

of human tar cancer, originates in the hair follicle.

I made Dr. Glass's observation myself in 1960 and 1965,<sup>1</sup> when I offered it to the Society for the Propagation of Lung Cancer or any tobacco advertiser. I did not seriously suspect that it would be put forward as an argument against the incrimination of tobacco.—I am, etc.,

R. E. W. FISHER,  
Chief Medical Officer,  
South Eastern Gas Board.

London S.E.15.

#### REFERENCES

- <sup>1</sup> Fisher, R. E. W., Proceedings Thirteenth International Congress on Occupational Health, New York, 1961.  
<sup>2</sup> — Trans. Ass. industr. med. Offrs., 1965, 15, 122.  
<sup>3</sup> Ghadially, F. N., *Cancer (Philad.)*, 1961, 14, 801.

### Cardiac Transplantation

SIR,—I had intended to associate myself with the letter from my colleagues Mr. W. J. Dempster, Dr. D. G. Melrose, and Professor H. H. Bentall (20 January, p. 177), but when it was ready for dispatch I was abroad and inaccessible. However, I share the views which they expressed and confirm that they represent the policy of this department.

In the field of renal transplantation in man my colleagues Professor R. Shackman, Mr. J. S. Calnan, and Mr. G. D. Chisholm have been encouraged by their limited experience of the use of skin transferred from live donors.<sup>1</sup> We all hope that laboratory methods of tissue typing, based on similar principles, will prove equally or more valuable. However, unless any other solution to the problem is found in the meantime, we will await the results of the prospective studies that are being undertaken here and elsewhere in relation to the kidney, and ensure that they are reliable, before we feel justified in considering transplantation of the heart.—I am, etc.,

R. B. WELBOURN.

Department of Surgery,  
Hammersmith Hospital,  
London W.12.

#### REFERENCE

- <sup>1</sup> Shackman, R., *J. roy. Coll. Surg. Engl.*, 1966, 39, 175.

### Cause of Death

SIR,—I disagree with Dr. S. Bradshaw (30 December, p. 806) and submit that a discrete silence should continue to be maintained on the causes of death of members of the profession mentioned in the obituary notices. Surely we are adequately reminded of our own mortality in all its technical details by reading the rest of the *B.M.J.*, a large part of which is entirely devoted to obituaries of the nameless by the famous and would-be famous.

I have never been quite certain about the qualifications necessary for inclusion in the obituary notices, but I take it that they are in the nature of posthumous merit awards and that they exist at all is surely sufficient proof of the mortality of doctors great and small. Although it is most unlikely that members of the profession whose names appear would be indiscrete enough to die of conditions likely to cause embarrassment to relatives, yet, as

Dr. Bradshaw suggests, sooner or later such a problem might arise, and I cannot see how it could be easily solved. To omit the cause of death in such a case would give rise to much unhealthy speculation in the tea rooms of Tavistock House and elsewhere and to falsify the cause would belie Dr. Bradshaw's object. An obituary notice is hardly the place for the unvarnished truth, and it is obvious that the writers of such notices are ever mindful of the well-worn Latin tag or else one is to assume that the medical profession is unique in that all its distinguished members have lived lives of saintly devotion and blameless excellence. It is, however, possible by reading between the lines to detect the existence of very human shortcomings.

It is a sure sign of the passing of time to note the first section to which a subscriber turns on opening his copy of the *B.M.J.* Young and hopeful, it is most likely to be to the "Appointments Vacant"; energetic and enthusiastic, to the "Papers and Originals" (or if less ambitious to the correspondence columns); middle-aged, envious, and censorious, to the successes in the "medical news" and failures in the proceedings of the G.M.C.; and lastly, disillusioned and despairing, to the obituary notices. Let them remain the simple monuments to goodness they have always been and not become yet another source of technical enlightenment.—I am, etc.,

Crosby,  
Isle of Man.

G. A. OWEN.

### Prescription Charges

SIR,—What purpose lies behind the Government's reimposition of prescription charges? If the aim is to reduce the Exchequer cost of the National Health Service the Chancellor could have raised more revenue by a 5s. per week hotel charge on every hospital patient. If the purpose is to reduce the net cost of drugs why is there no tax on drugs prescribed in hospital?

Is the real hope to collect £25–50 millions in taxes without paying to do so? This may be nearer the truth. Chemists and dispensing doctors were not paid last time for gathering this tax nor provided with extra staff to do so. During the original spell of prescription charges I personally gathered over £1,300 in tax without any payment or so much as a thank you. Prescription costs and dental treatment come a long way down the list of high expenses in the N.H.S. Are dispensing doctors, dentists, and chemists easier to rope in as tax collectors than consultants and hospital staff?

I trust that when the profession is approached by the Minister of Health our representatives will probe deeply into the Government's true motives. If their aim is honestly to reduce the public cost of the N.H.S. by collecting taxes from users of it the profession should insist on two conditions: firstly, the tax load must be shared by users in hospitals as well as in general practice; and, secondly, the machinery for tax-collecting must not throw any additional unpaid burden on doctors, chemists, or their staff.

I am not a tax collector. I refuse to be an unpaid tax collector. As an "independent" contractor I reserve the right to decline even to be a paid tax collector. My "extra

half-hour a day"—and more—goes to my patients, not the Inland Revenue.—I am, etc.,  
Peaslake, Surrey.  
G. I. WATSON.

SIR,—Since the Government's announcement of the reintroduction of prescription charges we have already had a considerable amount of our time wasted by patients inquiring whether they will qualify for free prescriptions under the heading "chronic sick." We feel very strongly that under no circumstances should the representatives of the profession agree to the general practitioner being the arbiter on whether a patient qualifies for free prescriptions or not and should not agree to any addition to our terms of service.

We feel that if this onus was placed on the general practitioner it would lead to unseemly arguments and a further deterioration in the already unsatisfactory doctor-patient relationship fostered by the National Health Service.

The profession should make sure that on this occasion new burdens are not imposed upon us without our implicit agreement—that is, by referendum. We would urge all general practitioners who agree with these sentiments to write individually to the Chairman of the General Medical Services Committee or the Secretary of the B.M.A., or both, making it quite clear that any new impositions would lead to renewed demands for resignation.—We are, etc.,

C. F. COUTTS-WOOD.  
M. REDFERN.  
J. KELLY.

Tickhill,  
Near Doncaster.

### Hospital Management

SIR,—When a consultant who has "a high regard" for the administration of his hospital group is nevertheless sufficiently frustrated to pen the sort of letter which Dr. J. Wedgwood wrote (30 December 1967, p. 806) it bodes ill for those of us who cannot echo such sentiments about our own.

Let's face it—we are just getting nowhere in recovering control of our own profession, and some drastic action is called for. The crux of Dr. Wedgwood's letter lies in the statement that "an executive committee needs executive powers." To my mind there is only one way of achieving this, and that is for every single member of the profession to refuse to sit on any committee whatsoever after 5 July 1968 unless it consists of a two-thirds majority of medical men. This would be a form of "strike" for which the public could not recriminate us, and, furthermore, it would put an end to the rash of subcommittees with which one is afflicted these days. We are busy men who want to get on with our work, but we are not too busy to run our own affairs given the opportunity.

We should not worry too much about *The Shape of Hospital Management in 1980*<sup>1</sup>—we should be much more concerned about its shape in 1984 (and we are now well past the half-way stage between 1948 and 1984).—I am, etc.,

Aberystwyth,  
Cards.

S. T. H. JENKINS.

#### REFERENCE

- <sup>1</sup> *The Shape of Hospital Management in 1980*, King Edward's Hospital Fund for London, 1967, London.