the State, or will I have to send my patients to a midwife and another doctor on the "list"? Can the Minister or anyone interested in seeing this part of the Act implemented as it stands to-day tell us the answer to these questions?

The matter seems to me to strike at the very root of our acknowledged principle of being free to exercise the art and science of medicine.

If the "others" are debarred from practising midwifery in the Service, then the first sentence quoted can, at best, only be called a terminological inexactitude. The "others" have been passed as competent by their university or college professors or they would not be qualified, and in the absence of proved incompetence or negligence after qualification I can see no justification whatever for preventing them working in the Service. General practitioners might next be prevented from treating pneumonia as this would be the province of "physicians," from treating a whitlow as this would be the province of a "surgeon," from giving an anaesthetic as this would be the province of an "anaesthetist."

We are qualified practitioners. It has been and should continue to be our right to decide when we shall refer our patients to another practitioner. And that should be only when we feel in need of his help or advice—and not when we are instructed to do so from "higher authority."

My fears are not fancies. Many of us experienced interference in our professional freedom during the war, but that is not necessary now. Let us see that it shall not be so by our united voice. In this as in the other vital issues raised with the Minister it is only by unity that we can ensure that the best possible service is evolved for our patients and ourselves.—I am, etc.,

Harrogate.

D. C. WILLIAMS.

SIR,—A crucial question at this time which I think is being forgotten is, Do the public gain in health through the introduction of the Service at this stage?

The answer is obviously "No." The Service will call for more work among doctors owing to more visits by patients and the inevitable form-filling which is the necessary evil of any co-ordinated service. If we look upon the patients as the material with which we work, and whose medical well-being is our "finished job," then I'm afraid we're being forced on them at a time when workmen and material are of poor quality. We should have workshops (hospital beds)—the present numbers are inadequate; also assistants (nurses)—whose number is also inadequate.

A little variation in available foods may brighten a few, in mind if not in body. Tuberculous-infected milk can still take its toll of children, and tuberculous patients still linger at home waiting for hospital beds. However bad these are, and however good are the excuses for not remedying them now, the introduction of a health service, which to the patient promises improvement in medical care, can do nothing—in fact, we could be made the scapegoat for its failure.

Let us accept the role of heaven-sent advisers to Aneurin Bevan and tell him gently "No," or at least "Not yet."—I am, etc.,

Newport, Mon.

H. J. HOUGHTON.

SIR,—I have never seen or heard discussed the obvious solution to the aim of the National Health Service—the desire of the public for the avoidance of doctors' bills. All patients desire private (in every sense) service, and pay for such when possible. Why not have universal private practice, raising panel patients to the private level, and let the £66 millions, plus insurance, pay the doctors' bills?—I am, etc.,

Farnham, Kent.

H. M. DENHOLM-YOUNG.

SIR,—In all the letters which you publish in your issue of Jan. 3 I have not observed any mention of the one solid ground upon which we may rightly take our stand with the solid psychological backing of the general public, a prerequisite to any success—i.e., the absence of the right of appeal to the High Court. No amount of "haggling" over fees or the precise method of remuneration would cut much ice with the public, enlist their sympathy, or enhance our prestige. But to refuse

us a right of appeal is a refusal of bare justice and reason, weakens the Minister's case, and is clearly illogical. *The Times* leader complained that the dispute was passing from the logical into the emotional. No emotion is involved in the right of appeal. I am heartily in favour of a basic salary.—I am, etc.,

Hassocks, Sussex.

CHARLES FRANKLYN.

SIR,—One hears the question asked, "What can we do if the Minister brings the Act into operation in spite of us?" with dark hints as to the penalties for strikes by bodies other than trade unions. Surely there can be no question of a strike against a non-existent employer? Again, is there anything to prevent the individual general practitioner from saying to a patient on and after July 5, "I am not in the Service. I am perfectly willing to treat you, but in case the Minister gets up to any hanky-panky about the recovery of medical fees I must ask you to pay me each time I see you, and I am sorry, but I cannot let you have any certificate for anything." Perhaps some of your readers learned in the law will let us have their views on our powers and limitations.—I am, etc.,

Launceston, Cornwall.

DONALD M. O'CONNOR.

The Treatment of Myasthenia Gravis

SIR,—Your interesting annotation on this subject (Dec. 13, 1947, p. 966) did not mention the recent work of Torda and Wolff (*Arch. intern. Med.*, 1947, 80, 68) on the effect of intravenous administration of an enzymic hydrolysate of casein ("amigen") to five cases of myasthenia gravis. The concept that much of the symptomatology of myasthenia gravis could be explained by decreased synthesis of acetylcholine, and the demonstration that this synthesis could be increased *in vitro* by amino-acids and proteins, provided the rationale for their procedure. Muscle action potential records were made in patients with myasthenia gravis and in healthy subjects. Full details are given of one patient in whom the known decline of the amplitude of muscle action potential after prolonged indirect stimulation was prevented by amigen; this patient was even able to postpone the taking of "neostigmine bromide." The remaining cases were less severe, but responded similarly. There was an improvement in muscle function signified by increased performance of work and a reduction in the daily requirement of neostigmine bromide during the period of amigen administration. Obviously this effect of amino-acids in myasthenia gravis may implicate many processes, and examples of these are discussed. Admittedly Torda and Wolff stated that "no therapeutic implications are justifiable from these preliminary experiments," but their apparently favourable results would seem to deserve notice.—I am, etc.,

Rowett Research Institute, Aberdeen.

L. R. C. AGNEW.

Penile Carcinoma

SIR,—I am bound to meet the friendly challenge of Mr. D. M. O'Connor (Dec. 20, 1947, p. 1010) for evidence of my belief that the mixed bacterial flora rampant beneath the phimotic prepuce may be transferred to the vagina and may there set up cervical carcinoma. The admitted relative freedom of Jewish women from the disease already raises a presumption in favour of this explanation.

For many years I sought to find a specific peculiarity in the tissues of precancerous areas. Such areas have usually been the sites of chronic local infection, especially by the staphylococcus, the treponema, the tubercle bacillus, or by a virus, or have been subjected to the action of tar or other chemicals, or have been unduly exposed to solar or x-ray radiation. Anatomically, on skin surfaces the cancer is preceded by papillary hypertrophy, on mucous surfaces by the formation of adenomata. I have demonstrated that a lymphatic capillary is the central structure of each papilla of the skin, and that in a papilloma this central lymphatic is blocked by previous infective lymphangitis. This observation, simple as it is, is in my opinion the key to the origin of cancer. A rise in intercellular pressure necessarily follows, the papilla swells up, and all its tissues are nourished at high pressure by stagnant but over-rich tissue fluid, largely deprived of its hormones and probably poor in oxygen. At this stage the bacteria have done