

The Council fulfilled its undertaking to the Representative Body by publishing the revised proposals six months in advance of its annual report. All Divisions have been invited to apply for a speaker to explain and answer questions about the proposals should they wish to do so. When a decision is reached at Bristol the representatives will have had ample opportunity to hear the views of their constituents. I would add my voice urging the membership to attend local meetings.

I do, however, submit that they should look at the constitution report as a whole and bear in mind the duty of the B.M.A. to act with strength on behalf of every section of the profession, and at the same time to represent the membership as a whole, and thirdly to give voice to the views of, and to provide service for, individual members.—I am, etc.,

J. S. NOBLE.

Ashington,
Northumberland.

Deputizing Services

SIR,—At a recent meeting of the B.M.A. local branch held in Hounslow Dr. Ivor Jones spoke in favour of the Emergency Treatment Service opening in West London to provide a deputizing service for general practitioners in that area. He quoted from the scale of charges of Southern Relief Service, making the observation that we charge 32s. 6d. per call. Like all deputizing services, we have a sliding scale of charges, and, though it is true that some doctors will pay as much as 32s. 6d. per call, it is equally true that some pay as little as 15s. per call. In point of fact, very few practitioners who use this service pay at the top of the scale, which is the figure quoted by Dr. Jones. In any case, the number of calls passed to us by any one doctor per month averages four (this figure is taken from statistics over two years). At the most these would cost the doctor £6 10s., whereas the minimum charge of the Emergency Treatment Service scale is £10 per month, plus £1 per call.

The Emergency Treatment Service is being organized by a commercial firm—Telephone Answering Service—which, like all purely commercial organizations, is out to make a profit. There is nothing "unique" about this, although Dr. Jones persists in saying that there is. Although the organization has the nominal blessing of the British Medical Association, it has nothing else to recommend it. It has no medical director. If advice is required or a decision must be made on the urgency of a call the best that can be offered is a telephone operator who is a State-registered nurse. There is no doctor who has much experience in this sort of work and is willing and able to back up the doctors on duty in the event of a sudden avalanche of calls, or a flurry of very urgent calls—situations with which the medical directors of the established deputizing services are very familiar.

The Southern Relief Service offers to the general practitioner in the south of London a service with doctors in radio-controlled cars driven by experienced chauffeurs, all of whom are trained in first aid. The cars carry oxygen for emergency use. There are always stand-by doctors on call to come out and help those on duty, and the service is backed

at all times by the medical director or his deputy. And all of this at a much smaller cost to the general practitioner than anything Emergency Treatment Service can offer. We have achieved this level of service only because we gave as our capital investment years of unpaid time and service, which will never be recalled, and make a very modest profit on each call.

Telephone Answering Service has no responsibility for the standard of medicine practised by the new service; it merely wishes to establish a monopoly of telephone answering services in London, and is investing in a deputizing service as a means of doing so. The capital which it invests will be recalled in terms of profits over a short period of time. Why Dr. Jones should be so interested in promoting this service is quite inexplicable.

It is also an interesting paradox that the British Medical Association is proposing to expose certain of its members who make their livelihood from practising medicine in deputizing services to competition from a purely commercial organization. Competition in medicine is strongly deplored by everyone; even the existing deputizing services are careful not to compete for practitioners in the same areas. Perhaps Dr. Jones would like to explain why he thinks it is such a wonderful thing to expose his colleagues in the profession to a commercial competitor with "limitless financial resources," to use his own phrase.—I am, etc.,

A. G. HOULSON,
Southern Relief Services.

London S.E. 19.

Public Health Dispute

SIR,—The inevitable clash has occurred within the Whitley Committee C. That the basic principle should even have been in question is lamentable and ought to have been fought tooth and nail by all of us from the beginning.

The most obvious lesson of the past few years of negotiation between the medical profession and the Government is that the Government can, and does, avoid its commitments when it finds it expedient to do so. Secondly, it has so far given way in the face of determined action by resolute and organized groups. Thirdly, any who still wish to see a full-time salaried service for general practitioners should give the matter further deep and continued thought. The armed Forces medical officers, and now the public health medical officers, serve as examples of frustration, disillusionment, and broken promises.

The passive acceptance of contemptible salaries and career prospects has gained us nothing except the situation we now find ourselves in. We must rouse ourselves now. Is it Government policy to discourage recruitment to the public health service? Let the Minister be forthright if this is so: we shall then know where we stand. For many doctors there is no longer any acceptable alternative but to continue in their public health careers; to those of us still young enough to consider alternatives I would say, "Let us look out for ourselves: public health as a career is not worth while and offers no future in this country."

I have been surprised and disappointed at the absence of correspondence from public

health medical officers. Does this represent an air of apathy and submission? If so, the future for us is indeed hopeless.—I am, etc.,
J. D. A. BURNS.

Dungannon,
County Tyrone,
Northern Ireland.

SIR,—As recently reported (11 March, p. 586), the negotiations in Medical Whitley Council Committee C broke down because "the British Medical Association has always held that public health medical officers are doctors first and local authority officers second. The Management Side took the opposite view."

The latter view obviously carries an admission on the local authorities' part that they have not in the past employed their medical personnel fully in the professional duties for which they were trained, and have no intention of doing so—or of remunerating them appropriately either.

At a time when it is alleged that doctors are desperately short in number surely to employ them otherwise than in medical work which cannot be carried out by auxiliary personnel is wanton waste. The Management Side have in fact provided a cogent argument for a review, with the minimum of delay, of the health services which they administer. Could not these be carried out more effectively by another authority—say, the hospitals or an area health board—which would be prepared to employ and utilize trained medical personnel as doctors without equivocation?

How long can the public and the profession afford to prolong the present position?—I am, etc.,

H. ELLIS SMITH.

Stamford, Lincs.

Area Health Boards

SIR,—It is a pity that Pertinax should entitle his article "Without Prejudice." He prejudices so many issues. Those of us who for a long time have advocated a salaried service for the general practitioner mean this to be a *part-time* salaried service similar to that obviously enjoyed by our specialist colleagues (and Members of Parliament).

Pertinax in a soliloquy to the Minister of Health (8 April, p. 107) tells him that his *full-time* salaried civil servants should be thinking in terms of the next ten or twenty years. What an impossible task for them if a salary is so restricting and unthinkable. If arguing with medical politicians is so time-wasting as he states then Pertinax is a bit late with an alternative for negotiating. "Decentralize as fast as you can," he writes. Yet he never expands on area health boards, an obvious and contemporary topic. From the occasional hints which drop from his more pertinent lines Pertinax has some useful constructive criticisms of the N.H.S. to offer, and he obviously knows that the future of general practice will rest on the plan that the greatest number of family doctors should look after the greatest number of patients from well-staffed and well-equipped health centres, and they should receive a salary on a sessional basis. Such organization would be the responsibility of the area health board concerned.—I am, etc.,

G. MURRAY JONES.

Caerphilly,
Glamorganshire.