

general practitioner in so far as family-planning advice and treatment are acceptable to the Minister as part of the general medical services and so long as no additional expense is incurred.

The other issues do not apply to the general practitioner. I wonder why?

It is certainly time that those concerned should be reminded of the disadvantageous position of the general practitioner, and steps should now be taken to assure statural and economic equality with the F.P.A.—and before consideration is given to furthering the monopolizing position of the F.P.A. by paying their entire cost out of Government funds.—I am, etc.,

Hull, Yorks.

GARETH LLOYD.

### Dissatisfaction Over Doctors' Pay

SIR,—Two years ago after the 14% fiasco many general practitioners were tempted to resign from the B.M.A. We were encouraged to hold on. We were mistaken, we were told; our cause was dear to the hearts of the negotiating body. The ensuing years have seen much to-ing and fro-ing of paper, the "ancillary help" fiasco and the *Doctors' Orders* fiasco. Is there really any good reason why we should continue to subscribe to an organization which provides a journal which we do not read, a club which we do not use, and a negotiating body which displays more interest in our subscriptions than in our plight and our brand-image in the public eye?—I am, etc.,

BARBARA M. ST. J. COVENTRY.

Portchester, Hants.

SIR,—Under this heading in the issue of 12 December (p. 1527) three doctors give notice of resignation from the B.M.A. and one leaves. While sympathizing with their reasons, I cannot help feeling that there is a better course of action—i.e., to stir things up a bit inside the Association.

Twice in the past year I have heard members of Council display their ignorance on the matter of our discontent. On the most recent occasion the member remarked, in private conversation, that he travelled all over the country. He heard that many areas were "seething with discontent," but he found little evidence of it when he visited them. He felt that the main factor was the poor communication between the upper levels of the hierarchy and the ordinary member. I think he was surprised at the vehemence with which I made it clear that I was one of the seething discontented, and that my feelings penetrated far deeper than mere dissatisfaction with the internal lines of communication, much though these need overhauling.

Like Drs. Blatchley, Lister, and McCarthy, I have joined the "more active organization," and would encourage all general practitioners to do likewise. I cannot, however, visualize any association which will replace the B.M.A. as the representative of the whole medical profession in the near future. For this reason, and this reason only, I retain my membership of the B.M.A., and attend as many local meetings as possible, in an argumentative state of mind.

If enough of us are of a similar state of mind we can press our present committee-

bound members hard enough, and often enough, to ensure that they get a move on, or move to the sidelines. If, however, the dissenting voices resign, the Association will be left more effete than ever, if this is possible, and this will only encourage further Government inaction.—I am, etc.,

Mitcham, Surrey.

ALAN D. PROWSE.

### Responsibility for Locums

SIR,—We were grieved to read the report of the proceedings of the G.M.S. Committee held on 19 November (*Supplement*, 5 December, p. 200) that the special planning subcommittee was against the Fraser Working Party's suggestion that locums should be held responsible for their own acts.

What on earth is the Working Party and the Government to think when it receives an almost universal request from B.M.A. Divisions and other bodies that principals feel their responsibilities are heavy enough without having to "carry the can" for medically qualified deputies on the one hand and such adverse advice from the G.M.S.?

When will the G.M.S. learn that it is there to implement the wishes of the profession and not to sit in judgment upon it? It is just such happenings which are driving people away from the B.M.A. into the M.P.U. and the G.P.A.—We are, etc.,

ERIC GARRATT.

Stourbridge, Worcs. JOHN A. G. CLARKE.

SIR,—I was appalled to read in the report of the G.M.S. Committee proceedings (*Supplement*, 5 December, p. 200) the recommendation of the subcommittee dealing with the Fraser Working Party's commentaries on the question of locum contracts.

The Fraser Working Party suggests that in any contract between a doctor and his locum the latter should be answerable for any service committee procedure brought against him during the doctor's absence; whereas at the present time the hapless employer has to accept vicarious responsibility for his locum's defects in spite of the fact that he had absolutely no knowledge of the circumstances surrounding the complaint. In fact the Fraser Working Party suggests making the locum personally responsible for the good conduct of his employer's practice whilst the latter is away.

To say, as do the G.M.S. Subcommittee, that this is "an unfair, unreasonable, and unwise suggestion" would appear to be a masterpiece of inept and muddled thinking, and does nothing but help to protect a bad locum.

The G.M.S. Committee has, in the recent past, been completely out of touch with current general-practitioner sentiment, and their extraordinary statements in matters of this kind give us little encouragement for the future.—I am, etc.,

Eastbourne, Sussex.

MICHAEL J. EMSLIE.

