

does not promise to pay for them—nor find them.

The new proposals are a step nearer a full State medical service, if that is what the profession wants. If not, then it is time the profession indicated its own terms; and it is to be regretted that your leading article of 6 November (p. 1075) should suggest that doctors "cannot themselves decide what their value to the community is" and that the Health Service is "still in an experimental stage."

We have carried the burden of this experiment in frustrating attempts to do good work under adverse circumstances and for a bare subsistence payment for 17 years and 5 months, and we seem about to acquiesce in still further involvement in a system that has proved unjust to doctors and unsatisfactory to patients.—I am, etc.,

Birmingham.

G. T. A. HASTINGS.

Voting at the S.R.M.

SIR,—I am grateful to Dr. David Hooker (27 November, p. 1312) for pointing out our ignorance of the constitution of the British Medical Association.

I understand he is referring to By-law 51 when he drew our attention to the fact that Divisions and Branches have representatives not delegates. In By-law 51, paragraph 5, it is clearly stated: "In speaking and voting upon any matter the representative or representatives of any constituency shall have regard, and, so far as may be, conform to the preponderance of opinion of the members of that constituency, so far as such opinion is known to him or them."—I am, etc.,

Burnley, Lancs.

M. HARDMAN LEA.

Short-term Certification

SIR,—I am concerned to read in the national press as an item of news that *some* doctors are refusing short-term certificates. For several months it has been official B.M.A. policy to refuse certificates for periods when the patient is not under medical supervision, and also for periods of less than three days. The Tamworth doctors referred to above as "rebels" are not so, but rather the doctors who continue to issue these short-term certificates.

We are not refusing certificates in cases where the patient has a significant illness or incapacity, but are dissuading from attending our surgeries those with minor maladies who are quite prepared to treat themselves. It is no part of the N.H.S. to provide certificates of the sort referred to, and an employer requiring to know that his employee is fit to return to work when that employee has not considered medical advice necessary must be prepared to pay the proper fee for an examination commissioned by a third party.

I enjoy practising medicine and practise it much better when I am not soured by a recent "certificate consultation." May I assure any waverers over the implementation of B.M.A. short-term certificate policy that the patients quickly learn that sick notes are not obtainable, and one sees fewer trivialities as a result.—I am, etc.,

Southampton, Hants.

M. A. GILBERT.

Work Load in Group Practices

SIR,—Dr. David Hay is very welcome to visit us in Edinburgh so that his question can be answered (18 December, p. 1490). His assumption that total item of services equal numbers of patients on the N.H.S. list and his comments on group-practice work are quite unjustified and in fact incorrect.

In our practice (a) locums are employed when required, (b) the home visiting is much simplified in a compact housing estate where one car stop will serve for several visits. The partners, like Dr. Hay (by implication), regret the high work load for each of them and have therefore attempted to set up an organization which allows them at least to try and cope. The partners would gladly concentrate on their general medical services work only, if there was no need to obtain additional finance to pay for their organization. But this does not alter the fact that ancillary help is necessary to allow us to cope with our work load and obtain access to what used to be called "side-room work" and possibly take part in investigations.—I am, etc.,

Edinburgh 3

E. V. KUENSSBERG.

Retirement of Mr. G. Waring Robinson

SIR,—The S.H.M.O. Group Council at its meeting on 2 December unanimously agreed to mark the occasion of Mr. G. Waring Robinson's retirement as Group Chairman by presenting him with his portrait painted in oils, which was exhibited at the Royal Academy this year. It is proposed to purchase the portrait from the artist and present it to Mr. Waring Robinson as a gesture of appreciation for his services since the foundation of the Group in 1948.

Contributions from past and present S.H.M.O.s of, say, a guinea should be sent to me, c/o British Medical Association, 9 Lynedoch Crescent, Glasgow C.3.—I am, etc.,

Glasgow.

VICTOR M. HAWTHORNE,
Chairman, S.H.M.O. Group.

Doctor Charged in South Africa

SIR,—Dr. J. G. K. Dean in his letter to the *South African Medical Journal* (14 August, 1965, p. 684) stated that unless members of the medical profession spoke up about the deaths which he alleged occurred following assaults in local gaols and police stations they run the risk of being condemned in the future.

Attention has been drawn to his recent prosecution in a letter to *The Times* (20 December) by Dr. Richard Doll and others, also by your paragraph in *Medical News* (25 December, p. 1556).

In expressing a concern for the fate of this eminent physician, whose scientific work has won him an international reputation, we desire publicly to support his unselfish stand for ethical principles.

The attention of the medical profession throughout the world should now be not only on Dr. Dean but also on the South African Medical Association, in whose official journal the letter was published.

It is our wish that the Council of the British Medical Association should convey to the South African Medical Association the

concern of the medical profession in this country and the hope that his colleagues in South Africa will give him every legal aid in his predicament.

In order to indicate the volume of feeling in this country we hope that those who share our opinion will support it in writing.—We are, etc.,

R. E. CHURCH.
H. P. BRODY.
D. H. RANDALL.

W. L. TONGE.
G. M. WILSON.
I. B. SNEDDON.

Royal Infirmary,
Sheffield 6.

British Student Tuberculosis Foundation

SIR,—At an extraordinary general meeting held on 1 December 1965 it was decided that the British Student Tuberculosis Foundation should be voluntarily wound up and that its assets should be transferred to the British Student Health Association to further the association's work for sick students.

This decision reflects the remarkable change which has taken place in the incidence and treatment of tuberculosis since the Foundation was established in 1952 as an organization to provide educational services for students suffering from that disease. During the period 1952–64 over 500 students passed through the two units maintained by the Foundation. But with the reduced incidence of the disease and the improvement in treatment the number seeking admission in recent years has progressively declined.

Thus the decision to wind up the Foundation became inevitable, and symbolizes the advance made towards the conquest of tuberculosis. It is hoped that students who are suffering from tuberculosis or from any other chronic illness and who feel in need of special tutorial help not readily available in their own universities or colleges will, after consultation with their own physicians, get in touch with the Secretary of the British Student Health Association, Dr. S. E. Finlay, of the Student Health Department, Leeds University, Leeds 2.

It is also hoped that physicians and other members of the academic staff of universities and institutes of higher education will communicate with me should they feel the need of help for their students in this way.—I am, etc.,

Leeds 2.

S. E. FINLAY.

Points from Letters

Radiogram v. Radiograph

Dr. W. K. DUNSCOMBE (Penzance, Cornwall) writes: Those of us who look to you for good English have been sadly disappointed when in the article on "Unusual Mediastinal Tumour" (20 November, p. 1200) the word "radiogram" was used. Was it really necessary to use this half-baked pseudo-scientific term to impress us with your scientific "with-itness"?

Corrections.—We regret that in the letter entitled "Multiple Sclerosis and Poliomyelitis" (27 November, p. 1308) the author's surname was misspelt. It should have read John F. Kurtzke.

Dr. K. DAVISON writes: There was a misprint in my letter in the issue of 1 January (p. 48). "Slater's most unreasonable conclusion was that the concept of hysteria is at fault" should have read "Slater's not unreasonable conclusion . . ."