

Often medical certificates are requested with the sole intention of shifting responsibility on to the doctor's shoulders. Thus, when I was serving with the R.A.M.C., I was once asked to certify that a unit's tug-of-war team were "fit to tug." Then if some fat old sergeant had dropped dead from a coronary thrombosis in the course of the contest only I could have been blamed.

It is time employers learnt to trust their employees, and for others in authority to rely on their own judgment and make their own decisions.—I am, etc.,

Liverpool 18.

T. F. BUSHBY.

SIR,—I wish to associate myself with Dr. John H. Swan (14 March, p. 703) in his campaign against certification of absence from work of less than three days. It appears to me that the politicians have imposed a Health Service without ensuring that the demands of such a service could be met. What would have happened if the Government had implemented a National Coal Service, allowing all households one ton of coal per month free of charge and then told the miners to go on and dig it? Little imagination is required to answer that one.

This has resulted in a chronic state of too much work. The consultants have reacted to this, and rightly so, by creating a waiting list. The general practitioner, being denied this defence in depth against overwork, is obliged to see patients when they wish, and consequently is forced to ration his time with each patient, and the resulting short cuts cause a reduction in standard of work from time to time. To improve this standard the volume of work must be reduced. Unnecessary work must be avoided. Previous writers have advocated the use of nurses, health visitors, and adequate secretarial assistance. With all this I am in complete agreement, but I would agree with Dr. Swan and put abolition of one- and two-day certification high on the list. There is general agreement between industry and the profession that illnesses of more than three days will be certified. For certain firms to abrogate this agreement unilaterally and insist on patients being seen when no treatment is required is a waste of time, which we just cannot spare.

I feel the first of Dr. Swan's solutions is the better one—to refuse to co-operate. He suggests this may put our patients in an embarrassing situation, but it is not part of a doctor's job to protect a workman from his employer. That is the job of a trades union. The example he cites shows the futility of these certificates anyway.

It is only by improving the conditions of general practice that future entrants of the right calibre will be attracted to what can be a most stimulating and satisfying life. When that is done the remuneration will naturally follow.—I am, etc.,

Middlesbrough.

J. WHEWELL.

### Poor Pay in Public Health Service

SIR,—I do not think anyone will deny the validity of most of the complaints made by general practitioners about their earnings

and conditions of service. May I ask your readers not to forget that members of the Public Health Service feel just as aggrieved about the pay and promotion prospects of the great majority? There is possibly a greater reluctance to join this branch of the profession than to enter general practice, since the pay is at a much lower level than that of the other two branches. Many members of the Public Health Service seem to think that their troubles will be solved if they can be included within the purview of the Review Body. May I comment that this dissatisfaction has broken out after the very first award of the Review Body—hardly a recommendation for having our salaries settled under such a scheme?—I am, etc.,

Medical Officer of Health's  
Department,  
Reading, Berks.

E. HUGHES.

### A Matter of Representation

SIR,—I realize it was an accident of editing that made you publish solely my name under the joint letter signed by 40 Birmingham practitioners (7 March, p. 635), not drafted, but fully supported by myself. I must commend your probity however in obtaining my prior permission before acceding to the request of the Birmingham branch of the B.M.A. to be supplied with our names. Certainly we have no wish for anonymity. Although confident that I speak for many I must refute alone the charges laid at my door by Dr. H. W. Donovan.

I am unable to plead guilty to the misunderstanding of procedure with which Dr. Donovan charges me (14 March, p. 706). Nor yet to discourtesy, lest it be to the present constitution of the Birmingham Local Medical Committee, which I amongst others find so inadequate and which it is our immediate object to reform. To date 162 practitioners have signed a request that this be done.

The generalizations Dr. Donovan reproaches me for failing to appreciate and which he so clearly adumbrates in his second paragraph, patently and regrettably, do not apply to Birmingham. Far from "consisting . . . of members elected to office by their professional colleagues," the Birmingham Local Medical Committee consists of only 32 elected members and as many as 21 non-elected members, of which 5 are nominated by other bodies, 7 are co-opted, and 9 are *ex officio*, all having full voting rights. The chairman, Dr. Donovan, and the secretary, Dr. Frank Gould, are both non-elected members and able to hold office by virtue of their *ex-officio* status.

The meeting of the profession at which the six motions were formulated and at which Dr. Donovan was in the chair was held, with almost indecent haste, only four days after receipt of the Memorandum of Evidence S.C.7 by the profession at large. In answer to questions early in the meeting Dr. Donovan gave an assurance that any motions passed "will be forwarded with full support." I felt at the time that he was speaking for me and indeed the rest of the Birmingham Local Medical Committee, but events were to prove us wrong. The motions, as clearly stated in our original letter, were amendments of a substantive motion accepting S.C.7, and it is no misrepresentation to claim that S.C.7

would not have been accepted without these fundamental amendments.

When the Local Medical Committee considered these proposals the amendments were considered in their own right and out of the context in which they had been formulated. The substantive motion was not mentioned or put to the vote. Thus the document S.C.7 remained accepted by default of the Local Medical Committee. "That the Birmingham Local Medical Committee acted rightly . . . and . . . the decisions they made were wise and correct" may remotely be true. That they have been seen to have acted rightly, wisely, or correctly is manifestly not obvious to many in Birmingham.

I have been glad to serve on the Local Medical Committee under the chairmanship of Dr. Donovan, whose integrity I consider beyond reproach. It has been a pleasure, jointly with him and others, to commence the amendment of our constitution which the committee are facing in a responsible manner.

Charges of disloyalty have been made within the committee and of misunderstanding and discourtesy in your columns, Sir. They are, I am sure, genuinely misplaced. The overriding loyalty of the Birmingham Local Medical Committee is to its electorate, and the best hope to restore their failing confidence is to co-operate in a spirit of mutual trust to produce a constitution acceptable to them at large.—I am, etc.,

Birmingham 15.

BRIAN COLSTON.

### Salary of Doctors' Wives

SIR,—Recent correspondence in your columns about the salary of doctors' wives (*Supplement*, 22 February, p. 52), by Dr. J. P. Telling (29 February, p. 555), and Mrs. I. P. Price (14 March, p. 705), has dealt with a vital issue which affects all those of us who lack the benefit of specialist assistance on income-tax matters.

Surely very few, if any, of us are competent to deal with the complexities of a subject which baffles anyone not endowed with considerable training and time; as would, indeed, be an Inland Revenue inspector endeavouring to diagnose and treat members of his family with or without the aid of the family doctor.

It was not so very long ago that the Medical Protection Society successfully argued a case in the High Court the result of which was the deductibility of compulsory residential charges for junior hospital residents who had already married and found themselves unable to live with their families in their "quarters," from income-tax totals.

It may surprise many to learn that those employed by various branches of the National Health Service are, although employed under contract, nevertheless able to claim certain expenses incurred thereby, despite an initial refusal from the Inland Revenue which took over two years to settle. The point was won on the grounds of lack of definition of terms of contract. Similarly the precise relationship of employers to employees is irrelevant in the context of their remuneration, as this level can only be determined by the employer, and that is clearly related solely to the market value of the service.

Having had the many advantages resulting from an association with my present accoun-