been spent in discussions with Ministry of Health officials, almost the net result of which has been to bring into sharper relief the difficulties and the pitfalls for the profession inherent in the Act. Indeed, one has the feeling that to describe such conversations as negotiations is altogether misleading and that the Committee's case could have been as well prepared in discussion among themselves with the help of legal advice, and also in half the time.

In the year that has passed all the business sides of a doctor's life as it concerns future plans have been completely held up. Behind a smoke-screen of secrecy the framework of the new Health Service has been steadily pushed forward, and doctor committee-men have taken their places among the planning authorities. Indeed, the words of the Council quoted above cannot be regarded as an overstatement, unless the delay has served the purpose of the Minister. We are now but little more than six months from the date of implementation of the Act, and still essentials and details are interlocked in a fog of uncertainty and confusion. For example, the sale and purchase of practice are defended in short and concise terms as an essential of continued freedom and efficiency, and then paragraph after paragraph is devoted to legalistic argument anent the difficulties that will arise if sale and purchase are abolished.

On which ground, then, are we prepared to join issue—on a principle of personal liberty or on the practical difficulty of working the Act as it stands? On this point it needs to be pointed out—and it cannot be too strongly emphasized—that the interests of the various sections of the profession are not identical. Of this a paramount example is again that of the sale and purchase of practice. This, though, a sheet-anchor of independence and freedom as well as a guarantee of continuing efficiency to the general practitioner, is a matter of minor importance to the health officer or to the consultant. The hard truth should be faced without hypocrisy, for it is part of human nature, that men, or rather the great majority, will be more ready to disavow those principles in which they have no personal interest. Special weighting, therefore, should be allowed to the views of general practitioners in this matter.

In any event further equivocation and delay at this stage would be inexcusable and altogether intolerable. Argument and bargaining points must be put aside and the principles upon which we are prepared to stand fast decided. It is for the Council to strip themselves for action, and at the earliest possible moment to demand from the profession a plain yea or nay on simple issues which none can misunderstand.—I am, etc.,

Wirksworth, Derbyshire.

E. D. BROSTER.

SIR,—The supporters of the National Health Service have decried the present medical services as being inefficient and out of date, and have drawn much attention to the inadequate accommodation and equipment of the surgeries and waiting-rooms in doctors' private houses. The public were told that under the new scheme they would have magnificent health centres, fully equipped with x-ray apparatus and laboratories and a team of doctors who would work regular hours and not be overworked. Now that we know the details the scheme is apparently merely to put the whole nation on the panel and thus accentuate the overcrowding of the already inadequate accommodation, and there is nothing new in it at all.

Mr. Bevan would have been wiser to have followed the example of General Montgomery, who made certain that every detail of his scheme was planned before taking action.—I am, etc.,

Camberley, Surrey.

LESLIE HARTLEY.

SIR,—The doctors can accept the National Health Service Act or refuse it. The choice is theirs, they have but to exercise it. If they so will the Service cannot be forced upon them, for if 75% refuse to join on the appointed day then it cannot function, and an amending Act becomes a certainty—and that soon. The issue now before the profession is therefore remarkably simple and yet of transcendental importance, for it is nothing less than our freedom itself. On the one hand we may accept the Act as it now stands, entailing appropriation of our practices and remuneration by a basic salary—at first small to ensnare and delude us but at any time capable of increase by regulation to, mayhap, 99.9% at the will of the

Minister without reference to Parliament—in short, complete loss of our freedom and liberty of action in a full-time State salaried service. Loss of our practices inevitably implies this loss of our freedom, a disaster to both doctor and patient alike.

On the other hand we may reject the present Act by refusing, in resounding majority, to join the Service and indicate this decision by a decisive negative in the forthcoming plebiscite. Such refusal, without doubt, will compel the introduction of an amending Act in which we will retain our practices and be remunerated by capitation fee alone. Thus may we assure our freedom without in any way sacrificing the interests of our patients, but on the contrary safeguarding them.

Either to accept thraldom on the appointed day or to seek service in the future under an amended Act that preserves both the liberty of the profession and the true interests of our patients is the crucial issue now before us. It must not be obscured by endless discussion of items of relatively little importance such as terms of service, remuneration, superannuation, etc. The fundamental consideration now is the future freedom of the profession or its serfdom—nothing less. That freedom is incompatible with service under the present Act. Finally, the profession itself holds the trump card, not the Minister. For pity's sake let us play it and answer in the plebiscite with an emphatic and overwhelming "NO."—I am, etc.,

Tiverton, Devon.

