

belief that clinical teachers should be equal to other university teachers. His passion for equality would be more convincing if it were to apply both ways. I have not yet seen the A.U.T. asking non-clinical teachers to increase their teaching from 30 to 48 weeks a year, as do clinical teachers. My contract specifically forbids me from engaging in private practice. I would like to live long enough to see the A.U.T. insisting that this should apply to teachers in departments of physics, chemistry, engineering, electronics, etc. Clinical teachers are not teaching theoretical medicine, but practical medicine. Their clinical responsibilities are as much part of their duties as is the research in which they, and non-clinical teachers, engage. That this principle has always been accepted is shown by the fact that the universities have always paid the full salaries of clinical teachers.

The notion that clinical responsibility can be separated from clinical teaching is pathetically out of touch with reality. "The buck stops here," and it stays here all the time. If a member of the A.U.T. should sue me for negligence, would Mr. Urwin try to deter him on the grounds that the negligence occurred while I was lecturing or doing research, and therefore I was not responsible? Recently, the Ministry of Health has laid down the rule that if an informal patient in a mental hospital wishes to leave in order to attempt suicide, he cannot be detained by an order except by the consultant in charge of him; a duty medical officer cannot act as substitute. This puts me on duty 24 hours a day, seven days a week.

Mr. Urwin is kindly prepared to reconsider his views when there is "watertight" evidence of a shortage of clinical teachers. Presumably when medical teaching is on the point of collapse, he will then wave his magic wand and replace the missing teachers in an instant. Could irresponsibility go further? It would appear that the A.U.T. does not understand the nature of the work of clinical teachers, and its action shows that it is unfitted to represent us.—I am, etc.,

Department of Psychiatry, M. HAMILTON.  
University of Leeds.

### Stock Prescriptions

SIR,—The new charter set out (a) to find ways of more directly reimbursing doctors' expenses in place of the infamous Pool, (b) to reduce wastage of doctors' time on unnecessary paper work and certificates, and (c) to encourage doctors to practise in groups from common premises with local authority nurses, etc.

The Review Body for reasons best known to itself decided not to extend the amenity of the "stock" prescription, but actually to withdraw this amenity enjoyed in Scotland and Northern Ireland for many years. Could it have been that the case for the stock prescriptions went by default because doctors practising in England and Wales were not familiar with their advantages? These are as follows: (1) Materials, etc., used in the surgery are got on a stock prescription directly as needed—surely more logical and direct than the doctor paying for these items and then the Government paying a notional sum in lieu of these expenses; (2) by writing a few stock prescriptions the doctor is saved the

nuisance of writing a prescription every time a patient needs a course of injections or a lesion dressed by the nurse; (3) stock prescriptions simplify the organizations of a group surgery. The nurse attached to the surgery gets a doctor to write a stock prescription as her stocks run low. Where each doctor or partnership in a group keeps separate accounts the nurse will otherwise have to keep each doctor's dressings separate in her treatment room.

The stock prescription is our obvious method of streamlining practice organization, and it is quite absurd that this amenity should be withdrawn.—I am, etc.,

Newry,  
Co. Down.

D. P. O'TIERNEY.

### Form Filling

SIR,—Recently I completed Form PREM. 1, relating to practice premises, in triplicate. Unfortunately, as I had not studied E.C.N. 569 in sufficient detail, I completed it wrongly and it had to be corrected by a helpful executive council official. Presumably that does not say much for my administrative intelligence.

I have, however, given more attention to E.C.N. 572, which heralds the issue of Forms E.C. 75 to E.C. 82 inclusive. It seems that general practitioners will have to take care to complete these correctly, otherwise they will not receive their full remuneration. Study of another document, the Ministry of Health's "Statement of Fees and Allowances Payable to General Medical Practitioners in England and Wales," and issued in October 1966, shows the multiplicity of claims for payment which doctors will have to consider for the future.

I am reminded of a story of a medical officer on service in the East during the second world war. To his embarrassment he was awarded allowances for the transport and forage of horses of which he knew nothing. He had, apparently, signed a form thrust before him by a civilian orderly room clerk, a professional filler of forms.

I suggest that the best doctors will not be attracted to a Health Service where their salaries are dependent on the completion of such a complexity of proformas. The doctors most concerned with the treatment of their patients will probably forget to apply for, and return, the relevant form at the proper time. Whatever money may be involved, I do not think that the new financial proposals, administered by an increasing number of executive council clerks, will alter many young doctors' thoughts on emigration. On the contrary, I fear that a glance at the complicated Ministry of Health regulations on pay will make many the more determined to leave the country.—I am, etc.,

Bristol.

A. P. RADFORD.

### Reimbursement of Rent and Rates

SIR,—For some time we have been comforted with the thought that soon our rent and rates would be paid.

The Ministry leaflet as far as it is intelligible shows that once again we have been misled. I have examined a number of average situations and it is clear that only a

minority is going to benefit to the expected degree, and the injustices which caused so much anger are still with us.

For instance, the man who has to pay £20,000 for a house in a London suburb will only be allowed a nominal rent according to the number of rooms used. He will still receive no recompense for being forced to buy an expensive house in order to practise at all. Everything, too, is at the mercy of the district valuer. If he finds that the rent is too high, then his figure holds. If he finds that the rent is too low, then the lower figure holds. This finding will stand for five years, even though the lessee has contracted to pay an increased rent during the five years. Similarly with rates, they will rise but the Government's liability is fixed for five years.

Separate premises are likely to cause the greatest disappointment. Many houses are divided into surgery premises and living accommodation for caretaker. In the past rating authorities have frequently rated the surgery, etc., on a business basis and the caretaker's quarters as living accommodation. Section 18 states that only premises assessed as solely for practice purposes and assessed as such will come under the scheme.

It is impossible in a letter to outline all the dangers, but certainly every section exhibits a bias against the doctor, every doubt is in the Government's favour and the idea that we are to have our rent and rates repaid is laughable. Surely the whole document should be immediately repudiated. If this is the first instalment of what the Government means by a new deal, heaven help us.

Perhaps the most revealing instance of the state of mind of the authors of this document is found at the end of Section 25—"£( $\frac{1}{3} \times 50$ ) = £16 approximately."—I am, etc.,

Hendon.

R. W. COCKSHUT.

### Appointments System

SIR,—I have just received E.C.N. 570 setting out our terms of service as general practitioners.

Referring to an appointment system it states that, with reservations, a patient who comes to the surgery without an appointment need not be seen then and there, but then goes on, and I quote . . . "The doctor will be required to take all reasonable steps to ensure that a consultation is not deferred without his knowledge."

If those words mean exactly what they say no appointment system could be operated by trained receptionists. The doctor would have to answer the telephone himself.—I am, etc.,

Upminster, Essex.

E. ANTHONY.

### Points from Letters

#### Preserving Advertisements

Dr. R. J. HETHERINGTON (Birmingham) writes: . . . Convention dictates the removal of advertisements for binding. Shortage of space is pleaded as the excuse. Certainly not all libraries should preserve all advertisements, but could not, here and there, libraries come to an arrangement that "A" shall bind intact—with outer covers—the *British Medical Journal*, "B" the *Lancet*, "C" the *Journal of the American Medical Association*, and others if possible? . . .