Napoleon therefore seems to have been above the average height for a Frenchman, but, whatever may have been his true height, it is clear that he never in the least resembled the familiar figure of the little "cock-sparrow" who compensates for his small stature by blustering self-assurance and an aggressive bullying manner, from whom many of us must have suffered. From his first emergence into European history Napoleon effortlessly dominated the scene, whether on the parade ground, the battlefield, or in a court—his own or that of a real hereditary monarch. We must look deeper for the influences which may have contributed to his aggressive egocentric personality, but this letter would be too long if I attempted to summarize some of those which I think could have been responsible.—I am, etc.,

Edinburgh.

FRANK RICHARDSON.

Pay-beds in N.H.S. Hospitals

SIR,—I have every sympathy with Mr. Reginald Murley's protest (17 February, p. 449) about the reduction in pay-beds at the Royal Northern Hospital. Both the Joint Consultants Committee and the B.M.A. have protested with the utmost vigour, both in writing and orally, to the Ministry of Health about this particular reduction, which we think is unjustifiably harsh and ought to be reconsidered. Every possible argument has been put forward, including two memoranda prepared by the medical staff committee of the hospital, and the fight is still on.

But why does Mr. Murley turn his wrath against the B.M.A.? The negotiations about pay-beds have been conducted by the Joint Consultants Committee, on which the Royal Colleges have more seats than the B.M.A.; and if Mr. Murley wants to express his feelings by resigning from something he ought to resign his Fellowship of the Royal College of Surgeons rather than his membership of the B.M.A. Neither gesture would have the slightest effect upon the Ministry of Health, and both would be equally futile. The Joint Consultants Committee has protested strongly to the Ministry of Health about the scale of the recent pay-bed reductions in the case of every region, including of course the North-west Metropolitan Region. It must not be overlooked that many members of the present party in power at Westminster would like to see pay-beds abolished altogether, and some people might think that the preservation of three-quarters of the pay-beds from closure is, in present circumstances, no small feat by the Joint Consultants Committee.

I am sorry to hear that Mr. Murley and his colleagues were consulted only perfunctorily by the hospital authorities. It is perhaps worth mentioning that the regional committees for hospital medical services were given full details by the B.M.A. (on 9 February 1966) of the Minister's proposals, and were urged to take a close interest in the regional reviews of pay-bed occupancy—advice which was repeated on 23 June 1966. In addition, the chairman of the Joint Consultants Committee wrote to all consultants in January 1967 and told them what was going on.—I am, etc.,

H. H. LANGSTON,
Chairman, Central Committee for
Hospital Medical Services.

London W.C.1.

Future of the B.M.A.

SIR,—I am deeply disturbed by the Council's published intention (*Supplement*, 20 January, p. 9) to raise the subscription to 20 guineas in the near future, and I would like to warn the Council of the harm that this will do to the Association membership. Resignations would be submitted in large numbers.

Surely common sense must call for an agonizing reappraisal of the expenditure of the Association. The plethora of committees—and the outflow of travelling, subsistence, and entertainment moneys thereby—must be pruned. In my view the time has come for the Association to drop all academic and pseudo-academic exercises: these are now superfluous owing to the growth of the colleges, institutes, and the rapid spread of postgraduate centres over the whole country. The Association must concentrate upon the welfare and future requirements of the profession and the Health Service if the Association is to survive the second half of the twentieth century.—I am, etc.,

Welwyn Garden City, GORDON F. CASSIE.
Herts.

Common Weal

SIR,—Our profession was much—perhaps too much—in the public eye in the past few years in its successful attempt to secure a more equitable method of remuneration. We are now in the midst of another financial crisis—the worst and, one hopes, the last of the series—and it seems to me and to thousands of doctors who feel as I do that our profession has a part to play in supporting the nation's welfare. This surely is a time for professional bodies to forget their narrow self-interest, and, in the old classic term, to work for the common weal.

I strongly suggest, therefore, that the Council of the B.M.A. and all the medical bodies who contribute to the membership of the Negotiating Body should instruct them without further ado to request the Review Body that the present three-year period be extended to four, and that this extra year be considered a non-year regarding any increment of salary. In other words, there would be a salary standstill for one year. I feel sure that the great majority of our profession would agree to this as a matter in the national interest and one where we could show an example to other sectional interests.

This should be done immediately on the authority of these executive bodies, who would seek approval for their actions at the B.M.A. Annual General Meeting and the Annual Meeting of the Local Medical Committees. A reference back to the whole profession and a further public wrangle about this matter would be very unseemly and unnecessary.—I am, etc.,

ALASTAIR U. MACKINNON.

Leeds, Yorkshire.

Prescription Charges

SIR,—It would seem that, however implemented, the new prescription charges will cause a lot of extra work. This is work which should be done by administrators rather than by doctors, and this could be arranged in the majority of cases by requiring

that all persons who believe that they will be eligible for exemption from the charge should send their medical cards to the executive council (or Ministry of Social Security), where it may be endorsed to signify exemption. All that would be necessary then would be for the patient to show this card at the chemist when collecting medicines—or at the doctor's, when a different E.C.10 could be used—to claim exemption from charge. This method might have the added effect of making patients find their medical cards and do something active towards claiming their rights. I admit that in the case of "chronic sick" a doctor's note might be required by the administrators before endorsing the medical card.

A coincident measure with the reintroduction of charges should be the ruling that no prescription for more than one month's supply at the stated dosage can be issued, but that N.H.S. prescriptions on E.C.10 can be repeated a stated number of times (to be chargeable each time). This would avoid the inevitable request from the non-chronic "chronic," who will surely demand "a really big bottle of my linctus" or "a year's supply of my slimming pills" to keep their costs down.—I am, etc.,

Droitwich Spa,
Worcs.

R. M. PEBERDY.

Hospital Polypharmacy

SIR,—The following is the final paragraph of a discharge report from a hospital, recently received:

"She has now been returned to your care on a 120-g. carbohydrate diet; lente insulin 24 units daily; nicotinic acid, 25 mg. b.d.; Lipoflavonoid 2 capsules t.d.s.; ferrous sulphate, 200 mg. t.d.s.; Doloxene [propoxyphene], 1 cap. q.d.s.; vitamin C 100 mg. t.d.s."

I don't know what proportion of her husband's income the 2s. 6d. per item will amount to, but in the fringe-group incomes such an array of items may well mean shortages of essentials to other members of the family. If this sort of thing goes on it is going to bring hospital medicine into disrepute with those who practise "domestic medicine" and ultimately with the general population. Alternatively perhaps one could let up on the propaganda against using preparations containing more than one active pharmaceutical substance.

Oh for the old-fashioned bottle of medicine, which, if it didn't cure everything, at least kept many patients contented and allowed most of them to cure themselves!—I am, etc.,

Morpeth,
Northumberland.

G. B. STENHOUSE.

Skills Needed in General Practice

SIR,—Dr. C. D. Falconer has found (*Supplement*, 27 January, p. 21) that the general practitioners' commonest complaint is that they are not in fact practising the skills for which they were trained. Would it not be more to the point if they complained that they were not trained for the skills which they needed in their present work?—I am, etc.,

Newick, Sussex.

F. GRAY.