time we put it down to adherent placenta, the latter being of a very fibrous type, but it is conceivable that the 30 grains of quinine given may have had something to do with it.—I am, etc.,

Mackenzie Memorial Hospital,
Tientsin, June 3rd.

GEORGE C. DORLING.

"Total" Hysterectomy

SIR,—I was interested to read in the *Journal* of April 29th (p. 741) Dr. Ralph Worrall's paper on total hysterectomy for non-malignant conditions. I find it very difficult, however, to appreciate how he can possibly label the technique he describes "total hysterectomy." It is well known that the cervical glands and their cystic dilatations penetrate very deeply, and I feel sure that if Dr. Worrall were to excise what remains of the cervix after his "total hysterectomy," he would have no difficulty in satisfying himself that the operation he describes does not deserve the title he gives it.—I am, etc.,

Royal Hospital, Baghdad, G. S. WOODMAN, F.R.C.S.Ed.
June 11th.

Paying Patients in Voluntary Hospitals

SIR,—Since you referred in the *Journal* of August 18th, 1928 (p. 317), to the report of the Pay Beds Committee of the King Edward's Fund for London, circumstances have brought all concerned very much up against the problems involved in this proposal. You then remarked that "changes in conditions in the metropolis will certainly have their reactions upon the country generally," and you went on to state that if the proposals made in that report are to be carried into effect "the ranks of the younger consultants will be steadily thinned." It is not only the interests of this group in the profession which will be affected, but also those of the visiting medical staffs and of the general medical practitioners.

At the Annual Representative Meeting of the British Medical Association to be held in Dublin this month this question will come up again for discussion, as on the agenda there appear proposals outlining the terms and conditions under which private patients should be received in voluntary hospitals; and therefore it is to be hoped that by free discussion and clear thinking it may be possible for the medical profession to put concisely before the public proposals which will be equitable to all concerned.

The proposals outlined in the Pay Beds Committee's report, that:

(a) accommodation provided in voluntary hospitals should be placed at the disposal of those of "moderate means" on the same terms and conditions as apply to the "sick poor"; no payment for medical treatment being allowed;

(b) the general practitioners should be "kept in contact with" these patients by communication, information, and advice;

(c) that the committee of management should lay down certain rules or limitations as to the medical practitioners who should be allowed to attend these patients;

are such as evidently appeal to the committees of management of many voluntary hospitals. Judging by the various schemes which are being launched by these committees, it would seem that they consider

(a) that private patients should be a source of income to the hospitals;

(b) that the visiting medical staff should be expected to contract to give their services for little or nothing;

(c) that the general medical practitioner, and the private young consultants, should be entirely detached from any association with the private patient department of these hospitals; and

(d) that the consultants and specialists of the visiting medical staffs, by attendance on all these private patients for whatever may be the illness, should become to all intents general medical practitioners.

The question of providing general medical practitioners with accommodation in the private patient department for those of their patients who require only "general medical practitioner" treatment does not seem to have been considered by the boards of management, or, if it has been, then it has been turned down as either impracticable or unnecessary. It is to be hoped, therefore, that the Representative Body will in definite terms announce, on behalf of the medical profession,

(1) that in all districts there should be available accommodation in voluntary hospital, nursing home, or/and otherwise, for private patients requiring "specialist treatment," and for those requiring "general medical practitioner treatment";

(2) that if a voluntary hospital enters into the business of providing accommodation for private patients then the administration of this department should be as far as possible on the lines recognized by the medical profession as those of a private nursing home;

(3) that the manner in which the public department of a voluntary hospital is conducted should not determine the manner in which the private patient department should be conducted;

(4) that there should be for the private patient: (i) free choice of doctor; (ii) admission on the recommendation of a private doctor; and (a) that the private medical practitioner, whether young consultant (not attached to the visiting medical staff) or the general medical practitioner, should have the entrée to the department as a right, along with the members of the visiting medical staff, and not as a matter of courtesy; (b) that the fees should be a matter of arrangement with the attendant doctor, gratuitous attendance neither being expected nor given.

If the medical profession does not unite on the above principles and secure their adoption then it will not be long before the general medical practitioner finds that if his patients go into the private patient department of a voluntary hospital he will lose them, or, alternatively, that he will be obliged to use a less well-equipped nursing home.

To endeavour to dissuade the medical profession from affirming now, and in clear terms, the desired position alongside the visiting medical staff for the younger consultants and the general medical practitioner, because in the opinion of some at this moment it will not be universally obtainable, will eventuate in a condition of affairs when it will have become too late. And once more medicine will have received a set-back; the "back-bone of the profession" will have been deprived still further of the experience and remuneration to which it is entitled; and the middle-class public will lose the advantage of that efficient medical attendance which is at its disposal and to which it is entitled.—I am, etc.,

Hove, July 1st.

E. ROWLAND FOTHERGILL.

The G.P.'s Proper Work

SIR,—I think the note in your issue of June 24th, headed "Fee-splitting and the Law" (from a legal correspondent), one of the finest and most explicit articles I have ever read, and very much wanted by the general practitioner, who is degenerating and looking round for some means of making a living because of the incessant inroads into his practice caused by the eternal clinics and whole-time men and women who are robbing him of his ordinary practice. Take maternity practice alone. We are surrounded by district nurses, who attend the women wholesale in their confinements; half of them do nothing but sit and watch, and long after the women should have been relieved they call on the general practitioner to come and clear up the mess. I consider every primipara ought to have a doctor in attendance during her pregnancy and at the confinement. All these clinics and nurses are kept up by robbing the general practitioner of his lawful work. The two letters on "The G.P. and Midwifery," by Dr. Terence Robinson and Dr. Kathleen Vaughan, are very much to the point.—I am, etc.,

Wallington, June 26th.

A. Z. C. CRESSY.