"Free movement of doctors around the world is an essential and traditional feature of medicine" but at the moment it seems to be one-way traffic from the underdeveloped countries. Many Afro-Asian doctors are serving in developed countries, but the present prevailing attitude towards them in employment and training is considered by many in this as well as other countries "frank exploitation" and "neocolonialism."

Doctors from overseas, especially from underdeveloped countries, should remember that the poor people in their own countries may not be able to offer them material benefits, but a doctor is still held in high esteem there, and is highly respected in these communities. The present conditions in the countries of origin of these doctors should act as a challenge and not a deterrent.—I am, etc.,

SHER M. KHAN.

Christchurch, Hants.

G.M.S. Committee

SIR,—I thoroughly accept the fact that it is impossible for you to report the debates of the G.M.S. Committee in full in the *B.M.J.* However, may I be allowed to elaborate a little on the debate on the business of the committee (*Supplement,* 5 April, p. 2)? At first it appeared to me that this subject would not have been debated, and in addition to what you reported that I said, I made two other points at the beginning of the debate. One was that the committee should not gloss over this subject, as it was the most important subject that had come before the committee in the whole session, and the second was that I did not wish to speak at length at the beginning, but would like to come back if the committee did in fact decide to debate the subject.

In the event, little debate took place on Dr. E. Townsend's memorandum, and the motion by Drs. J. G. Ball and J. H. Marks that a time limit on speeches be limited to three minutes was passed without, in my opinion, proper consideration being given to the consequences. Another motion that the committee should start in future at 10 a.m. was also passed, again without serious consideration as to the consequences involved. In addition to this, the chairman ruled that no one should speak twice on the subject. Consequently, myself, and no doubt other members of the committee, were unable to put forward their views on the three minute rule and the proposal to commence at 10 a.m., or on the subject in general—the efficiency of the committee.

Dr. Townsend's memorandum was, and still is, worthy of much more serious consideration than the hotchpotch of irrelevancies which came out in the debate, if one could give it such an exalted title.

The General Purposes Sub-Committee's report on the organization of the meetings of the G.M.S.C. is, as Dr. Keable-Elliott said, of little value.

On 17 October I tried to press the G.M.S. Committee to abandon its agenda and discuss what should be done about outstanding differences between it and the Ministry of Health (*Supplement,* 2 November, p. 25). At the time this did not receive sufficient support, perhaps because it was related to the question of postgraduate education and seniority payments. However, in the recent debate on the efficiency of the committee, though not reported in the *B.M.J.*, both Dr. Ridge and Dr. Townsend reiterated this principle and gave it support.

At the Annual Conference of Representatives of L.M.C.s. in 1968 a resolution (*Supplement,* 8 June, p. 190) was passed: "That this Conference views with concern the considerable gap between the declared aims of the Family Doctor's Charter and the improvements actually achieved, and instructs the profession's representatives to adopt a more militant attitude." The phrase "a more militant attitude" is open to interpretation and debate; but there can be no doubt that unless a more businesslike attitude is adopted by the G.M.S.C. it will not effectively look after the interests of general practitioners in the N.H.S.

To suggest starting the meeting at 10 a.m. instead of 10.30 a.m. is not only naive, as it will merely add another half-hour to an already overburdened day which rarely, if ever, gets through the agenda. It also makes it very difficult for single-handed general practitioners like myself, who are at present willing to do what they can for general practice and to try and represent their colleagues, to attend the meetings of the committee at such an hour. A lot of important business, not on the agenda, is inevitably brought up at the beginning of meetings. I for one would not be able to be present, and I rather suspect other members of the G.M.S.C. will be affected likewise, particularly those who do not live within easy travelling distance of London.

It is to be hoped that the committee will reconsider its decisions and either have a full day's debate on how it should organize itself and run its business in the future, or, as Dr. Keable-Elliott suggested, set up a separate subcommittee to go into the subject in detail.

The profession just cannot afford to have its representative committees muddling through long agendas and discussing items of great detail which could well be left to an executive committee. The G.M.S.C. should be discussing the matters of moment which affect general practitioners.

My only reason for writing this letter is to bring before general practitioners as a whole the fact that their representative committee is in danger of becoming non-effective and to emphasize the absolute necessity that the conduct of its business should be reorganized.—I am, etc.,

A. SPEAKMAN.

Liverpool 26.

Private Practice in British Medicine

SIR,—I have followed with interest the long correspondence on private practice in British medicine (15 March, pp. 717 and 718; 5 April, p. 55).

It is quite possible that the emigration from England of many promising fully trained doctors, of all branches, would be reversed if more money was diverted into the medical services. There is a simple method of doing so. This is to encourage private family doctoring. To this end it is only required to fully implement the provisions of the N.H.S. Act. Many people have joined B.U.P.A. or similar associations so as to get that extra personal involvement by their specialist adviser. That the standard of consultant practice benefits from this small addition to the work load is obvious; the patients always praise the doctors they have seen, expressing gratitude for the kindliness and personal interest shown in their case. They have willingly paid for the extra time they have obtained.

It occurs to me that family practice would also benefit from an increase in private work. But to be effective all general practitioners should become involved if possible. Every N.H.S. general practitioner should be permitted to have up to a quarter of his patients registered as "private patients" who would pay for their consultations personally but be permitted to use the N.H.S. for the drugs prescribed. Abuse of their prescribing would be watched—as it is now with the N.H.S. itself. Any doctor seen to be overprescribing would be investigated, as now obtains. I rather think that the private patient would often need much less in the way of expensive tranquillizers, so often now given because time is so scarce in some practices.

The main benefit would be an increase in the amount of money paid into family doctoring. Minor surgery, often sent to clog still further the hospitals, would be willingly undertaken by the general practitioner. He could afford the extra hours this work would involve. Much of the investigation undertaken by the hospitals would be done by the domiciliary physician. A load of work removed from the hospitals would lift morale and encourage better work; overworked resident registrars and housemen would benefit.

There is a case. I really cannot see why it has not been demanded as a right by the profession and the public. What are the arguments against allowing drugs to registered private patients?—I am, etc.,

S. W. V. DAVIES.

Harrold, Bedfordshire

Doctors and the Practice of Nursing

SIR,—Ever since nursing became a "profession" there has always been a very close and special relationship between our two professions. Alas, this now seems in danger of disintegrating.

At one time a doctor would tell (teach) a ward sister (or district nurse) exactly what he wanted done and how it was to be carried out. In the hospital the ward sister would show (teach) student nurses how to do nursing procedures. This ward, or bedside, teaching is now largely disappearing and being replaced by teaching in the classroom by sister tutors and, to a lesser extent, by doctors. Traditionally doctors have also acted as examiners in nursing examinations, but now the General Nursing Council have decided to dispense with the services of doctors as examiners. This I regard as a grave error of judgement.

I view with dismay the gradual erosion of the role of doctors as teachers (and examiners) of nurses. It is vital to our profession, to the practice of medicine, and, therefore, to the public at large that we take an interest in, and have a direct responsibility for, the standard of nursing practice.—I am, etc.,

M. C. T. MORRISON.

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