R. E. J. PEMBREY.

The Minister's Gloss

SIR,—Your excellent leading article (Dec. 27, 1947, p. 1037) should be studied by all members of B.M.A. Beveridge's suggestion that it was not in the interest of the State to have sick people on disability funds caused the membership of B.M.A. to rise. The Coalition Minister of Health did listen to argument and was prepared to amend his White Paper when ousted from office. The present Act was heavily opposed by the Opposition in the House, as it is by most of one's patients, be they rich or poor. Sixty-four per cent of G.P.s rejected negotiation, but three great men of the profession overruled this, provided the Minister would consider fresh legislation.

The Minister has evaded this. Why another plebiscite? A year ago, faced with a panel strike, the Minister yielded to the weapon he knows so well. I forecast that this Act will have to be amended and that the stand of the profession will earn the gratitude of millions in this country.—I am, etc.,

Newquay, Cornwall.

J. P. O'SHEA.

Congenital Pyloric Stenosis: Two Cases in One Family

SIR,—Mrs. X., aged 30, was delivered of a male infant. At six weeks the child was diagnosed as a congenital pyloric stenosis and operation performed. Feeding difficulties arose and gastro-enteritis followed, the infant dying 17 days later. Subsequently Mrs. X. was delivered of a boy and then a girl. When 39 she was delivered of an apparently normal male. Projectile vomiting appeared at the third week and one week later congenital pyloric stenosis was confirmed at operation. This infant is making good progress.—I am, etc.,

Wembley, Middlesex.

M. B. STUNGO.

The Dangers of Going to Bed

SIR,—Our congratulations are due to Dr. R. A. J. Asher for his dissertation (Dec. 13, 1947, p. 967) on the dangers of going to bed or, more correctly, being confined to bed. I should like to add one more example of the untoward and contrary result arising from prolonged rest in bed. If we wish to stenose any part of the body immobilization is the accepted procedure. It is the common practice, as mentioned by Dr. Asher, to immobilize cases of rheumatic fever for a considerable period after the fever has departed. In bygone days months in bed was considered sound practice, with mitral stenosis as the inevitable end-result—the most serious of all valvular disorders.

Any barrier erected between the left auricle and the left ventricle must have a disastrous effect on the development of the left ventricle, which carries the burden of general circulation, and this is especially true in the growing heart. The present duration of rest after rheumatic heart disease is still too long, as evidenced by the incidence of obstructive mitral stenosis seen

in hospital practice. The incidence of rheumatic fever was found by Coombs to be 5 girls to 4 boys; yet the incidence of mitral stenosis in females must be in the region of 5 to 1 male. This is due to the less active life led by girls, who are seldom permitted to be out of range of the maternal eye; they sit and knit and acquire obstructive stenosis and provide most examples of auricular fibrillation in the forties. Her brother with the same diseases escapes to the playground and, despite restrictive advice, ensures that the cusps of the mitral valve are kept well apart by the vigour of his exercise, thereby securing a greater volume in flow and growth of the left ventricle. At the same time he prolongs his life.

Convalescent heart homes are not the nurseries for the cultivation of mitral stenosis that they used to be; nevertheless the introduction of the sedimentation rate has tended to increase bed rest in these cases, and mitral stenosis is actively encouraged once again. Because the sedimentation rate is increased, active endocarditis is presumed with often no justification; it might well be tonsil, sinus, or other infection. Immobilization and fibrosis are inseparable bed-mates and are no companions for growing hearts.—I am, etc.,

London, W.1.

BRUCE WILLIAMSON.

Diet and the Nation's Health

SIR,—As a humble member of the profession I note with dismay that Dr. S. K. Westman (Dec. 6, 1947, p. 926) regards the Hunterian Society and frivolity as being synonymous. A press précis can be misleading; it is probable that he has now had access to the full discussion and is a wiser man. The comparative statistics given in his letter beg many questions, but this outstanding and alarming fact is borne out—namely, the famine babies of 1919–21 responded, in the absence of adequate food for the body, to a dangerous and devastating dietary of distorted mental and moral feeding. They contributed to the downfall of their country and plunged the civilized world into chaos and economic disaster. Was the subsequent prowess of Hitler Youth in war the triumph of starvation or the thrust behind a fanatical and insatiable ambition for power? In their quest for *Lebensraum* was it not perhaps a bigger dining-room they subconsciously sought?

