

from dismissing, has actually confirmed many of the historical sites described in the Bible. As to the artefacts—some peoples' hearts must still be in the right place judging by the money forthcoming and the technical skill demonstrated which together have accomplished the costly and immensely difficult task of restoring York Minister. And what about Coventry Cathedral? The problems of pollution, overpopulation, and famine are being tackled as never before, while the problem of nuclear weapons has stimulated more responsibility in their handling than I would have thought possible. Far from making us omnipotent, it is these very weapons and their power which makes some of us realize how insignificant we are.

As regards medicine, of course science is helpful—partly by cutting the birth rate. We know of the problems of cigarettes and lung cancer, but preventive medicine has always been unpopular. There will always be doctors who beef about conditions and, much as we would like to forget it, cash—necessary so long as we must pay our way. As regards foreign doctors in our hospitals, let us never forget the many British doctors serving in foreign (mission) hospitals.

Is Christianity really as meaningless and void as Dr. Bradshaw would have us believe? Each challenge must be met and tackled in a spirit of hope, for it will do no good to despair.—I am, etc.,

GRAHAM HUNTER

Bexhill-on-Sea, Sussex

Economies in the N.H.S.

SIR,—For many years the "sterile" water supplied for use in lotion bowls in our operating theatres has been prepared locally at very little cost. In recent months the Department of Health has specified that this water should be particle-free and this has made it necessary for us to purchase sterile water from a commercial source at a cost of £30,000 per year for our district alone.

We believe that a distinction should be made between lotions for intravenous administration, which must of course be particle-free, and lotions for washing gloves and preparing moist packs in the operating theatre, which we believe to be safe provided they are sterile.

Every possible economy must be made if our Health Service is to run efficiently, and it makes us angry to see money needlessly spent while essential maintenance and capital schemes are curtailed.—We are, etc.,

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THEO SCHOFIELD
HOWELL JOHN
K. LLOYD WILLIAMS
W. F. W. SOUTHWOOD
CLIVE CHARLTON
PATRICK SMITH

Royal United Hospital,
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New N.H.S. Management

SIR,—As an administrator I was interested to see the letter from Dr. M. Goldman (21 September, p. 745). There is a strong body of opinion among administrators that would agree with Dr. Goldman that the reorganization of the N.H.S. has introduced one

layer of management too many and the sooner either the regional or area tier is removed the better.

I am sure that many doctors will be pleased to know that the Department of Health and Social Security has recently imposed a fairly severe restriction on the number of senior and middle-graded administrators that may be appointed in each region. It would be most unfortunate if the creation of regional and area levels resulted in inadequate numbers of the above administrators at district level. Great emphasis has been placed on the importance of the district as the operational and health care planning level. It is at this level that administrators can provide the greatest amount of help and support to their medical, nursing, and other colleagues.

As we are compelled to have regional and area tiers at present, it is vital that they should not become bureaucracies containing large numbers of administrators, appearing to hinder rather than aid the smooth running and development of the operational level where the majority of administrative work should take place in close co-operation with colleagues from all disciplines in the Health Service.—I am, etc.,

R. I. SPENCER

Birmingham

Doctors' Pay

SIR,—In the past year or so your correspondence columns have contained letters from general practitioners and hospital specialists about the poor terms and conditions of service for doctors within the Health Service. Many of these letters highlight the inequalities that exist in the mode and level of payments of doctors in various parts of the Service.

I beg the courtesy of your columns once again to comment more generally on our problems. Those like myself in whole-time hospital practice feel especially badly treated. It is, however, petty and divisive constantly to compare our lot with that of others. Nobody in N.H.S. medicine is adequately paid today. The general practitioners, who are doing rather better than the specialists, are certainly not overpaid. It needs to be recognized that the whole pyramidal pay structure of doctors has slipped in relation to other groups both in the Health Service and outside. As we are employed by a monopoly employer, the Government, it is supremely difficult for our negotiators to establish a yardstick for our pay structure, as there is nothing outside the N.H.S. with which to compare. It would be very interesting to know how the pyramidal pay structures of doctors in European countries was related to the pay of other professional and non-professional groups as compared with Britain. Under the present circumstances only the doctors can decide what they are worth and I believe we should do this and state it very clearly.

In addition, our other problem is the failure of our organizations to present our true situation to the public, who regard all doctors, and hospital specialists in particular, as rich and powerful. My own experience indicates that the popular conception of a doctor's material well-being is so far ahead of the truth that it is difficult to convince all but one's most intimate non-medical

friends of the facts. It would seem that the B.M.A. could, with profit, make some effort to acquaint the public with the real facts. We might then have some popular support.—I am, etc.,

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Trade Union Tactics

SIR,—I must endorse Dr. P. E. Baldry's plea for unity within the profession at this time (21 September, p. 744). However, the British Medical Association represents all the factions which Dr. Baldry has listed and it would seem to be a more simple solution for all of the profession to come together and rally behind the major medicopolitical organization.

I would therefore appeal to those who have resigned to rejoin and to those who have not been members of the Association to join it. The Association can ill afford the loss of more radical practitioners, which only intensifies the excessively conservative nature of the B.M.A., which in turn arises from the excessively conservative nature of medical practitioners. When these more radical practitioners have joined the B.M.A. they should then lobby their proposals through the machinery so that they may influence the total policy of the Association. This is best done at the local division level as the local division has the facility to forward resolutions to the annual policy-making meeting of the Representative Body. If any member is unable to locate his local division he may get the name and address of the local honorary secretary from B.M.A. headquarters.

The appointment of a professional trade union experienced negotiator (non-medical) to the B.M.A. team of negotiators might well derive from such active lobbying. It has been not adopted in the past only because it seems that the majority of the profession do not want it.—I am, etc.,

DERMOT LYNCH

Hanworth, Middlesex

N.H.S. Contraceptive Services

SIR,—At last there are signs of common sense breaking through with the Family Planning Association chief medical officer's plan for nurses to repeat prescriptions for the pill.¹ Many will agree with his forecast that within the next decade the pill will be on open sale.

"Money for old rope" is my view as a general practitioner of the present B.M.A. recommended rate of £1.56 for the yearly private pill prescription. The exorbitant demands of our negotiators are slowly pricing us out of the market. The only professional skill required in most cases is on the initial visit, when a few minutes' history can be taken at the same time as blood pressure reading and pelvic and breast examination. Follow-up blood pressure checks, cervical smears, and breast examination can be undertaken by a competent practice nurse. I give my patients credit for the intelligence to report any side effects and find they are not slow to come forward.