cular aspect—for example, marital therapy, family therapy, and role playing—are detailed and lengthy if they are any good.

I was a little disappointed too that there was no mention of the work of psychiatric nurses with psychotic cases, because psychiatric nurses can work with some of these people with skills rather specific to psychiatric nurses.—I am, etc.,

TERENCE LEAR

St. Crispin Hospital
Duston, Northampton

1 Lear, T. E., and Pitt-Aikens T., *Lancet*, 1967, **2**, 253.
2 Lear, T. E., *Journal of the Irish Colleges of Physicians and Surgeons*, 1973, **2**, 113.

Social Workers in Hospitals

SIR,—Both doctors and medical social workers will have been interested in the article by Mrs. Carole R. Smith (25 August, p. 443), which gave a penetrating and amusing analysis of their attitudes to each other. It was surprising, however, that no mention was made of the present state of hospital social work. Indeed, the article might more appropriately have been dated 1963 than 1973 as, alas, it is too late now to ponder on the interactions of doctors and social workers. The big question today is: Will medical social work survive at all after next April, when hospital and local authority social workers will be integrated?

Perhaps it is not generally realized that many hospital social workers are now fighting for the continued existence of their specialty. Though Sir Keith Joseph has said in a parliamentary debate, "I think we all agree that the hospital social worker must remain a member of the hospital team,"[1] this view has not been accepted by many local authorities nor even by some hospital social workers. So medical social workers who wish to remain in the Health Service have little time at present for developing "meaningful relationships with doctors," as they are engaged in a desperate struggle over their future. Unless they achieve the ratification of the safeguards promised by the Department of Health before the National Health Service Reorganization Bill went before Parliament, medical social work will cease to exist in a specialized form. So there would be no question of whether or not doctors should include them in the medical team. They would simply not be available in hospitals any more but instead would be out on the district, helping the local authorities with their problems.

In conclusion, as a medical social worker myself, I wish to urge all doctors, especially those in general hospitals, who value our contribution to the treatment and understanding of the patient to make this well known, either through their own hospitals or by direct contact with the Working Party on Social Work Support. If we receive this support, as we hope, we may then survive to continue making our full contribution to the hospital team inspired by "the concept of partnership, equality and respect for each other's expertise."—I am, etc.,

ETHELWYN GREGORY

East Molesey, Surrey

1 *Hansard*, House of Commons, Minutes of Standing Committee G, 10 April 1973, col. 102.

Hospital Insurance Scheme

SIR,—A hospital cash insurance scheme is currently being advertised to the medical profession. There are powerful objections to schemes of this kind and these were set out in paragraph 86 of the Annual Report of Council (*Supplement*, 31 March, p. 120).

These objections were amplified when the section on Private Practice in the Annual Report was presented to the Representative Body at Folkestone and were accepted by that Body (*Supplement*, 23 June, p. 154). The objections remain as valid as ever.

It is always interesting and instructive to reflect, when benefits for Harry are strongly promoted, what are the benefits for Tom and Dick who are doing the promoting. —I am, etc.,

HARRY FIDLER
Chairman,
Private Practice Committee of the B.M.A.

Shipley, Yorks

Superannuation and the Elderly G.P.

SIR,—Qualified 1923. Retired October 1963 after 39 years general practice, including 14 years hospital appointment—four years as S.H.M.O. Since retirement has fortunately enjoyed good health and a variety of locums which supplemented my medical pension, which was increased last December to £647.

When I read of the comparatively enormous salaries and pensions being negotiated in the coming reorganization I am amazed. The Secretary of State must reconsider the needs of elderly pensioners, their wives, or widows.

We are a declining minority of the profession, and the financial burden on the Treasury should be relatively small.—I am, etc.,

W. D. HOSKINS

Pulborough, Sussex

Deputizing Services

SIR,—"Deputizing Services" (8 September, p. 542) hints at vagaries of the service without defining the essence—namely, what makes an emergency in general practice. From my own personal records accumulated during eight years of locum night calls (7 p.m.-7 a.m.) almost 80% of all cases seen in 1970-1 (1,209 calls) constituted non-urgent conditions which could easily have been dealt with during surgery hours. Ten per cent of calls were unnecessary (ligament strain, rash, "nerves"), 60% concerned minor infectious diseases (measles, influenza, etc.) prevalent at that time, and 9% included back pain, dysmenorrhea, etc. Of the hard core of 21% requiring urgent medication, 8% required hospitalization. Of the 240 true emergencies, in only 13 (6%) were the records needed, and prompt contact with the general practitioner or his assistant was made.

Eight per cent of all calls were requested because the general practitioner had postponed or declined a visit, and of a sample of 200 patients in one area, 66% stated that they were satisfied with the treatment given by the deputizing service; 12% actually preferred the locum and chose to ring in the evening; while 22% considered that their own general practitioner should be responsible for all calls. Each emergency doctor could collect any drug necessary for treatment by an arrangement with the all-night chemist service. On the whole, the locum treatment provided a worthwhile service across a large area of general practice, while, for a small renumeration, absorbing the frustrations of those "emergency" calls.—I am, etc.,

DAVID S. MUCKLE

Accident Service,
Radcliffe Infirmary, Oxford

Buying "Added Years"

SIR,—The *B.M.A. News* of July 1973 in its report "About Pensions" said that "the price for senior members of the profession who are most in need of added years is likely to make it prohibitive for them." Perhaps a specific example would be of interest to your readers.

I am being allowed to buy back nine of my pre-Health Service years. I have worked it out that in those years as house surgeon, resident surgical officer, resident surgeon, and war service in the R.A.M.C. in the rank of lieutenant to lieutenant-colonel, I earned £4,318·50. If there had been a superannuation scheme in existence then at 6%, I would have paid in those years £259. I am being asked to pay, to buy back those years, £1,388·50 for each year; in other words, a total cost of £12,496·50. I have even had a form sent me to ask whether I wish to purchase these added years.—I am, etc.,

G. GORDON CROWE

North Staffordshire Hospital Centre,
Stoke on Trent

Christmas Gifts Appeal

SIR,—I am asking once again that you will be kind enough to give space to the Royal Medical Benevolent Fund's annual Christmas Appeal.

Most of us are fortunate enough to look forward to a traditional Christmas spent among our families and close friends and to enjoy the giving and receiving of gifts and the other good things we associate with this season of the year.

I now ask you to remember those colleagues and their dependants who are not so fortunate: the elderly, many of whom are living alone, widows with young families, those who have been stricken by illness or other misfortune, and all of whom have one thing in common—namely, that they will not be able to afford the sort of Christmas which most of us will enjoy.

I am therefore inviting all members of the profession to give generous support to this Appeal. 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.—I am, etc.,

T. HOLMES SELLORS
President,
Royal Medical Benevolent Fund

London S.W.19

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