While I admire Dr. Westman's personal victory of mind over matter, I would remind him that his unusual menu for strength is in short supply in this country. It would be regrettable if our rowing blues were deprived of their sport because they had nibbled their oars and sucked the substance of the boats while in training. The whittling down of our larder has already caused deterioration in our morale and bred dishonesty in many a decent home. The man in the street does not need a learned society to point that out to him. The desire for a high standard of food and health is not actuated by selfishness and greed on Britain's part, but in her upholding the terms of the Atlantic Charter—"that all the men in all the lands may live out their lives in freedom from fear and want." We want butter in our guns and so avoid any continental European or Asiatic parallels of hunger and discontent.—I am, etc.,

Dursley, Gloucestershire.

ISABELLE B. S. FAYLE.

SIR,—May I add a note to Dr. F. M. R. Walshe's eloquent letter (Dec. 13, 1947, p. 971) emphasizing the importance of subjective impressions in the formulation of evidence? Sir Jack Drummond's argument seems to me to suffer from a fallacy of misplaced concreteness. He was mistaking the modern concept of nutrition for a fact, and forgetting that it is a theory still to be tested by experience. He maintained that, because we were getting all the items of diet which the modern theory of nutrition held to be necessary for our health, therefore we must be healthy. But this theory may prove to be inadequate, just as those theories of nutrition in vogue before the discovery of vitamins proved to be inadequate. It may be that from these subjective impressions which he scorns to notice new facts will emerge compelling the theory to be recast.

Of course, subjective impressions are dangerous data. The field they grow in may be thickly sown with the tares of wishful thinking. Disapproval of the Government's activities may easily squeeze itself through the gaps in our sentiment of scientific impartiality and emerge as subjective impressions concealing a grudge. This is what happened, no doubt, to those

physicians who felt that their patients were suffering from the effects of calcium in the bread at a time when the calcium was present only in their imaginations. Much laborious and honest threshing is necessary to winnow away the chaff of adventitious percepts from the grain of a new impression. But it is the impressions which supply us with new facts and which therefore ought never to be neglected.—I am, etc.,

Wallingford, Berks.

E. H. HARE.

A Sign of Carcinoma

SIR,—Carcinoma of the breast frequently presents one of the stiffest problems in surgical diagnosis, and all surgeons of experience approach these cases with humility, which is understandable when pathologists tell us that never a year passes by but they see at least one breast removed in the Halsted fashion for mastitis and more than one local removal of a carcinoma in error for a benign condition.

The simple manoeuvre employed to obtain the accompanying photograph I have found after long experience to be a great help in diagnosis. If the arms are raised above the head as high as possible all the usual signs of carcinoma are increased and, if not already present, are frequently made manifest in the most surprising manner. This applies to the level of the nipples, retraction of the nipple, puckering of the skin, and even peau d'orange. In addition the palpability of the tumour to the flat hand is easier to elicit when the underlying muscles are on the stretch.

The case illustrated was referred to the out-patient department as a case of chronic mastitis, and with the arms hanging by the side the breasts were indistinguishable on inspection and the tumour was vague to the finger and impalpable to the palm of the hand. The raising of the arms above the head instantly made the diagnosis of malignancy indubitable. With chronic mastitis some puckering of the skin may be produced, but it is generally a diffuse rippling over a fair area rather than a well-defined depression such as is seen in the photograph. Feeling sure that others have made this discovery before, this simple test is nevertheless put forward in the hope that wider publicity for it will help in what must be regarded as one of the most responsible and difficult diagnoses which come the way of the clinician.—I am, etc.,

London, W.1.

A. DICKSON WRIGHT.

Staphylococcal Infection due to Penicillin-resistant Strains

SIR,—In her very interesting article (Nov. 29, 1947, p. 863) Dr. Mary Barber draws attention to the increasing incidence of strains of *Staphylococcus pyogenes* that are grossly resistant to penicillin. We have been testing between April and December, 1947, all cultures of *Staph. pyogenes* for penicillin-sensitivity, using the penicillin-ditch method with 1, 5, and 10 units of penicillin per ml. Secondary cultures had been tested throughout. Out of a total of 115 cultures of *Staph. pyogenes*, 9 (7.8%) were penicillin-resistant.

Type of Infection.—Axillary abscess, 1; otitis media, 2; furunculosis, 1; dermatitis, 1; aplastic anaemia, 1 (blood culture). The 3 other penicillin-resistant strains were grown from the throat (2) and nose swabs (1) of carriers. Considering only the strains from infected cases, 6 (5.2%) were penicillin-resistant.

In Czechoslovakia, owing to the comparative shortage, the use of penicillin, especially in the form of ointments, lozenges, etc., has not been as widespread as in Great Britain. None of the cases examined had received penicillin prior to the bacterio-