### Improper Certification

SIR,—In the report of the Disciplinary Committee of the General Medical Council (*Supplement*, 12 December, p. 216) you quote the case of the doctor who was severely reprimanded for issuing National Insurance Certificates without having seen the patient. This has long been held over our heads as a threat of the dire fate that can befall us for failing to observe this regulation absolutely, and now it would appear that an example has been made of a single doctor in order to make the rest of us bow down to authority.

Surely, Sir, it is the wording of the certificate that is wrong and not the doctor's action as reported by you. Medical propriety should be satisfied by a statement on the certificate to the effect that the doctor concerned has *satisfied himself* that the patient "remains incapable of work." One does not have to visually observe a patient for this to be possible. We have all experienced the case where a patient is attending a hospital department, but has not collected a certificate while there. Often a visit to the patient has to be done in these circumstances, merely to issue a certificate, even though the patient may be obviously incapable of work. In addition, a hospitalized patient can have the certificate signed by the ward sister—and rightly so—but is this so different from relying on the word of a well-trained and experienced receptionist?

We are assured that negotiations are proceeding with the Ministry to try and alter these iniquitous regulations, which we now know can result in our being held in jeopardy of our very livelihood and honour. If the Ministry of Pensions is as tardy as the Health Ministry, we know that many more years can pass before anything is done. It is no part of the Hippocratic Oath to issue these certificates, and I suggest, Sir, that we herewith give six months' notice that the wording of these certificates should be made more reasonable, or we stop issuing them, issuing in their place our own private certificates, which the Pensions Office will have to honour.—I am, etc.,

London N.6.

JAMES CARNE.

### General Practitioners in Hospitals

SIR,—In the recent maelstrom of general practice under the National Health Service, I hope that all the general practitioners will remember to look long and dispassionately at the relationship between the practitioner and the hospital service. A schism has always existed and this must surely be healed.

If we agree that the general practitioner should have some attachment to the hospital let us consider how we would like to be incorporated in the Service, and not be availed of to bolster up the lower echelons of hospital staff. The carrot of certain "medical grades" is probably to be offered to family doctors who are or can obtain suitable proficiency.

As a young practitioner with, I hope, more than 30 years' future in practice, may I say unequivocally that though I want to get back into hospital, I would not want to work in the hospital only as a glorified house-officer or pseudo-registrar. The general practitioner should have continued clinical responsibility for some of his patients admitted for hospital care by him, and that means in effect general-practitioner beds.<sup>1</sup> This is an obvious extension of the general-practitioner maternity service now so well and vitally established.

I think that the general practitioner should "walk the wards" in his own right and that

this would appreciably increase his status in the profession and the community. Having gained this entry into the hospital the doctor should then undertake attachment to specialized units wherein his interest might lie.

General practitioners should take the opportunity of implementing the integration by pressing for general-practitioner beds as a first step.<sup>2</sup> When this has been established specialized-unit attachment could be undertaken in the second place.—I am, etc.,

Audenshaw, Lancs.

E. M. JOHNSTON.

#### REFERENCES

- <sup>1</sup> *The Field of Work of the Family Doctor*, 1963, para. 169. H.M.S.O., London.
- <sup>2</sup> *A Medical Staffing Structure in the Hospital Service*, 1961, para. 139. H.M.S.O., London.

### Medical Practitioners' Union

SIR,—Correspondents in your columns have deplored the lack of leadership in general practitioners' reluctant fight with the Ministry. May I draw their attention to the December edition of *Medical World Newsletter* and in particular to the presidential address and the editorial by the general secretary? Perhaps, especially after the *Sunday Times* article of 13 December, it is at last becoming clear that dissatisfaction with the *status quo* and even militancy expressed through M.P.U. need not be equated with Communism? Here, I suggest, is true leadership for general practitioners by general practitioners who suffer in their daily work the same disillusion and frustrations as ordinary members and accept fully the very forthright directive given them by the peripheral membership. This quality of leadership deserves the support of the whole body general practitioner.

As for Communist—or any other—political threats to M.P.U., the peripheral membership is very angry at what someone has tried to do to the Union: angry to a degree which will ensure that never again are we exposed to party political pressures from any direction if vigilance and constitutional measures within the limits of freedom of speech can prevent it. But the most effective and indeed ultimately the only defence for any of our professional associations against party political pressures is a profession freed from legitimate grievances and certain that it will receive a sympathetic and constructive hearing from administration as difficulties arise; in that atmosphere party caucuses and trouble-makers would stand out as what they are. This is the long-term mandate M.P.U. council and officers have accepted from the periphery, and on which the peripheral membership demands planning and action now even if its militancy may be misinterpreted from time to time.

