when in fact most of these calls are quite genuine and are very frequently to see a feverish child who has become progressively more ill during the day, and about whom the parents are extremely worried. Under the present system of payment, of course, one resents these calls very much indeed. How differently would one feel about them if there were a special system of payment, over and above the present payment, and not deductible from the Pool, of one guinea for each new call made between the hours of 5 p.m. and 8 a.m. There must be very few doctors who do not have to do at least 500 such calls each year. Instead of grumbling about these extra calls after a hard day's work, one should ask why it is that we do not recognize these calls as inevitable, insist on being paid adequately for them, but not out of the Pool, and do them with a rather better grace than is perhaps possible at present. I think that one guinea would be a fair payment, and that it should certainly not be borne by the patient, but by the Health Service. I consider that the following would be a suitable form for claiming the fee of one guinea from the National Health Service:

PART A To be completed by or on behalf of the Patient.

Name of Patient
Address of Patient
National Health Service No.
visit this patient * after 5 p.m. on.....
* before 8 a.m. on.....
Signature of or on behalf of patient.....
* Delete as necessary.

PART B To be completed by Doctor.

I certify that I visited the patient named in Part A of this form in response to the new call referred to, and that this visit was made

* after 5 p.m. on.....
* before 8 a.m. on.....
Signature of doctor
* Delete as necessary.

Any suggestion that such a system would be abused and that doctors would ask patients to send their calls in between the hours of 5 p.m. and 8 a.m. should be treated with the contempt it deserves.—I am, etc.,

Barton-on-Humber,
Lincs.

J. C. GILMOUR.

Longer Training for Radiographers

SIR,—Mr. R. F. Farr, president of the Society of Radiographers, asserts that the views of radiologists will play a significant part in determining the training of radiographers (18 July, p. 191). Regrettably one cannot feel reassured by this statement. Perhaps, Sir, you would publish in full paragraph 18 of the Annual Report of the Council of the Faculty of Radiologists for 1963-4: "Training of Radiographers. The Faculty Council has learnt with regret that the Society of Radiographers has definitely decided to increase a radiographer's training period from two to three years from 1967, as it is convinced that two years are sufficient to train a radiographer. The Faculty hopes it is not too late for the question to be reviewed." This is surely an unequivocal expression of radiologists' views; yet we are told that amiable and constructive discussions are currently being held between the Society of Radiographers and the Faculty of Radiologists and the British Institute of Radiology. Proposals will then be submitted to the

appropriate board of the Council for the Professions Supplementary to Medicine. Radiologists admittedly sit on this board, but they are outnumbered, so will not have an effective say in the final decisions.

Like Mr. Farr, I entirely support the aims, ambitions, and aspirations of the radiographic profession; it is only with the proposed solution to its problems that I disagree. Mr. Farr points out that there is an acute shortage of senior radiographers. Since a radiographer becomes eligible for a senior post after three years' service this shortage of seniors emphasizes the tremendous wastage. Mr. Farr suggests that the extra year of training will arouse the interest of radiographers, so that more will stay on to become seniors. This is surely a most specious argument. Most radiographers do not leave radiography for lack of interest any more than women doctors leave medicine for this reason. They leave because family commitments prevent their working in professions which necessitate irregular hours and night duties. Whatever is done, I feel that this problem will be with us so long as most radiographers are women. I strongly urge, however, that salary scales be reviewed. Starting salaries are not generous but are usually considered adequate. On the other hand, salaries of the higher grades are much too low for radiography to offer an attractive career structure. It is felt that raising salaries of the senior grades would encourage recruitment and perhaps act as

an impetus for the comparatively few career-minded radiographers to remain in the profession. I have in mind particularly the male radiographers who leave the hospital service to work in industry.

Dr. G. Osborne (4 July, p. 59) suggests that training should start at 17 years and that qualification may be attained at 19 years. I entirely support this proposal. Dr. Osborne finds that newly qualified radiographers need little further experience before they become useful members of a general department. This too is our experience. For example, we find that radiographers, within weeks of qualifying, are able to perform single-handed and quite satisfactorily all the radiography at the Birmingham Accident Hospital on, say, a Sunday, when more than 50 cases of all grades of severity may be expected. Radiographers of such ability should be receiving the rate for the job rather than be in the third year of training and getting only a training grant. Herein is a further danger: the crafty Treasury may see in the new proposals the means to obtain a year's work at cut-price rates.

In conclusion, Sir, may I quote Lord Melbourne? The quotation appeared recently in the correspondence columns of your sister journal, but it seems so apt in the present context of longer training: "If a change is unnecessary, it is necessary not to change."—I am, etc.,

Solihull, Warwickshire.

PHILIP JACOBS.

Should Psychiatrists Tell?

SIR,—Dr. S. J. G. Spencer (8 August, p. 382) is concerned with the practical aspect: it is the Hippocratic that matters. If journalists elect to go to prison rather than betray a confidence, why not the doctor? The learned Judge¹ put his finger on the spot: "Doctors called to give evidence often object to doing so, but they always give the evidence in the end."—I am, etc.,

H. PULLAR-STRECKER.

Isleworth, Middlesex.

REFERENCE

¹ *Lancet*, 1964, 2, 145.

able by law until as recently as 1908 (which, interestingly enough, coincided approximately with Freud's elucidation of the universality of the Oedipus Complex); homosexuality, now generally accepted as an aberration of personality endowment, remains in spite of expert reports and unchallenged medical opinion a severely punishable offence, while certain forms of heterosexual and marital behaviour with dire asocial consequences remain outside the law. In the confusion of legal interpretation of human folly we find a lack of common sense which caused already Dickens to compare the law with an ass. It seems that the psychiatrists, who are frequently, by innuendoes at least, accused by their legal brethren of not having their feet on the ground, have in this turmoil of affairs often to bring to bear common sense to assure rest and tranquillity to a suffering and burdened mind. Does it not frequently happen that a psychiatrist who has offered to defend his patient before a Court on grounds of irresistible impulse or neurotic compulsion finds himself presented by the prosecuting counsel as gullible and unrealistic? Why then should anything discussed in the confidential and highly emotional atmosphere of his consulting-room have more value as evidence if it seems favourable to the prosecution?

Let us hope that any psychiatrist faced with the dilemma of betraying his patient or showing contempt of court will extricate himself, as I have done successfully so far, by pointing out to Counsel or Court how statements made to him by a patient obviously under some mental strain could be fiction or fact the truth of which he never tried to explore. They would be useless as evidence in

SIR,—I am sure that every medical practitioner, psychiatrist, patient, and the public in general, even some of our legal friends, will sympathize with the views expressed by Dr. Seymour J. G. Spencer (8 August, p. 382) that communication between doctor and patient should be privileged. The psychiatrist, in particular (but not exclusively), must be able to reassure his patients of confidential treatment and that nothing, however grave in the eyes of the beholder, will be divulged to anybody under any circumstances, unless his consent is obtained and it is in his best interest.

Aggressiveness and manifestations of sexual immaturity, frequently dangerously near the fringe of criminal behaviour, are frequently found at the root of neurotic disorder, and their elucidation without fear of consequences, in private or public, is essential for therapy. Incest, homosexuality, and promiscuous heterosexual behaviour have divergent and seemingly irrational treatment from legal interpretation. Incest, regarded now as an abominable crime, was not punish-