

addict does not need further supplies of his drug in the way that the heroin addict does, and the general practitioner has a right—I would say a duty—to refuse to join in the Methedrine users' game.

Cane Hill Hospital,  
Coulson, Surrey.

H. DALE BECKETT.

### Good Taste in Advertising

SIR,—Dr. John D. Beale's letter (27 July, p. 254) about ethical drug advertising shows

that there are still many doctors who do not know the avenues of protest that are open to them. If any doctor feels that pharmaceutical advertising offends professional ethics or taste he should write, giving specific details, to the Code of Practice Committee of the A.B.P.I. This committee, under the chairmanship of Sir Joseph Moloney, Q.C., will investigate and if necessary take action.—I am, etc.,

W. McMILLAN,  
Manager, Information Services,  
The Association of the British  
Pharmaceutical Industry.

London W.1.

### Too Many Reports

SIR,—Twenty years after the National Health Service came into being and ten years since the Porritt committee<sup>1</sup> was appointed the recent Green Paper<sup>2</sup> of the Ministry of Health proves to be a depressing anticlimax. After much fanfare and expectation its main proposal is to put the Porritt committee's recommendation of area (health) boards to the profession for discussion. Simultaneously appeared the Seebohm Report on Personal Social Services<sup>3</sup> and before that the Royal Commission on Medical Education (1968),<sup>4</sup> the Gillie Report on General Practice (1963),<sup>5</sup> the plan for Health and Welfare Services (1963),<sup>6</sup> and the Hospital Plan (1962).<sup>7</sup>

These Government reports and many others from less exalted sources have created despair and confusion by their piecemeal approach to our medical care and services. Nobody seems to have considered it necessary to bring together all these reports with their worthy and wordy suggestions into a single and clear master plan. This, surely, is a time for clarity of thought and sound planning based on established facts and data.

There should be no more reports, no more commission, and no more committees on the National Health until there has been a thorough digestion of all that written and recommended in the recent past. The rank

and file of the profession, young and old, specialist and generalist, seek from our leaders in the Ministry, the Colleges, and the associations some simple and clear statements on the structure of our medical services at national, regional, area, and local levels and on the roles and functions of those of us in our medical care system.

The recent Green Paper offers such an opportunity if the invitation of the Minister for an expression of the profession's views is taken in the right spirit.—I am, etc.,

JOHN FRY.

Beckenham, Kent.

### REFERENCES

- <sup>1</sup> *A Review of the Medical Services in Great Britain, 1962.* London.
- <sup>2</sup> *National Health Service: The Administrative Structure of the Medical and Related Services in England and Wales, 1968.* H.M.S.O., London.
- <sup>3</sup> Report of the Committee on the Local Authority and Allied Personal Social Services, 1968, Cmnd. 3703. H.M.S.O., London.
- <sup>4</sup> *Royal Commission on Medical Education 1965-68: Report, 1968, Cmnd. 3569.* H.M.S.O., London.
- <sup>5</sup> *The Field of Work of the Family Doctor, Report of the Subcommittee of the Standing Medical Advisory Committee, Central Health Services Council, 1963.* H.M.S.O., London.
- <sup>6</sup> *Health and Welfare: The Development of Community Care, 1963, Cmnd. 1973.* H.M.S.O., London.
- <sup>7</sup> *A Hospital Plan for England and Wales, 1962, Cmnd. 1604.* H.M.S.O., London.

### Service Doctors' Pay Case

SIR,—How does the *B.M.J.* justify the apparent anachronism of, on one hand, a ban on advertisements for medical officer recruitment to the armed Forces, when on the other hand it freely prints Governmental advertisements from the Ministry of Defence calling for civilian medical practitioners to contract themselves to Air or Army departments to look after Servicemen and dependants on stations at home and abroad? I refer you, Sir, to the *B.M.J.* (8 and 15 June, p. xlv), where there are advertisements from Ministry of Defence (Army) and Ministry of Defence (Air) for civilian medical practitioners to serve on short contracts in B.A.O.R. and United Kingdom respectively.

Are you not, by so doing, not only ruining some of the valuable work so far accomplished in bringing notice to the plight of Service medical officers by encouraging recruitment of civilian doctors at higher rates of pay, but also, perhaps unconsciously, preventing the gross shortage of Service doctors which will arise in the next few years, which will probably be the only way in which the Government will be persuaded to reassess our remuneration and career structure.

No, Sir, one cannot shut the front door with real resolution if one makes it all too obvious the back door is ajar.—I am etc.,

B.F.P.O.

"PAWN."

\*.\* Acceptance of advertisements for posts is governed by B.M.A. policy. The Secretary states that advertisements for civilian medical practitioner posts are accepted because they are usually filled by retired Service medical officers. This policy will be reconsidered if the number of these posts is being increased.—Ed., *B.M.J.*

### Medical Assistants

SIR,—I was delighted to read a report in this week's *British Medical Journal* (10 August, p. 330) and the *Daily Telegraph* of 9 August, that hospitals are to be asked by the Ministry of Health not to appoint doctors to the post of Medical Assistant while an inquiry is carried out into the grade's status.

I would like to congratulate the British Medical Association on winning this approval. The question now arises about the status of a thousand or so existing medical assistants. I would suggest that the British Medical Association should make strong representations to the inquiry committee that all existing medical assistants should be upgraded to a consultant status. This will certainly ensure that the grade of medical assistant would be completely wiped out of existence from the hospital service. The earlier this is done the better.—I am, etc.,

M. A. PASHA.

Rayleigh, Essex.

### Economics of the Health Service

SIR,—I have just received a Ministry of Health list of the comparative costs of anti-pyretics and analgesics (E.C.L. 60/67. Serial No. 9/68). It refers to prices at 1 July 1968. It is identical to the list containing prices at 20 May 1968 (E.C.L. 60/67. Serial No. 7/68), except that blue replaces green as the colour of the cost-indicating strips. The cost figures are completely unchanged.

I should be interested to know how the cost of printing and distributing this list compares with the estimated saving it achieves.—I am, etc.,

J. V. SOWTON.

Redhill, Surrey.

### Points from Letters

#### Report of the Royal Commission

Dr. RUSSELL BARTON (Severalls Hospital, Colchester, Essex) writes: Lord Todd (20 July, p. 186) states that the Report on the Royal Commission was unanimous. This in itself should be a cause for concern. Anybody who reads the Report carefully would probably think, as I do, that it may do a great deal of harm to medical education in this country. For example, by 1990 the Report requires a yearly expenditure on medical education alone to increase from about £30 m. in 1965 to at least £160 m. (£80 m. at 1965 prices with 4% devaluation per year for 25 years). . . . The money will not be forthcoming. The Report will allow administrators to make "short term" changes without intention or possibility of implementing the "long term" recommendations. I had hoped that somebody would write of the terrible effect on the London teaching hospitals that will accrue from having 500-600 students studying there (an intake of 150-200 a year). It is bad for students, bad for teachers, and bad for patients. If implemented, this may well destroy rather than enhance their unique and superb contribution to medicine. The attempt to monopolize medical education by placing it firmly in the hands of universities needs challenging. To hazard education to the uneasy equilibrium of strife of university committees, reveals naïve comprehension of the management, morale, and incentive essential to a proficient teaching programme. Similar inappreciation of the therapeutic effect of the conjoint diplomas on examination anxiety reveals the Commission to be corporately out of touch with the feelings, fears, and fantasies of many medical students. It is possible that candidates would have worked harder and more single-mindedly had non-university diplomas not been available as the Report suggests. It is equally possible, and in my view more likely, that there will be more suicides, more nervous breakdowns, and more failures. . . .