sends out his medical cards to the public before any agreement has been reached with the doctors. A diabolical trick to confuse and coerce them to accept the Act.

Finally comes the cardinal piece of cant. The resolutions of the Council ("considered judgment," when we all know there was only a small majority for resuming negotiations) under the first of which, while professing our altruism and magnanimity instead of our complete lack of spunk and courage, the profession is advised to work the Act provided the Minister continues negotiations and makes further concessions. After all that has happened, after all the experience the B.M.A. had with the Ministry, is it likely once the machinery is set in motion on July 5 that Mr. Bevan will be more conciliatory?

What a betrayal! What a come-down! As I said in my letter two years ago, Mr. Bevan cares little really for the National Health Act. What he does care for is to imitate and emulate his illustrious countryman, Lloyd George (though I am afraid he will have to be reincarnated), and when we are all nice quiet gentlemen doing our work under the State he will hurry back to Wales and tell his excited audiences that he has beaten the doctors to smithereens, got them where Lloyd George never did, and *ipso facto* he is the greater statesman of the two. That is the ambition behind all the sneers and insults and annoyances to a profession which I am sure has never harmed him but has always been ready to help the community and the country.

There is still time. The R.B. can yet save us. It's now or never. We must cling to our professional liberties and, most important, the liberties of those who come after us. If not, many unpleasant epitaphs will be written and thoroughly deserved.—I am, etc.,

Walton-on-Thames, Surrey. J. H. MELLOTTE.

Royal Colleges' Action

SIR,—The result of the latest plebiscite shows the profession nearly equally divided for and against the National Health Service. This contrast to our previous solidarity has been brought about to a large extent by three factors: (1) The action of the Council in turning down the Gateshead resolution without allowing a free vote of representatives; (2) the financial "sanctions" imposed by the Minister, who will not allow compensation to those joining the Service after the appointed day; (3) the attitude of the Presidents of the Royal Colleges, who, to quote Dr. Basil S. Grant (May 1, p. 854), "failing to learn from the unhappy results of their previous intervention, have superseded the Negotiating Committee in its dealings with the Minister."

We cannot now do anything about points (1) and (2), but it does seem important to take steps to prevent further interference by the Royal Colleges in the important negotiations still to come. The profession are now in a much weaker position than previously, and it is imperative to get rid of this Trojan Horse whose presence has twice had such disastrous effects. I can only suggest a strongly worded resolution at the next S.R.M. pointing out that no matter how strongly these gentlemen favour the nationalization of medicine (after all, the N.H.S. is only part of the nationalization programme) they represent only a tiny fraction of the profession, and that any further pronouncements by them be ignored. In addition, representations might be made to the Colleges asking them not to take any further unilateral action in support of the Minister.—I am, etc.,

Lincoln. G. A. BAGOT WALTERS.

Postpone Service

SIR,—We are told that it will not be possible to introduce an Amending Act until next session. It is impossible to frame terms of service for consultants until the Spens Committee reports—not earlier than July. Surely there is only one sensible course. Let us offer to attend our present N.H.I. patients under the old terms for a further six months while negotiations are continued. If Mr. Bevan agrees, it would give time to straighten out difficulties. If he does not agree, he would be doing a great disservice to the insured population, and the public would see it as such.—I am, etc.,

Birmingham. W. MORISON.

SIR,—We are mostly an inarticulate profession and leave letter-writing to the other man. However, that does not mean to say that we do not feel deeply how badly we have been let down by our Council. I write to support those who are asking for postponement of service until a satisfactory Amending Act is on the Statute Book, and I feel certain that a vote on this point would show an overwhelming majority of the profession in favour of postponement. We must not go into this Service until we can do so as absolutely free men and women.—I am, etc.,

East Horsley, Surrey. BASIL S. GRANT.

Hybrid Service

SIR,—It is not easy for those of us who cannot see behind the scenes to understand why, after such a long-continued expression of opinion against the conscription of doctors into a State service, the Council of the B.M.A. should suddenly advise doctors to join. Surely the Council realizes that nationalization will mean the end of British medicine as the world has known it? After a prolonged and tumultuous labour, a hybrid will emerge endowed with the characteristics of that parody of medicine, the N.H.I., and the sterility of Service medicine.

