have worked in Indonesia, Uganda, and Korea. Barred from surgery in the United Kingdom, in Indonesia I found myself in sole charge of a 300-bedded hospital with around 200 outpatients a day, responsible for all obstetric cases, etc., in a population of 45,000 persons, the only doctor in a large tract of land. Thus it is interesting to note that the Interview Board believes that non-specialists who undertake surgery add considerably to their income and interest, but that it "cannot always be in the best interest of the patients." I agree that the practice of surgery adds to one's interest, but working for the impoverished Indonesians I considered myself fortunate to receive the equivalent of 7s. 6d. for a radical mastectomy. Further, I wonder on what grounds the Board slurs the work of the non-specialist surgeons in North America. Were the patients seen and examined? Were the "surgeons" watched at work? I note there was no surgeon on the Board. Or is it just that the work of a higher surgical degree makes one so inferior that one is unable to help one's fellow men?

Recently many views have been advanced to account for the drain, but there is one view I have not come in print. In many instances surely the emigration is only partly caused by a dissatisfaction with medical matters in the United Kingdom. The "medical" dissatisfaction is combined with a greater or equally great complete disenchantment with the United Kingdom as a whole. It is no light decision to leave the country of one's birth with the firm intention of not returning, and I seriously doubt if a mere dissatisfaction with purely professional matters would provide a sufficient stimulus. Your leading article (6 January, p. 1) stated that most of the interviewed emigrants in North America now wished to return for the benefit of their children. Thus they originally left their country for their profession but now renounce their better professional opportunities for their children. Many hundreds of us, however, prefer to keep our new and better lives and send to our children to boarding-schools in the United Kingdom—I am, etc.,

Francis M. Shatock
"Save the Children Fund"
Pusan, Korea.

Prescription Charges

Sir,—We understand on reading the papers today (3 March), the source of most of our information on the N.H.S. these days, that patients exempt from payment for prescriptions are to be issued with embossed cards by the executive councils. Machines are to be distributed to chemists and dispensing doctors by which details on these cards are transferred to the backs of prescription forms at the same time as the drugs are given to the patient. No doubt this matter will be decided by executive councils and local medical committees, but we fear that we have been presented with a fait accompli and no amount of debating will alter it.

Our purpose in writing is to draw attention to the complications which will arise in large dispensing practices such as our own. We issue drugs from the main surgery, where there is ancillary staff, from two branch surgeries (no dispensing staff), from our cars when visiting patients in distant villages with no bus services, and from our own houses when we are on duty at week-ends. Can you imagine the chaos if every time a drug is issued a prescription is stamped (no exempt patient has to stamp the patient's embossed card on to the prescription form)? If we do not no doubt we shall be liable for finding the 2s 6d. from our own pockets.

This is immensely costly enough for chemists to work. For dispensing doctors it will be well-nigh impossible, unless there is to be serious curtailment of existing out-patient services to patients in outlying rural areas. The machines would have to be carried from the doctor's car to the patient's house (or the patient will have to bring his card to the car to be stamped) and from the doctor's car to each branch surgery. Even then we estimate that in our practice a minimum of four stamping machines will be necessary.

We write as doctors strongly in favour of making medical matters a direct pay-ment for services rendered, and nothing would convince us that it was a tax. One soon wearied of explanations to the question, "How much do I owe you, doctor?" Troublesome because of the difficulties of collection. Arrangements had to be made when leaving medicine to be collected, often at outlying points. It was irksome to be continually handing grubby heaps of pennies and halfpence, to give change for £1 notes, to be stopped continually when out with patients proffering long-forgotten owed sums. Still troublesome when all the cash was stamped) to me every three occasions. Now we are to have all this again and in addition we will no doubt have to decide who is exempt, to account for our decisions. To issue exemption cards and so forth, as in our case there is no pharmacist to do it for us.

We are a small group, perhaps 700 in all but we believe we render a service to the community in rural areas. We met in Tunbridge Wells some time ago and achieved a useful unity of opinion. Is it not time we meet again?—I am, etc.,

Tunbridge Wells.

K. B. Hallam
Cambridge.

Sirs,—I read with dismay the announcement that patients exempt from paying prescription charges are to have embossed cards issued to them (at a cost of several hundred thousand pounds), and that the chronic sick are to be determined by Ministry definition only.

Surely the general practitioners in Britain can be trusted to decide which patients are "chronic sick" within definitions laid down by the Ministry and from their experience of the patient. Furthermore, should a chronic sick patient with rheumatoid arthritis, for example, be given a free prescription for cough mixture when there is a charge of 2s. 6d. for a prescribed item? A simpler, inexpensive system would consist in issuing all practitioners with E.C. 10s. printed on a different-coloured paper entitling the recipient to free drugs prescribed thereon. The white paper E.C. 10s already issued would continue to be used for items which have to be paid for.—I am, etc.,

Geoffroy, Hampshire.

J. E. Goidich.

Sirs,—As a dispensing doctor I look forward with the utmost alarm to the introduction of prescription charges. Experience in the past showed that it was distasteful and troublesome to a degree. Distasteful because patients would benefit with a demand for services rendered, and nothing would convince us that it was a tax. One soon wearied of explanations to the question, "How much do I owe you, doctor?" Troublesome because of the difficulties of collection. Arrangements had to be made when leaving medicine to be collected, often at outlying points. It was irksome to be continually handing grubby heaps of pennies and halfpence, to give change for £1 notes, to be stopped continually when out with patients proffering long-forgotten owed sums. Still troublesome when all the cash was stamped) to me every three occasions. Now we are to have all this again and in addition we will no doubt have to decide who is exempt, to account for our decisions. To issue exemption cards and so forth, as in our case there is no pharmacist to do it for us.

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