

had to leave with the agenda only half completed.

In future let us have a concisely ordered agenda and a meeting conducted with firmness and expertise, as befits professional men who are attempting to prove to the Review Body that their time is valuable.—I am, etc.,

Sheffield 3.

L. C. W. KERSHAW.

Differentials

SIR,—Your correspondent Dr. R. P. Jerman (14 March, p. 707) was really rather naughty, and as a contemporary of his in general practice I feel obliged to make some reply.

I am curious to know how much time he has spent in general practice to enable him to crystallize my work into an expectorant bottle. This is, of course, no more typical of my daily work than I imagine the removal of an extradural haematoma is of his. Incidentally, in the time it takes your correspondent to save one life by removing an extradural haematoma I may well have saved several children from a lifetime of respiratory morbidity by the judicious prescribing of antibiotics. Less spectacular perhaps, less worthy of inclusion in "Your Life in Their Hands," but who could say less valuable?

I would also remind your correspondent that the surgical techniques and instruments he uses were no more developed by him than were the antibiotics I use discovered by me; we both use the tools developed for us by abler men than ourselves.

I find juvenile and distasteful this type of discussion as to who is *la crème de la crème*; we are all merely professional men attempting to do an honest job of work, each in his own *métier*. We really have no room among us for demi-gods and megalomaniacs.

If, as I suspect, R. P. Jerman has a chip on his shoulder about the lot of the registrar, let him say so and he will gain my sympathy and support. But please let him do so without attempting to denigrate the demanding and valuable work which I and my fellows do for the community.—I am, etc.,

Peterlee,
Co. Durham.

RIDLEY GIBSON.

SIR,—I am distressed to read Dr. R. P. Jerman's approach to salaries in different sections of the profession (14 March, p. 707). It seems strikingly akin to the mentality behind the bickerings of industrial workers and does not become a professional man. All doctors who treat the public and whose services are available at all hours have to work very hard at times and no one disputes this fact. As a doctor who has had his share of registraring and sitting higher examinations and who has elected to practise family medicine, let me assure Dr. Jerman from first hand that expenses in practice far outweigh those incurred in the more protected atmosphere of hospital life.—I am, etc.,

Cheadle Hulme,
Cheshire.

E. J. RAFFLE.

SIR,—Regrettably in the battle for better working conditions for the general practitioner a feud has arisen between practitioners and consultants over the question of the differential. This is not the point. So long as the

general practitioner receives a fair return for his services he is not interested in what the man on the next floor is getting. Good luck to him. He will certainly not be overpaid under the National Health Service.

However, if Dr. R. P. Jerman (14 March, p. 707) wishes to draw an odious comparison between the two, may we say that he is playing with fire? Good general practice is the most difficult job in the world to do well, especially so in these days of frustration. Hospital work may have its moments of important decision, but so has general practice, and ours can be no less far reaching in their effects. Moreover, we do not have the enormous benefits of manifold diagnostic aids and an assortment of colleagues all too willing to offer advice.

Quite obviously there should be a difference of salary, if only because of the protracted period of training before consultant status, but to stress our differences is to cloud the issue.—We are, etc.,

S. V. J. WATSON.

LILLA WATSON.

Leeds 4.

SIR,—Dr. R. P. Jerman (14 March, p. 707) presents a rather unbalanced picture, to say the least. May I make a few comments?

There are all sorts of consultants. Not all of them spend their time performing heroic, life-saving operations. Some sit and look at x-rays; some study skin rashes; others listen to chests; others again comment on reports prepared by technicians. One might well think that there should be "differentials" between them: indeed, I have heard a surgeon observe that he was worth more than his anaesthetist. It is universally assumed, however, that they will continue to be treated as equals.

There are also all sorts of general practitioners. Many have higher degrees (quite a few consultants haven't); some perform operations; many have skills which would surprise Dr. Jerman. All of them are liable to be up all night, and all of them save lives. Does it require more skill and deserve more pay, for instance, to treat pneumonia or cardiac failure in hospital, surrounded by assistance and facilities, than at home? I know which demands more time and hard work, if such a criterion means anything.

"Remove the differential, and soon there will be no more consultants." Not so, of course. People specialize for many reasons, chiefly because they want to. They might consider such advantages as paid statutory holidays, free premises and help, or even living ten years longer.

I am trying to suggest that in assessing relative worth many factors must be considered. Such a detailed assessment has not yet been attempted, though I think it is badly needed. I submit, however, that to assume that at the end of it the average consultant must come out on top of the average general practitioner is to prejudice the issue.—I am, etc.,

Leatherhead,
Surrey.

ALAN N. COWAN.

SIR,—The letter of Dr. R. P. Jerman (14 March, p. 707) expresses so clearly the views of many hospital doctors who are neither general practitioners nor consultants that any repetition would be superfluous. Regarding

the question, however, of the comparative earnings of general practitioners and consultants one reads in the press to-day that the family doctors now wish to see the view of the Gillie Report included in their claim—namely, that "recruitment to general practice may be adversely affected when young doctors note the marked difference between the total career earnings of family doctors and consultants." Do these people seriously believe that financial incentive is the major influence in the mind of anyone intending to specialize? After a dozen years of hospital junior posts with constant moves and enforced residence, to say nothing of the financial outlay involved in obtaining a higher qualification, one has a right to expect some form of financial reward, but to say that this is the incentive is complete nonsense. Those who choose to specialize do so because they want to and would still do so whether there was a differential or not.

But what has this question of differential got to do with general-practitioner remuneration? Surely the whole essence of the matter is that their own salaries and terms of service should be satisfactory and whether or not the consultant earns more is beside the point. I have seen no correspondence suggesting that the differential should be adjusted at the other end of the scale, so that the young general practitioner would be put on a par with the hospital registrar until the age of 35 to 40, the only rational corollary if the differential were to be abolished.

One other point which I should like to raise is the one concerning recruitment to general practice. Is there really any evidence that there is a greater need here than in the hospitals for young doctors? It is blatantly obvious to most hospital doctors, and indeed patients, that the whole system is dependent on overseas graduates filling junior posts, and that without them the whole system would collapse. To divert manpower away from the hospitals at the present time, even if it were possible, would be madness indeed.

I would suggest that the whole matter of differentials and recruitment to general practice has nothing whatever to do with the present discussion on general-practitioner remuneration and conditions of service, and would be far better left out of the picture.—I am, etc.,

London S.E.3.

S. GALLANNAUGH.

SIR,—In recent correspondence in your columns much has been said about the so-called differential between the earnings of the full-time consultant and the "average" general practitioner. In all fairness it should be pointed out that such a comparison is not altogether reasonable.

The general practitioner is a principal fully entitled to private practice and to any other additional employment. The consultant who wishes to enjoy this privilege must opt for part-time service, relinquishing at least 2/11ths of his salary—i.e., between £600 and £800 per annum. This immediately eliminates the alleged differential between him and the "average" general practitioner.

Nothing has been said about the very wide differential that exists between one general practitioner and another. £2,750 as the average annual remuneration has no real meaning. Some practitioners must earn less than £2,000 per annum, while others get