

**The South African Meeting**

SIR,—We are gravely disturbed by the news that the British Medical Association has cancelled its plans for a joint meeting this year with the South African Medical Association in Johannesburg and Capetown for the reason that non-European members of the Association may not be welcomed and might even find it difficult to enter that part of the Commonwealth. Such differentiation is, of course, an affront to the ideals of freedom that we cherish in Great Britain.

But when we talk of freedom we should remember that the racial problems of this country were solved nearly a thousand years ago, and that they were never of the magnitude and complexity of the problems now confronting South Africa, of which so few in Great Britain have any real knowledge. I am not suggesting that the actions of the Malan Government should be approved—far from it; but I do suggest that they should be understood; and they cannot be understood easily by sitting in London theorizing. That is why the British Medical Association's decision to cancel an official visit, correct though it no doubt was, is unfortunate. But the misfortune can still be minimized if every physician and surgeon who had planned to go to South Africa will still go in unofficial capacity. They will most certainly receive a warm welcome in Pretoria as well as in Johannesburg and Capetown, and they will come home with an understanding they never had before. They should also go to Southern Rhodesia, and to our own African Colonies, to see different aspects of the same problem.—I am, etc.,

London, W.1.

REGINALD WATSON-JONES.

**Spens Awards for Professors**

SIR,—Your leading article of February 24 (page 400) discusses fundamental matters of medical education upon which its development in the future depends. We entirely agree with you that "the desirability of maintaining the proper social and economic status of specialist practice and its power to attract a suitable type of recruit, having regard to other forms of medical practice," is the crux of the disquiet among the professors of clinical subjects, pathology, and "so on." Speaking on behalf of the professors of non-clinical subjects in the universities, we would point out that the financial differentiation between the clinical and non-clinical departments has been such that the recruitment of medically qualified persons to the latter has been gravely impaired. (In 1947-8 40% of posts advertised were unfilled, and for a further 30% there was only one applicant.) The matter has to some extent been improved by the new salary scales. Nevertheless, the position remains that, while it is accepted that a differentiation—such as the 10% difference at professional grades—should be maintained on grounds of clinical responsibility, it is not in the best interests of the profession or of medical education that a new recruit should be offered, on completing his house appointment and registrarship, a post of £900 in a clinical department, or a post of £600 in a non-clinical department (despite often possessing an honours degree or Part II Tripos in that subject, in addition to being medically qualified). Then we may compare the chance of earning £5,000 per annum in the clinical subjects with the maximum reward of £2,500 per annum in the non-clinical subjects. Such a governmental financial directive is bringing us to the position that we will obtain in our non-clinical departments a disproportionate deficiency of medically qualified staff. This condition is already being reached in the United States, where a similar financial directive exists arising out of a different train of events.

The desirable state is one in which the recruit casts his future in that branch of medicine in which his natural bent and gifts take him, unfettered by financial and social dis-

parities that will be visited upon not only himself but his wife and children.

You have rightly asked, Should a man or woman be penalized because he or she wants to pursue an academic career within the framework of the National Health Service? Since, as you also point out, the principle is granted that professors in medical subjects should receive distinction awards, then there is every reason on grounds of recruitment why this should apply to all professors and their staffs in the faculties of medicine, since in both cases the source of the payment is the Treasury on behalf of the Government.

Perhaps it is worth noting here three points. The first is that distinguished medical men do exist in non-clinical departments, who have contributed advances in medicine in their lifetime, whose discoveries our clinical colleagues are proud to utilize therapeutically, in addition to those clinical professors whose basic work in the laboratory has been applied to their patients. Secondly, it is worthy of note that the principle advocated in this letter has been agreed in Northern Ireland, where the salaries of the whole-time staff, clinical and non-clinical, are to be paid approximately fifty-fifty by the Queen's University of Belfast and the Northern Ireland Hospitals Authority. In addition, such individuals will be eligible for grading as consultant by reason of their experience, distinction, and eminence, with the additional remuneration accruing thereto; and, finally, they will be eligible for distinction awards. This is exemplified in the "Conditions of Appointment" for the current vacancies in the Lectureships in Anatomy and Dental Physiology and Chair of Medicine at Belfast. Lastly, we may note that the Ministry of Health has declared its willingness to pay only a proportional distinction award to whole-time and distinguished members of the clinical departments for that proportion of their working time which is adjudged to be given to treatment and care of patients. In fact no whole-time clinician in the University service will ever be eligible for a whole-time distinction award, whether Grade A, B, or C.

If the work of a distinguished medical man or woman of science in the University is applied directly or indirectly to the patient, then it should not be beyond the wit of a willing English as well as of a Northern Ireland Treasury to find a way. This would make it possible to treat all those engaged in education, research, and therapeutics on the same financial basis.

You, Sir, have emphasized the main points. We would advocate the justice, the necessity, and the practicability of treating uniformly all professors and their staffs, including those of "so on."—We are, etc.,

Birmingham.  
London.

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Joint Secretaries,  
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**POINTS FROM LETTERS**

**Correction**

Wing Commander T. C. MACDONALD and Flight Lieutenant I. H. WATSON write: In our paper "Sulphonamides and Acute Tonsillitis" (February 17, p. 323) Table II should be cancelled and replaced by:

TABLE II.—*Doctor's Initial Assessment of Severity Connected with Presence or Absence of Beta-haemolytic Streptococci in the Throat Swabs Taken at First Examination*

Severity	Beta-haemolytic Streptococci		Total
	Present	Absent	
Mild . . . . .	17 (38.6%)	27 (61.4%)	44 (100%)
Moderate or severe . .	24 (63%)	14 (37%)	38 (100%)
Total . . . . .	41	41	82

$\chi^2 = 3.972$ , which is greater than the significant level of 3.84.

This change does not affect the main argument.