

by insurance officers on the basis of the examining medical practitioner's report." This means that the claims are dealt with by lay officers of the Ministry and by practitioners who have no special dermatological qualifications. As the number of cases which are sent to the medical appeal tribunals are small, the majority of claims must be settled without a dermatologist's opinion having been sought. This would scarcely seem to be a satisfactory state of affairs either for the Ministry, which is entrusted with the task of distributing public funds fairly, or for the claimant, whose case is decided without specialist advice.

Early in 1951 it became the practice of the regional medical officers of the Ministry to request reports from dermatologists on cases which were then referred to the dermatologist privately and a fee paid by the Ministry, but in July last these officers, who are administrative and do not themselves examine clinically the claimants, started to refer cases to the dermatological out-patient clinics. In this way they sought to obtain the reports as part of the hospital service. Although under Category I of the Terms and Conditions of Service it is stated that claimants may be referred to hospitals by the regional medical officers of the Ministry of National Insurance, yet in the memorandum accompanying them as set out in the *Supplement* of June 11, 1949, it states clearly (p. 326) that, for the purposes of the principle indicated under Category I, the phrase "from a medical source" means reference from a medical practitioner, or practitioners, who, having clinically examined a person, for any reason require a second opinion. It does not mean reference from a medical administrative officer who has not clinically examined the person referred.

It is said that the reports are needed for the guidance of the medical boards, but we recall having seen case papers where it has been obvious that a board which did not have a dermatologist on it has either ignored the dermatologist's report which had been obtained for its guidance, or has misinterpreted it despite the fact that it would have been quite clear to another dermatologist. Apparently similar difficulties have arisen with cases of pneumoconiosis near Edinburgh, for Miss Margaret Herbison has pointed out that medical boards in that region have sometimes made decisions contrary to those indicated in the specialist's report, which was supported by the x-ray findings (*Journal*, March 8, p. 552).

The suggestion that there is a shortage of dermatologists has been made by Dr. Edith Summerskill and also by the present Minister of National Insurance. This certainly is not the reason why dermatological reports are not obtained, nor can it explain why dermatologists have been excluded from the medical boards in this city. There are numbers of highly trained men in the country waiting for consultant posts, and some of them have had to abandon dermatology for general practice. The real problem as we see it is one of finance.

The Ministry of National Insurance has requested the Ministry of Health to get dermatological reports done as part of the hospital service without payment. The regional hospital boards, without recognizing this as an extra burden, are putting pressure on the specialists and consultants to do this work as part of their out-patient duties. In a city with a population the size of that of Birmingham, clinics are always well supplied with work dealing with patients referred by general practitioners for the diagnosis and treatment of skin conditions. It does not seem right, therefore, that further strain be added to already congested departments. If this is allowed to continue chaos will result and efficiency will be seriously impaired, to the disadvantage of both patient and claimant. In our opinion the Ministry of National Insurance, after having made suitable financial agreements, should make fuller use of the services of those who previously served on the medical boards, and who had also given reports on claimants seen privately for the Ministry. Prior to the implementation of the National Insurance Act well over a thousand reports annually were made by the dermatologists in this city for the industrial insurance companies, which found it more satisfactory to pay for such reports than to try to settle claims without them.

We should be glad to have the views of dermatologists and others on these matters.—We are, etc.,

E. BAYLIS ASH.

G. HENLY.

D. E. HOCKEN ROBERTSON.

Birmingham.

Strange Tune

SIR,—In the *Manchester Guardian* of March 27 Lord Moran in the debate in the House of Lords on the working of the National Health Service is reported thus:

"He believed the discontent among general practitioners was to be found in the insidious decline in their status. The remedy was to let the practitioner follow his patients into the hospital. 'Open the doors of the hospitals. This is the most important issue that has occurred in medicine in my lifetime.'"

This is heartening stuff indeed, and from a distinguished ex-President of the Royal College of Physicians. But before acclaiming the new prophet, let us practitioners hearken to him a little longer:

"'You are giving the G.P. 100% benefit, while you have given the consultant up to date 20%. It is manifestly unfair. I believe the consultant will recognize the calls on the Exchequer and will make modest claims.' It would be easier to settle the question now than in three years' time.

"It was important to keep a balance between the two branches of the profession, in finance. 'The specialist does not become a consultant until 32 years of age—fourteen years after he left school. Are you going to say to him at the end of all that time that you are very sorry but he is worse off financially than if he had not done all this work and spent all those years of preparation, and that he would have been wiser to go into general practice' say a year after qualifying?

"'It is too early to work out accurately how the Dankwerts judgment will operate, and it will greatly depend upon how the money is distributed, but it is at least possible that the average general practitioners will be paid more than the average specialist, and if that should prove to be the case it will create all sorts of difficulties in persuading the man of promise to specialize. I hope this problem will be studied at once in a statesmanlike spirit on both sides, for in the long run I am convinced it will save the nation a great deal of money, and the profession much heartburning.'"

This is a strange *non-sequitur* to his first benevolent concern for the general practitioner's welfare. Does one sense a note of querulousness?

The general practitioners, after nearly four years of almost incredible patience and provocation, have been justified in their reasonable claims by an independent arbitration tribunal. But Lord Moran is worried; he is deeply worried that consultants have not been treated to a similar award; he is concerned that a general practitioner may possibly earn more than a consultant, 14 years after the latter has left school; but most of all he is worried at the prospect that candidates of potential ability and eminence in the medical profession may be lured away from the worship of specialism to the newly created flesh-pots of general practice.

There are those who may be a little startled by the first notes of this strange tune and this even stranger piper. They may remember similar occasions; one—

"... in Brunswick

By famous Hanover City."

The last when a gratuitous and oddly unnecessary letter was written to Mr. Bevan in 1947. No doubt Lord Moran, as one of its signatories, will remember it.

With such events in mind, Lord Moran, who is a consultant of wide and worldly experience, will fully understand the attitude of those few practitioners who still retain a little old-fashioned courtesy when they say: "Sir, we greatly appreciate the time and care you have given to the consideration of our lamentable state; we recognize that your previous advice was given in all sincerity and good faith. But we did not ask for it then and we do not wish it now. *Timeo Danaos et dona ferentes!*"—I am, etc.,

Glasgow.

A. STEWART HENDERSON.

POINTS FROM LETTERS

Correction

Dr. M. SECKBACH (London, N.W.11) writes: May I correct an error which inadvertently slipped into my letter (*Supplement*, April 12, p. 154)? It should read: "A biblical year consists of 12 moon months, each of 29½ days . . . the months alternate 29 and 30 days."