

in standards, and a worsening professional image; but, worst of all, a hapless patient—overtaxed, undertreated, and denied choice.

The BMA should draft conditions under which the profession is prepared to continue to serve the NHS. If governments still wish to run it they must accept the terms. But persuasion will not spring from certificate refusal, one-day strikes, work to contract, and 10% cuts—justified though the latter two may be. These tactics tarnish our image but scarcely embarrass the Minister. Regretfully, but most emphatically, only the threat of total mass resignation will cause a government to budge. Nothing should be done in a fit of pique. A realistic alternative scheme for the treatment of patients and the remuneration of doctors must be devised and, as with all threats and deterrents, the more feasible the plan the less likely its implementation.

I think Dr O'Sullivan confuses duty to the patient with duty to the State. My training taught me to comply with my patients' needs and not with the latest whim of the secretary to the TGWU. There must be something wrong if a consultant can be suspended at the command of a union; there must be something badly wrong if our qualifying children intend to emigrate; and indeed, Dr O'Sullivan, there must be something totally wrong when a still idealistic profession feels compelled to adopt shameful tactics. It is surely better at least to resign and stay than to resign and emigrate.

Those who have no stomach for confrontation may sport Mary's mantle, but they must realise that they are unwittingly conniving in the acceptance of an ever worsening Health Service.

J LAURENT

Chorleywood, Herts

SIR,—Dr Mary J O'Sullivan wrote a moving letter (28 August, p 532), a letter which she admits herself was from the sidelines.

I urge her and all who wish to influence the actions taken by those who work and speak for the profession to do far more than write occasional letters to the press. Such doctors should attend local BMA meetings and speak. They should actively offer themselves and be prepared for committee work or local activities. They should offer themselves for election as representatives and for service on central committees. They should be prepared to help to give evidence to Royal Commissions and Government committees and to write to their MPs.

These activities are often tedious and boring and they are always time-consuming and tiring. They sometimes attract the sneering comments from colleagues that one is a "medical politician." But unless those who think and worry about the profession, its ethics, its standards, and its public image step in from the sidelines and take part in the fight—for fight it is to keep any semblance of an independent medical profession alive—we shall have to continue to rely on a small core of men and women who inevitably cannot reflect a wide enough spectrum of ideas and who get tired and dispirited by the passivity and apparent disinterest of those who remain silent until action is taken on their behalf and then wake up and cry out in adverse criticism.

Perhaps Dr O'Sullivan will realise from the reaction to her letter that attention will be paid to her views if she will express them early enough through the democratic channels open to her. I suggest she now takes practical steps

to begin to take advantage of the representative network available to her. She and other men and women should be prepared to slog it out through discussions, committees, and elections. This has been the parliamentary way through which our British democratic process has worked for over a thousand years.

Joan of Arc did much more than raise a standard of protest—she undertook the tedium, hard work, and personal hardship of an uncomfortable, long-drawn-out campaign.

JEAN LAWRIE

Eynsford, Kent

*.*This correspondence is now closed.—ED, *BMJ*.

Bureaucratic cancer

SIR,—I am grateful to Mr P H Lord for his contribution to the discussion on bureaucratic expansion (18 September, p 702).

The way in which medical care in Britain could have developed can be seen in the USA, in the Commonwealth, and in Sweden, for example. The United Kingdom was not given the opportunity owing to the outbreak of war in 1939 and the need to provide for civilian casualties under the possibility of severe air bombardment.

The organising of the Emergency Medical Service and later the inclusion of health in the Beveridge Report placed the decision in the political field, mainly on the grounds of cost. There has been no consensus of opinion to reverse that decision so far, but when financial problems dominate all others it is proper to consider whether health and its attendant bureaucracy are doing what could be effectively done and at less cost by other organisations.

The provision of housing, of education and re-education, and the relief of poverty have their place in maintaining a good standard of health. A reinforcement of these services might be effective in reducing the overall cost of health services. The latter become more costly to provide and more difficult to staff as they progress and may in the longer term prove self-limiting if they are over-extended.

It was this aspect of the problem which seemed to call for further thought.

R H BARRETT

Studland,
Swanage, Dorset

Points from Letters

Beyond Calais

Dr C RUMMELSBURG (Southend-on-Sea) writes: . . . In your leading article (11 September, p 606) it is stated that there is no word in German for the English "knuckle". There is: *Knöchel*. Further, it is maintained that "chronic bronchitis" and "peptic ulcer" have different meanings in German and English. To my mind "chronic bronchitis" in German is *chronische bronchitis* and "peptic ulcer" is *Geschwür der Verdauungsorgane*, equally vague in both languages. "Graves's disease" would be *Basedowische Krankheit* in German, the same as in French. "*Glotzaugenkrankheit*," I am sure, must be an invention under the Hitler regime with the aim of eradicating all foreign words from the German language.

Postoperative pain

Dr B R P MURRAY (Hove, Sussex) writes: . . . I was surprised that no mention was made in your leading article (18 September, p 664) of the anaesthetist's role during the postoperative period. With his special understanding of the narcotic drugs the anaesthetist is able to make a particular contribution to the patient's welfare at this time, quite apart from considering the use of various nerve blocks. He could also supervise the administration of Entonox for physiotherapy in appropriate situations.

Teaching of anatomy

Dr P H BRUNYATE (Marshfield, Avon) writes: It is not only surgeons who need an adequate knowledge of anatomy (leading article, 11 September, p 603). As a general practitioner one is frequently presented with new problems relating to a lump here or a pain there. No amount of clinical teaching can equip one with experience of all such problems. However, a reasonable grasp of anatomy, basic pathology, and a little physiology will often lead one to an adequate diagnosis upon which a rational treatment can be based. . . .

Metabolic disease in Asians

Dr D R MATTHEWS (Churchill Hospital, Oxford) writes: . . . In your leading article on this subject (21 August, p 442) . . . referring to possible causes of the prevalence of Asian rickets in our community . . . you point out that "ultraviolet deprivation has been suggested, but measurements of the outdoor exposure of Asian children have shown no differences from White controls." But what of synthetic activity? Bronowski in *The Ascent of Man*¹ points out the apposite fact: "In the north, man needs to let in all the sunlight there is to make enough vitamin D, and natural selection therefore favoured those with whiter skins."

¹ Bronowski, J, *The Ascent of Man*. London, BBC publications, 1973.

Aspirin and papaveretum tablets

Mr J SLOGGEM (Pharmacy Department, Westminster Hospital, London SW1) writes: We have had many requests for information about the supply of aspirin and papaveretum tablets (soluble aspirin 500 mg and papaveretum 10 mg) mentioned in your leading article "Postoperative pain" (18 September, p 664). The tablets are made by Arthur Cox of Brighton and distributed by Sangers of London. . . .

Finding part-time jobs

Dr JANET F HOSEGOOD (Leatherhead, Surrey) writes: I have been interested to read the recent suggestions for regional agencies for part-time jobs (4 September, p 574 and 18 September, p 694). May I suggest that the postgraduate medical centres now functioning throughout the country could very well take on this role, as they already have a mailing list of all interested doctors in their area? . . .