to that effect. They used to urge on their staff (a) that the British public notoriously hated any hint of compulsory medical examinations and friction on this matter might wreck the whole scheme; (b) there would be little to gain in any case as the numbers involved would be unlikely to affect statistical results. As for the individual child, its parents would be very unlikely to follow recommendations if they had been coerced into allowing the examination; (c) that compulsion should be reserved for the cases where the welfare of the child, or of other children, was clearly at stake—for example, where a special education was required for a handicap such as blindness or deafness or where the child was suffering from some infectious condition; (d) in any case, every effort should be made to persuade the parent before compulsory powers were used, and if there was a family doctor he was brought into the picture. Every one of these principles is more than ever valid to-day.

This policy paid dividends on an unexpected scale. The number of refusals in the whole of London was about 50 to 60 a year and came mainly from members of "splinter" religions who objected to doctors as such.

As for the policy of examining doctors' children, their case is obviously such a special one that common sense and professional courtesy suggest that they should be left to parental care, except in very special circumstances. I would suggest, however, that this isn't quite the whole story. The school medical officer is, after all, one of God's creatures and a member of Dr. Newton's profession. On some aspects of child health he acquires an exceptional and valuable expertise. It would be deplorable if anything were said or done to denigrate the great contribution the School Medical Service has made to the improved well-being of children or to hinder the work they are doing to-day. Never was there a time when resentment on one hand or compulsion on the other seems more to be regretted.—I am, etc.,

London S.W.3.

LETITIA FAIRFIELD.

SIR,—With reference to the letter which appeared in your correspondence columns on January 5 (p. 57) under the caption "School Medical Examinations," signed by Dr. R. G. Newton, of Heanor, Derbyshire, I have made inquiries in my department and find that the person to whom he spoke on the telephone was Dr. Julia Corrigan, the senior medical officer for the School Health Service, on the staff of the County Health Department of the Derbyshire County Council. I asked Dr. Corrigan to let me have a note on what transpired when she spoke to Dr. Newton, and she has replied as follows:

"As far as I can recall the telephone conversation with Dr. Newton (who I thought was a non-medical parent), I told him the examination was compulsory, that notice of day and time had to be given to the parents giving them an opportunity to be present. I said that we did not always enforce the examination if a parent objected when there was reason to think the child was well cared for, and that if he returned the form saying that he objected, the doctor would not carry out the examination."

Section 48(1) of the Education Act, 1944, provides that, "It shall be the duty of every local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school or county college maintained by them. . . ."

Section 48(2) of the same Act provides that, "For the purpose of securing the proper medical inspection of the pupils in attendance at any school, college, or

other educational establishment, any Officer of the Local Education Authority, authorized in that behalf by the Authority, may require the parent of any pupil in attendance at any such school to submit the pupil for medical inspection, in accordance with arrangements made by the Authority . . . and any person who fails without reasonable excuse to comply with any such requirements, shall be liable on summary conviction to a fine not exceeding five pounds."

Dr. Newton stated "there is no opportunity for me to object." In my view, Section 48(2) does allow a parent to "opt out" if there is a "reasonable excuse." I have been carrying out the duties of county medical officer of health and principal school medical officer in Derbyshire for over 18 years. Whilst a few cases during that period have objected to a school medical examination, the use of the "gentle art of persuasion" has made it unnecessary to exercise the compulsory powers conferred in the Education Act. I would submit that if Dr. Newton had only indicated to Dr. Corrigan, when he spoke to her, that he was a medical practitioner and was therefore well aware of the state of health of his own child, that would certainly have been regarded as a "reasonable excuse."

Taking a wide view, Parliament conferred these legal powers on local education authorities in order to safeguard the health of children. It should be realized that education and health have much to contribute to one another—in fact, neither blossoms to its full splendour without the help of the other. When it comes to school attendance or medical inspection, compulsory powers are not enjoined if a reasonable excuse can be advanced to the local education authority, such as satisfactory alternative arrangements.—I am, etc.,

County Health Department,
Matlock, Derbyshire.

J. B. S. MORGAN.

Dr. Morgan sent a copy of the above letter to Dr. Newton, who replies as follows:

SIR,—The telephone conversation did not sound the same at my end of the line as reported in Dr. Morgan's letter. Perhaps this was due to a poor telephone connexion. This does perhaps emphasize the point that a telephone conversation is not the same as a face-to-face conversation. I was left with the firm impression, as I reported, that there was no opportunity for me to object. It is some comfort to know that I was mistaken. Nevertheless, the compulsory powers about which I objected do exist, even if the authorities say they would sometimes permit objections.

When I made my telephone protest I deliberately did not introduce myself as a doctor, and I was not asked to identify myself. I feel that my occupation makes no difference to the matter. A dustman or a lawyer are as responsible for their children as I am for mine. Further, I have not made a medical examination of my child (and I suppose very few doctors do examine their own children without specific reason), and so I am no more aware of the state of health of my child than any other reasonable parent is of his, except perhaps that mine is so obviously in robust health.—I am, etc.,

Heanor, Derbyshire.

R. G. NEWTON.

Group Practice Loans

SIR,—We would like, if we may, to refer to the article by Dr. John Fry and others, "Towards Better General Practice" (November 17, p. 1311), and to the more recent article by Drs. Fry and Dillane which is in the current issue of *The Practitioner* (January, 1963, p. 150).

