

infection. In that case bacteriological monitoring is highly desirable and adequate treatment should be initiated according to Lord Fisher's famous principle: "Hit first, hit hard, keep on hitting."

KNUT HAEGER

Slottsstaden Clinic,
Malmö, Sweden

Occult perforations

SIR,—Your leading article on this subject (20 March, p 673) suggests that perforation due to tuberculosis has become *rarer* (our italics) in Britain. However, in a recent series of 15 patients with abdominal tuberculosis treated in Manchester¹ we found three patients with perforated bowels: one had multiple free perforations in the small bowel leading to generalised peritonitis; another had chronic perforation at the ileocaecal valve site leading to retrocaecal abscess formation; and in the third patient, who presented in a most bizarre fashion as a possible case of cholera with voluminous rice-water stools developing within days of her arrival in Britain, the symptoms were due to perforation of the diseased ileocaecal valve into the third part of the duodenum.

Our experience leads us to suggest that abdominal tuberculosis can no longer be considered a rarity in our multiracial society, and an awareness of the diverse manner in which the disease can present is important if diagnostic delays are to be avoided.

B K MANDAL

Regional Department of
Infectious Diseases,
Monsall Hospital

PHILIP F SCHOFIELD

Department of Surgery,
Park Hospital,
Manchester

¹ Mandal, B K, and Schofield, P F, *Practitioner*. In press.

Specialist training

SIR,—At the start of the GMC conference on the implementation of the Merrison Committee's proposals (leading article, 6 March, p 546) the chairman, Sir John Richardson, asked for a show of hands on whether those present agreed with the first proposition in the discussion paper prepared by the GMC. It was, in my opinion, an impossible question to answer. It was a compound one, linking statements with which any reasonable person would agree to some which I, for one, could never accept. It required the acceptance of the proposition that undergraduate, graduate clinical, and specialist training should all be supervised and co-ordinated by a reconstituted GMC. I am not alone in doubting whether, in the case of "specialist" training (whatever that is) such co-ordination could be effective; I hope I am even less alone in realising that co-ordination could be effective only if the opinions of the GMC were able to override the views of the relevant specialist body. Nevertheless, a number of hands went up: mine was not one of them. Looking around me I observed that I was far from being alone. Those who did not agree were *not* asked to show.

In the report of the meeting which the GMC secretariat has now circulated to

participants I read: "The conference unanimously accepted the proposition that . . ." etc. This was a special conference and the participants will not have a chance to challenge the accuracy of this statement. It should therefore be placed on record that not only was it not unanimous, it was not even carried *nem con*, since the "cons" were never asked to signal their opinion.

M D A VICKERS

Department of Anaesthetics,
Welsh National School of Medicine,
Cardiff

Future of private practice

SIR,—Despite all the assurances of the Secretary of State it is clear that the very existence of private practice is in jeopardy. Although the phasing out of pay-beds is the most alarming and immediate threat, almost equally disturbing is the "possible Government restriction on private practice from health centres" reported by *Scrutator* (6 March, p 596). I trust that general practitioners will heed this warning of the dangers of moving into State-owned health centres, where they will be at the mercy of politicians. In your obituary notice of Dr Allen Whitaker in the same edition (p 591), I was glad to see a tribute to his initiative in building the modern group practice premises in Guildford, which became known internationally; these premises are owned by his partners and not the State.

In its obsession with egalitarianism and its drive towards a total State monopoly in medicine, the Government shows little evidence of anxiety for a better National Health Service. I suggest that the private patient is a challenge to the NHS rather than a threat; inevitably the patient who is paying is more demanding and critical, but the standards and facilities accorded to the occupants of ordinary wards can never be allowed to lag far behind. With insurance private patient status is within reach of many; if the cost of private beds was slashed even more could afford them and much-needed finance would flow into the coffers of the NHS. The number of private beds would still be limited and would not affect the ghastly length of waiting lists in certain areas and in certain specialties.

At this time the unity of the profession is vital; consultants and GPs are equally under threat. Solzhenitsyn quotes the German proverb, "When courage is lost all is lost." Let us at least show courage in opposing the insidious spread of State interference. May I conclude with the words of a distinguished Irishman, John Philpot Curran, "The condition upon which God hath given liberty to man is eternal vigilance; which condition if he break, servitude is at once the consequence."

CALEB WALLACE

West Clandon,
Surrey

Compulsory vocational training

SIR,—We are all trainees on a three-year vocational training scheme as approved by the Royal College of General Practitioners. We would like it recorded that, although we are fully in agreement with the royal college's aim

of raising the standards of medical practice by means of training schemes, we do not feel that these should be universally mandatory; our reason being that several excellent and experienced medical registrars have been known to go into general practice with considerable success. Compulsory vocational training would have the effect of forcing a rigid choice of specialisation on people either in or very shortly after their preregistration year. We do not regard it as axiomatic that this compulsory specialisation must of itself produce the best general practitioners.

Diversity and individuality are valuable features which, in medicine as elsewhere, are more easily lost than regained. We feel that individuality in practitioners and areas is best preserved by allowing some flexibility in this matter.

MICHAEL MARTIN-SMITH
R A FULTON
G FOSTER
V SANDERS
STUART CALDER

Clifton, York

BMA and HCSA

SIR,—Like Mr A H Grabham (3 April, p 851) I regret the failure of the Hospital Consultants and Specialists Association and the BMA to reach agreement on a solution to the perennial problem of the representation of hospital doctors. However, I find the arguments in defence of the BMA's attitude to be tortuous.

The facts are simple. The HCSA has about 5000 members, most of whom wish it to represent them. The HCSA has always been willing to enter into a partnership with the BMA to negotiate with Government. The Department of Health refuses to negotiate with any organisation not approved by the existing formal negotiating bodies, upon which the HCSA is not represented. The BMA, which claims to have more consultant support than the HCSA, controls the negotiating machinery, which it professes to be adequate. It has refused to form a partnership with the HCSA and instead has offered it seats upon one of its standing committees, the Central Committee for Hospital Medical Services. My council finds the offer unacceptable.

If the positions of the HCSA and BMA were reversed and we were to offer the BMA seats on one of our subcommittees I feel sure that the BMA reaction would be similar. Arguments about the constitution of the CCHMS or any other standing committee of the BMA are irrelevant. Our members want to be represented by our association. The straightforward question is whether or not their views are to be respected.

Federation of the Junior Hospital Doctors Association and the HCSA will exacerbate the problem. Unless the BMA changes its attitude an immensely powerful body representing thousands of hospital doctors in all grades will be denied seats at the negotiating table and the feeling of resentment is bound to intensify.

Finally, may I say I was sorry to see Mr Grabham's complaint about alleged misrepresentation, distortion, and biased comment. One man's truth is another man's misrepresentation.

N A SIMMONS
President,
Hospital Consultants and Specialists Association