

compared with 10–14 days). This small “re-educating” dose may be followed by 100 mg. every other day until the prothrombin time has lengthened to the desired extent. In spite of the objections of Dr. H. Lempert (Jan. 17, p. 125) and Dr. R. G. Macfarlane (*J. clin. Path.*, 1948, 1, 113), it is maintained that viper venom (the “stypven” of Messrs. Burroughs, Wellcome and Co., Ltd.), if calibrated before use, is a perfectly safe and reliable guide to the prothrombin time after dicoumarol treatment provided the technique is above reproach.—I am, etc.,

Epping, Essex.

FRANK MARSH.

Our Democracy

SIR,—I congratulate you upon your decision to give Dr. A. C. E. Breach (June 12, p. 1157) adequate space in which to deal with the anomalies that many of us feel exist at present in the effort of the R.B. to voice the views of the profession. Dr. Breach's analysis is thoughtful and factual and his suggested remedies call for close attention. But all this will take time, and time is just what we have not got if, as many of us think, we should bring order into the present confusion and stem the drift into *laissez-faire*.

What is the actual position to-day? We had two alternatives before us (and this whether we consider the progress of medicine, the best service for the public, or our own freedoms): either to get the present Act so amended that these things would be safe for a considerable period, or to give the Minister a blank cheque and be in perpetual doubt as to whether we could honour it—in other words, watch every Regulation with critical eyes for an indefinite time. In February we had no doubt that the first alternative was the proper one, and we said so. In April the hurried plebiscite, with its implication that the position had materially changed, and the *volte face* of the Council, which the Chairman was powerless to oppose, broke the all too tenuous thread which held us united; and in May, through the R.B., we chose the second alternative.

How, now, are we to clarify the position and regain our self-respect and the respect of the public? There is a large section of the profession which feels that these things should not be left in the hands of the men who, though they “have discharged their exacting and arduous duties” in a patient and conscientious way (Breach), yet have “taken the wrong turning.” Confidence has been badly shaken. There are many doctors asking for guidance, not only for themselves but for their sons and daughters thinking of medicine as a vocation. To these are to be added many members of the public. There will shortly be a third group—men who will leave the Service they have too hastily joined out of fear and not conviction.

What is the best way of dealing with the situation? Will you allow me, Sir, to say through the medium of the *Journal* that I shall welcome the views of any of your readers sent to me privately? Such a step seems to me desirable before any action is taken in which I am concerned.—I am, etc.,

London, W.1.

HORDER.

Rota of Pharmacists

SIR,—Dr. L. S. Woolf (May 22, p. 1006) draws attention yet again to a pressing problem. During my membership of the Hours of Service Subcommittee of the Middlesex Insurance Committee (shortly to be superseded) I drew upon myself considerable unpopularity and the open antagonism of the pharmaceutical members of the Committee, who were determined to perpetuate what was in effect a wartime practice of early closing. I pointed out that the pharmaceutical service was as integral a part of medical benefits as the doctors' service, and that, although something was paid to the doctors for emergency supply of drugs after hours, this was based on the old assumption that chemists would remain open during normal evening hours—say, till 8 p.m. in most cases.

The pharmacists' case was that they were bound by the Shop Hours Act as regards the sale of cosmetics, fancy goods, etc., and that it would not pay them to remain open solely for the purpose of dispensing. It was finally agreed that the rota system, which had been more honoured in the breach than the observance, should be properly implemented. A little improvement has taken place, but it is to be hoped that the new regulations will insist on an adequate pharmaceutical service in the evening. A woman should be able to obtain a sulphonamide after 6 p.m. even if she cannot get a lipstick.—I am, etc.,

London, W.2.

