

must have been ineffective to produce the insulting award of 4% compared with the general practitioners' award of 30%. Can it be argued that a general practitioner is entitled by any test to earn much more than an ophthalmologist, a man more highly trained and with a higher degree? The solution seems hopeless. Like other specialists many ophthalmologists will emigrate or will not want to do this work.

Now, as I see it, and really why I write to you, Sir, is that we must get the staff of ophthalmic hospitals to help us and say that they are behind us in an appeal for consideration of the award. Also as I have advocated for years we should have a political liaison with the ophthalmic opticians in talking to the Ministry. We should act as one body and then any motion of the joint body to withdraw their services might be taken seriously by the Ministry.—I am, etc.,

Walton-on-Thames
Surrey.

J. H. MELLOTTÉ.

REFERENCE

¹ Mellotte, J. H., *Brit. med. J. Suppl.*, 1949, 1, 167.

The Buck Stops Here

SIR,—May I use your columns to answer Mr. Keith Norcross's courageous letter (25 June, p. 1601).

He is to be congratulated on reminding us, the National Health Service consultants, that the buck should in fact stop here. I agree with him that our financial status is reasonable, save perhaps in comparison with colleagues. We can well afford to give a lead in society to curb our natural desire to be more adequately remunerated for the work we do. However, were we, the consultants in the National Health Service, to cease for the time being making any further financial demands regarding our personal incomes, I am sure the public and the Government would take greater note of our desperate need for new hospitals, modern equipment, rapid replacement for outdated equipment and instruments, accelerated action when new techniques require new tools.

We require a team of helpers in all hospital departments, from the ward sister to the student radiographer and laboratory technician. It is indeed they who require to be fairly remunerated.

We are well rewarded by the work we do. We are frustrated and may become cynical when our supporting teams are either slender or virtually non-existent.

I welcome your publication of the letter I am answering and supporting, and should like to express the hope that we are entering a new era, an era where consultants are applying pressures particularly for the space, equipment, and ancillary facilities they need now and in the late nineteen-sixties.—I am, etc.,

H. H. GOSSMAN.

Plymouth General Hospital,
Plymouth.

Merit Awards

SIR,—Our colleague Dr. R. E. W. Oliver (25 June, p. 1602) produces a curious and meagre collection of "criteria" by which patient merit may be discerned. It is wholly

against the wishes of the bulk of us to proceed one step in the direction of such a scheme. The truth of this assertion could be tested by referendum, but what a waste of time and energy.

After the last outright rejection, it is deplorable, almost mischievous, of the Review Body and the Ministry to bring this idea forward again. One can see already the divisive influence at work; one side accuses the other of lack of "generous spirit" and is in return perhaps accused of cupidity. It is immensely saddening.

What we are being asked to do is to wrench £350 a year from two out of every three general practitioners to give to the third on the basis of a scheme dreamed up to satisfy the obsession of the Review Body. It is not extra money at all, as some would like to believe.

Our leaders told the Review Body that they had "no mandate to agree to payments for special experience and service to practice. They were, however, able to suggest levels at which these payments might be set if they were included in the new system of remuneration." It was my understanding that they had a mandate to refuse. Is this a further example of the gubernatorial tendencies on the part of so many elected representatives?

Now we hear that the Special Representative Meeting "is not prepared to discuss the award for special experience and service until a detailed report on the criteria necessary for an award to be made and the method of selection to be used are known." This is the triumphant culmination of tactical legerdemain on the part of some very sophisticated operators. It is up to the general membership to kill this idea stone dead now.—I am, etc.,

Carnforth, Lancs.

J. FINDLATER.

SIR,—I read with pleasure Dr. F. M. Rifkin's letter (18 June, p. 1542). The question of merit awards has caused considerable disagreement and could rouse much ill-feeling. I share Dr. Rifkin's view that to provide a "pension" for a few is not the best way to encourage high standards of general practice. A system of short-term awards for work of merit or grants to enable research projects to be undertaken seem more likely to achieve the aim.—I am, etc.,

Stockport.

ALFRED MODEL.

SIR,—Merit awards I regard as evil, inviolent, demoralizing, and corrupting. I cannot see that the doubtful possibility of getting one would stop a doctor emigrating. The question which the Minister should always ask is: "In what way will this benefit the patient?" There can only be one answer for merit awards—not at all.

I suggest that the money saved by abolishing consultant merit awards and by not giving them to general practitioners should be used to provide properly equipped and staffed hospitals to the obvious benefit of our patients. The Minister's duty should be to ensure an equitable distribution of available medical manpower. In my view merit awards have precisely the opposite effect.—I am, etc.,

Tiverton, Devon.

J. W. MALTBY.

Doctors' Pensions

SIR,—The right to allocate part of a doctor's pension to his wife when she becomes his widow is written into the N.H.S. regulations, but these are so confusing and so framed to make the right almost valueless. One can allocate at the age of 65, subject to a fitness test, but, if the Minister has agreed to an extension of pensionable age, the right to allocate is postponed until the period covered by the extension is completed, unless one retires earlier.

Now many doctors regard, or should regard, the right of allocation as a valuable one. There are many medical widows, mostly near indigent, and while doctors in retirement on small pensions can usually eke these out by doing locums, etc., the widows cannot. They are expected to live on one-third of their husband's pension, or less than £200 a year at today's average.

So the doctor who has been granted an extension of his pensionable age has an awkward choice to make if he wishes to allocate part of his pension. He must either retire and thereby deprive the Health Service of a more or less useful pair of hands and himself of employment, or he must accept the risk that he will remain well enough to pass a fitness test on the completion of his extended pensionable period—and we all know that the chances of this decrease yearly. However, if the right to allocate were to arise automatically any time after the age of 65, irrespective of any increase in pensionable age, the risk would be transferred from the doctor to the Treasury and a major injustice to prospective medical widows removed. The cost to the Exchequer would be negligible and there would be a possible gain in good will—on the part of some wives at least.

It is hard to believe that the pettiness of the regulations in this matter cannot be removed.—I am, etc.,

Bath.

W. B. S. CRAWFORD.

Prospective Reward?

SIR,—As we attended our first meeting of the British Medical Guild a fellow village-G.P. observed, "Isn't it absurd we are here? You and I are probably quite at peace with our terms of service as they stand, yet now we are suddenly advised to agitate. I suppose we must support the team"—which we did, adding our resignations to the rest. And our prospective reward? To be blood donors to a transfusion scheme bristling with anomalies and lines of demarcation.

You see we happen to have:

- (1) Single-handed practices.
- (2) Modest lists.
- (3) Non-designated rural districts.
- (4) A colossal morbidity rate.
- (5) Twelve years' service as dispensers on the drug tariff system. Not a king's ransom, but the cream of each practice, as it is the one remaining part of our work simply and fairly geared to output.
- (6) Consciences.

These are our crimes. I personally await sentence with cynical hopelessness.—I am, etc.,

Durham.

D. H. BAILEY.