

to pay £1,200 spread over only ten years, as well as 4% interest and a life insurance premium" (my italics). The correct figures are that for a loan of £1,000 the quarterly repayments amount to £30 9s. 1d., but these include repayment of both capital and interest at 4% and there is no further interest payable in addition. On this basis, the total amount paid over the whole period of ten years amounts to £1,218 3s. 4d., which is inclusive of all interest. I think it will be agreed that this presents the matter in quite a different light, and in my experience of medical practice loans, which is extensive, such terms have never before been obtainable.

One further point emerges, and it is that from Dr. Penny's letter it might be gathered that the life assurance premium is also substantial. In fact, assuming the applicant to be under 35 years of age and a first-class life, £1,000 life assurance for this specific purpose can be provided at a figure not exceeding £15 per annum per £1,000. This premium is also subject to tax relief at 3s. 6d. in the £, so that the resultant commitment can in no circumstances be considered excessive. Comparing these terms with those of pre-war days, and taking into account that it is now possible in approved cases to advance 100% of the purchase price (providing this does not exceed 1½ years' purchase calculated on the average of the past three years), I think it may be agreed that the terms offered are not unduly onerous.—I am, etc.,

Medical Insurance Agency,
London, W.C.1.

A. N. DIXON,
Manager.

SIR,—I have always been strongly opposed to the custom of buying and selling practices, and as was pointed out by Dr. Dan E. Davies (Jan. 10, p. 70), with whose letter I entirely agree, this opposition was shared by a large majority of the profession—at any rate as late as March, 1944. This custom was bad enough in the old days, when the cost of running a practice was considerably lower than it is to-day and income tax round about 2s. in the pound. A young man buying a practice then could by hard work and steady application possibly remove the millstone from his neck in four or five years—but what hope has he to-day, with the high cost of everything and income tax at 9s. in the pound?

I suggest to all young men hoping to enter private practice under the bad old custom to first do a little sum in arithmetic to find out how long they will have to struggle along, with a very small income, until they can finally remove the cramping fetters of debt. I think then they will appreciate the fact that it is better for their practice to be owned by the State than by some heartless moneylender, and by voting "Yes" at the plebiscite remove one of the biggest evils which has hampered the profession in past years.—I am, etc.,

Tonycruff, Glam.

F. L. BREWER.

SIR,—Dr. W. Maxwell Penny (Jan. 10, p. 72) raises a point of the greatest importance. Unfortunately he quotes payment of £30 per quarter for ten years as repayment of capital only, when it is payment of interest as well on a loan of £1,000. But still this payment of interest and life-insurance premiums is too heavy a burden for younger practitioners without capital who are at all unlucky.

Can it not be clearly acknowledged that the split in the profession on which Mr. Bevan pins his hopes with his unprincipled bribes for blacklegs is between the prosperous doctors and those who have yet to prosper? And cannot this gap be bridged by a system of interest-free loans from the moneyed doctors to the moneyless? Such a scheme would indeed be worthy of the noble and learned profession that we claim to be.

As it is, the younger man without capital might be induced to think that his choice lies between servitude either to Mr. Bevan or to banks and insurance companies. If he nobly renounces this Minister's bribes and blandishments we certainly shall owe to him greater financial consideration than we ourselves enjoyed from our elder brethren in the past.—I am, etc.,

Ruislip, Middlesex.

WILLOUGHBY CLARK.

SIR,—One of the main arguments put forward by various protagonists of the National Health Act is that the young doctor will be saved the financial worry of buying a practice. On this assumption I was for a while a supporter, but now I am either "dim" or sadly disillusioned, for, however I view

the situation, I cannot see this advantage being gained by the young practitioner on joining the medical service on or after the appointed day. At the moment there are two main methods of joining in general practice. One either buys a practice, thereby ensuring an immediate income at the cost of a capital expenditure, or one puts up a "plate" in a suitable area and sits and waits.

This latter method is equally costly, as for the first two or three years a certain standard of living has to be maintained, to say nothing of buying the house. Under State medicine the new practitioner is left with only the latter method, with the slight advantage that when he has an as yet unspecified number of patients he'll be given the handsome basic salary of £300 a year. The idea of stepping into a ready-made practice for nothing is a myth for the great majority, as at the best it means waiting for a "dead man's shoes." It may be that I have not correctly interpreted the full details of the new Act, but I understand that at the present the Minister has no power to dictate to a patient as to which doctor he must attend.—I am, etc.,

London, N.2.

S. EDELMAN.

SIR.—Should we not do more to remove the mote from our own eye when we have removed the beam from that of the Minister?

I can still recall the anxious days and sleepless nights I spent fifteen years ago when, as an almost penniless assistant after five years, the death vacancy in the partnership threatened to elude me for the lack of £420. I was finally enabled to carry out what proved to be a satisfactory piece of business by the generosity of an unexpected guarantor and the farsightedness of a bank manager who did not insist on collateral security.

Surely the profession does not require outside assistance from either the Minister or commercial firms to ensure that no deserving young practitioner is precluded from purchasing his practice or share by lack of capital?

I suggest that when we have won our battle each owner of an established practice forthwith loans to a central fund one-twentieth of the value of his goodwill; he may with luck receive annual interest thereon at 2½%. The central fund would, after due safeguards, advance capital to prospective purchasers at 3½%, using the estimated profit for administrative expenses.

An alternative method might require a much smaller capital sum, non-interest-bearing, to form a non-collateral guarantee fund; such a fund would earn little interest for the medical lenders as this would be payable to such banks as allowed overdrafts to purchasers on the guarantee thereof. The figures are of course subject to auditor's adjustment and are based on the arbitrary assumption that at any given moment one in twenty of the then existing practices are in the process of being purchased.

Some such scheme would be of great benefit to both purchasers and vendors, and would eliminate one of the "sob-stuff" arguments used against the private ownership of goodwill.—I am, etc.,

Edlington, nr. Doncaster.

R. S. GILCHRIST.

Remuneration in the N.H.S.

SIR,—A matter which does not seem to have been discussed is the treatment in the N.H.S. of the older G.P. compared with the young novice. In private practice the man of ripe experience and judgment was able to command higher fees owing to his greater worth. Thereby he obviated to some extent the necessity of working himself to death by taking too many patients in order to support his family in their increasingly expensive upbringing and education, and to provide for old age. Often he was able to employ an assistant or son, a young strong man without responsibilities who could spare him much of the nightwork and other exacting duties, and who meanwhile was learning the art of general practice, perhaps to follow on as a partner.

Under the N.H.S., however, this will be quite changed. Assistants will be unobtainable except at excessive rates of pay. In order to gain the higher income which is due to him and often necessary the older man will have to take more patients—in fact, work harder than the young man with fewer patients. Furthermore, with the basic salary he will actually