Merit Awards

SIR,—I note (18 June, *Supplement*, p. 267) that it is proposed that a plebiscite should be held to settle this vexed issue, but nothing will come of such a proposal unless it is made clear just what it is proposed that the awards will involve in terms of criteria, method of administration, and so on.

Presumably there will have to be a committee, comprising members not eligible for awards themselves (or adequately compensated for the loss of this privilege if they are practising general practitioners). Such a committee will have to be safeguarded against political pressures so far as may be possible.

The problem of secrecy of the awards will need separate consideration.

For myself I am too interested in the outcome to be able to trust my own judgement, though like many I feel it would be a lost opportunity if the profession rejected the large sum annually which the system would place within its gift. But it is the disinterested ones who should decide, and a plebiscite is the right way to proceed *provided* that clear plans are laid before the electorate.—I am, etc.,

Paignton, Devon.

J. F. BURDON.

Consultants at the Periphery

SIR,—The impertinence of the last sentence but one in the letter "Consultants at the Periphery" (11 June, p. 1483) cannot be allowed to pass unchallenged.

By what reasoning do the authors consider themselves to be some of the best men in their respective student years? While consultant medicine may require an academic distinction not given to all, many of the best doctors are to be found amongst the ranks of the general practitioners, and this country needs doctors even more than men. It seems a pity that in an age when there is a desperate need for a much closer link between general practitioner, hospital, and the ancillary services such bombastic utterances should be made which can do nothing but widen the gap between the local general practitioners and the authors on their self-made pedestal.

As neither a general practitioner nor on a hospital staff I have no axe, and as an industrial medical officer I have no grindstone, so I feel entitled to comment.—I am, etc.,

Gillingham, Kent.

D. S. WRIGHT.

Single-handed Practice

SIR,—The whole point of awarding extra payments to doctors in group practice is that they are in a position to give a better medical service to their patients, and to offer a higher standard of medical care. There is also the point that this type of group practice is more expensive to run. But there is no need for a group to offer a high standard of medical service in order to receive the extra payment.

It is clear that defining single-handed practice as a doctor practising on his own is insufficient and unrealistic. Many single-handed practices offer a very high standard of medical care. There are many partner-

ships practising from at least one common main surgery who will seek to become group practices in addition to partnerships. There are also real groups of doctors, not necessarily in partnership, who by virtue of their main shared surgery formed themselves into group practices, or will do so.

It is, however, well known that doctors in many partnerships and group practices in fact practise as single-handed doctors. They may not even see each other often, let alone employ ancillary help. Apart from off-duty and holiday rotas, and possible illness relief, there seems to be nothing that enables these doctors to offer their patients anything more than does an average single-handed practitioner. They are in effect only pseudo-groups.

More sensible criteria for the encouragement and payment of group practice should include offering a better medical service at a higher standard. It is not difficult to define these. The criterion should not be the mere fact of grouping in the meaning of the regulations.—I am, etc.,

Leeds 8.

NEVIL H. SILVERTON.

Bile Bean March

SIR,—The account in the clinicopathological conference (28 May, p. 1344) of the piano teacher addicted to "Bile Beans" prompted me to take another look at one of my prized possessions, a copy of the "Bile Bean March."

Rendered with Immense Success

BY
LEADING ARTISTS & ORCHESTRAS THROUGHOUT GREAT BRITAIN.

Printed & Published

THE BILE BEAN MANUFACTURING COY.

English Depot
119 & 120, LONDON WALL, LONDON E.C.

THE BILE BEAN MARCH.

F. H. FULFORD.

Published (c. 1890) by the "Bile Bean Manufacturing Co.," price 4s., this moving melody has been "Rendered with immense success by leading artists and orchestras throughout Great Britain."

Before propping this sheet on the piano we can read on the first page of "One of the most miraculous cures of the century."

"When ten doctors and an infirmary staff have failed to do any good; when for four long years a young woman has been gradually sinking, when her own mother by sheer force of circumstances had to abandon all hope, nay, to go further and actually prepare her daughter's grave clothes, and in her mind to select the bearers for the last solemn ceremony, then it will be admitted such a case looks about as black as it possibly could."

Black indeed! But this young lady, Miss Annie Brook, was recommended Charles Forde's Bile Beans for biliousness, and after taking five boxes she was completely cured. In a legally sworn statement she tells us that, "My mother used to feel at me every five minutes to see if I was dead, for the doctors said I might go off at any minute."

At the foot of the page it is stated that three large boxes cost 7s. 6d., but six can be bought for 14s.—"Please mention this music when writing."—I am, etc.,

Aylesford,
Nr. Maidstone.

E. P. EDMONDS.

Points from Letters

Review Body's Report

Dr. F. G. TOMLINS (London E.4) writes: Since the A.R.M. 1965 approved the Charter and "insisted that it was the minimum to be obtained," Council's recommendation is clearly contrary to Association policy. Is this to be tolerated? If the Government's proposals are accepted there will be no reduction in work load, no improvement in quality of work, and no improvement in the doctor-patient relationship—in fact all these seem likely to worsen, as some patient already feel that their doctor, if he is to be paid more, should work harder. This can only increase emigration and increase still further the work load on those remaining and the dissatisfaction of the public. Acceptance would show that our much publicized drive to do better quality work is readily bribed away by what appears to be a large sum of money. The B.M.A. Council's attitude appears to be an attempt to get the money now, while letting continuing medical emigration and increasing work load compel fundamental reforms later. This will mean two or three years of increasing difficulty and deteriorating standards, after which it will be necessary to try to rehabilitate general practice even with fewer doctors. Such an attitude is unworthy of a great profession. We should stick to our principles, reject this offer, and resign from the present service. We would retain our self respect and that of our patients, and the Government would soon have to devise with the profession a better scheme. General practice will not disappear if we resign from the N.H.S., but it is likely to disintegrate if we do not.

Skin Discoloration and Phenindione

Major J. CARSON (Johore, Malaysia) writes: The letter from Dr. I. S. Menon (9 April, p. 925) reminds me of two patients on phenindione therapy seen at the Queen Alexandra Military Hospital early in 1965. Both developed bilateral purple discoloration of the skin over the terminal phalanges of their fingers, which in one case was painful and tender. They both had palmar erythema and normal liver-function tests. In both cases the discoloration subsided when therapy was changed to warfarin.