

concept of "overtime" in the industrial sense entering into their contractual agreements and it must be emphasised that such additional work as the above is undertaken on a regular basis but is negotiated separately as a means of recognising that certain consultants perform duties over and above the basic sessional commitment.

(7) Any consultant, having fulfilled his basic contractual obligations and any additional separately agreed work in the NHS and while maintaining clinical responsibility for all of his patients, must be entitled if he so wishes to undertake privately arranged work outside the NHS and this should properly be no business of the Government or the trade unions.

We offer in these proposals a blueprint and make no claim to perfection. We do, however, feel most strongly that the present downward trend in our hospitals must be reversed and that the deterioration of the consultant's standing in the NHS must be checked. We believe that these things can be achieved only by uniting the consultant body and that this can best be done with a completely new charter along the above lines.

J C CHAMBERS	J M SHENNAN
R B CROSBIE	J A SHEPHERD
A R MAWDSLEY	J WHITFORD
A K RAY	H O WILLIAMS

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#### Plight of the older consultant

SIR,—The financial hardship suffered by younger hospital consultants under the present pay code and the despicable way they have been treated by their NHS employers is already well known. The plight of older consultants has not been publicised.

I have been in hospital practice since I qualified as a doctor 40 years ago apart from my war service in 1939-45. I am a senior maximum part-time surgical consultant at the top of the salary scale. Tax is deducted from my salary at source at 55% in anticipation that I shall earn more in private practice—that is, I am taxed in advance. The total deductions from my salary are 63% of my gross pay and leave me with a net take-home pay of £2.40 per hour. I receive no pay for my unlimited overtime and when I ultimately retire after 43 years' practice (40 years as a surgeon) I shall receive one-third of my frozen salary as a pension from a grateful Government.

STANLEY JENKINS

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#### Bureaucratic cancer

SIR,—One does not know how many unpublished letters you have received in response to Mr J McE Potter's (21 August, p 479), but two that you did publish (4 September, p 588), those from Mr R S Murley (a clinician) and Dr R H Barrett (an administrator), seem to polarise the issues very succinctly. As a clinician, I naturally incline to Mr Murley's view, but two statements in Dr Barrett's letter cannot be allowed to go unchallenged as they are frankly misleading.

He expressed the opinion that "there is no doubt that the care of the acutely ill has improved beyond measure with the institution of the NHS." Does Dr Barrett seriously suggest that such advances would not have

been made without the NHS? He does not because he goes on to say that "it continues to improve as science increases its contribution." But what has the NHS done for science? Most British research is still dependent on charity, endowments, and the pharmaceutical industry, and its conquests have often been achieved in the teeth of bureaucracy.

Secondly, while Dr Barrett is probably correct in stating that chronic sickness requires a "wider administrative framework," it does not need a network, and there is no justification whatever for the statement that "the younger generation of doctors, with their wider background, know this" (my italics). There is no substitute for apprenticeship and experience, and when medical knowledge is advancing so slowly it is a poor clinician who gives up and allows "parallel services to take over" when science has nothing further to offer.

S T H JENKINS

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#### Juniors' contract dispute

SIR,—With reference to the letter from Mr K J J Tayton and 16 others from the Royal Gwent Hospital (11 September, p 646) we, as junior doctors in the other major hospital in Gwent, are surprised that the Gwent Area Health Authority's interpretation of the contract has been misunderstood. Although we have not always agreed with the AHA, we have found that the AHA and Dr N N H Mills in particular, have sincerely attempted to keep junior doctors and their representatives fully informed during contractual negotiations.

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GARETH A MORGAN

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#### Industrial action

SIR,—Dr Mary J O'Sullivan (28 August, p 532) writes with human concern about the degradation which she sees the medical profession to be bringing upon itself. Her letter, and the answering letters of appreciation (11 September, p 644, 18 September, p 703), made a deep impression on me. I think that the doctors who seem to be causing the degradation are struggling in a situation that they know is far from ideal but struggling blindly. Pay-beds, contracts, salaries, Government deceit—these issues perhaps hide something that is more deep-seated and far-reaching.

The way that I see the situation is influenced by my rewarding experience over the past year of living and working (outside the NHS) in a community with mentally handicapped adults. Through living here I have become more convinced that the real cause for the dissatisfaction of many doctors is that their conditions of work have deteriorated—not financially or physically but humanly.

As a houseman working a "one-in-two" rota I scarcely believed my boss who told me that as a houseman he was content to be permanently on call. I now feel how this could have been so. Work motivated by personal conscience in response to people with whom one feels a real connection is a different thing from work defined and confined by a contract. And how did contracts ever creep into the sphere of

work of a doctor? And why? Perhaps they are just part of an over-large system trying to hold itself together.

It seems that the system of the NHS and DHSS, or for that matter of any organisation so large, must become pervaded by a web of rationalism, materialism, and pragmatism. The words are not very clear, but whatever you call the web it leaves little room for humanity to surround the work of a doctor. And perhaps the web goes further than that; is it too extreme to suggest that we have reached a point where increasing material understanding of a patient's body is making human connection with the patient more difficult?

If this imagined web has some reality I know of no cure for it in the NHS or the "Elephant." And as for the unhappy doctors, it depends on their temperaments as to whether they struggle politically, hop across the Atlantic to a richer web, or quietly and thoughtfully try to free themselves.

PHILIP KILNER

Danby,  
Whitby, Yorks

#### BMA representation in hospitals

SIR,—Further to the letter from Drs J M Cundy and W F Whimster, at our last divisional annual general meeting we decided to appoint a recruiting officer in each of the three teaching hospitals in our division. Mr H G Sturzaker was appointed for Guy's Hospital and Dr W F Whimster for King's College Hospital. I hope soon to have found one for St Thomas's Hospital.

E M ROSSER  
Hon Secretary,  
Lambeth and Southwark Division,  
BMA

London SW1

#### Royal Medical Benevolent Fund Christmas appeal

SIR,—Each year I ask for the help of the medical profession in providing Christmas gifts for the beneficiaries of the Royal Medical Benevolent Fund and each year doctors and their families have responded generously to my appeal.

The fund sends gifts to all its beneficiaries from the elderly and infirm to the youngest children. For those individuals and families who have little to spare for anything except the basic necessities of life this means much more than is sometimes realised—perhaps a luxury or an item long ago put out of mind as being too expensive. Above all, it does something to break down the distinction between the "haves" and the "have-nots."

We know from the many letters we receive of the happiness and also the relief which these gifts bring, especially to the old and to mothers of families. I therefore ask for the loyal support of your readers in helping us to provide this service to our beneficiaries.

Contributions may be passed direct to the treasurers or medical representatives of the local Guilds of the Royal Medical Benevolent Fund or sent, marked "Christmas Appeal," to the Director, Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN.

T HOLMES SELLORS  
President  
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