us have a yardstick for comparison. Any simple “bob a nob” contributory scheme, or even the unnecessarily complicated Independent Medical Services Ltd. scheme, would give the average general practitioner a gross income of around £9,000 per annum. Most recipients would be happy to provide high standards without the rigmarole of grants for secretaries, premises, etc. The small “consultation charges” would provide a built-in guard against irresponsible increase in work load. It is against this background that we should judge the coming award.—I am, etc.,
Blackhill, Co. Durham.

F. W. B. Breaky.

Waiting for What?

Sir,—Like Dr. L. A. C. Wood (5 March, p. 614), I was another of the 2,660 who said “No”—also with the intention of producing a fresh N.H.S. It seems that we are to be driven, more and more, to just symptomatic management (which is professional medicine), instead of spending more time on diagnosis (which is professional medicine). One cannot blame the politician for appealing for votes; one can scarcely blame a highly taxed public for surmising it all can; but one can blame the profession for throwing away a chance of voting against the system instead of waiting until we are seen to be haggling over the price.

The present system of putting a ceiling on expenditure while permitting unlimited demand can never work. If the Treasury cannot afford the roof off one then the public must accept a brake on the other. The profession should not fear for its image. This has always been created by our attitude at the bedside and not by our readiness to participate in a drug bonanza. Never in the history of medicine have so many demanded so much from so few—for so little.—I am, etc.,

Chorleywood, Herts.

J. M. Laurent.

Independent Medical Services Ltd.

Sir,—Eighty thousand doctors have written in to state they are prepared to resign from the National Health Service, but unfortunately the 18,000 doctors have not sent in £10 to support the independent medical service. The only hope of general practitioners obtaining and maintaining any standard of living in the National Health Service is to have running concurrently with the Health Service an independent medical service outside of it. Therefore, if doctors are prepared to resign, surely they should be prepared to pay £10 to a service that will benefit them either directly or indirectly.—I am, etc.,

West Harrow, Middlesex.

D. V. Morgan-Jones.

Work Load

Sir,—There seem to me to be two good reasons why it is now an appropriate time for us to take yet one more good, searching look at our present working conditions. We have the winter rush upon us; the findings of the Review Body with its pricing verdict is imminent. I have felt sure for years that if we were given the choice between doubling our income while retaining our present work load and halving our work load while retaining our present income we would almost all opt for the latter alternative. Any improvements in the terms of service which do not somehow cut down the demands on our time—and cut them down drastically—will have slight effect on the present crisis.

The population is increasing. The number of family doctors continues to diminish steadily and inexorably. These doctors is common for each of us to individually to attend between 50 and 80 patients daily. Is it really impossible to make the politicians see that to give adequate attention to these numbers each day just cannot be done? This has been the age of preventive medicine. Ideally we were going to be able to prevent serious disease by treating conditions in their early, more trivial stages. Nowadays the trivialities are dispensed with as quickly as possible, while the serious get a fraction of the attention they deserve. If we had every diagnostic aid attached to our own surgery we would not have the time to use them. I have friends who enthusiastically started doing blood counts, cardiograms, and audiograms—only to give up within a few weeks, all our efforts being crushed by the overwhelming odds. What is the good of spending years of training to learn the art of good medicine when what we really need to know is how a family doctor can diagnose and treat in “five minutes”? Unless some really effective method of curbing the abuse of the service is evolved one can hardly expect many new entrants into general practice. The measures suggested in the Charter and the efforts of the Government so far will have as much effect in reducing the work load as Canute had in abating the rising tide.

If the Minister would sit alongside any family doctor for a week or two and really see how he works, then might it dawn on him that we do not.

I do not share the belief of so many of my friends that the service will collapse unless cognizance of this problem is taken in the next few months. I wish I did. Rather do I gloomily accept that our services are increasing steadily and inevitably, while our standards get lower and lower (and we alone in our hearts really know how low they are already)—and we will forever be striving to obtain the biggest turn-over in the shortest time. Perhaps the Government will take consolation in the fact that, in at least one nationalized industry, “productivity” will constantly expand.—I am, etc.,

London S.E.24.

Cyril Josephs.

Hospital Junior Staff

Sir,—It is my belief that the junior hospital medical staff are dissatisfied because they do not feel that a committee of consultants and specialists can ever properly represent their interests. I feel that they would not feel so dissatisfied if this same committee were renamed the Hospital Medical Services Committee. It might need some additional members later. Before 1948 this committee was called the Hospital Committee. Why did the committee change its name?—I am, etc.,

Leeds 6.

J. H. E. Moore.