

that all senior hospital staff wherever employed and all regions should be treated equally. These standards can be achieved in two ways:

(1) By "paying the rate for the job." For example, a professorial chair of surgery would presumably be paid at a higher rate of salary than other surgical appointments. Further, this higher rate would apply equally in London, Bristol, or Aberdeen Universities, or others.

(2) Each consultant, S.H.M.O., and registrar, and perhaps administrative medical officers in the hospital service, should have a "personal merit rating" and the markings, as officially laid down on this rating, should be known to him. The marking could be made on the following sort of basis:

- (a) Research or development work carried out. This assessment to be made by an award council in the specialty concerned.
- (b) Teaching commitments.
- (c) Clinical or administrative responsibility.
- (d) Seniority and experience in the specialty.
- (e) Higher professional qualifications.
- (f) Committee services. Assessments to be by regional boards.

If such a system were adopted many of the present anomalies would be overcome and every man would benefit according to the merit rating to which he was entitled. The ethical objections to the secrecy of the present system and the patronage which it of necessity brings in its train would be resolved.—I am, etc.,

Winchester,  
Hants.

C. REMINGTON-HOBBS.

### New Constitution

SIR,—Much has been written and said by many for years now on the matter of a new constitution. The Memorandum by the East Yorkshire Branch (*Supplement*, 3 June, p. 143), in the opening paragraph referring to the Revised Report on the Constitution, states: "It should be viewed as a battle in the 100 years' war between the centre and the periphery for power." This surely is what the whole thing is all about. As long as we are all fighting among ourselves our real opponents will continue laughing. We have a great need to foster understanding and to effectively co-operate all along the line, so that members see justice done by a fully effective fighting force, with representation and representatives and leaders in whom we can all have confidence. Surely only by proportional representation, as far as practically possible, can we even have that power of overwhelming membership which would come when the profession with unity speaks with one voice. A strong organization would automatically attract members to it. The new constitution seeks to do this. I firmly believe that at this stage the memorandum by East Yorkshire can only hope to cause further delay in what is long overdue. Further delay must be dangerous.

East Yorkshire fears that power will be taken from the periphery. I hope that East Yorkshire will carefully consider Motion 340 by City of Aberdeen: "That the Scottish representatives on the Representative Body should be nominated by the Scottish Council." There are obviously differing problems in different areas, otherwise there would not be such a wide range of opinions.

Idealists and realists who will not settle their differences often end up with revolu-

tion. Revolution within the Association might have undesirable, unforeseeable, and uncontrollable effects. The solution to this particular problem must surely be something that tries to balance the swinging pendulum of opinion.—I am, etc.,

C. C. LUTTON,  
Honorary Secretary,  
East and Midlothian Division,  
British Medical Association.

Musselburgh,  
Midlothian.

### Invasion of Privacy

SIR,—In due course I shall be forced under section (5), paragraph 7, part I, schedule I, *Statutory Instruments*, 1966, No. 1210, to accept entry of a local doctor to inspect my practice premises, which are in my private home.

My wife and I have always regarded this term of service as an invasion of personal privacy and ethically and morally wrong. Surely it is about time this term of service was deleted in just the same way as the "test prescription" term of service was deleted on moral and ethical grounds.—I am, etc.,

Southampton,  
Hants.

J. G. TEES.

### General Practice

SIR,—As a principal in general practice who finds himself ten years qualified this month, I have been reflecting on the matters which perplexed and distressed me during my progress towards becoming established. On qualifying M.B., Ch.B. I little realized how ill-prepared I was for general practice. My Alma Mater had provided me with no special tuition for this branch of my profession. I didn't know an E.C.10 from an O.S.C.1, and was ready to be exploited by public and patient alike.

I was quite naive about my obligations and rights as an assistant or principal. The legal aspects of partnership or assistantship agreements, despite their importance, were a complete mystery to me. At that time, of course, there was unemployment among doctors, and written agreements were often overlooked. An assistant often had to accept without question a dangerously high proportion of the work of the practice without adequate training or experience. The salary was £800 per annum and you provided and ran your own car out of it. Rotas were unheard of, and four hundred applicants for a practice vacancy was not uncommon.

During the last ten years I have waited in vain for the establishment to produce a mandatory basic contract or agreement for assistants and junior partners; to guarantee a minimum stipend for assistants and a minimum proportion of partnership profits for junior partners; to guarantee that a junior partner reaches parity with his fellow partners within a reasonable length of time; to guarantee that all junior partners receive a written agreement; and to outlaw once and for all the concealed sale of goodwill. These guarantees would make general practice a much more attractive calling for the young man who wants to settle down and make a career of it. But the G.M.S.C. have refused to take definite action on the grounds that the affairs within a partnership are only the concern of the partners themselves, and beyond the

terms of reference of that committee. What a fatuous position to adopt on such a fundamental issue involving the careers of so many general practitioners.

Apart from the organization of refresher courses, the Royal College of Practitioners has made no impression on me at all during my ten years since graduation. Yet this is the very body which one would have thought would have pioneered a career structure for young general practitioners in this country, just as the other Royal Colleges have done in their own fields. I am forced to assume, therefore, that the College is happy with the *status quo*.

I am bound to agree that most of my criticisms would be answered by the introduction of a salaried service, yet I myself have many reservations about this, as I feel that my status would be reduced to that of a local authority medical officer. If, however, there were guarantees that my position and clinical freedom remained as at present, and if I were assured that the G.M.S.C., the Council of the B.M.A., the Annual Conference of Local Medical Committees, the Royal College of General Practitioners, and the Ministry of Health would all be abolished, and that general practice would be run as an independent corporation along the lines of B.O.A.C. or the Electricity Board, beyond the influence of the politicians, then I would agree to a salaried service. Then I would feel that the next ten years, for a man graduating in 1967, would present a much more stable and attractive career than the last decade presented to me.—I am, etc.,

Glasgow S.3.

DUNCAN STRANG.

### Ice-cream Van Accidents

SIR,—In our experience here a not uncommon cause of head injury in young children has been the acute suppression of caution and road drill by the prospect of ice-cream. They have usually been hit by passing vehicles when, at the sound of the bell, they rush blindly to the van to purchase, or as they run back home to consume.

We should be interested to hear from your readers whether this special type of accident is widespread throughout the country. If it is, some publicity might encourage its prevention.—We are, etc.,

M. BRIGGS.

JOHN M. POTTER.

Accident Service,  
Radcliffe Infirmary,  
Oxford.

### "Intimations of Immortality?"

SIR,—Graduates of this university must have felt a glow of pride to see Lister's original paper of 1867 reprinted in the *B.M.J.* (1 April, p. 9). Less gratifying have been the continuing requests for reprints that have subsequently come here addressed to Dr. Joseph Lister, University of Glasgow, Glasgow, Scotland. Your readers may wish to ask themselves whether this mode of address should be regarded as a subtle and graceful compliment to Lister's immortality, or merely points a moral to both those who issue and those who receive requests for reprints.—I am, etc.,

The University,  
Glasgow.

C. M. FLEMING.