

The question then arises, who is going to become the physiologist or anatomist and the like of the future? They will fall into several categories: (1) Those who are too stupid or temperamentally or physically unfit to practise medicine; (2) those who are so passionately interested in the subject that they will ignore material considerations. Experience shows that, though young men often have a transient idealistic attitude, their fiancées or wives never have. The basic medical sciences will not be able in the future to draw on their share of the ablest medical graduates as in the past. Appointments will be filled by non-medical science graduates (as is already becoming common) and by less than first-class medical men; teaching and research in vital subjects will thus suffer. I have read many persuasive reports about medical education, but they generally overlook the essential point, that if you have first-class students and first-class teachers the rest matters very little. We are getting to-day the pick of the young people of this country as students, but the standard of preclinical teachers must inevitably fall.

Some of us believe that the years when a man studies anatomy, physiology, and biochemistry are the years that have the greatest influence on his future development as a serious thinker and investigator. If we are to have specialists worthy of the salary scales recommended in the Spens Report they must spend their most formative years in the company of the best scientific minds we have and not the second-best. The future conditions of service in all the teaching departments in our medical schools need reconsideration, urgently, now.—I am, etc.,

London, W.1.

SAMSON WRIGHT.

Remuneration of Specialists

SIR,—While many will regard the Spens Committee's views on the remuneration of specialists as fair and equitable, there are several points which call for comments if criticism is allowed at this late stage.

Paragraph 13 reads: "We are satisfied that there is far greater diversity of ability and effort among specialists than admits of remuneration by some simple scale applicable to all." It is difficult to bring this into line with paragraph 10, which stresses the equality in status between the various branches of specialist practice and equality of status between teaching and non-teaching hospitals, and with paragraph 8, which states that "the status of the area hospital centre should be in no way inferior to that of the teaching hospital, and that both should be able to attract specialists of the highest calibre."

The Committee's opinion is that "if the profession is to be satisfied and recruitment maintained it is essential that a method of differentiation involving the selection of individuals for exceptional reward, in respect of outstanding ability, must command the confidence of the profession." It should be emphasized that the overwhelming majority of the specialists in the profession are definitely not in agreement with this suggestion. Those who have hitherto achieved exceptional remuneration in consulting practice know full well that such success is only achieved by hard work, efficiency, experience, and skill. There is no doubt at all that those who have achieved outstanding success in consulting practice in the past have earned and deserved their success and have contributed, in an unusual degree, service to the public whom they serve. And let it be said here that there can be no more shrewd judge of a consultant than the fellow practitioner who calls him in.

Specialists take a grave view of the idea that qualities of "outstanding distinction" should be assessed by any national tribunal. All sorts of anomalies and abuses would arise. Space would not permit discussion of these in detail. One effect would probably be that those engaged wholly in hospital work, which is more "in the public eye," would be selected in preference to those whose skill is apparent in the confidential channels of private practice. What qualities would be held to constitute outstanding ability? To some, teaching ability, skill at research, ability to write, and after-dinner eloquence spring readily to mind. But those acquisitions have always brought their indirect rewards and there is no reason why such a state of affairs should not continue. How can it sensibly be expected that a national committee, however constituted, could operate in such a way as

to assess the merits of all consultants throughout the country without the most unfair and invidious distinctions creeping in? It would be preferable that, as in the Services, seniority should be the determining factor in advancement, assuming, as the report suggests, that only specialists of the highest calibre should be encouraged.

Specialists view with some dismay the recommendation of this committee, partly sponsored by the B.M.A., that the national committee to be set up to select individual specialists for additional rewards should be composed of members nominated by the Royal Colleges and Scottish Royal Corporations. The Royal College of Physicians, as Lord Dawson pointed out, was never founded for the purpose of exercising control over medical practice. Such a new departure from its traditional function would constitute a most retrograde step, not only in the history of the College but in the profession as a whole. Quite apart from the powers and functions of the Royal Colleges and Scottish Corporations, how about all those specialists, many at the peak of eminence, whose names are not on the rolls of the Colleges at all? I feel sure that the majority of specialists will agree with my view that the B.M.A. is the only body in any sense representative of the profession as a whole and the only one qualified to nominate the members of such a national committee.—I am, etc.,

Windsor.

P. H. WILLCOX.

Payment of Part-time Consultants

SIR,—The suggested method of payment in the Health Scheme for part-time consultants appears to be unfair in certain respects. In particular it will prove unsatisfactory to physicians. The part-time consultant "will be able to devote the remainder of his time to private specialist work outside the scheme," but in the case of the physician in the smaller provincial centres, where by far the greater part of his income is derived from domiciliary consultations, this possibility will be removed.

While he will be allowed only 25 of these in a quarter to be paid for under the scheme, it is difficult to see how he can have any outside the scheme. When every patient can have a consultant when required, whether he is a public or private patient of his general practitioner, there can be no private domiciliary consultations. A physician has few opportunities of making use of pay-beds or nursing-homes, for most medical cases of this class are nursed at home, and unlike the surgeon he will not benefit from those who wish for the comfort of such accommodation. In other words, while the physician is only offered part-time work, practically all means of earning anything outside the scheme will be taken from him.

Again, in a district such as that served by the hospitals in this town, where about a quarter of a million people are spread over an area of perhaps three thousand square miles, a domiciliary consultation may be at a distance of 40 miles, while the majority are about 20 miles away. Two consultations over these distances can take the best part of a day and prove very tiring. Unless the mileage under the scheme takes into account the time taken we will feel very hardly used in being given the four-guinea fee for such work.—I am, etc.,

Shrewsbury.

C. LAWSON STOTE.

Safeguards Not Secured

SIR,—In your footnote to my letter in the *Journal* of June 12 (p. 1158) you state that "the ample safeguards" for private practice have been secured. Few, if any, representatives are likely to agree with this statement, in that the financial administrative arrangements are such that patients and doctors remaining outside the Service are penalized. For example: (1) There are no grant-in-aid provisions. (2) Patients who elect to have medical advice privately are required to pay for drugs and appliances. (3) Patients in State-owned hospitals appear not to be allowed to have the advice of doctors who are outside the Service. (4) Doctors who remain outside the Service are unlikely to be able to recover the capital value of their goodwill. Such a state of affairs is not in accordance with the policy of the B.M.A. as directed by the Representative Body.—I am, etc.,

Dorking.

CYRIL E. BEARE.