moral act. Where there is moral doubt it is right to consider public opinion, as did Warnock.

Professor Evans accuses those who believe it is inevitable that expensive medical technology will be rationed of wanting to water other gardens. All countries have this problem. Does he want deserts? Is not education the best safeguard of the nation's health and future? Should the Arts be subsidised? Should the nation be defenceless? Is there no responsibility for the misery beyond these shores?

He hints that I hold allegiance to dark forces. I was only trying to write in the English utilitarian tradition of trying to do the most good to the most people.

It is surprising that little attention is given to the major difficulty with my paper. Obviously you would save a 20-year old rather than an 80-year old, if forced to choose, but how do you turn that into humane policy? People may have to work on it.

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PPS to 'The great insanity'

Sir—You published a short postscript to my FitzPatrick lecture (May/June, page 206) in which you reported that I had been asked to give the same lecture in Germany on 8 May, VE Day.

The invitation and choice of date came from Professor E Nieschlag FRCP, professor of reproductive medicine and Professor E Zimmermann, dean of the medical school at Münster. My slight anxiety as to how I should be received by my hosts and their colleagues was immediately set at rest. I could not have been more sympathetically welcomed. The whole atmosphere was friendly and sensible (ie they agreed with me!) and any idea I had that my German hosts might be too serious-minded for me was lost in gales of laughter before dinner and thereafter, although not—I am happy to say—during the lecture.

It was a very short visit but for me an inspiring one—it showed exactly the spirit which we love and admire and had always hoped would take over in Germany after the horrors they had endured.

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More general physicians or specialists?

Sir—Dr Batemen (January/February 1995, page 73) asked why general physicians look after patients with acute neurological disease when neurologists have greater experience and interest? Dr Levine (March/April 1995, page 177) correctly states that neurologists themselves decided to opt out of acute general medicine rotas for emergency hospital admissions.

After the 1939–45 war, some teaching hospitals and regional hospitals appointed physicians with a special interest in neurology, and I was one of them. During 30 years I had an excellent liaison with neurological and neurosurgical colleagues in this and other regions and had ready access to electroencephalography, neuroradiology, neuropathology, and neurophysiology before many of these were available on my hospital campus.

Stroke is the most common disorder seen by UK neurologists after epilepsy, headache and migraine. In my view a general physician with a special interest in neurology would be equally competent to see such patients, so halting the ever-increasing workload of neurologists. There are about 200 whole-time consultant neurologists in the UK so that if neurologists were to see all strokes that would mean about 14 stroke patients each week [1]. Yet the Association of British Neurologists and the Royal College of Physicians Neurology Committee both oppose any further appointments of 'general physicians with a special interest in neurology'. In doing so the Royal College disregards its other committees and associated bodies who readily accept the notion of special interests in, for example, cardiology, gastroenterology, endocrinology, and thoracic medicine.

Some years ago, at a general meeting of Fellows at the College I made an 'impassioned appeal . . . for the preservation of the general physician with an interest in neurology, a species of which I was one of the last surviving members'. This matter was also raised by Hopkins [2] who wrote that professors of medicine favour this concept despite lack of support from the RCP Neurology Committee.

If no expansion in the number of whole-time neurologists in the UK is envisaged I submit that physicians who, like myself, have been trained in both general medicine and neurology as senior registrars or lecturers should be considered for appointments as consultant physicians with an interest in neurology in regional hospitals where whole-time neurologist cover is not available.

My proposal might also help to resolve the plight of excellently trained and experienced senior registrars who, as they approach middle-age, abandon hope of full recognition and employment.

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