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RUDOLF KLEIN

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Private practice and the NHS R T Booth, FRCP; G W Libby, MRCPsych.	Stereotaxic neurosurgery for cerebral palsy E R Hitchcock, FRCS.	Enteric-coated aspirin overdose and gastric perforation J M Gumpel, MRCP.
Consultative document on private practice N D L Olsen, MRCP, and others.	Diazepam withdrawal symptoms Wendy P Bant, MRCPsych.	Low-dose heparin and prevention of venous thromboembolic disease L E Hughes, FRCS, and H Campbell, FRCM.
Renal transplantation J Andrew, FRCS.	¹²⁵I-fibrinogen in the diagnosis of deep vein thrombosis K Forsberg.	Calf haematoma: a new sign G A MacGregor, MD.
Migrainous neuralgia Sir Charles Symonds, FRCP.	C-Film as a contraceptive N Raabe, MD, and O Frankman, MD.	Use of bacteriological investigations by general practitioners P R Mortimer, MRCPATH, and others.
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Mao's China R W Cockshut, MB.	Long-term prophylaxis with beta-adrenoceptor blockade after myocardial infarction J M Barber, FRCPed, and D McC Boyle, MRCP.	Management of acute asthma F Harris, MD.
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Diseases of central nervous system J M K Spalding, FRCP.	Aeromedical evacuation of the seriously ill D H Clark, BDS.	
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Silicone foam sponge for pilonidal sinus K M Dickinson, FRCS.		
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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

How the profession should act

SIR,—Misled by the strength of its emotion into believing it has an equally powerful physical presence there comes a time when even the most puny worm may turn. For me that time came when the Hospital Consultants and Specialists Association was reported by *The Times* to be instructing its members to avoid "strike breaking." It is difficult to express oneself on this matter without sounding both pompous and trite. None the less, I feel strongly about many recent medicopolitical developments, and in particular the possibility that our leaders, in trying to preserve the strength and independence of the profession, may be tempted to adopt tactics that will destroy its essential ethos.

Our political masters may apparently agree with G B Shaw that all professions are conspiracies against the laity, and therefore attempt to reduce their power and prestige. That the profession should embark on a course that can only confirm that misguided belief seems to me incomprehensible and possibly disastrous. (Not many people can seriously hold that the best way to prove you are not a dog is to go round biting people who call you Fido.) As members of a learned profession we have certain privileges and duties. To strike is not one of them. We are not a trade; we should not have to employ trade union tactics to main-

tain our standards of living. We are not an industry; we should not have to negotiate with management in endless confrontations. The profit motive is not our mainspring for action; but no responsible government should expect us to run the major part of the Welfare State as if we ourselves were the recipients of their charity.

Along with most colleagues, I am driven to distraction by the illogical and doctrinaire beliefs that the present Government seeks to impose upon us. Nothing in this letter seeks to denigrate the Promethean struggle of our leaders and negotiators on our behalf. With them, I am prepared to do all in my power to prevent a government, of whatever party, destroying the medical profession and the NHS. I am quite prepared to take any administrative action our leaders request, to sign no certificates, to sit on no committees, to take no further part in administering the NHS, to ignore all instructions from the DHSS, regions, and area. If these and similar measures do not suffice to convince the Government of the strength of our convictions and that it cannot run the NHS without the goodwill of the profession I am quite prepared to resign, along with a certain proportion of my colleagues, if this is the only way to protect the NHS from the politicians. But there are no circumstances in which I would be prepared to deny my pro-

fessional responsibility. I will ignore any calls to strike or to take any other action that infringes upon the doctor-patient relationship. I cannot believe I shall be alone. Cannot the profession unite behind the cry, "Cut the Government's throat not ours"?

G S SPATHIS

St Helier Hospital,
Carshalton, Surrey

SIR,—Inevitably in the medical profession, with its multiplicity of disciplines, unanimity of attitude is unlikely, but regrettably the Government has been able to capitalise on these divisions of attitude in its response to the problems of pay beds within the NHS and also to the new contracts offered to consultants and, more recently, to junior staff. As a junior doctor I am embarrassed by the views and actions which seem to be dictating the present negotiations between the Government and our representative committee, but even more by those views which appear daily in the press from junior doctor ginger groups dotted around the country.

I do not think anyone would disagree that the current funding of the NHS is inadequate if current standards are to be improved or indeed maintained. Perhaps there will need to be a fall in these standards before the Government, with its doctrinaire approach, is forced by public opinion to change its attitudes. It is, however, to the profession's shame that it has allowed the major issues relating to the standard of care and professionalism in the NHS to be overshadowed