

**Private Practice**

SIR,—In your report of the Proceedings of Council (*Supplement*, 22 January, p. 16) Dr. C. M. Scott is reported to have said that, "In some areas doctors were not as keen on private practice as they ought to be." He deplored this and suggested that doctors would not practise privately because they knew it would entail extra work.

In a situation where the number of doctors providing general medical services is decreasing, both absolutely and relatively, with the increase in population, it seems hard to justify a call to increase the amount of private practice.

The distinguishing features of private practice would appear to be: (1) that the patient is entitled to call the doctor to his own home instead of visiting the doctor's surgery (by appointment or otherwise), and (2) that under the present dispensation the patient is obliged to pay for his drugs. It is hardly surprising that many doctors find neither of these features attractive.

The medical care given by a conscientious doctor will surely be no different whether the patient is private or not. Finance apart, where then does the advantage lie? Why should a member of Council imply that we have some sort of moral obligation to be "keen" on private practice? If the answer is that the patient would thereby get more of our time, the corollary with an over-stretched profession is that other patients would get less.

In a free society it is right that any patient should be able to opt out of a State scheme, but surely in the current situation our major energies should be directed towards improving the main service rather than promoting optional provisions?—I am, etc.,

Edinburgh 12.

JACK CORMACK.

**Merit Awards for General Practitioners**

SIR,—Once again that monster "Merit Award" is being let loose among us, and perhaps it is necessary for general practitioners to recall its evil nature and their former overwhelming resolution to fight it to death. Among men of good will there has always been a very right and even pious desire to see true merit rewarded immediately, though most have had to watch "the wicked flourish as a green bay tree" and resort to the hope of "treasure in heaven." Furthermore, in relation to general practitioners the injunction "Judge not" is particularly applicable.

General practitioners are essentially more or less remote, but even their nearest colleagues would often hesitate to make comparisons, except perhaps in relation to their worth as friends and colleagues. Again, though consultants obtain more evidence of the clinical ability of general practitioners they still get a very specialized glimpse of a few doctors who happen to patronize them. Moreover, some consultants appear to appreciate the merits and problems of general practice to such a small extent as to suggest that a few locums in general practice would be extremely beneficial for their understanding of them. Perhaps the same could not be said of most regional medical officers, whose position enables them to obtain a constantly refreshed and random sample of the more troublesome patients with which each general

practitioner in his area has to deal. He also has an opportunity to visit doctors in their practices from time to time. No doubt, with a reduction in the size of regions the R.M.O. would probably be in a better position than anyone to make impartial and overall comparisons in which the general practitioners concerned might have at least some confidence. Nevertheless he could never get right in the picture nor even be sure that in many cases he had not just been looking into a shop window well dressed for his benefit.

Lastly the patients, on whose judgment of our merit we have always relied, and in whose opinion we are both exalted beyond our worth and humiliated beyond reason. In some ways even the overall judgment of the public may be quite unjust; and as in many other walks of life the men chosen are not always the ones that can be relied upon to merit the choice, especially in relation to technical ability. Indeed, in detail, democracy is a fallacy founded on an ideal with no material substance; but it at least has one overriding commendation for us as it has for Western civilization in general: it can be made to operate at best without fear or favour, affection or ill-will, and thereby offer a verdict less provocative of rancour and suspicion than one derived by any other means. The politicians come to our patients to be selected, and profess reverence for their judgment under circumstances which are far less conducive to the formation of sober opinion than those in which we operate all the year round. Heaven knows they have thereby amply demonstrated the fallacy of democracy, but we are entitled to ask them to permit us to continue to share with them their faith in its most beneficial aspect.

All this has been very well considered long ago, and the profession has given the politicians its decision in no uncertain terms. Moreover, nothing has happened in the meantime that could possibly throw doubt upon the fundamental soundness of our decision. If this merit award issue is to be retried the danger, if any, arises out of the consideration of reform and remuneration at the same time, and the consequent difficulty of making right decisions in the face of financial inducement to come to the wrong conclusions. Far better see that whatever happens the merit of the profession as a whole is recognized at last, leaving the details of organization and special inducements to be worked out in an atmosphere of disinterestedness.—I am, etc.,

Eye, Suffolk.

J. SHACKLETON BAILEY.

**Review Body's Decision**

SIR,—An article by Pertinax is always well worth reading, but occasionally his conclusions are a little wide of the mark. His effort of 29 January (p. 290), whilst warning us that the Review Body report (or rather the Government's interpretation of the report) is not likely to fulfil our hopes, goes on to suggest that "both profession and Government should accept what really is the verdict of a permanent court of arbitration." Is this an acceptable thesis? I doubt it. He goes on to state that, "The younger doctors with growing families are looking for an opportunity state within the N.H.S., and it is going to be very difficult to find it."

Surely, Sir, the time has arrived for the profession to realize—and declare—that it is

not only difficult but actually impossible to reconcile an opportunity state and a welfare state—certainly if the welfare state insists on a "comprehensive and free service for all as introduced in 1948" (Dr. H. W. Swann, 29 January, p. 298). This is the dilemma that now faces us, and I suggest we should admit as a fact that the 1946 decisions were based on theses since proved to be untenable. It is untrue that the whole profession accepted the N.H.S.—to quote one example, what came to be known as the "90% issue" was finally accepted by a small majority only—and this one issue, if decided the other way, would have prevented the near monopoly stranglehold of the State.

Recent articles by Pertinax have given the impression that he at least was one not wedded to the present State medicine—but to suggest now that we accept the verdict of the Review Body without question means the acceptance of the present system—which many of us have done so far only with the greatest of reluctance.—I am, etc.,

Churston Ferrers,  
Devon.

C. M. SCOTT.

**Five-minute Consultations**

SIR,—"Pertinax" (22 January, p. 231) may sneer at the five minutes' appointment system, but he is clearly not "with it" arithmetically.

Consider a full list (3,500), average surgery attendance four patients per year. Average per surgery (10 each week) 30. At five minutes average, time occupied two and a half hours. Thus on an average day the expected load will be five hours (surgery) plus three and a half hours' visiting (two visits per patient per year, or 14 visits daily). At 15 minutes each this occupies three and a half hours. Allocation of ten minutes per patient in the surgery increases the time load to 13½ hours daily—an impossible average figure.

Thus the average time per patient must be little more than five minutes in any practice—be it well or badly organized. In a well-organized practice, however, the patient does not stand or sit in a queue; out of this five minutes the doctor does not deduct time for answering telephones, filling in notes, finding cards, etc.; these are the secretary's province.

Surely a better "buy" for the patient (and given a chance he does prefer it) and better medicine.—I am, etc.,

Stoke-on-Trent.

P. R. BRADWELL.

**Points from Letters****Disposable Syringes**

Dr. MICHAEL J. FENTON (London W.1) writes: If Dr. Michael E. Arnold (29 January, p. 298) will replace the plastic cover over the needle firmly after use and snap off the nozzle from the syringe, he will find that he cannot extract the needle from the cover and the syringe will be useless to anybody.

**Homoeopathic**

Dr. C. O. KENNEDY (London W.1) writes: In your leading article on the laboratory control of anticoagulants (29 January, p. 251) you use the term "homoeopathic" implying small. This is a frequent misconception. It refers to the relationship of the drug to the state of the patient (or animal) concerned. Thus cowpox is homoeopathic to smallpox—x-rays and radium to cancer.