psychological disciplines has done little to adjust.” Michael Hamlyn commented in the *Sunday Times* (23 August): “The rivalries of man in any professional organization are bad enough, but among doctors they seem to be one degree worse. Among psychiatrists they are clearly one degree worse still.” Medical problems should not become a matter of public dispute.—I am, etc.,

Belfast 4. W. S. B. LOWRY.

### Doctors' Wives

SIR,—Since the appearance of my wife's letter in the *B.M.J.* of 29 August (p. 576) she has been involved in a considerable amount of publicity. It is a great pity that her original reason for writing this letter has been lost in the overall picture presented to the public. I am therefore writing this letter in order to clarify the situation on my wife's behalf and to put the whole matter in its proper perspective.

The impression has been given that the doctors' wives, after many years of devoted service, have *suddenly* decided they wish to be paid for the work they do. This of course is far from the case. My wife merely wanted to draw the attention of general practitioners and their wives to the Minister's reported statement that doctors' wives would *not* be included in any future plan for reimbursement of their husbands' expenses for ancillary help.

The word “strike” has been widely used in connexion with her letter, and to use such a term in reference to a body of women whose sense of service could well be held as an example to all is, to say the least, regrettable.—I am, etc.,

Axbridge, Somerset. N. H. H. GOLLEDGE.

### Amending Acts Committee

SIR,—Dr. G. Cormack (29 August, p. 575) is evidently suffering from the disease which eventually overcomes all chairman of the Amending Acts Committee—ingrowing frustration. I have considerable sympathy with the views he expresses, and, like him, I wonder whether the Amending Acts Committee has any useful future unless the Association cares to use it rather than sit on it. In its archives there is a considerable mass of material—the result of years of meticulous research and hard work—much of which, I should have thought, would be most apposite in the present climate of opinion.

Constant opposition from one or two powerful committees of the Association may have produced a slight persecution complex in the Amending Acts Committee but I still feel that, given work to do by Council and a chance to function properly, it could have a most useful and productive future.—I am, etc.,

Wolverhampton. VICTOR RUSSELL.

### Points from Letters

#### Smoking at the B.M.A.

Dr. A. L. LEIGH SILVER (Fleet, Hants) writes: How can we respect the “liberty of the individual” and draw up rules for “everyday life” based upon a personal interpretation of the “teachings of medical science”?

If the proportion of smokers to non-smokers is 50/50, no official action is indicated. In any case some of the non-smokers may have run out of tobacco.

**Correction.**—We regret that it was wrongly stated in the list of references to a letter on “Jane Austen's Last Illness” (22 August, p. 511) that the publishers of *Conybeare's Text-book of Medicine* are Blackwells, London. The publishers are E. & S. Livingstone, Edinburgh.