

treated with tetracycline, and a check x-ray two weeks later again showed improvement. For the next three weeks there was considerable clearing of the shadowing in the lung, but the patient was not free from symptoms and had cough with sputum with repeated staining. His teeth were filthy and it was decided to have them extracted. The antibiotic was stopped and he was kept under observation. He was x-rayed eight weeks later, which again showed extensive shadowing in the right upper zone.

The patient's father had died of bronchogenic carcinoma and he was naturally extremely worried about his symptoms. The waxing and waning of the radiological picture raised the suspicion of malignancy in the lung, though it was thought that it was most likely a lung abscess.

A bronchoscopy did not reveal any abnormality and on 25 January 1965 the chest was explored. A mass was found going right across the back end of the oblique fissure, and involving the posterior segment of the right upper lobe and the apical segment of the right lower lobe. The condition did not feel malignant and accordingly these two segments were removed. Macroscopically the resected specimen showed irregular honeycombed abscesses and the sections of the abscesses showed irregular spaces containing polymorph exudate with scattered deeply staining granules. These granules morphologically resembled actinomycosis. After the operation the patient was treated with very high dosage of penicillin for six weeks. He is doing very well up to date without any recurrence of symptoms or radiological abnormality.

This patient was treated with broad-spectrum antibiotics considering that he had simple inflammatory lesion with good result clinically and radiologically. But there were quick relapses on stopping the antibiotic on two occasions and thus raised the suspicion of some bronchial occlusive disease which resulted in exploration of the chest and ultimate diagnosis of the condition. The sputum was not examined for the fungus and thus it is obviously worth while to carry out this simple investigation, which would have made the diagnosis easier and probably saved the patient much investigation and anxiety.

I am grateful to Dr. W. Lee for his permission to publish this case.

—I am, etc.,

Ladywell Hospital,  
Salford 5.

A. K. DUTT.

### Reasons for Resignation

SIR,—Early this year it appeared likely that seventeen years of frustration might end if general practitioners stuck to their guns and demanded implementation of the Charter, but the writing was on the wall when the B.M.A. failed to submit the notices of resignation on 1 April, and gave the intransigent Minister three further months in which to avoid giving the assurances asked of him.

The repeal of the prescription charges, the refusal to allow private patients to obtain drugs on the same terms as their N.H.S. neighbours, the £3,000 per annum guarantees in Birmingham, and the inability of the B.M.A. to make efficient use of the resignations for collective bargaining all added insults to injury.

My notice of resignation from the general-practitioner service was submitted and accepted six weeks ago, as I could not face another twenty years of servitude before collecting a woefully inadequate pension. Like Dr. Gilbert R. Smith (21 August, p. 485) I consider it honourable to resign at this stage and I quite fail to see how organized withdrawal in certain areas or, for that matter, even individual withdrawals can

possibly diminish whatever strength in negotiation general practitioners have had.

If it is "the declared policy of the B.M.A. to use every means possible to encourage private practice" let the validity of the Minister's refusal to allow private patients to participate in the Pharmaceutical Service in the same way as they may participate in the General Dental Service, the Supplementary Ophthalmic Service, the Local Authority Service, and the Hospital Service be tested in the courts forthwith.—I am, etc.,

Hull, Yorks.

DUNCAN YUILLE.

### Certification

SIR,—Dr. Michael Wade (21 August, p. 480) is, of course, quite right to assume that it is now the Association's official policy that all medical certification of disability for National Insurance purposes should be abolished. I share his surprise that this very sensible resolution of the Annual Representative Meeting has received no publicity in the national or medical press. Here is one reform which could greatly reduce the unnecessary work of the doctors, with no disadvantage to patients or the national economy. We ought to press for its immediate implementation. The ban should be extended to "private" certificates demanded by employers and to certificates of fitness to drive or unfitness to serve on juries.

