

in hospital. What nonsense is this? No wonder all other payments are also contemptuously low, and the demands made on our time outrageous. Yet what is the scale these new amateurs in Westminster have voted themselves?

No advance in mathematics, physics, or chemistry passes unemployed, undeveloped, unglorified by medicine: no profession has a greater economic importance. Is it mere political ineptitude and internecine rivalry that leaves us wallowing, or are letter writers less fiery round the conference table—the *n*th conference table?—I am, etc.,

Littleover, Derbyshire. H. R. W. LUNT.

SIR,—“The fault . . . lies not in our stars, but in ourselves.” If ever this quotation fitted a situation, surely it is the one in which general practitioners find themselves to-day.

I am a recent entrant to general practice, having been practising for five years; on looking around me I find that my contemporaries who studied law, accountancy, or took up estate agency are earning more money, living more convenient lives, and carrying less individual responsibility. Inconvenience is, of course, an integral part of our job, but is there some virtue in being paid less—far less—than our counterparts in other professions per item of professional service? If so this virtue is not its own reward for those of us who rely solely on our professional income. Surely our representatives must see that the only solution which will halt the alarming decline in our status, self-respect, and (most important of all) standard of work is more money—and a lot more money. Given this problems of recruitment, ancillary help, premises, and other side-issues will solve themselves.

As our lists go up so must the time spent per patient go down, mistakes will be made, and the only sufferer is going to be the patient in the early stages of serious disease. Is it possible that the politicians do not appreciate this, or are they prepared to accept it as the price of political convenience? Do they not realize that the unnecessary and purely politically motivated abolition of all prescription charges is going to make a dangerous position even worse?

It seems only too likely that any increase in remuneration recommended by the Review Body will be modified or even refused by the Government on the grounds that it would be economically unsound and politically inexpedient to implement it. Presumably our representatives are prepared for this eventuality and have their course of action prepared.

The mood of the younger generation of general practitioners is approaching despair, and if nothing is done to restore to general practice the status which it surely deserves the present steady flow of emigrants may well become a torrent.

This may well be our last chance to preserve the family doctor. I hope that we, as a profession, do not neglect it.—I am, etc.,

Luton, Beds. J. M. E. THOMAS.

Need for New Medical Schools

SIR,—The urgent need for new doctors is only too appallingly apparent. It is said that it will take ten years for the new medical

schools to produce any results. These propositions sound as though complete medical schools are being laboriously planned.

May I suggest that a city such as Bath needs very little staff and equipment to add to its already competent and willing staff to produce a small-scale medical school at very little cost, and that within twelve months.

The public and political parties have obviously no idea of the appalling situation which now faces them. In a few years people will be ill and die in the British Isles without any medical care at all. This is because we are now dependent on foreign doctors, who are already decreasing in numbers. India is already preventing her doctors coming here because she needs them badly. Other countries in similar plights will soon do so too. This situation is mainly due to the political fear of the Conservative and Labour parties losing votes should they tamper with the “free” N.H.S. Yet it is just this fear of action that is going to destroy the quality and quantity of doctors in the Service, without which the N.H.S is going to collapse completely, and in trying to recover we will find that we have driven overseas the quality of this generation, which alone could make the recovery.

Several small medical schools of the type I suggest for Bath may give more intimate tuition with a higher pass rate more quickly than a very large establishment, and before the curtain falls on what is the finest and most broadly trained profession we have.

This profession is, though we may not realize it, one of the strongest stabilizing factors in a naturally developing nation, fast losing its faith and learning to live on fact.—I am, etc.,

Bath, Somerset. T. S.-B. KELLY.

Professional Unity

SIR,—A point made by Dr. C. C. Cuthbert (12 December, p. 1526) highlights one of the great problems facing the Hospital Service to-day. I feel very sympathetic towards his complaint against hospital out-patient waiting-lists months long, and, while no doubt some could be reduced, in the vast majority of instances the consultant is trying to cope with what many believe to be an insoluble problem, at any rate for the next 10 to 15 years. I do not think these difficulties are always appreciated and may I therefore be excused for explaining them.

In the first place the consultant is, to the patient and his doctor, the final court of appeal. No one will therefore dispute that full examination and investigation are vitally necessary. This, unfortunately, takes time, and, faced with an ever mounting number of requests for consultation, the consultant must decide whether to constantly reduce the average time for consultation, so steadily reducing his standards and increasing his errors. Moreover, it must be remembered that this process is progressive and insidious, and as a man gradually comes to regard bad work as “normal” so will his standards fall even further. If, rightly in my opinion, he rejects this solution, what are his alternatives?

One may excuse Dr. Cuthbert’s unpleasant insinuation about being “on the first tee at 2 p.m.” as indicative of a degree of mental stress, but his inference that consultants could simply work until their patients were

all seen must be considered. Many of us do, and have in the past done, extra sessions to reduce out-patient waiting-lists, but unfortunately this is extremely difficult to arrange since clinic space and extra nursing staff are both required. Even in a new hospital such as ours this becomes increasingly difficult. In most hospitals where a consultant and one or more assistants may work together in one consulting-room, all of which rooms are used 5½ days a week, what possible solution is there except to build more out-patient accommodation and secure more of the dwindling supply of nurses?

Lastly, there is the possibility of extra evening clinics. Anyone who thinks this might be arranged should ask any reasonable matron and group secretary to arrange for him to have the necessary nursing records, and appointments staff.

Most of us, I think, are constantly exercised by this problem now and for the future, and the majority of consultants are striving to provide a good service under increasingly difficult conditions. We have for a long time now in the medical press been subjected to a succession of sneers like Dr. Cuthbert’s, and, while I am certain that they reflect neither the feelings of most general practitioners nor the actions of most consultants, they must do incalculable harm to our common purpose as doctors, which is to provide for our patients the best possible medical service.—I am, etc.,

Princess Margaret Hospital, K. D. CROW.
Swindon, Wilts.

Professional Relationships

SIR,—In reply to Dr. C. C. Cuthbert’s letter (12 December, p. 1526), I would like to say that I also resigned from the B.M.A. a year ago. I did so, however, in protest against the bias of the Association, and in particular of the correspondence columns of the *B.M.J.*, in favour of the general practitioners and against the hospital medical staff.

The increasing number of gibes about consultants and golf courses, etc., are, I feel as a junior member of hospital staffs, unfounded and are tending to split the profession into two separate camps at a time when it can ill afford to weaken itself.

The trouble in hospitals, especially out-patients, is too many patients and too few doctors. I as a house-surgeon in an E.N.T. department in a teaching hospital regularly had clinics in which my patients were booked one every two and a half minutes; even then I usually finish before the consultant.

I feel that unless something is done soon to correct the impression that the public is getting that general practitioners are grossly overworked and hospital doctors have an easy time there will be a complete breakdown in general-practitioner-hospital relationship and I am afraid it will be the general practitioners and the B.M.A. who will be responsible.—I am, etc.,

London S.W.16. D. M. A. TAYLOR.

Comments on the Commentaries

SIR,—It is disappointing to see such mild criticism of the first commentaries of the Working Party on General Practice by the Special Planning Subcommittee of the