In each of these excellent articles comment is made about the Group Practice Loans Scheme and about its applications to the various reconstructions and alterations required in many practice premises. We built a new surgery in 1961, and, by way of lending support to the remarks of Dr. Fry and others, we would like to describe our experiences. These experiences concern the Group Practice Loans Scheme, and in addition we will venture to state what we have discovered about rates, income tax, etc.

On November 26, 1960, we commenced to apply for a Group Practice Loan. Although ours is a partnership of two, nevertheless the practice is rural as regards mileage, and we hoped for success. We applied at first for a loan towards a building with an estimated cost of £3,000, and later on this amount was increased to £4,000. Our application, then, was for a loan of £2,000. One of us (K. H. P.) was interviewed by a Joint Committee on Group Practice Loans on behalf of the Executive Council, and the members of this Committee were extremely kind and encouraging about our plans. Their report was adopted by the Executive Council and we were very happy with the reception of our ideas. In the ensuing weeks and months considerable correspondence developed, and our plans, our estimates, and our partnership agreement were sent off on various occasions to various places. Eventually two doctors from the South of England came to see us, and they were most courteous, but they indicated that our application was not likely to succeed. The reason for this failure was, we would have thought, purely technical. It appeared to hinge upon whether or not our practice would be regarded, for the purposes of the loan, as rural. We were informed by letter on June 9, 1961, that our application had indeed failed, and we moved into our new building on the 30th of that month.

All the men, both lay and professional, that we have met over this matter, both in our local committee and from the Ministry, were most pleasant towards us. It seems, however, that it is the regulations which are cumbersome and difficult, and we found that to be failed at the very end by a technical point so fine as to have apparently escaped our local committee was somewhat disappointing.

For rating purposes, we found that our new purpose-built surgery is regarded as a commercial building. It is therefore rated at commercial rates, and these are higher than the average domestic rate. This seemed rather strange, especially since one of us (K. H. P.) had practised for over nine years from a rented surgery which, like many others, was part of an ordinary house; and certainly no special reassessment of rates had been made during that time. In a similar way, the electric supply to our new surgery is charged at a commercial tariff, which is also higher than that for domestic purposes.

The Inland Revenue, however, regard the building as professional, and no allowance for tax is given on the building or on any part of the building. It would seem that the surgery is in the same category as a shop, an office, or a house. On the other hand, had we been building a factory, and particularly one to do with exports, or had we been erecting a new farm building, then, we understand, income-tax relief would have been granted for the whole cost of the works. We are advised that this relief would be spread over 50 years in the case of a factory, and ten years in the case of a farm building.

We are writing about these details because we feel that they may perhaps lend a little weight to the pleas already most eloquently made by Dr. Fry and others.—We are, etc.,

Barnard Castle,
Co. Durham.

K. H. PICKWORTH.
J. WESTWOOD.

Surgery in General Practice

SIR,—In his answers to questions I felt that your emigrant doctor gave a fair picture of group practice in a large Australian country town (November 10, p. 1247). But I feel he has been quite unfair to the College of Surgeons, who, he says, "are trying to make a schism in the profession." Perhaps he would care to answer a few supplementary questions to clarify this assertion.

1. Does it seem proper that general practitioners without surgical diplomas or special training should be doing "gastrectomies, gall-bladders, hysterectomies, and the like"? As "the group had no higher qualifications among them," one is relieved to know they at least had the modesty not to "tackle abdomino-perineals." Tackle seems the right word.

2. How many of these major abdominal procedures did the group tackle in his six years with the firm? How many mishaps occurred with these operations due to inexperience? I mean accidents with the common bile duct, the ureter, or with haemorrhage or fistula, etc.? Did they ever find it necessary to call in a consultant from the College of Surgeons for any such?

3. Are the College of Surgeons justified in advocating that major surgery should be undertaken only by holders of surgical diplomas or by practitioners who have had special training and experience in surgery? It does seem to me proper that they should do so, first for the recognition of the status of surgical diplomates, for the skill and experience they have acquired in their training—although I don't agree that the College are "trying very hard to stop G.P.s doing surgery."

4. Is this the way in which the College of Surgeons are causing a schism? By reserving the right to require the higher standards from those undertaking major surgical procedures?

If so, I feel they are justified in their attitude and should not be held culpable for any schism so caused. Myself, I was not aware of any such, and hope it will never be.—I am, etc.,

Melbourne, Victoria,
Australia.

R. S. LAWSON.

Better General Practice

SIR,—Your annotation entitled "General Practitioners to the Fore" (October 27, p. 1111) has just come to my notice. Your quotations from Dr. J. H. Hunt were very depressing. His remarks carry the implication that the G.P. should be a diagnostician, preferably an astute one, and that he should perform supervision of his patients after the battle, so to speak is over, having had no part in that battle. Then he makes a plea for G.P. hospitals, and we are told the few that exist are going to be closed down.

The quotation from Dr. John Fry is superficially more pleasing, but with respect to Dr. Fry I must take issue with him. With all these facilities for radiological and pathological investigations it would be interesting to know how many blood slides, marrow smears, x rays, etc., he actually sees and how many he discusses with the appropriate consultant. I am not suggesting he should see every one, but we all remember in our days