first time that a virus could be incriminated as an aetiological agent in human malignant disease."

This is not so. I would like to draw his attention to two papers in 1955 and 1957 in which I reported the development of malignant disease of the skin previously affected by herpes simplex or herpes zoster in a series of cases seen at the Royal Marsden Hospital.^{1,2} This occurred at intervals varying from weeks to several years after the appearance of the herpetic lesions. Sometimes the tumour appeared in a most unusual site, such as a herpetic scar of the skin of the abdomen in a young person. Similar cases following herpes simplex have been reported independently by Dr. A. Kvasnička from the Oncological Research Institute, Bratislava, Czechoslovakia.³ The paper was published while the virus theory of human cancer was in the doldrums and before the discovery of the polyoma virus.

Dr. Hamilton Fairley also refers to attempts to inhibit tumour growth by non-specific stimulation of the reticulo-endothelial system. In 1958 I⁴ showed that in solid carcinomatous tumours no reticulo-endothelial cells are present except at the growing edge or in areas of necrosis within the tumours. The main mass of solid tumours contains no such elements. This would appear to be a fundamental property of malignant tissue and reflects the loss of the normal processes of control of growth of cells exerted by the body mechanisms. Thus attempts at stimulation of the reticulo-endothelial cells to destroy cancer cells can only affect the growing edge of tumours, leaving the main mass of cells

unaffected. Attempts at such treatment of cases with tumour masses of any size would appear doomed to failure.—I am, etc.,

R. WYBURN-MASON.

Richmond, Surrey.

REFERENCES

- ¹ Wyburn-Mason, R., *British Medical Journal*, 1955, 2, 1106.
- ² Wyburn-Mason, R., *British Medical Journal*, 1957, 2, 615.
- ³ Kvasnička, A., *Neoplasma* 1965, 12, 61.
- ⁴ Wyburn-Mason, R., *The Reticulo-endothelial System in Growth and Tumour Formation*, 1958. London, Kimpton.

Tinnitus and Propranolol

SIR,—I was interested to read Dr. R. D. Hinshelwood's letter (17 May, p. 445) reporting hallucinations as a side-effect of propranolol. I have recently come across tinnitus as a further side-effect.

A 56-year-old woman was started on propranolol for mild hypertension. Within a few hours she noticed ringing in her ears. She took only 10 mg. twice daily for four days, but the symptom persisted. On reducing to 10 mg. daily the ringing stopped. The association was confirmed a few weeks later when she developed tinnitus following two 10 mg. doses of propranolol.

The patient found the effect too unpleasant for treatment to continue.—I am, etc.,

R. H. LLOYD MOSTYN.

Prince of Wales's General Hospital,
London N.15.

I.M.S. and B.M.A.

SIR,—I appreciate your endeavour to be fair to opposing viewpoints both in your report (*Supplement*, 14 June, p. 128) of the recent Council debate on I.M.S. Ltd. and in the leader entitled "The B.M.A.'s Sponsorship" (14 June, p. 646). Nevertheless, there are two errors of fact and one expression of opinion which I must challenge.

Audited accounts and balance-sheet for the year ended June 1967 were given to Dr. S. Wand long ago. The accounts for the year ended June 1968 are not yet finalized merely because the auditors wish to settle a few minor items which cannot materially affect the overall picture. Dr. Wand knows this.

During the debate in Council Dr. Wand stated (*Supplement*, p. 133) that "At the Annual Representative Meeting last year he had not opposed the resolution on the voluntary health insurance scheme. . . ." Although he may not have voted against the resolution, a glance at your own report of the proceedings (*Supplement*, 13 July, 1968, p. 75) will show that in fact Dr. Wand spoke against it, using much the same argument that he deployed during the recent Council debates, which was not accepted. This is of deep significance in the present situation.

In referring to I.M.S. you write, "It was in fact created as a means of carrying out the policy of the Association to promote private general practice. Whether, as its chairman has frequently claimed, it has lacked the sup-

port from the Association to which it was entitled is in the present context irrelevant." How can it be irrelevant if the Executive of the Association fails to carry out the instructions constitutionally determined by the Representative Body? In fact the lack of success on the part of I.M.S. stems to a very considerable degree from the lack of support given by the Executive over four years. Every effort we have made has been undermined by the atmosphere of controversy created in defiance of the expressed wishes of the Representative Body. Almost without exception, suggestions we have made for "proper and practicable support" have been rejected.

The original I.M.S. scheme for general practice, which received the approval of the Representative Body, was launched in 1965, despite inadequate capital provided by the profession, because Dr. J. C. Cameron and I, with the full support of our colleagues, realized the important role it might have to play in the dispute with Government. The profession has never realized the extent to which events were influenced in its favour by that action. Of course it cost substantial money to set up our organization on a scale capable of coping with the possible event of mass resignation and, on the instructions of the Representative Body, to keep the scheme in operation regardless of the outcome of negotiations with the Government. I can readily imagine the outcry if we had dis-

obeyed our instructions and the threat of mass resignation had materialized.

The Facilities Division of I.M.S. also was created with the approval of the Organization Committee, the General Purposes Committee, the Council, and the Representative Body. It was intended both to provide a service to members of the Association and to make a profit which would be devoted to the cause of voluntary health insurance. Every major policy decision in regard to the Facilities Division received the support of the committees concerned and the Council. Some 17,000 doctors applied for membership of this scheme and arrangements were made to meet their requirements. Yet, in the event, only about 4,500 doctors ever used the service, with the result that income proved insufficient to meet the administrative costs and financial difficulties ensued. Generosity and good will on the part of suppliers has enabled these difficulties to be overcome and a service to those members who require it will continue.

Since 1966, however, our main objective has been to launch a new comprehensive scheme of voluntary health insurance which the Council was instructed by the Representative Body to support. At the request of Dr. Wand this scheme was submitted to a panel of eminent assessors appointed by the Association. The assessors approved the scheme, suggested minor modifications which were accepted by I.M.S., and advised the B.M.A. to give all possible support having regard to the limitations imposed by its constitution. They advised the establishment of a new fund of not less than £120,000 for the purpose, and the securing of such moneys thus became a primary objective. I had hoped that the Officers of the Association would be instructed by the Council to support my efforts to raise this money from the usual sources. But this request was refused. Furthermore, there were no "financial difficulties" to justify the refusal at the time. Indeed, Dr. Wand states that the Council "knew that if the B.M.A. gave its support it would be possible, by using the name of the B.M.A., to raise money outside." Is this not what the Representative Body intended when it instructed that all "proper and practicable support" should be given? We must leave the forthcoming Annual Meeting to decide.—I am, etc.,

IVOR M. JONES,

Chairman, Independent Medical Services Ltd.
London, W.C.1.

Economics of the Health Service

SIR,—It was reported in the *Financial Times* (5 June) that there is talk of a £50m. investment in computers by the Ministry of Health (sic) over the next five years. If this is correct it may be compared with the cost of seven or eight thousand new hospital beds. Most of this enormous and rapidly obsolescent capacity would be used to add power to the functionary arm. The industry certainly needs orders. It should be made abundantly clear, however, that this expenditure is not wholly and necessarily incurred in the practice of medicine.—I am, etc.,

D. WALLIS.

London E.5.