

do the authors propose to stop British doctors entering the popular specialties in order to make available these excess training posts for overseas doctors? These posts will, in fact, be precisely the same as the "unsatisfactory posts" the authors refer to in the beginning of their article, offering neither prospects nor training. Besides, Mr Williams and Dr Paton do remind us that the junior staff must realise that all disciplines in all regions must be properly staffed. Above all, they make no mention of the compulsory repatriation of some of the overseas doctors, required if their proposals regarding sponsorship are accepted. The proposals offer largely paper solutions and will make no difference to the very real problems of the overseas doctor but will further safeguard the prospects of the British doctors and provide a glum satisfaction for the profession's leaders that something is being done.

What the overseas doctors find utterly repugnant is that they continually have to make room for their British colleagues, to whom career posts are preferentially given without fair or just competition. What is clear from the article is what has been clear to some of us for some time—the British system will recognise only British as the best; overseas doctors, whether they are good or bad, have to accept inferior positions. It is ironic that at a time when Britain is gloating over its multicultural foundation and the climate in industry and the economy is against protectionism, the medical profession should embark on a shameful process of protectionism. Could it be that the quality of some British medical graduates cause them to fear just competition?

JOHN PHILIP

St Luke's Hospital,  
Huddersfield HD4 5RQ

\* \*We sent copies of these letters to the authors, who reply below.—ED, *BMJ*.

SIR,—We are naturally pleased that our views have aroused interest, because, as your correspondents point out, the problems of overseas doctors who come to this country for training are becoming increasingly urgent. There is, however, some misapprehension about details of the scheme that we would like to correct. The posts that would be made available to overseas doctors would be *exactly comparable* to those presently occupied by our own graduates, as they would be those posts, with educational approval, that would be released by correction of the present imbalance between numbers of juniors and prospects for consultant appointments, especially in the popular specialties. We agree with Mr Brearley that the sponsorship scheme alone will not solve the imbalance, and we too believe that consultant expansion is urgently required.

Mr Philip takes us to task for preferential treatment of our own graduates, but this is quite contrary to our stated intention of improving the lot of overseas doctors. Surely we have a moral obligation to our own medical students and young doctors to point out, by such means as early career guidance, that they cannot all expect to become physicians and surgeons and that there are plenty of other opportunities for them. Once the numbers needed to fill consultant posts in the popular specialties are established—and, as Mr Brearley points out, they will be considerably smaller than those at present in

training—it is our own graduates who will be forced to make realistic decisions. As most overseas doctors wish to gain experience in the popular specialties they stand to benefit most from a long overdue rationalisation of the career structure.

Mr Philip also accuses us of failing to mention the "compulsory repatriation" involved in the sponsorship scheme; it must surely be clear that the intention of overseas doctors in seeking sponsorship would be the opportunity for training and experience to fit them for practice in their own countries. Dr Shankat Ali makes the point that return after five years in the United Kingdom would be difficult: we agree—hence the need for limitation of the period of sponsorship. The scheme does not attempt to help those who have already been here for many years, but those who previously held temporary registration and changed to limited registration in 1979 are not subject to the five year rule imposed by the Medical Act of 1978.

DAVID INNES WILLIAMS  
ALEX PATON

British Postgraduate Medical  
Federation,  
London WC1N 3EJ

### Influence of the pharmaceutical industry

SIR,—Dr Michael O'Donnell's warning (12 November, p 1476) of the potential dangers of allowing almost all our medical publications to be financed directly or indirectly by the pharmaceutical industry is timely. The same considerations apply to the financing of vocational training and continued education for general practice. Now that the government is reducing the section 63 budget, course organisers are turning increasingly to drug companies not just to sponsor meals at meetings but also to provide lecture fees and other expenses and sometimes even to organise and fund complete courses.

This not only carries the risks of political dependence and of undue influence on the content of our courses, it also ensures that teachers are seen to be endorsing the legitimacy of drug companies as a source of unbiased and therefore credible information to our trainees at the outset of their careers in general practice.

When these issues were debated in the council of the Royal College of General Practitioners and subsequently reported in its journal,<sup>1</sup> was it coincidence that this attracted minimal attention in the columns of our so called "free" limited circulation newspapers?

T P C SCHOFIELD

Shipston-on-Stour,  
Warwickshire CV36 4BQ

<sup>1</sup> Donald A, Schofield TPC. The relationship between the College and the pharmaceutical industry. *J R Coll Gen Pract* 1983;33:599-603.

### World Medical Association

SIR,—It is unfortunate that there are conflicting statements in your leading article "Death in Venice?" (26 November, p 1574) and in the report on the World Medical Association meeting (26 November, p 1644) concerning the annual subscription paid by the BMA. Dr Lock quotes a figure of £11 000 while the report refers to "over £5000." The issue is confused enough already without suggesting figures diverging by more than 100%. With the Swiss franc valued at 3.28 per

pound sterling the 9000 (why this figure?) which the BMA declares as its membership should give a subscription of £5625, and when the subscription rises to 2.5 Swiss francs per member in 1984 the cost should be about £7030.

Dr Macpherson correctly draws attention to the fact that voting rights depend on members paid for, and with 70 000 BMA members and only 9000 declared it makes it difficult for the BMA to criticise the present voting system. Nevertheless, the association is correct in seeking to reform a voting system that allows a rather disproportionate advantage to national associations with adequate "purchasing" power. The BMA if it "declared" all its membership would also be in the big league, but it feels that even with the new constitution the number of votes possessed by the large associations leave a potential risk that the choice of most nations represented can be negated by the votes of three.

There is one other matter of concern. The WMA is incorporated in New York State and thus subject to United States law. I have often expressed my grave concern at this legal situation, which may inhibit the deliberations of the plenary assembly. Suggestions for reincorporating in, for example, France, where the WMA headquarters are based, are rejected on the grounds of cost and loss of tax advantage (although when the WMA is not making a profit it is difficult to know what advantages can be lost). Furthermore, if United States law is to inhibit the WMA from making any declaration of principle this restraint gives more serious grounds for doubting whether there is any chance of reform from within the WMA.

There needs to be an international body in which the medical associations of the world can continue to express their views on major medical and ethical views with the authority that such declarations as those of Helsinki, Geneva, Tokyo, etc, command. Unless the decisions of the WMA can be seen to reflect the views of its members such credibility as it has at the moment will disappear altogether. I hope that even at this late hour the three national associations holding effective power will recognise the need radically to reform the constitution before it is too late.

ALAN ROWE  
Chairman, British Supporting Group,  
WMA

Bury St Edmunds,  
Suffolk

\* \*We apologise for the error about the 1983 subscription in the leading article. In 1984 the increased subscription and the expenses of any BMA delegates attending WMA meetings would cost an estimated £11 000, the figure quoted in the leading article.—ED, *BMJ*.

### Correction

**"I have been back from holiday for a week and still have diarrhoea"**

An error occurred in the letter from Dr B Chattopadhyay (12 November, p 1472). The third sentence of the first paragraph should have read: "Our laboratory deals with an average of 200 new cases of intestinal salmonellosis each year, and from my experience over the past 10 years of managing those 1-2% of patients who have a fever and feel unwell I can wholeheartedly support his claim."