published our statistics and reports for all to see. My own professional practices have been reduced by 50% over the past 10 years. Amongst four doctors at this centre, one colleague still has twice the visiting rate of the others, and that in practices with almost identical age and sex distribution and incidence of morbidity. How can one explain these differences, except on the basis of personal habit?

In Sweden, which has the lowest morbidity rate in the world, daily visiting is only about one-quarter the rate in this country.

Since the population of these islands is increasing at a faster rate than the output of doctors within the next decade it is even more important and urgent that family doctors should use their efforts efficiently, and the population use the practitioners’ time judiciously.—I am, etc.,

Manchester 13. H. W. ASHWORTH.

Poor Rate for the Job

Sir,—Having recently received—three months in arrears—our annual cheque for services rendered at the local cottage hospital, our attention has been focused on the low level at which these services are rewarded. We staff, exclusively, this 14-bed hospital and are on call permanently for all emergencies and casualties. Minor surgery and fracture treatment are performed regularly and many x-ray films are seen and interpreted.

The total reward for six senior, well-qualified practitioners, including an M.R.C.P., is £250, most probably less than the income of any single member of the domestic staff.

We have conveyed news of this disgraceful rate for the job to our local medical committee and have expressed our sentiments to the hospital management committee and regional board and hope that others similarly rewarded for their professional labours will likewise agitate.—We are, etc.,

B. A. ABBOTT. P. M. JAMES. S. DILLOE. P. J. MACMONGALE. P. M. HIGGINS.

Rugley, Staffs. M. J. MURRAY.

Form O.S.C.1

Sir,—I wonder if Form O.S.C.1 for eye-testing serves the slightest useful purpose. “I certify that I have examined you and that in my opinion you require to have your sight tested.” Thus the form reads, but how many general practitioners I wonder feel sufficiently confident to examine a patient’s eyes and decide they do not need testing, or how many of us would have the temerity to refuse a patient’s request for such a certificate when asked? This certificate seems to serve no useful function, and I suggest our representatives ask the Ministry for its withdrawal.—I am, etc.,

Ranstede, Surrey. R. P. ANSON.

A View from Canada

Sir,—As an expatriate, I am distressed by the type of discontent expressed by so many general practitioners in your columns against the N.H.S. It is obvious after 16 years that the N.H.S. is an essential part of the national welfare machinery: also that the electorate do not share the view that the general practitioner is badly treated; indeed, attempts to ameliorate the general practitioner’s lot would be misconstrued by important groups who sense their plight to be more serious. Antagonism of these voters is a price that no political party could be asked, in all seriousness, to pay. Further maintenance of the status quo does not appear to carry grave hazard to the efficient function of the National Health Service.

Appeal to the Government has been fruitless, is fruitless, and will continue to be fruitless, because the risk of change is greater politically than to leave things as they are.

Employees of the general practice section of the N.H.S. have in their hands only one effective and honest means of dissuasion. There is no place for strike in the field of medical negotiation. Progressive instances of resignation from the N.H.S. general-practice group and emigration could lead, in time, to serious difficulties that might eventually make it impossible for the N.H.S. general-practitioners service unworkable. Since these resignations would most reasonably involve the younger age-groups, increasing patient load and increasing age of the general practitioners would lead to serious deterioration of average standards of patient domiciliary care. It is my feeling that only when faced by failure of the medical services—and consultant services are nothing without good general-practitioner support—and menaced by an irate electorate, will the Government be anxious to improve the system. By and large the British people are entitled to the type of general practice they are paying for; they are unlikely to get it as long as general practitioners are content to work devotedly in the hope that the Government will eventually recognize the justice of their complaints. Exactly why the Government would not be content to play indefinitely on general practitioners’ generosity of spirit and sense of decency has never been clear to me. Only if the system grinds to a halt by lack of surviving officers will people realize truly the quality that their money is buying. If the standard at this level is acceptable there is no complaint from the populace that this second-rate type of domiciliary medical service is the one they prefer. Compared with the type of medical attention that other nations are receiving with equivalent levels of prosperity, this acceptance would certainly be surprising. Only on the strongest discontent voiced by the electorate will the health centres, secretaries, nurses, dictating facilities, improved remuneration, and working conditions come into view—the rapidity being in direct relationship to the Gallup Poll estimate of the political damage that this deterioration in medical services has caused to the Government.—I am, etc.,

Willowdale, Ontario, Canada. J. DAVID CAINRS.

General Anaesthetics in General Practice

Sir,—Dr. R. G. Wreangham and A. M. A. Clark (23 May, p. 1382) have wakened up to this situation. We have been giving general anaesthetics in this practice for all minor surgery for the past 16 years and long ago gave up any attempts to be remunerated. Our monthly gas bill, apart from the initial capital cost of buying an anaesthetic machine, is about £2. This is just one of the minor iniquities of National Health Service general practice.—I am, etc.,

London W.13. JOHN H. SWAN.

General Practitioners’ Expenses

Sir,—If we and our representatives are not very careful regarding the reimbursement of practice expenses we may well find ourselves worse off than we are at present. We do not want any more clerical work, so we must avoid having to make returns of expenses to the executive council. At present our individual practice expenses are agreed by Her Majesty’s Inspector of Taxes and it works very well. It is the distribution of the Pool which is at fault.

The remedy is so simple that it has probably been overlooked. The Inspector of Taxes, having been in direct relations with the doctor and his accountant, should give a certificate to the doctor stating the total expenses which he has allowed. The doctor would send this, post haste, to his executive council and would have a final settlement at the end of the current quarter. (Quarterly interim payments having been paid meanwhile.)

Such a scheme is simple in operation and would ensure that Peter would be paid his legitimate expenses without being robbed to pay Paul, as occurs with the present method of distribution.—I am, etc.,

Garforth, Nr. Leeds. J. F. ROBINSON.

Final Settlement 1962–3

Sir,—I understand that we cannot expect on 1 July a final settlement for 1962–3. Surely this underlies still more the present unjust and unsatisfactory Pool system which we are all trying to overcome. Why at this late stage are the figures for 1962–3 just becoming available, and may we know whether these figures will be submitted to the Review Body? I feel that they of necessity must be submitted to the Review Body as another piece of vital evidence to demonstrate the need for radical changes in the remuneration structure for general practitioners.—I am, etc.,

London W.12. JOHN D. W. WHITNEY.

Minister Increases Penalty

Sir,—I am sorry to hear of Dr. J. W. Wigg’s resignation (16 May, p. 1317), which I hope will not be accepted by the local medical committee.

It is quite obvious from his letter that although he attended the debate in question (and voted against the resolution), he did not understand the issues involved. No one who moved the resolution or voted for it condemns bad doctoring. What they object to is that the N.H.S. do not penalise those who have usurped the power of the courts in deciding an issue of negligence when, in my opinion, the terms of service were not involved. The