

to live on a salary very much lower than his own. He forthwith arranged for a transfer anonymously of £5 a month from his own bank account to that of the parson.

In the present extremely critical state of our country's economy, with the constant clamour for more pay and less work and resultant inflation, Britain faces the real danger of being driven out of more and more world markets. Surely the Government's offer of a two-stage increase is fully justified.

I have lived in a country where the price of a pair of shoes rose from a few dollars to over \$4,000,000, and a power station was kept going for two days burning up bank notes that had become worthless. I should not like to see that happen in Britain, and I sincerely hope the majority of my fellow practitioners will gratefully accept the present offer.—I am, etc.,

Letchworth, Herts. KEITH H. GILLISON.

SIR,—In the report of Council on the Review Body's award it is stated that both the Council and the G.M.S.C. agree that the award taken in conjunction with the joint discussions on the Charter "represents a substantial advance and should be accepted as the basis for a new contract."

The G.M.S.C. also states that the Review Body's award also provides "not only additional remuneration but a more equitable distribution," and provides a "worthwhile career structure."

I would submit that all these statements are very far from being true, and that the award and the three reports on joint discussions do not provide any real inducement for young men to enter general practice.

If I may take my own case as an example, I am 32, and I have been on the *Register* for nine years. I spent almost five years working in hospital and university departments, and gained my M.D. as a result. I have had 4½ years in general practice as a principal, and although I did not obtain D.Obst. R.C.O.G. I had some special training in obstetrics since entering practice. I have also attended two courses for postgraduate study and I have part-time appointments in pharmacology and therapeutics at Sheffield University, for a purely nominal fee. In other words, I have already obtained a good deal of varied experience and intend to continue to increase my postgraduate training.

For all that I am barely eligible for a vocational training award, and I shall not qualify for a seniority payment for a further six years, i.e., until I am 38 years of age.

Moreover, the B.M.A. has recommended that merit awards should not be made to practitioners under the age of 45. It therefore seems to me that I shall receive a very small increase in remuneration as a result of the Review Body's award.

A practitioner who has been in service for 15 years or more and has the luck to receive a merit award, being over 45, may well receive an increase of £1,000 a year, or 30% or more, but to state to the public that doctors are to receive an extra £1,000 a year is unfair and misleading.

It is very noticeable that neither the G.M.S.C. nor the Council has made any mention of the fact that younger doctors in general practice—and some not so young—are going to get very little from the award,

and a good deal of abuse from a misinformed public and press.

The greater part of the new money recommended by the Review Body will go to doctors who are over 45 years of age, and usually well established. It would appear that the redistribution of remuneration is far from equitable, and I do not believe that the majority of practitioners will find this award acceptable.—I am, etc.,

Dronfield, nr. Sheffield. M. GREEN.

### Government's Incomes Policy

SIR,—Is the country really within £4,600,000 of bankruptcy? Could Mr. Wilson not have been politically more honest and told Parliament that about two millions of the so-called "£1,000 rise" for family doctors was related to proposed new payments for special experience, which could not in any case be paid this year, if ever, because they have not yet been finally agreed with the profession.

What the Cabinet have proposed is to mulct every general practitioner principal in the National Health Service of £200 from one element of the award made by the Review Body, and to withhold another part of their award from all senior doctors. This is to be done because of "current economic difficulties" and their general policy on prices and incomes, in spite of the Review Body's statement in paragraph 262 that they considered their recommendations were "consistent with the general principles set out in the White Paper on Prices and Incomes Policy."

The Review Body was set up by a previous (Conservative) Government specifically to keep party politics out of medical finances. Mr. Wilson has chosen to go back on this policy for purely political reasons. This £200 is made up in part by patients' fees to their doctors, which the Government has collected, but now proposes to retain for other purposes.

When in recent years did the country not have "current economic difficulties"? If on a future occasion the country was "out of the red," would the Cabinet think of *adding* an extra £200 to the Review Body's recommendation?

And if the Prime Minister overrides the Review Body, who is to say that the fine should be only £200 from each general practitioner? Why not £400? Why not levy £100 also from each M.P.? After all, every little helps when the country is in such serious economic difficulties, what with the payroll tax and all.

This is indeed an occasion when the profession should unite on a principle: for better or for worse the Review Body's award should not be varied for purely political reasons.—I am, etc.,

Peaslake, Surrey. G. I. WATSON.

SIR,—What sort of talk is this! The Government pleads poverty as a reason for not paying the award of the Review Body in full when it has removed the only thing which would have produced the money for it, and made for a better, more economical use of the service by the patient—a charge to the patient.

The profession should consider carefully indeed before complying with the advice of the Council of the B.M.A. to accept the Government's offer.—I am, etc.,

Dorchester, Dorset. J. HERBERT-BURNS.

SIR,—In your leading article dealing with the Review Body's report (7 May, p. 1127) you state, "If Mr. Wilson refers the Review Body's findings to the Prices and Incomes Board or modifies them himself he not only introduces new rules of his own making but he calls into question the judgement of his seven independent, eminent advisers."

As we all know Mr. Wilson has modified the Review Body's findings so far as general practitioners are concerned.

Your leading article of 14 May (p. 1183) entitled "A Fresh Start" states: "To argue whether the Prime Minister has accepted the Review Body's recommendations only to phase in part their implementation or has rejected them by imposing his own modification is to split hairs." Further comment is beyond me!—I am, etc.,

Wakefield, Yorks. J. REYNOLDS.

### Merit Awards

SIR,—If any plebiscite is held this year, I hope it will include questions about secret merit awards. At present we do not even know what consultants in general think of their system. It would be enlightening to find this out at the time when general-practitioner opinion is being sounded. In fact, there is much to be said for publishing the profession's state of mind at every level on this most controversial issue.

It is easy to understand (if less easy to approve) the Health Departments', and even the Review Body's, enthusiasm for discreetly rewarding a professional elite out of public funds. However, I have yet to read a convincing apologia for this dubious device from a disinterested doctor. Perhaps one will now emerge. Many will await it with great interest.—I am, etc.,

Dinnington, Nr. Sheffield. JOHN R. BATTY.

SIR,—In an earlier letter (1 January, p. 48) I expressed certain criticisms of the pernicious merit award system and posed certain questions. As might be expected, no attempt has been made to answer them by the apologists of the system. But I have been surprised and gratified at the number of consultants in various parts of Great Britain, most of them themselves the holders of merit awards, who have approached me either in conversation or in personal letters to express approval of the views I put forward, and to indicate strong dissatisfaction with the present system by which merit awards are allocated by anonymous (perhaps not quite altogether anonymous) committees for unspecified "contributions to medicine in the field of research" and in other ways.

Might I, in your columns, put forward two more questions? Is it the case that a merit award, once given, is continued annually until the recipient reaches his retiring age, even although he may have ceased to provide the