

Curse of Certificates

SIR,—Whilst remuneration is, of course, entirely inadequate, we, after many years' experience of general practice, feel that the main cause of the malaise affecting general practice is the demand for short-term certification. Time and time again we have been told by patients who really require our skill and experience that they did not come to see us earlier because the surgeries were too busy. Busy they certainly were, but with far too great a percentage of patients who only required a few days off with coryza or similar minor ailments.

It is our opinion that unless the dead hand of the Ministry of National Insurance be removed no increase in remuneration will help the lot of the general practitioner, and we shall find ourselves increasingly specialists in the treatment of the trivial, whilst our really ill patients will, particularly if the flow of Commonwealth hospital staff dries up, be waiting longer and longer before being seen by the overworked hospital service.—We are, etc.,

P. A. N. WAINWRIGHT.
C. DOWLING.
C. A. A. HAIGH.

Wigan, Lancs.

Wanted, a Barrier

SIR,—With regard to the present crisis in general practice I would like to make some observations. In the first place the present N.H.S. seems to me to ignore a basic principle of our economic set-up. If there be a commodity which is not in unlimited supply, be it gas, or railway travel, or bananas, there must be a barrier to ensure that there is some relationship between supply and demand, otherwise there would be chaos. The barrier is, of course, money. But with the present N.H.S. there is no barrier. Anybody can, in theory at any rate, have any amount of service and with a little pressure drugs as much as they fancy. This seems to me to be the root cause of the trouble and must be dealt with.

With regard to the wisest tactics to adopt I would suggest we should ask ourselves why we failed twice before. In 1911 I believe it was disunion. Mr. Lloyd George, as he then was, was able to get enough doctors to work his panel system. This last time it would seem that there was this plus a queer kind of fairly general illusion that you can fight a dispute without large fighting funds and the willingness to accept possible losses.

Surely what is needed most is unity in our aims, agreement amongst all medical associations on this and as to what are the best tactics to use, and loyal support from all. Then there can be only one result, which is that what we want will be done.

Otherwise I would expect a patched-up settlement and accelerated emigration of the younger doctors.—I am, etc.,

Penzance, Cornwall. D. C. CLARK.

Experience of a Diagnostic Centre

SIR,—Being completely in accord with the letter from Dr. H. E. Moody (6 March, p. 650), I feel that your readers might like to know of our experience in Edinburgh, where

such a centre has been in action for nearly six years.

The Family Doctor (Diagnostic) Centre is a joint enterprise undertaken by the Nuffield Provincial Hospitals Trust and the Scottish Home and Health Department. It was opened on 1 June 1959. The basic intention was to see how far it is possible, by providing diagnostic facilities, including ready access to nursing, medical-social and secretarial help in a special centre, to enable the general practitioner to examine and investigate his own difficult cases more effectively than he can at present in his own surgery or by sending his patient to a hospital out-patient department, and so afford him greater opportunities and satisfaction in his work.

The facilities at the centre include x-rays done on the premises, which are reported on by a consultant and are available for examination by the practitioner at any time. The same applies to E.C.G.s and laboratory tests. For the last named we have a full-time laboratory technician in the centre, so that tests can be carried out without delay. Further, he is always available and eager to interpret the results and to advise on any further investigations that might be appropriate.

The centre in Edinburgh is sited in the vicinity of the University and the Royal Infirmary and is available to all general practitioners in and around Edinburgh. In long-term planning for the future the Committee consider that it might be better in the light of experience to have a centre, or centres, situated more peripherally, possibly within the curtilage of a major hospital, though under separate management. In such a way it is thought that consultants and general practitioners may find it easier than at present to meet informally to discuss clinical problems.

Throughout the years that the centre has been running consultants have expressed their enthusiasm and desire to meet the practitioners using the centre and discuss the findings in their particular fields.

The Committee and staff are always delighted to welcome anybody interested and give them all help and information possible.—I am, etc.,

IAN R. W. ALEXANDER,
Chairman,
Family Doctor Centre Committee.
Edinburgh 1.

Now or Never

SIR,—How any family doctor can fail to grasp that we must *all* back up our leadership at once passes comprehension. It is now or never.—I am, etc.,

East Dereham,
Norfolk. C. S. THOMSON.

Mr. Cronin's Statement

SIR,—For the benefit of those general practitioners who still cling to the belief that we can achieve fair treatment from the Minister without resigning, and taking a very cynical look at any of his proposals, I would quote the following statement by *Socialist* M.P.-surgeon, Mr. John Cronin, which appears in the *Sunday Times* of 7 March.

"The Minister, himself a doctor's son, although a man of the highest quality, is psychologically hostile to the medical profession."

This, then, is the opinion of a Socialist M.P. concerning his Minister of Health.

Can the profession need any further evidence of the vital necessity for absolute unity and an iron determination to bring our just struggle to a successful end?—I am, etc.,

Dewsbury, Yorks. D. C. TWIST.

Balancing the Budget

SIR,—My experience of general practice goes back over 35 years, and I think that time is the essence of the contract. I can enjoy 2,500 patients, but when I have twice that number because my partner is not available I can get angry, frustrated, and less efficient.

I would like to see a capitation fee of about £2 per head for the first 2,500 and £1 per head for the rest. The ceiling to be reduced from the present level by 100 per annum for the next ten years. Cheap money to be available for modernizing practice premises where necessary.

I don't know whether the Minister reads the *B.M.J.*, but I would like him to know that I have a private income which is the equivalent, if earned through the N.H.S., of £2,400 gross per annum. Each year I need most of this money to balance my budget. I have no expensive tastes, no yacht, a modest Ford car, and so on. I do admit I am still educating my two younger children.—I am, etc.,

Southampton. C. H. BIRT.

Discipline for Doctors?

SIR,—If any general practitioner has any doubt about withdrawal from the National Health Service let him ponder most carefully this from the *Observer* (28 February, p. 3, column 4):

"Mr. John Stonehouse, Parliamentary Secretary, Aviation, said at Wednesbury yesterday that doctors should accept the same discipline as the worker on the shop floor."

Comment on this is, I think, superfluous.—I am, etc.,

London W.1. A. E. CARTER.

Points from Letters**End of Prescription Charges**

Dr. B. S. C. GARSTER (Evershot, Dorset) writes: I would like to express my heartfelt gratitude as a dispensing practitioner to the Labour Party for discontinuing the 2s. prescription charge. I have enjoyed my first week of being able to do my round without putting out my hand for 2s. I do not know if people realize that this charge did cause difficulty for patients with large families and those suffering from chronic conditions, and also how much time and energy has been wasted over the years in collecting it.

Correction.—We much regret an error in the letter on "Real Problems of General Practice" by Dr. W. M. Wright (20 March, p. 791). The first two sentences in his last paragraph should have read as follows: "The present malaise of general practice is, I believe, a symptom of the rather sick society in which we live with its preoccupation with more pay for less work and its endless sidelong glances at the Joneses. Status, about which we read so much, cannot be measured materialistically."