

Medical Register. Is courage of such an order ruled out in this country?

If the New Zealand or Australian systems of payment per service were explained in simple terms I am sure there would be a mass vote in favour. A plebiscite would be needed, and if conclusive, more determination shown in dealing with the Government than heretofore. The dismal failure of our previous efforts at toughness may have made our negotiators faint-hearted. If so, we must change them.

The situation is desperate. The Government has no intention of making anything but minimal improvements in expenses; nothing in the terms of service—we are still to be 24-hour-a-day dogsbodies. If nothing is done soon the stream of emigrants will become a flood, and recruitment to general practice will dry up. You cannot fool all the people all the time, and even worms occasionally turn.—I am, etc.,

Bournemouth, Hants. DENNIS M. HARE.

SIR,—I cancelled an important engagement to watch "Panorama" on Monday night. Since then I have been taking phenindione prophylactically. I had already resigned from the B.M.A. because I felt lack of confidence in its leaders. If these really were the official representatives of the splinter groups then Heaven preserve us, and may they be thankful that medical anonymity will allow them to retreat into obscurity. It is not so much that "never was so little said to so many by so few," but rather "never was so much damage done by so few to so many." When will the medical profession ever learn? It is not sufficient to be sincere or feel deep enough about a cause. It is imperative that you have all, and not some, of the facts at your finger-tips, and that you have such a command of the English language at your tongue tip that you can attack, counter-attack, off the cuff, and reduce your opponent till he looks like a deaf mute. The Minister could not have had an easier time if he had been given a bye into the next round. Could no one have taken the wind out of his sails as he perpetuated falsehoods with truths? Of course we got a 14% rise, and of course our legitimate expenses are allowed by the income-tax authority, but he should have been made to "eat those words."

My own impression is that we have probably one of the most sympathetic Ministers who ever occupied the post, but somebody, somehow, has to acquaint him with the true and undeniable facts of family doctoring.—I am, etc.,

Stocksfield, Northumberland. J. CRAIG.

SIR,—One was staggered by the presentation of the doctors' case recently televised on "Panorama." The reason for this was not primarily the doctors' fault but was mainly due to the manner in which they were effectively talked down by the other two gentlemen present, the interviewer in particular cutting short almost every statement being developed by a medical spokesman.

If ever there was an astute "salesman" for the Establishment surely it must be the new Minister of Health. He scored heavily off the doctors for no other reason than his gift for facile delivery and plausible presentation of the facts as interpreted by him. Clearly

we are in for a long haul if our case has to be presented in this rather hostile atmosphere. Have we yet another Aneurin Bevan come to judgment? If so, the profession will be in the wilderness for another decade at least.

The medical profession is going to be still further denigrated if this kind of public humiliation is allowed to go on. The situation could hardly be worse.

A militant profession is now called for.—I am, etc.,

Hailsham, Sussex. P. A. HUBBARD.

SIR,—Television appearances should be used to promote good public relations and to elicit public sympathy for any request we might make to improve remuneration or conditions of service.

Our representatives on "Panorama" managed to inform the public that general practitioners received a rise of 14% last year, that recruitment to general practice is improving, and that we do not want an increase in remuneration. This will not do.

It is apparent that a professional public relations officer is required for such public appearances.—I am, etc.,

Uddington, Lanarkshire. HENRY CHURCH.

Payment for Service

SIR,—Before one can solve a problem it is essential to state it in clear terms. Therefore the problem is to supply a general-practitioner service to the population at large 24 hours a day, 365 days a year, under a National Health Service which at the moment has decreed that there shall be no payment at the time of service. To me this problem is insoluble unless there was an increase of at least 50% in the number of G.P.s in general practice. This is impossible for at least a further 10 years, and very unlikely in the next 20 years. So where are we?

We now have another problem which we can state. How can we reduce demand on the G.P.'s resources so that they are not over-taxed? There appears to be only two possible solutions. (1) Deterrents must be introduced to reduce the demand made upon the general practitioner. The only practical one is for the patient to be charged. (2) The contract hours of a general practitioner must be limited.

This then means that, unless the idea of a "free-for-all-at-the-time-of-service" Health Service with full 24-hour cover is abandoned, we have the proverbial irresistible force and the immovable object. In other words, however one permutes the G.P.s, either singly or in groups, while we are retaining a free service and comprehensive cover our work load will remain the same.—I am, etc.,

Hayes, Middlesex. S. EDELMAN.

A Salaried Service

SIR,—I am glad Dr. E. F. Richard (7 March, p. 637) has brought up this question of free choice for doctor and patient in a salaried service. The answer is that in a salaried service there could be, if required, freedom of choice among the four or five doctors (in town) working together in a group as they should be; more than is obtained in fact at present. The idea of freedom of

choice, though possible, is but a myth cherished by many doctors, as the following facts show:

(1) In many practices in the past, and for all I know now, a considerable proportion of the patients were looked after by an endless series of assistants and rarely if ever saw the principal.

(2) When a practice changes hands very few patients choose another better-known local doctor; practically all and the new doctor "choose" each other (habit and inertia are the major forces here, Dr. Richard).

(3) In many villages the situation is such that the patient has no choice.

Turning to the maternity services, in my 27 years of medicine only two people have demanded a different midwife; everyone else assumes as a matter of course that they will be attended by the midwife for their district and are perfectly happy about the arrangement (habit and custom again). Even this figure of two is probably freakish, and few doctors will have experienced any such demand.

Let us try to get this clear. While I am in favour of a salaried service, I go further than this and advocate a salaried Health Service, and must repeat that an ill-health service as at present can be either salaried or not; a health service can only be salaried—a point missed by all the committees as yet. The fusion of public health and general-practitioner services I have already advocated has the intention of changing the stress towards the preventive side.—I am, etc.,

Rochdale, Lancs. L. McASKIE.

Differentials

SIR,—As one who has felt for some time that it is regrettable that the profession is obviously becoming divided by the question of the differential, but at the same time has felt that the general practitioner is worthy of as good a financial reward over his working life as his consultant colleague, I was rather saddened to read the letter of Dr. R. P. Jerman (14 March, p. 707). It revealed a conviction that he, as a potential consultant, was superior to those in general practice. I trust this is not true of all his contemporaries in the hospital service. Those of us in general practice fully appreciate, need, and call upon the skills of our specialist colleagues when it is necessary for the care of our patients, but although we feel we are performing as useful and essential a task in one branch of our profession I am sure there are few who feel they are superior to the consultant. I hope there are also few who feel they are inferior.

To suggest, as Dr. Jerman does, that anyone should attempt to equate the work of removing an extradural haematoma with that of prescribing an expectorant is nonsense. Would one attempt to equate the work of a general practitioner who spends hours with an extremely ill patient in cardiac failure with that of a surgeon who spends several hours one day ligating varicose veins or injecting haemorrhoids—or for that matter would one attempt to equate either with that of a dermatologist spending an afternoon looking at cases of eczema or dermatitis? It cannot be done. What must be done is to recognize that while some, by specializing of