The true aspects of nationalization are being realized by the public now, and for the Government to extract money compulsorily for a national service which at the present time no branch of the profession can give is a piece of political infamy. We frequently wonder how the peoples of great nations like the Russians, the Germans, and the Czechoslovaks have in the past apparently willingly forsaken individual freedom for State serfdom, yet we Britons at the present time are doing something which differs not in kind but only in degree.

Many doctors who remained outside the B.M.A. because they have constantly disagreed with its policy must have joined to help in the fight for freedom. The deplorable action of Council now calls for resignation. Mine has already been sent to the Secretary.—I am, etc.,

Guernsey. FRANK R. NEUBERT.

Medical Partnerships

SIR,—Apart from (1) direction of doctors by committee rule and (2) loss of many doctors' houses and surgeries to medical practice which the forbidding of the right of sale of the goodwill of practices and partnership shares will involve, two further drawbacks emerge:

(1) *The partnership of work* will not be practical where the senior partner requires help to ease his work in a so-called inadequately doctored area. A doctor who takes a partner will find him quickly saturated with work, so that he will not be able to lighten the senior partner's work. This would be tolerable where the share has been purchased but will never work otherwise.

(2) *Doctors will not be able to retire* because already with the high rate of taxation few medical men can save for retirement, and after July 5, 1948, superannuation will not enable them to live in reasonable comfort, nor will a pension be sufficient for their wives, nor will the capital levy encourage anyone to save. Previous to this Act the practice and house could be sold and the sum obtained together with savings (the future superannuation) made a living possible, when supplemented by fees from a few private patients. This source of supplementary income will cease when the comprehensive service commences.

Even Mr. Bevan's belated concession that "consent" for doctors to choose their own partners and assistants will be "automatic" becomes inoperative when conditions arise in which partnership is discouraged and undesired. It is obvious that there are two separate elements in the reasons for having and choosing a partner: the first is suitability of character, the second the business element. The profession has been given the concession of the first, but this is meaningless without the second, the element of introducing the partner by sale of share.

Established doctors will select only a proportion of the doctors newly coming into practice, for whose entry the consent of the Central Practices Committee will be automatic, but the majority will still be directed by so-called "negative direction" and have to "squat" with a basic annual salary of £300 at the discretion of the three statutory committees whose decision will not be "automatic." This discrimination against the unselected is unfair.

There seems then to be an unanswerable case both for the public and the profession to press for independent medical practice. This can be achieved only by: (1) Retention of the right of sale of family practice; (2) retention of the right of sale of partnership shares;

(3) independent hospital service with independent administration and consultant service; (4) safeguards for those entering the State Service to prevent any political or other patronage from influencing appointments to hospital or family-doctor practice.

It is urged that doctors should not accept contract of service under this Act, either in the family-doctor or consultant service, until the Amending Act with its terms and conditions of service has been considered and accepted as workable by their representatives. This is not only on behalf of doctors and patients who are forced by economic pressure into the Service but also on behalf of those who are able to stay out of it. Doctors should negotiate as a whole for both groups.—I am, etc.,

London, W.1. GEORGE ROSSDALE.

Avoid Confusion

SIR,—In 1946 a powerful Government gave promise that the profession's avowed object—efficient doctoring based on pathology rather than the purse of the patient—might be realized. Instead into the medical arena was precipitated an ignominious Act.

Our victorious forces brought back to the mother country an expectant spirit. The strategic move of the Ministry was to have captured its volunteers instead of coerced and diffident doctors. Such an enthusiastic, well-knit profession would have achieved wonders while the "men and the guns" were being doubled for a national health campaign. The existing machinery of the profession was good—"double the quantity" was the main need, to give us time for early diagnosis and easy admissions when hospital beds were needed. Good health guarantees good production too.

But it was not to be. The Act made havoc of our machinery, replacing it by promises which are empty and never could provide the standard of service that we require. Instead of restoring and raising the prestige of the family doctor, conditions under the Act will breed a race of medical prostitutes as the gap between precept and practice widens. This truth has dawned on the busy lives of doctors and made them uneasy accomplices in a shabby service. There is a hollow ring now about the words of exhortation by the Minister when introducing the Bill, bidding us "dedicate our lives to the tasks of peace."

Elementary prudence indicated that instead of getting Parliament to pass it over our heads the Minister should have sought from the profession which has to work it the basic plan of a new health organization. Hasty fanaticism is out of place where even in these days the "man in the street" would proceed with caution. This omission doomed the Act to failure.

