be made on account of medical fees why cannot an
allowance be made on account of maintenance?

Patients have no means of ascertaining the correctness of
the figure they are charged for maintenance, and the amount
of the charges, which vary so widely, would appear to
depend on the particular finance officer's interpretation of
the regulations. Whether or not his calculations are subject
to critical examination by the Government auditors is not
known.

Whether or not standard charges throughout the country
could be arranged, common justice would appear to require
that private patients should be credited with the amount
saved the Exchequer by the non-exercise of their right to
treatment in a general-ward bed. Unfortunately, general-
ward beds and private beds in some hospitals are so hard to
come by that patients with a right to "free" treatment are
driven to accept treatment in nursing-homes entirely at their
own expense; for such there would appear to be no redress
at all.

Summed up, the situation appears to indicate inability of
the National Health Service to provide the beds, plus a well-
understood policy of our present legislators to "soak the
(alleged) rich."—I am, etc.,

JOHN DODD.
Bristol. Secretary, Western Provident Association
for Hospital and Nursing Home Services, Ltd.

New Source of Money

Sir,—One of the difficulties of the Minister in meeting
what all must recognize as legitimate demands for increase
of the central pool is the necessity for asking the Treasury
for more funds, when the utmost restraint has been urged
by the Chancellor. I am wondering if in fact the demands
can be met without any apparent increase in the Health
Service expenditure.

No one can doubt that a large proportion of the general
practitioner's work is done for the Ministry of National
Insurance. It is also a fact that in the past six years this
Ministry has shown a surplus of £700m. Would it not
therefore be logical to ask that the extra money which the
profession is demanding should be taken from the Ministry
of National Insurance? Let it be assumed that there are
twelve million contributors (I believe it is in fact greatly
in excess of this), then 2/3d per week from the contributions
would realize over £65 m. a year.

It may well be that this solution has been already explored,
but it would appear to relieve the embarrassment of raising
extra taxes, and even if the 2/3d did have to be added to
the existing contribution it would be no worse than the
previous threat of a shilling per prescription, which was
estimated to raise £10 m.—I am, etc.,

Newport Pagnell, Bucks.

A. A. CLAY.

Standing Together

Sir,—When the National Health Insurance Act Medical
Benefit began, one of the commissioners remarked, "You
doctors could get anything you wanted if you all stood
together, but, thank goodness, you don't." There is no
reason to think things have changed in this respect. So long
as doctors clamour for new patients, and accept all who
come, the Minister of Health has some justification for
thinking the remuneration is adequate.

As for penalizing patients who treat their doctor heart-
lessly, the doctor can ask for their removal from his list, a
procedure which will have more weight with the Minister
than any other doctor treating the patient with courtesy
in the interval.

There would be some economies if the purchase tax were
paid by the patient, and things like aspirin forbidden except
for patients seen personally, and then the number limited to
two dozen.—I am, etc.,

ARTHUR H. GREGSON.

Wiltshire, near Blackburn.

Association Notices

Diary of Central Meetings

APRIL

16 Mon. Armed Forces Committee, 2 p.m.
16 Mon. Joint Committee, Subcommittee on Merit Awards, 3 p.m.
17 Tues. Building Committee, 2 p.m.
17 Tues. Organization Committee, 2 p.m.
18 Wed. Joint Committee, Subcommittee on Registrars (at Ministry of Health), 10.30 a.m.
18 Wed. Film Committee, 2 p.m.
18 Wed. Staffing Committee, 2 p.m. (followed by Office Committee).
18 Wed. Finance Committee, 2.30 p.m.
19 Thurs. Chairman's Advisory Subcommittee, General Medical Services Committee, 10.30 a.m.
19 Thurs. Dermatologists Group Committee, 10.30 a.m.
19 Thurs. Joint Formulary Committee, 2 p.m.
19 Thurs. Occupational Health Committee, 2 p.m.
19 Thurs. Staff Side Committee C, 2.15 p.m.
20 Fri. Full-time Non-professorial Medical Teachers and Research Workers Group Committee, 2 p.m.
20 Fri. Public Health Committee, 2 p.m.
23 Mon. Conference of Regional Officers, 2 p.m.
25 Wed. Welsh Committee (at Raven Hotel, Shrewsbury), 2.15 p.m.
26 Thurs. Publishing Subcommittee, 11 a.m.
26 Thurs. General Medical Services Committee, Deputation to the Ministry of Health, 3 p.m.
27 Fri. Amending Acts Committee, 2 p.m.
27 Fri. Committee on Psychiatry and the Law, 2 p.m.
27 Fri. Venerologists Group Committee, 2.30 p.m.

MAY

2 Wed. Council, 10 a.m.
3 Thurs. Otolaryngologists Group Committee, 2 p.m.
3 Thurs. Conference of Otolaryngologists Group, 3 p.m.
7 Mon. Amending Acts Committee, 2 p.m.
9 Wed. Public Relations Committee, 2 p.m.
18 Fri. Amending Acts Committee, 2 p.m.

Branch and Division Meetings to be Held

CAMBRIDGE AND HUNTINGDON DIVISION.—At Lecture Room, Addenbrooke's Hospital, Cambridge, Friday, April 20, 2.45 p.m.,
annual general meeting.

COVENTRY DIVISION.—Tuesday, April 17, general practitioners evening.

GUILDFORD DIVISION.—At St. Peter's Hospital, Chertsey, Friday, April 20, 7.30 p.m., clinical meeting.

MIDDLESBROUGH DIVISION.—At St. Mellons Club, Thursday, April 19, 7.45 for 8.15 p.m., dinner; annual B.M.A.
lecture by Dr. Robert Forbes: "Legal Hazards in Medical Practice."

NORTH OF ENGLAND BRANCH.—At New Lecture Theatre, Royal Victoria Infirmary, Newcastle-upon-Tyne, Thursday, April 19,
7.15 p.m., clinical demonstration by Mr. W. A. Hewison: "Cases of Rectal Haemorrhage."; 8.45 p.m., address by Mr. A. Dickson
Wright: "Varicose Veins and Their Treatment."

ST. PANCras DIVISION.—At B.M.A. House, Tavistock Square, London, W.C., Friday, April 20, 8.30 p.m., lecture by Dr. Alistair
Fisher: "Legal and Ethical Aspects of Medical Practice."

STRATFORD DIVISION.—At Queen Mary's Hospital, Stratford, Tuesday, April 17, 8.30 p.m., Dr. William Evans: "Unwarranted
Cardiac Invalidism."

WANDSWORTH DIVISION.—At Bolingbroke Hospital, Bolingbroke Grove, Wandsworth Common, London, S.W., Sunday,
April 22, 10.30 a.m., clinical meeting.

Correction

In the Supplement of March 10 (p. 80) we inadvertently
referred to the island of St. Eustatus as Eustatius.

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