the past. It is amusing to compare their inability to pay for this service with the alacrity with which they press payment for life assurance reports and examinations, often even before the work has been done, so as to get the junior citizens on their rolls.

I submit, therefore, that there is a strong case for our negotiators to remedy this situation. The very debatable point of whether this work should ideally be done by the patent's own GP or an independent doctor is surely a separate problem.

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Advertising for locums for one week or less

SIR,—I write in response to the question why hospitals advertise for locums for a period of a week or less (13 October, p 941).

Essex County is a self-respecting hospital where all doctors employed work hard and employ their time fully. Providing internal cover usually would create such a drain on what previous free time any have that the pressure would be intolerable. I am at present a house physician here working on a busy one-in-two rota. In my case "providing internal cover" would involve doing two people's jobs. This is entirely impracticable, not to say inhuman. Your correspondent should have thought a little more carefully before accusing the NHS of wasting money.

Admittedly, locums are paid at somewhat exorbitant rates but such rates should be reduced rather than attempting to provide internal cover. Overstretched doctors do not give of their best and patients suffer as a result, which is surely to be deprecated.

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Saving money on the drug bill

SIR,—Does the Health Service need more money or better management? Clearly it needs both, but it has become fashionable to argue, even in socialist journals like the *New Statesman* (see the recent article by Ruth Levitt,¹ that the latter is more important than the former. I do not subscribe to this view. Though further economies are possible, by and the large the Health Service gives good value for money. Far from spending too much on health, Britain spends too little, particularly where capital construction is concerned. The urgent need at the moment is to find some way of persuading the Government that it should exempt the Health Service from the savage cuts it intends to make in public spending.

Nevertheless, it would be foolish to deny that some waste exists, and in this age of stringent cash limits everyone who wishes the Health Service well must search for ways of saving money. I would like to suggest a method by which considerable savings might be realised in prescribing costs. This is to set a target sum each year to cover the drug costs of all the patients on a GP's list. If the doctor stays below the target, he should be allowed to keep one-half of the saving. Suitable reviews would have to be made to make sure patients received the drugs they required.

Something like this has been tried by an American insurance company to cover all the treatment patients receive and considerable savings have been realised in hospital costs. Provided suitable safeguards can be established to prevent neglect, the experiment seems worth trying in Britain.

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¹ Levitt, R, *New Statesman*, 19 October, 1979.

The care of children in hospital

SIR,—All those who have the welfare of sick children at heart will strongly support the view expressed by the president of the British Paediatric Association welcoming the Marre Report (15 September, p 665). Although it is axiomatic that the hospital care of children should be in the hands of nurses as well as doctors whose training and first interest is devoted to children and their illnesses, the shortage of suitably trained nurses reaches crisis proportions, and I do not find the sanguine optimism of the General Nursing Council at all reassuring.

The present schemes for registered paediatric nurse training—a combined course for the State-registered Nurse and Registered Sick Children's Nurse qualifications, lasting usually three years eight months, and a 13 months' postregistration RSCN course for state-registered nurses—are unfairly discriminatory in that prolonged training and further qualification is without special recognition either in status or in pecuniary reward.

The arguments in support of general registration as a prerequisite for specialisation are that without it a proper career structure is lacking and that general registration is required for EEC recognition. The former argument may apply to those who aspire to the higher echelons of nursing administration outside children's hospitals, but it seems to me to be irrelevant when applied either to children's units in general hospitals or to children's hospitals. As for the second argument, according to my reading of relevant EEC regulations, general registration is established as the legally accepted recognition for general nursing throughout the Community, but even this qualification would not necessarily entitle a British nurse to work in another member state without a test of specialist or linguistic competence. Moreover, a British nurse with the RSCN certificate only would not be debarred from working in her own country or within the Nine, although in the latter case she may have to submit to a test of profession competence at the discretion of her prospective employer.

If the present serious and worsening shortfall of children's nurses is to be met, urgent changes must be adopted in their training and closure of RSCN schools reversed. I advocate the three following options. (1) Reintroduce a three-year training scheme for the RSCN certificate and accept this as the basic qualification of nurses working in paediatric units, with a salary and career structure similar to that for SRNs undertaking general nursing. (2) An optional extra year at a suitable general hospital would allow a nurse with the RSCN certificate to obtain the SRN as a post-registration qualification. Remuneration during this extra year

would be similar to that of a first-year trained nurse. (3) The present postregistration RSCN courses for state-registered nurses should be maintained.

I believe that I represent the views not only of many paediatricians but also of a large number of children's nurses in expressing strong dissatisfaction with the effects of the present training schemes, which seem to owe more to a slavish desire for bureaucratic tidiness than to the needs of sick children and the career aspirations of those who wish to serve them.

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If I was forced to cut

SIR,—The proposals of "Dr Pilbrick" (13 October, p 905) include two which I find unacceptable.¹ Since it is easier to save £x from a budget of £100 than a budget of £10, you should start with the larger one.² Renal dialysis should be a prime target for cash limits.

Dr Pilbrick found that his renal physicians were treating more patients one year than the year before. Had they not been doing so they should have been sacked for incompetence or idleness. If dialysis and transplantation are successful the total number of patients being treated will rise from year to year until deaths equal new intake. Even countries which have striven to treat all comers for the last decade have not yet reached that plateau; Britain has provided a restricted service from the start and must be many years from achieving that target. Cash limits applied to the renal failure service mean that fewer patients will be accepted this year than last year although the number of candidates for treatment remains virtually the same.

This is a totally different situation from most other medical services; cash limits applied to the repair of hernias, the treatment of myocardial infarction, etc, will cause little hardship. Applied to cardiac transplantation they will restrict Britain to one heart transplant a year. If cash limits are not to ossify medicine in its present mould there must be willingness to run down present services in place of new ones. Dr Pilbrick rightly questions the importance of stripping varicose veins; so far I have kept mine unstripped; one of my relatives has had his done after 15 years of prevarication. There are some patients for whom it is a crucially important operation but for most it is of marginal importance. If we cannot provide a comprehensive health service there is something to be said for concentrating on catastrophic medicine and hiving off the less essential to private practice. We have rent rebates and similar allowances for the needy; it should not be beyond the wit of man to devise a reimbursement scheme for the needy who require stripping of their varicose veins. Whether we have the will is another matter.

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SIR,—I read the ramblings of Dr Pilbrick (13 October, p 905) with increasing dismay. May I refer particularly to his attitude to his nephrological colleague, whom he apparently