

**How Many Authors Can Collaborate?**

SIR,—Regarding Mr. J. W. Dickson's remark (19 July, p 176) that a paper written jointly by 17 authors might be a near record, I recently saw the reference to a paper published in *Scientia Sinica*<sup>1</sup> written jointly by Messrs. Kung, Du, Huang, Chen, Ke, Hu, Jiang, Chu, Niu, Hsu, Chang, Cheng, Li,

Wang, Loh, Chi, Li, Shi, Yieh, Tang, and Hsing. For these 21 authors together 41 abbreviated first names were listed in this reference.—I am, etc.,

K. J. PLASTERK,  
Director, Dr. W. Junk, publishers.

The Hague,  
Holland.

## REFERENCE

<sup>1</sup> Kung *et al.*, *Scientia Sinica*, 1965, 14, 1710.

**The Consultant's Job**

SIR,—Mr. Walpole Lewin (23 August, p. 469) emphasizes, quite rightly, that the members of the working party which produced the report *The Responsibilities of the Consultant Grade*<sup>1</sup> were meeting as individuals. Therefore we hope that he and they would agree that their personal opinions expressed in that document should carry no more weight than those of others who hold quite different views, but who do not have the advantage of having them printed by Her Majesty's Stationery Office and widely distributed free of charge by the Department of Health and Social Security.

Mr. Lewin states that discussions are now going on between the profession and the Department of Health, presumably on the same subject. Perhaps he could tell us how many of the "basic team" engaged in these discussions were elected solely by those whose work they are discussing and not appointed by the Secretary of State. The advice of the Joint Consultants Committee and the Central Committee for Hospital Medical Services, he says, will be sought "as the need arises." If the team does not want to hear their views they need not ask for them. Bearing in mind that the original working party was appointed by the Secretary of State, it is as if a football club selected the players to represent its opponents, and then reserved the right to change the rules as the game went on. The result of the match would be a foregone conclusion.

Mr. Lewin says that the negotiators are doing their best to see that both individual and collective views are considered. If the negotiators are recruited from the C.C.H.M.S., of which he is chairman, there

is no guarantee that the views of the majority will be heeded. On 5 December 1968 a Hospital Medical Staff Conference was held (*Supplement*, 21 December 1968, p. 69). It was called by the C.C.H.M.S. and attended by nearly 200 representatives from all over the country. Resolutions were passed, some with an overwhelming majority, which called for action by the C.C.H.M.S. Now, nearly ten months later, the C.C.H.M.S. has failed to take heed of decisions taken by the conference and members of the committee have said it is not bound by them. Furthermore, some members, who no doubt found the views unpalatable, have even proposed that no more hospital staff conferences should be held. Does Mr. Lewin find it surprising that many consultants regard the actions of his committees with suspicion?—We are, etc.,

S. CITRON, K. W. LAVERS,  
C. C. CRAMPTON, W. W. RICHARDSON,  
G. G. DOEL, N. A. SIMMONS,  
J. D. KINLOCH, D. ZUCK.

Chase Farm Hospital,  
Enfield, Middx.

## REFERENCE

<sup>1</sup> *The Responsibilities of the Consultant Grade*, Department of Health and Social Security, Department of Health for Scotland, 1969. London, H.M.S.O.

\*\* The Secretary states: The "basic team" engaged in the current negotiations on hospital staffing structure were appointed by the Joint Consultants Committee. Their names have been published (*Supplement*, 22 February, p. 75). The majority of the members of the C.C.H.M.S. are elected by the regional committees for hospital medical services throughout the country.—ED., *B.M.J.*

**Doctors and Overtime Pay**

SIR,—I should like to support Dr. B. D. Apthorp (30 August, p. 535) in voicing misgivings about payment for overwork. Most of us already work overtime for pay that is basically inadequate, but there are two elements in this situation, and the one which is most tiring and dispiriting is overtime.

Naturally the Department of Health would prefer to pay one doctor a bit extra for overworking than to pay two doctors to live and work in a civilized fashion. Not only is it immediately cheaper, but in subsequent

negotiations the Department can point to the average wage as the norm. The basic rate will be less than this, so that the few doctors whose work-load is reasonable will come to be penalized for taking it easy.

I should welcome more money with open arms, but not if it means working to a time-clock or prolonging outpatients beyond 5 p.m. for that extra 1s. 6d.—I am, etc.,

D. L. McLELLAN.

Bearsden,  
Glasgow.

**Dispensing Doctors and Pharmacists**

SIR,—The letter about rural dispensing (6 September, p. 595) is interesting because two dispensing doctors have signed it, and because its implications are not very consistent with reality.

In April this year, after years of discussion, the Secretary of State made his decision on the subject of rural dispensing: "... the

substance of the present regulations will continue to stand" (24 May, *Supplement*, p. 98). So far as the patients and the doctors were concerned the problem had been resolved. Whatever the Secretary of State's public reservations may have been there is reason to believe that he decided as he did because he realized that the service was a

good one, and that it was popular with the patients who benefit from it. Since then there have been outbursts of complaint from the chemists and abuse has been heaped on dispensing doctors. So far there has been little or no retaliation.

It appears that "all-out war" is imminent. In order to avoid it, it seems that the medical profession will have to surrender to the chemists and say that the Secretary of State's decision was wrong. Such a surrender would sacrifice the well being and convenience of many rural patients and an appreciable part of the livelihood of many dispensing doctors. It is to be hoped that our leaders will have more sense than to do this.

Finally, it seems pertinent to ask whether the pharmacists have made any official approach to the Association. It hardly seems appropriate for the doctors to take the initiative when they have been so roundly abused for agreeing with the Secretary of State's decision.—I am, etc.,

B. D. MORGAN WILLIAMS.

Claverdon,  
Warwick.

SIR,—The letter from Dr. W. Latimer and others (6 September, p. 595) concerning dispensing doctors fails to point out that the patient can decide whether the doctor dispenses the medicine or whether he or she can ask for a script and go to a pharmacist for the script to be dispensed (this was pointed out by the Under-Secretary of State in a reply to a question by Mr. Tim Fortesque, M.P., in the House of Commons recently).

It would therefore appear to us in the medical profession that what some members of the retail pharmaceutical profession are demanding is the introduction of a further restrictive practice where the patient would have no choice—this is entirely unacceptable to the majority of those doctors in the rural areas who are concerned with the matter.

Surely it is right that patients should have a freedom of choice in the Health Service, and until they have been consulted the matter should rest where it is at the moment, which would seem to be the most sensible policy to adopt.—I am, etc.,

T. D. RICHARDS.

Mangotsfield, Glos.

**Armed Forces Pay**

SIR,—Your correspondent (30 August, p. 534) prompts me to complete the canvas he so ably paints as a "Contented Serving Officer."

I am now in retirement, having served in the R.A.M.C. till reaching 60 years of age. Both my wife and I look back on our 33 years' service with great satisfaction and no misgivings. Our pay on entry was 19s. 6d. a day, and though we never found our pay was equal to our counterparts in civil life (since, however, rectified by the B.M.A.), we had much greater leisure and no expenses in providing locums, staff, medical equipment, etc. Life was so full of professional interest—especially when serving in tropical areas. On retirement I received a terminal grant which went a long way to buying a house, a fair pension, and further re-employment as a civilian medical practitioner under the Ministry of Defence.—I am, etc.,

"CONTENTED RETIRED OFFICER."