

contribution which preclinical staff can make is in making available their expertise in research techniques in a clinical or paraclinical environment, but this is not possible in all areas of research.

Unfortunately, at present laboratory medicine, whether paraclinical or preclinical, is not a popular career choice among medical graduates, largely owing to the inadequate remuneration, especially in junior grades when most recently qualified doctors have the problems of small children and large mortgages. There is also the subtle propaganda which infers that anyone working in a laboratory instead of dealing with live patients at the bedside is somehow an inferior member of the profession. As long as this attitude prevails the outlook for laboratory medicine in this country is bleak.

The only body which can alter the preclinical remuneration is the BMA, but it will not do so until it obtains the right to negotiate on behalf of medically qualified preclinical staff. The BMA has assiduously avoided trying to obtain this right. It must be rare for a trade union to avoid trying to obtain negotiating rights for a group of its members whose importance to the profession it proclaims annually.

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The scandal of the notional rent

SIR,—When our partnership of three decided we ought to move into larger premises some surprising and alarming facts emerged. We are at present practising from a surgery converted from a three-bedroomed, semi-detached house: although an extension had been added five years ago the waiting area has proved quite inadequate, one of the doctors has to stay upstairs, and there is only a restricted parking area, away from the main road.

The new premises we envisaged fulfilled all the conditions we hoped for, even in their present condition—a large waiting and reception area, a nursing room downstairs, and four surgeries upstairs. It has all the space required for future building alterations to provide all facilities on the ground floor, and for adding an extended parking area.

Then what do we find? The asking price was £85,000, and an £80,000 mortgage from the General Practice Finance Corporation would mean, at £1850 per £10,000 per annum (20 years at 18%), an outgoing of £15 000 per annum on accommodation alone—and we still have to live and run our cars and pay for public utility services, etc. To modify this sum we considered putting in all the monies to be obtained from the sale of the present surgery, which should give us about £20 000 clear. This would still leave us with £60 000 to pay and a bill of £11 000 a year. We then found that the notional rent would not exceed £3500 per annum (£2900 on the £40 000 property owned) simply because it is a notional and not a commercial rent. The present commercial rent would be twice to three times as much (at say £6 per ft²). Yet this notional rent proposal is apparently regarded by authority as special treatment extended to doctors because they are judged to be not quite a commercial undertaking (though considered to be such by the Post Office, electricity and gas boards, rating authorities, and so on). In short, we are offered mortgage facilities of up to 100%, but

at a commercial mortgage rate (at present 18%)—and not allowed a commercial rent in return for it.

The notional system suggests that the aim of the Government is to make sure general practitioners do not have proper returns on their property. Thus the doctors can never afford new premises except in a Government-owned setting, such as health centres, and under the General Practice Finance Corporation lease plan. The plain fact seems to be that all these difficulties are part of Government long-term planning to convert GPs into a salaried service. The socialist-imbued National Health Service administration has failed to learn from the disastrous results of the Communist health systems, where everything and everyone is salaried. It does not make for good health care: the doctor's self-interest in this respect is linked with that of the patients and would be reflected by the greater numbers of patients attending, and the higher appreciation of the medical service given by the practice.

General practitioners' salaries and income are now inadequate to buy even an ordinary semi-detached or terraced house in London, or to open an independent general practice as a business, so if the present trend continues there will be no single GPs or even partnerships able to undertake to look after the practice of a retiring doctor or to set up independently, for they would be unable to afford surgery premises with the present notional rent levels. As a result, everyone will be forced into practising in the health centres, with even more of the impersonal secretaries than now, serving a consortium of doctors, placed far from patient groups, and serving larger populations with less individual attention. So it all moves towards less convenient and less personal service for the price of salaried service for doctors, plus an enormous increase in administrative costs.

What do the BMA and the Review Body Committee intend to do about this inequitable and destructive policy? As a first and urgent step, all that is required is to make the notional rent into a commercial rent at today's figures; then we would not need Government grants, and could manage to provide adequate premises for ourselves without the Government administrative costs and the incidental depersonalisation of our service.

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* * * The Secretary writes: "Many GPs have expressed dissatisfaction with the notional rent system and the GMSC Practice Premises Subcommittee has been examining ways in which it might be improved. This examination is now at an advanced stage and we hope to be able to place proposals before the Health Departments in the very near future."—ED, *BMJ*.

Entertainment versus scientific inquiry

SIR,—Many of your readers may have seen the television programme on Friday 18 January discussing the use of drugs to control the behaviour of emotionally disturbed adolescents at Kendall House, a complex and controversial subject which is important enough to merit serious investigation. [This programme was reviewed by HBV (26

January, p 245).—ED, *BMJ*.] It must be extremely difficult to produce an informed discussion which will simultaneously enlighten and interest a mass audience, but does this excuse the producers in so completely subordinating the methods of scientific inquiry to the needs of the theatre?

Assessment of any treatment is a long, difficult, and sometimes tedious matter and it may take years to establish the precise indications and the efficacy of a drug. Side effects create an additional problem—they may be so devastating in some individuals as to rule out further treatment, but in other patients they may be less severe or negligible; certainly they call for careful clinical and ethical evaluation in each case. How the general public were helped in their judgment by being shown a wedding was far from clear. The young woman had obviously improved greatly while being fostered by a robust, warm-hearted woman and presumably courtship had had a pleasantly euphoriant effect on her moods, but what conclusion were the audience expected to reach? Still more confusing was the introduction of Yvonne. We were told she was potentially homicidal, she had been transformed into a zombie by drugs, she had held people at knife point—and then the lady vanished, if one may use such an expression for someone who never actually appeared on the screen. The difficulty of reaching a verdict is very great when one can neither hear nor see nor question one of the principal witnesses.

Over the past 25 years tranquilisers have in my opinion been shown to help many patients by reducing their fear and anger, and consequently there has been much less need to curtail their liberty. Can extremely disturbed adolescents be helped in a similar way, so that we avoid the need to restrict their freedom? This is the question. I am unable to follow the logic of the argument that Modecate (fluphenazine) must not be used because Soviet Russia used it against the dissidents, but the innuendo is obvious.

The Open University programmes have demonstrated television's capacity for the exposition of complex matters; the *You the Jury* programme has shown that radio can intelligently debate controversial issues; and the programme under discussion shows how entertaining it can be to watch someone else in the hot seat. However, as such programmes have a wide audience, the producers would do well to follow the good example of the tobacco manufacturers and show the warning caption "This feature has a high concentration of propaganda."

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Corrections

Assessing improvement of low back pain

In the letter by Dr M E Burtleigh Carson (12 January, p 111) the organisation of which he is secretary general was incorrectly named owing to a typing error. It should be the International Federation of Manual Medicine.

Drug names that look or sound alike

In the letter by Dr Neil C Fraser (19 January, p 185) we regret that Daktarin was misprinted as Dakatrin.