The difficulties and defects of the National Health Service are so legion in every branch that only by sectional consideration and pressures can we now hope to clear up the mess. In the field of general practice M.P.U., highly sensitive to peripheral opinion through a predominantly general-practitioner membership and leaders who are practising general practitioners in the N.H.S., is particularly well placed to lead without throwing any discredit on the B.M.A., whose wider sphere of

activity must diminish the pressure it can maintain in any one direction.

The mandate to M.P.U.'s leaders from us, the non-political doctors who make up the peripheral membership, is militant: to use every legitimate non-party channel of pressure and communication to force genuine review and revision of the N.H.S. before it is too late. We hope that our militancy at this time may for ever scotch the misconception that T.U.C. affiliation implies any alignment with the Labour Party. We believe that our affiliation can, in this crisis, bring about powerful pressure from a direction otherwise inaccessible to the profession. We ask for the support of the wider body of general practitioners who are not members; your support will help us to press more effectively on your behalf as well as ours, and will help us to maintain the political independence which we demand from our professional associations.—I am, etc.,

Coventry.

JOHN A. EDDINGTON.

SIR,—Dr. Bruce Cardew's resignation from the council of the Medical Practitioners' Union should not pass without the tribute he richly deserves.

The union was an insignificant organization in 1948 when he became its general secretary. During the years he was in charge of its affairs he lent it some of his own dignity and stature and gave it a voice in British medicine that commanded respect and attention. In his fight to bring the M.P.U. back to sanity over the past six months he has been attacked bitterly and unjustly by people whose affiliations and whose standing in the medical community can have led one to expect no better. What is surprising, though, and deplorable is that so very few of the members of M.P.U. and its council realized what he was fighting for and stood with him before his detractors.

Without his guidance M.P.U. can be saved from lapsing into insignificance once again only by the notoriety now ensured for it.—I am, etc.,

Woodford Green,  
Essex.

ABRAHAM MARCUS.

### The Doctor and His Bag

SIR,—Why do manufacturers use heavy and outmoded materials when making doctors' bags? I am sure some of us would prefer to replace a lightweight bag every few years rather than continue to lug around the present type, which tends to outlast us!

Let them not be so hide-bound.—I am, etc.,

London N.1.

DAVID BLEND.

### Conference on Medical Education

SIR,—Medical education is increasingly in the news and for the last year the British Medical Students' Association has been stimulating discussion among medical students about the ways they are taught medicine. The results of these were incorporated into a report which was presented to our recent annual general meeting, but the delegates thought the topic so important that a national conference on the subject should

be held. This is to take place in Birmingham on Saturday and Sunday, 9 and 10 January 1965, and since the A.G.M. the medical schools have formed committees to discuss the report. In Birmingham there will be delegates from almost all medical schools in Great Britain, and the results of the discussion there will be printed and circulated to various relevant bodies in this country and abroad.

Having to organize a conference of this nature in such a short time has created a financial problem, and if any firm or body can give us assistance in this respect it would be greatly appreciated.—We are, etc.,

D. M. HOSKISSON,  
Education Officer,

H. G. STURZAKER,  
President,  
British Medical Students'  
Association.

British Medical Association  
House,  
Tavistock Square,  
London W.C.1.

### New Christmas Hazard

SIR,—A new type of bottle opener found in my "stocking" involves the use of a needle which raises the cork by increasing the air-pressure within the bottle.

On Christmas Day within minutes of my own bottle shattering and endangering the sight of my two small inquisitive sons I was called out to repair the tattered hand of another unfortunate.

It would seem that the danger from death on the road is not the only hazard of the modern Christmas.—I am, etc.,

Newquay, Cornwall.

R. D. MARTIN.

### National Association for Spina Bifida and Hydrocephalus

SIR,—You were kind enough to publish my letter on the Hydrocephalus Association (25 July, p. 250). Since then the Association has grown and a large group has also been formed in London. The two groups in London and Sheffield between them now represent children all over the country from the south-west to the north-east.

At a joint meeting of the executives it was decided to call the association "The National Association for Spina Bifida and Hydrocephalus." For the time being two honorary secretaries may be contacted by anyone interested. One is Mrs. M. Foster, 7 Spring Close View, Sheffield 14, and the other is Mr. T. L. Williams, 174 Beech Road, St. Albans. It is hoped that as many parents and as many interested persons as possible will wish to join this Association, which hopes to derive its principal income from voluntary contributions by the general public. It is also hoped that eventually many branches will spring up in all parts of the country which will be affiliated to the central body and which will, of course, have a say in the running of the Association. Already there are several local branches in the process of being created.—I am, etc.,

The Children's Hospital,  
Sheffield 10.

JOHN LORBER.