equated financially with that of a consultant of some seniority requires no further comment.—I am, etc.,

M. G. H. SMITH

Orthopaedic Department,
Royal Hospital for Sick Children,
Glasgow

Trade Union Tactics

SIR,—Time spent working overseas in private medical practice opened my eyes to the hollowness of the N.H.S. general practitioners' claim of independence. The "Red Book" reads like the rules for the regulation of a penal institution. We have none of the freedoms of the self-employed and all of the obligations. We must stop tinkering with the bureaucratic monster and opt either for complete independence based on fees for service or for a salaried service. The latter, of course, should be based on a 37-hour week with paid leave and overtime, all practice expenses being borne by the N.H.S. Either course would improve our lot.

We must realize that it is Government policy to redistribute income away from us and also to spend as little as possible on the N.H.S. We will get nothing from the Government unless we are prepared to fight using all the weapons used by our successful industrial brothers.—I am, etc.,

EDWARD CHANNING

Bideford, Devon

Closed Shop

SIR,—As a member of the B.M.A. for the past 16 years and a recent entrant into general practice, I view with grave misgivings the reports that the B.M.A. is considering becoming a closed shop and the suggestions that the main motive for this is merely to relieve its financial crisis.

For any association or trade union to assume "closed shop" status is to lose thereby its humanity and dignity and to undermine the right of the individual to choose for himself. There are probably others like myself who would sooner see the B.M.A. subscription doubled from the proposed £30 p.a. than force anyone to be a member for any reason.

I am grateful to the B.M.A. for all it is seeking to do, by constitutional means, to improve our lot in the present crisis.—I am, etc.,

J. R. LANG

Blandford, Dorset

SIR,—I was distressed to read that the B.M.A. is considering applying for closed shop status. While I would agree to the necessity for increased membership in order to increase bargaining power, I would greatly regret the compulsion involved if a closed shop was allowed.

Freedom of choice is already increasingly rare and, in my opinion, this further attempt to restrict individual would compel me to resign from the B.M.A. I would hope that other doctors who feel similarly might take the same action if necessary, thus preventing the establishment of a closed shop in the medical profession.—I am, etc.,

G. W. S. BURGESS

Distington,
Workington, Cumb

Public Relations

SIR,—I came away from our local B.M.A. meeting last night feeling pretty sick at the apparent almost total disregard for the public whom our sanctions will affect.

The man in the street still thinks that the consultants' dispute with the Government is just over "pay beds" and has little or no knowledge of the protracted negotiations on our terms of employment to which there seems no end. My appeal for establishing better public relations before applying sanctions received little support. To announce sanctions before the public are familiar with our case will, I have little doubt, alienate many who would otherwise sympathize with our cause.—I am, etc.,

JOHN K. WAGSTAFF

Hove, Sussex

Points from Letters

Agoraphobia

Dr. D. S. SEGAL (Boehringer Ingelheim Pty Ltd., Randburg, Transvaal) writes: I fully agree with the views expressed by Dr. A. G. Zermansky (23 November, p. 467) regarding the casual use by the patient of benzodiazepines in such a way as to cause a stress-dependency relationship which may extend to becoming a total dependency. . . . The recent availability of a long-acting benzodiazepine, dipotassium chlorazepate, may well provide an answer to the problem. Magnus¹ showed that a single 15-mg daily dose of dipotassium chlorazepate given at night was as effective an anxiolytic as 5 mg of diazepam given three times a day or 10 mg diazepam given at night, with significantly less side effects. Thus it is now possible to give a patient with agoraphobia or any other anxiety-producing state a benzodiazepine which need only be taken at night yet which will have adequate anxiolytic effect during the day and which the patient will not associate with the treatment of the acute anxiety-producing stresses which may arise during the day. . . .

¹ Magnus, R. V., *British Journal of Clinical Practice*, 1973, 27, 449.

Seat Belts and Cigarettes

Mr. G. S. McINTOSH (London Hospital Medical College) writes: Recently in a House of Commons debate it was stated that the compulsory wearing of seat belts would bring about a saving of three lives and 36 injuries daily in the U.K. In addition there would be an obvious saving in N.H.S. ex-

penditure. . . . Of course it could be argued that such legislation would be for the good of society. However, would the Government's time not be better spent in outlawing the import of tobacco or the manufacture of cigarettes, bearing in mind that the annual death rate from bronchial carcinoma in England and Wales is in excess of 30 000? . . .

Patient Care in Full-time Medicine

Dr. G. H. JENNINGS (Petworth, Sussex) writes: After 35 years as a full-time hospital consultant I am not in favour of a State monopoly in medicine. At the same time I cannot agree with Dr. J. C. Briggs (7 December, p. 594) that only in private medicine can a patient be followed through lengthy treatment. I had many such patients—for example, three who . . . were observed for 30, 29, and 23 years respectively. . . .

Weakness in Negotiation

Dr. M. WYNN (Buckie, Banffshire) writes: In conversation with another general practitioner who attended the Annual Representative Meeting in Hull last year I was appalled to learn of the apathy which exists among the older generation of medical men. One can only conclude that our elders are satisfied with the present level of remuneration, or could it be that the people who attend the A.R.M. are among the more affluent members of the profession? The logical follow on from this, therefore, is that they

are the wrong people to be representing the profession as they seem to have no real idea of what is happening at the "grass roots." A mortgage on a modest £15 000 home can cost one as much as £170 monthly. I should imagine that most of the people attending the A.R.M. are servicing mortgages which originated 20 or more years ago, in which case their monthly outgoings will be a fraction of this. . . . I have watched the Government run rings round our negotiators for the past 10 years and I have no intention whatsoever of putting up with another 26 years of ineptitude such as my older partners have had to put up with since the inception of the N.H.S. . . . Should our negotiators fail in their immediate future dealings with the Government, then I will campaign as vigorously as I possibly can for their removal and their replacement by an experienced professional negotiator.

Sanctions

Dr. A. S. GARRETT (Reepham, Norfolk) writes: It is reported in the press that 60 British Leyland engineers recently dropped a pay claim and offered to do unpaid overtime to help the company out. Dr. W. R. Blatchley (14 December, p. 661) suggests that we do precisely the opposite—that is, increase prescribing costs by 50%, thus creating scarcities of vital drugs. . . . Surely the medical profession can see that it is no use battering holes in the bottom of a ship to help it through a storm. We must pull together, accept some lowering of luxury standards, and help our country by all reasonable economies. . . .