It is not the doctor but the patient who decides when he will leave work and when he will return. The doctor, dependent on continuing custom, dare not refuse a certificate unless he has decided that the particular patient, with household, collaterals, neighbours, and brotherhood co-members, is expendable from his list. Public and private benefits which result from certified disability for work should not depend on the verdict of a doctor who himself depends upon the good will of an interested party. It ought not to be to his financial advantage to write "unfit" (N.H.S. practitioner on capitation fee) or "medicine and duty" (service M.O. hoping for promotion). In peacetime at least the doctor responsible for clinical care should be relieved from the task of deciding whether people are entitled to various privileges at the expense of others. Let others, whether the National Insurance, private employers, insurance companies, or the High Sheriff, make their own arrangements for checking abuse, and let us not bother our over-exerted heads about what those arrangements will be. The clinical care of our patients would be sufficient responsibility if we were not asked (and did not officiously demand) to undertake any other.—I am, etc.,

Maldon, Essex.

DAVID CARGILL.

### Working Party on Postgraduate Education

SIR,—The Hospital Junior Staffs Group Council is concerned at an apparent lack of clarity of the requirements in postgraduate training, by which we mean the posts which should be held and the diplomas to be taken by those intending to become consultants. We are endeavouring to bring together the views of authorities such as the Royal Colleges, specialist societies, and deans of medical schools, but it would also be valuable to have the views of individuals.

I should be grateful if you could publish this request for those who may already be consultants or those in the process of being trained to send their views on the present arrangements, and any ideas for modifications, to me at the B.M.A. Regional Office, 36 Harborne Road, Edgbaston, Birmingham 15.—I am, etc.,

JOHN R. BENNETT,  
Chairman, H.J.S.G.C. Working Party  
on Postgraduate Training.

### Revised Subscription Rates

SIR,—The Councils of the Medical Defence Union, Medical Protection Society, and Medical and Dental Defence Union of Scotland would be grateful if you would publish this letter setting out the revised subscription rates of these organizations, which will come into force on 1 January 1966. In the face of steeply rising costs, especially in respect of legal costs and damages, these changes are essential to maintain financial resources at a level commensurate with future liabilities.

*Rates of subscription of the Medical Defence Union and Medical Protection Society as from 1 January 1966*

	Medical	Dental
	£	£
<i>Practitioners who qualify in the U.K. or the Republic of Ireland:</i>		
(a) practitioners other than newly qualified	6 p.a.	4 p.a.
(b) newly qualified practitioners—		
1st, 2nd, and 3rd years	3 p.a.	3 p.a.
4th and subsequent years	6 p.a.	4 p.a.
<i>Practitioners who qualify abroad</i>		
(a) practitioner granted permanent registration—		
1st-5th years	8 p.a.	6 p.a.
6th and subsequent years	6 p.a.	4 p.a.
(b) practitioners at first granted provisional registration—		
1st year	3	—
2nd-5th years	8 p.a.	—
6th and subsequent years	6 p.a.	—
<i>Overseas members</i>		
(a) practitioners other than newly qualified	8 p.a.	6 p.a.
(b) newly qualified practitioners—		
1st year	5	5
2nd and subsequent years	8 p.a.	6 p.a.
<i>Temporarily registered practitioners</i>	8 p.a.	6 p.a.
<i>Rates of subscription for the Medical and Dental Defence Union of Scotland:</i>		
Medical practitioners	£6	
Dental practitioners	£4	
New graduates for first three years, both medical and dental		£3

*Note: The Medical and Dental Defence Union of Scotland membership is restricted to doctors and dentists who practise in the U.K., and there are no special rates for temporary registrations, etc.*

—We are, etc.,

PHILIP H. ADDISON,  
Secretary,  
Medical Defence Union.

HUBERT CONSTABLE,  
Secretary,  
Medical Protection Society.

C. C. MILLAR,  
Secretary,  
Medical and Dental Defence Union  
of Scotland.