A Non-electric Suction Apparatus

SIR,—Dr. N. F. Saher and Mr. R. Salt are to be congratulated on their article (June 26, p. 790) where they describe improvements in the application of the injector. Our improvements in this application of the injector (*Lancet*, June 12, 1943, p. 738) have gone even further. These are: (1) we have eliminated the "foot-hand complex" by replacing the foot control with a simple valve on the actual sucking inlet; (2) the time lag to develop high negative pressures is abolished by having available *constant* negative pressure without the injector working continuously. This is achieved by an automatic device regulating the positive pressure side of the injector. This device is a simple diaphragm, controlled by an inlet from the negative-pressure side, and it can be adjusted to operate through any range of negative pressure; (3) there is no limit to the capacity of the receiving bottle or bottles with our apparatus, as negative pressure is maintained all the while and does not have to develop each time the suction tips or catheters are used.—I am, etc.,

Twickenham. NORMAN R. JAMES.

Specialists and State Service

SIR,—There are only a few points in Dr. S. Cochrane Shanks's letter (June 26, p. 802) that call for comment.

My original questionary was sent to the membership of the British Institute of Radiology, and only the replies from the medical members were considered for the published figures. The survey was, therefore, representative of radiologists throughout the country and not confined to a small group of "consultants." The Faculty of Radiologists is really a branch of the British Institute of Radiology and has a membership of a limited character, but practically all members of the Faculty are also members. My figures were compiled from a representative circularization of the country as recently as three weeks before publication of my letter (June 5), but is it not the case that the questionary sent out by the Faculty was circularized as long as two years ago? I make this observation subject to correction, but if my information is correct, surely the dangers of advising to-day on the return of a two-year-old plebiscite must be obvious, and I think this is the real answer and not that suggested by Dr. Shanks. May I suggest the Faculty organize a new questionary and vote and think again after this referendum. This observation also answers the second paragraph of Dr. Shanks's letter, and may further raise the question as to whether or not the B.M.A. has got a really correct impression to-day of the desires of radiologists from a questionary two years old?

My information about the activities of the Faculty is quite up to date irrespective of the fact I did resign my membership of that body in 1940, on the grounds of disagreement with its inadequate policy towards members and the national effort.

It is interesting to learn the Faculty do not favour full-time State medicine; but, after reading the pamphlets issued by this body, it is still difficult to discover where it rejects a full-time State salaried service. It would be of great assistance to hear briefly and concisely the details of the actual form of organization for radiologists the Faculty does favour.—I am, etc.,

London, W.1. NORMAN P. HENDERSON.

Specialist Courses for Service M.O.s

SIR,—Mr. Bevin's plan for training persons discharged from the Services having brought this problem into public consciousness one may be permitted to consider for a space the position of the younger members of our profession who at the outbreak of war had been qualified three years or thereabouts and were holding posts of the registrar type with the object of obtaining a higher qualification. Many of these young doctors joined up at, or soon after, the outbreak of war, and so lost the opportunity of working for the qualifications they desired. I think any medical man will agree that work done under Service conditions is not likely to produce success in examinations of a clinical nature. The atmosphere is difficult for the student, there are disturbances and interruptions beyond his control, and the nature of Service duties is not of great value for clinical work except for a fortunate few, and even the Service hospital cannot, by its nature, provide the necessary facilities for the clinical study and work required, however hard the student may apply himself to his reading in off-duty or in slack times.

Can our teaching institutions give a thought to the salvaging of this group, now into the early 30's, many in the natural course of events married, but still hoping to be able to take up the threads of their interrupted careers when eventually demobilized or otherwise discharged, but not wishing for general practice or public health work? I feel certain that this question will interest many members of the 28–33 age group, and a suitable scheme would result in many being saved for the clinical specialties and future hospital staffs who might otherwise be forced to take up general practice—when, doubtless, they would do a good job of work, but not so good as they could do—or go into public health, a branch of the profession which they would probably dislike and for which they show little aptitude.

No person can do good work if he dislikes it and feels he could do something else much better—a fact recognized in industry by the efforts of the psychiatrists, but which seems in danger of being forgotten as applied to the various branches of our own profession. No one can deny that the surgeon, the physician, the medical administrator, and the hygienist have different types of minds, and that vocation must play a large part in selection. If the system of automatic direction of people into posts should persist in civil life, the resulting work will be mediocre even though it may be competent.

Vague and nebulous promises of "if you do your bit now you won't be forgotten" cannot help the budding surgeon who has not handled a scalpel for four years to remove his next appendix, nor can they—quite rightly, when dealing in human life as we do—impress an examiner or a hospital board faced with a choice for an R.S.O. or R.M.O. between one whose last surgery or clinical medicine was four or five years ago and one who has been doing such work all along by some fortunate chance. Others of your correspondents may have some views on this matter.—I am, etc.,

L. W. ALDRIDGE.

Doctors and the Future

SIR,—I would offer the following points as a brief answer to Dr. C. A. H. Franklyn's question in his letter (June 26, p. 801) asking what is considered wrong now: (1) The gravitation of doctors towards the better paying areas often away from the more densely populated districts. (2) The buying and selling of the goodwill of practices. Financial rather than medical ability determines the size of a practice. The cost of treatment is inflated by the interest paid to the moneylenders. (3) Many practices are too large for the number of doctors engaged in them to give due attention to all their patients. (4) Practices are frequently ill equipped in buildings, furniture, and professional appliances. The doctor does not find that the fees he can earn justify the outlay necessary for proper equipment. (5) A feeling prevalent among the poorer sections of the public that it is not getting the best possible medical service. (6) Lack of sufficient hospital accommodation, shown by long waiting lists. (7) The artificial cleavage and, at times, antagonism between curative and preventive medicine.—I am, etc.,

Bristol. N. S. B. VINTER.

The Edinburgh Surgical Fellowship

SIR,—The Royal College of Surgeons of England is celebrating the centenary of the Fellowship on July 21, and I think it may interest the Fellows of the sister College of Edinburgh to know something of their Fellowship. The foundation of the College goes back to 1505, but it was not until 1778 that it was incorporated by Charter granted by George III as the Royal College of Surgeons of the City of Edinburgh, when its members were then called Fellows. In 1851 Queen Victoria granted another Charter and the name and title were changed to the "Royal College of Surgeons of Edinburgh," the word "City" being omitted.

The Fellowship of the College was only obtainable by examination, the production of a thesis, and the entrance to the Widows' Fund of the College. These restrictions, especially the expense incurred—some £300—formed a barrier to many