

from weakness, and politicians only recognize strength. This recent two-shillings-and-sixpence effort will only serve further to convince both politicians and public, if they bother to think about it, what petty-minded people the general medical profession are. Instead of miaowing like kittens they should roar like lions and assert their self-respect, for it is only in this way that they will become appreciated and respected by their patients, as were the good old doctors in the days of liberty and enterprise.—I am, etc.,

Southport,
Lancashire.

BERNARD SAMUELS.

Private Practice

SIR,—With reference to the letters from Dr. C. M. Scott and Dr. M. Curwen (12 March, p. 679), Dr. Scott's support for the continuation of private practice means support of reasonable democratic freedom of choice for patient and doctor: while Dr. Curwen's letter means support for a total monolithic State-controlled monopoly of medicine—with rapidly diminishing freedom of choice for all.

This is why so very many young and middle-aged general practitioners and specialists and consultants are leaving Britain for good.—I am, etc.,

S. F. LOGAN DAHNE.

Caversham, Reading.

Merit Awards for General Practitioners

SIR,—I am surprised at your correspondents' desire for merit awards, unless they are expecting one. Dr. G. I. Watson (5 March, p. 608) feels that a good general practitioner deserves one as an extra reward. Very admirable; but how can anyone say Dr. A. is better than Dr. B.? I am in a partnership of eight; each of us practises in our own characteristic way. Who is to say that any one of my partners is better than myself? It would not be the happy partnership that it is now, especially if we had to vie for a "merit award."

One solution to this problem would be to make this money available as grants to be claimed by general practitioners wishing to undertake special work such as Dr. Watson's. Such work could include research, cervical smears, etc. The extra money could then compensate him for any reduction in list size.

Merit awards given at random are wrong in principle. What is a good general practitioner? Is it the man with a small list, who can attend lectures, refresher courses, etc., or the man with the highest referral rate to hospital, or the man who has a large list, due to circumstances, who just gets on with it and is never heard of? Merit awards cannot work, the idea should be abandoned.—I am, etc.,

Gravesend,
Kent.

J. C. OAKLEY.

Prescription Charges

SIR,—In Parliament last month (19 February, p. 488) the Minister of Health admitted that the Government had underestimated the

deterrent effect of the prescription charge, but he then dismissed the increase in prescribing as being insignificant, as it represented less than one prescription per head per year.

Is this really so unimportant? I wonder if he has calculated what this means in increased work load. General practitioners have had to see, on average, each working day throughout the year an extra nine patients. Thus, either each doctor has had to work one more hour every day or the standard of medical care has fallen. Neither of these alternatives is acceptable.

Any measures taken to deal with the few cases of hardship from prescription charges would have received our wholehearted support. But the complete abolition of charges without consultation with, or consideration for, the profession is unjustifiable and a major cause of dissatisfaction among general practitioners. Is this not an unnecessary increase in work load, and £50m. a year down the drain?—I am, etc.,

Hamilton,
Lanarkshire.

RONALD M. HOWIE.

Review Body

SIR,—For years it has been the hope of many of us that the practice of medicine might one day be controlled by an "independent authority" and outwith the often unscrupulous world of party politics, where M.P.s must toe the line and often vote against their conscience. Alas, it is not to be, and once again we find ourselves being used at election time as pawns in the political game of collecting votes.

The Labour Party manifesto, and I quote from the national press, has "produced the blueprint of a completely revitalized family doctor service to ensure that all practical steps are taken to enable family doctors to give the best possible service to patients." The Conservative Party have said that they will renew the dropped prescription charges, in order to help pay for the costs of running the N.H.S. The Review Body within a day or two of the announcement of the election date have stated that they hope to submit their report towards the end of the month (*Supplement*, 12 March, p. 61). Does this mean that they will report the day before the election date, when it will be too late for us to do anything about it, or the day after the election, which will be April Fool's day? One way and another it all looks very suspicious. What happens if the Conservative Party are returned to power? Presumably we will get another blueprint.

Meantime the number of prescriptions has reached an average of five per person per year, which means about ten consultations per person per year. This figure is likely to increase in the years ahead and the time has come for us to use our powers to protect ourselves.

Before election day we should demand to know where we stand, deliberate, and then act if necessary.—I am, etc.,

Musselburgh,
Midlothian.

C. C. LUTTON.

SIR,—Now that this deplorable and highly frustrating further delay in granting us justice has occurred, it must be made perfectly

plain to the Minister of Health that the "new deal" will have to be retrospective to 1 April 1966, and must include adequate compensation to cover late-night calls from this date.

For far too long now it has been a case of "live horse and you will get grass." Our patience is now completely exhausted, and it is high time that the politicians were again reminded of the 18,000 impending resignations and the fact that we shall not hesitate in their submission should justice not be done.

Surely at this time, when the Labour politicians are making such capital of the iniquitous abolition of prescription charges (with obviously no care for the crippling addition to our work load), it is obvious to all of us that we have a wonderful opportunity of making it clear to all political parties and the general public that if we are not treated fairly there will be no future "free" medical service for anyone. Never before have we had such an opportunity of forcefully insisting on our rights. Make no mistake about it, our negotiators will disregard this opportunity at their peril, and also that of all of us who have placed our trust in them.—I am, etc.,

Omagh, Co. Tyrone. S. P. W. NABNEY.

Salaried Service

SIR,—Lady Summerskill's remarks in the House of Lords (5 March, p. 620) concerning the introduction of a salaried service should be of considerable interest to the medical profession. Her last phrase which was quoted said that the salaried doctor practising from publicly owned premises would be master of his soul. She also implied earlier in her remarks that if general practice was taken out of the sphere of private enterprise it would help to keep doctors in Britain.

Few politicians in this country have any first-hand experience of the workings of a salaried service. An authentic account of the workings of such a service can be found in the *B.M.J.* of 9 January 1965 (p. 116) entitled "The Health Service of Hungary." This comprehensive study of the Hungarian health services led to several conclusions. Notably, that two kinds of medicine appear to have resulted from their salaried service. First, there was the bare and utilitarian State service in which a poor minimum standard of medical care was available to those who wished to use the scheme. Secondly, a flourishing private practice with all the trimmings for those who could afford it. Hardly a state of affairs which would commend itself to Lady Summerskill. From the doctor's standpoint salaried service leads inevitably to increasing State control and direction, and finally to the destruction of the doctor-patient relationship, as has occurred in Hungary.

The notion that this kind of system will arrest the emigration of doctors, who are opting not for more State control but for more private enterprise, is patently absurd. If for some reason a salaried service was introduced into this country it is evident that the present stream of emigration would become a veritable stampede.—I am, etc.,

Hornchurch, Essex.

D. D. COWEN.