1948 is here and confusion reigns in place of construction. The appointed day draws on and there will follow it the day of public retribution over a degraded service, unless the people are warned and retrieve the deplorable situation that threatens. It is never too late to avert disaster, but all the more imperative to do so when one of such magnitude as the national health is at stake. Why preach "Keep death off the roads" if you avoidably pile it up in hospitals? Let our public relations committee flood the country with emergency meetings telling the people that the Act does not accord with the interests of either the public or the profession. Implore them to write to their M.P.s to amend the Act according to this proposition: "Doctors are all overworked and medical reform can only proceed by stages, starting with regionalization of hospitals and extension of panel benefits to the whole family and dependants of the insured as an interim measure."—I am, etc.,

Bristol. A. WILFRID ADAMS.

Civil Servants

SIR,—One must respect what Dr. Alfred Cox (May 15, p. 949) says, but must also note the remarks of Dr. H. Simpson, P.R.O. to Burnley Independence Committee (p. 950). The truth is that on July 5 doctors become unwilling Civil Servants, and we all know that the public will get what the New Zealand public have already—an unsatisfactory service. No doctor worthy of the name will neglect a serious case, but economic blackmail breeds utility.

A future Labour Government can make a new Act and enforce payment by salary. They could not do this if goodwill had been retained. The Council's jubilance at one concession undermined the last plebiscite. We at the periphery think we have been "sold out." The whole fight seems to have been in order to get a big majority in the February plebiscite. Is that all we have striven for, with all the meetings and journeys? Why consider public opinion on a complicated issue like this? Many people do not want this insurance forced on them, but they have not been asked, and a similar remark applies to the question of capital punishment.

As Dr. J. McIntosh Rattray (p. 951) says, in giving in to nationalization of our souls we are betraying the entire country. We had an opportunity granted to none others so far—to resist State servitude.—I am, etc.,

Newquay, Cornwall. J. P. O'SHEA.

Regular Working Hours

SIR,—At this time when the hours of "workers" are so carefully regulated to minimize fatigue and to allow for leisure there is an opportunity and a justification to be rid of the ridiculous evening surgeries which have been so burdensome to the general practitioner. Mr. Bevan has said that the National Health Service should be to the advantage of doctor and patient alike. Let us then insist most firmly upon hours which will allow some chance of relaxation and not accept times laid down by the Executive Councils as we did under the old panel system.—I am, etc.,

London, W.1. R. M. AYTON-ORMSTON.

Policy for Peoples

SIR,—Your leading article on "Policy for Peoples" (May 15, p. 939) has an ominous ring. You state that the aims of P E P (Political and Economic Planning) are to increase the size of families and at the same time to widen the scope of contraceptive clinics. Just why the scope of contraceptive clinics should be widened if increase in size of families is to be encouraged is difficult to understand. One would have thought that all experience tended to the opposite view.

Then you say that P E P "expects a great deal from the National Health Service." Some of us who voted for the Bill did so in the faith that a British Government would always have a bias on the side of individual liberty. Yet you say that "in giving contraceptive advice generally doctors will help to foster the new attitude to parenthood without which a population policy based on democratic principles is bound to fail." Does this mean that doctors by their work would be expected to foster a Government policy, that is if the Government were to accept the advice of P E P?

Finally, you say that "there are individualists who maintain that no attempt should be made to influence people's reproductive behaviour." This naive statement might be more convincing if instead of the word "individualists" were substituted the word "individuals," for among the individuals concerned might be found the majority of the mothers and fathers of families in this country.—I am, etc.,

Braintree, Essex. M. C. WILKINSON.

Otosclerosis

SIR,—It is not my desire to take up valuable space in your journal in order to prolong unduly an argument about otosclerosis, but I would like to place on record the conclusion which I and my colleague, Dr. J. Salomon-Danic, have drawn from a hundred fenestrations performed in the last 18 months.

First, it seems to me that the results should only be assessed after the lapse of at least a year; they seem to me to be roughly proportional to the value of pre-operative bony conduction, grouped according to Shambaugh's classification (a loss of 30 decibels in the 3 "conversational" frequencies—512, 1024, and 2048—dividing the cases into three classes, A, B, and C). Although this classification is imperfect, it seems to me to be worthy of retention, and in the evaluation of end-results it should play a part. Further, the improvement in bony and aerial conduction in the ear not operated upon, although very inconstant, is not a myth; a comparison of pre-operative and post-operative audiograms permits its recognition. Sourdille had already drawn attention to it a long time ago. Up to now