M. MUNDY.

Remuneration in Rural Areas

SIR,—It fell to my lot to be the representative of the Rural Practices of Great Britain on the Association's Representative Committee which discussed the “shape of things to come” with the Minister of Health (then Mr. Ernest Brown) while the White Paper for the National Health Act was in preparation. I was also one of the two witnesses called to give evidence on behalf of rural practitioners before the Spens Committee. Not unnaturally, therefore, after reading the official leaflets describing the scheme, I am moved to make some comments on matters which seem to be of vital importance to country doctors.

Take first of all the main condition for granting the (unfortunately so christened) “basic salary”—the minimum number of patients. At this, in the words of one of Mr. George Robey's songs, “I'm not only surprised, I'm amazed!” For no distinction is made between the town doctor with all his patients within easy walking distance (over pavements) and the country doctor in a sparsely populated, extensive, and difficult district, with each patient an average of five miles away from him (and part of that five miles “o'er moor and fen, o'er crag and torrent wide”). As things stand, each alike, it seems, qualifies for “basic salary” on the same minimum of 500 patients. Surely, as a matter of plain common sense and equity the truly rural doctor should qualify on less than is stipulated for the town doctor.

It should be made quite clear also in what way the “inducement grants” to those who practise in difficult areas will be distributed and how much they will amount to. Without adequate inducement it will certainly be found that many experienced and fit country doctors in their fifties will turn from doctoring to farming—a very lucrative occupation just now.

The question of adequate mileage grants to rural doctors is another matter that needs very special consideration, because our car expenses are greatly increased by quite abnormal conditions, which are not likely to be remedied for a very long time. My own case is perhaps typical of many other colleagues'. I have to use two cars against the town doctor's one car. The roads I travel along are in a very poor state—and little wonder, for during the war this was a battle area, and heavy tanks, many hundreds of them over a long period, pounded over roads and lanes which were meant for horse traffic. Now repairs to these roads have been further hindered by the “axing” in the county of a large number of roadmen and the drastic curtailment of road maintenance and improvement schemes. The cars which I have to drive along these roads are respectively of 1937 and 1938 vintage because I cannot get a new car under present conditions of supply. Whereas it was my pre-war routine to change one car for a new car every year, the agents now tell me that if they can supply a new car in two or three years' time I shall be lucky. In the meantime repair bills mount up to alarming figures on each car annually—a factor which is not contemplated at all under any existing scheme of N.H.I. mileage grants. Neither is adequate allowance made for the time factor in country work, not only the time spent in motoring and walking to distant farms (I may walk often six or seven miles in a day), but also the time spent in driving ten or twelve miles to the nearest town for car repairs beyond village resources; for shopping, or to get to a cinema or concert. (One is entitled to one's recreations in the country as well as in the town.)

Then there is the rent of the branch surgeries and “houses of call” which are so essential in country areas; and there is the dispensing, for willy-nilly dispense we must if most of our patients are not to be saddled with great inconvenience or even real hardship. For instance, at one of the villages from which I mainly carry on my practice the nearest chemists are respectively eight, ten, and twelve miles distant, and the only form of public transport is a bus once a week to two of the towns. If I did not dispense at my branch surgery a messenger would have to be employed to get any medicines that were urgently needed; and the tariff is 10s. per journey by motor-cycle, £1 by a hired car.

Obviously doctors *must* dispense under conditions such as these, and the dispensing allowance should cover the cost of employing a dispenser as well as the cost of the drugs. Indeed, was not that the suggestion, or even the promise, made by Mr. Bevan in a Parliamentary reply soon after he took office? Unfortunately I have not the time nor the opportunity to delve into *Hansard* on this point, but I seem to have a very clear recollection that such a statement by him was duly reported in the *B.M.J.'s* “Notes in Parliament.”

Lastly, there is the matter of telephone and postage expenses. These are very heavy in country practice at the present high rates. I have, for instance, to rent two telephone installations and an extension. One of my neighbours maintains three. Each call to the nearest hospital costs 6d., and two or three such calls may have to be made to secure the admission of a panel patient. All the many local calls are on the same scale—and will multiply after July 5. The 2½d. postage stamp makes a big difference, too, in the costs of