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## Superannuation and the Elderly G.P.

SIR,—I am dismayed to read, almost weekly, letters in the *B.M.J.* from elderly general practitioners who clearly feel that they have been either abandoned or seriously let down by those negotiators who are concerned with pension matters. The facts are as follows.

In 1972 the Superannuation Division of the Department of Health and Social Security sent proposals for improving our pension structure to the Joint Superannuation Consultative Committee. This committee is the body with whom the Department liaises, and it in fact comprises the General Purposes Subcommittee of the Whitley Council. Virtually all decisions on N.H.S. pension matters have to be made after consultation of this committee, which numbers about 12, but the B.M.A. has only one solitary representative. In material terms therefore our position is derisory, and when it comes to voting our influence is negligible.

The proposals sent consisted of a package on a take-it-or-leave-it basis. There were many disquieting features in the scheme put forward, but it was clear that in general an improvement would result, and therefore the suggested alterations to the N.H.S. scheme as a whole were accepted by the Joint Superannuation Consultative Committee, and hence willy-nilly by the B.M.A. These proposals, incidentally, were to affect all contributors to the scheme (not just the medical profession, which constitutes only about one-tenth of the total personnel involved), and were, in part, to be back-dated to March 1972.

Nevertheless it was abundantly clear to those negotiators particularly concerned with the independent contractor side—for example, general practitioners and dentists—that the new deal which was to come into effect in March 1972 would not give a fair pension to one section of the medical profession. We therefore (with no little difficulty) persuaded the Superannuation Division that

though the new package would be agreed in principle, and could therefore become operative for all contributors, further discussions must take place to achieve a fair pension for G.P.s. As a result the dynamism formula was devised and the correct pension calculation for family doctors was restored.

During these protracted negotiations we pointed out that though the pension was now correctly calculated for those G.P.s in service on 25 March 1972 and the old escalating formula was fair for those who had retired prior to 1969, any G.P. who had retired between these dates would remain unfairly penalized. While this was not disputed, the Department argued that this matter was outside their immediate remit, as they were solely concerned with the package deal for those in service. They further declined to act on behalf of this neglected group of doctors on the ground that nothing could be done until the Government Actuary had reported, this being due (4 years late) in the autumn of 1972.

Your negotiators only accepted this argument on the clear understanding that as soon as the actuary did report we would have immediate consultations to discuss the implications of the report itself and the plight of the so-called "forgotten doctors." I would point out that when the actuary's report was published<sup>1</sup> it entirely vindicated our argument that there was ample money in surplus to pay the just pensions of G.P.s who retired between 1969 and 1972, and incidentally, as we had forecast, that the  $\frac{3}{4}\%$  levy imposed last autumn was superfluous and unnecessary. So far we have not yet had an invitation to discuss the implications of the actuarial survey, nor have two letters to the Secretary of State, in which we emphasized the plight of G.P.s who retired between 1969 and 1972, produced any helpful response.

I can assure those justly aggrieved doctors that the injustice they are suffering remains

uppermost in our minds and that we are still working actively on their behalf. They are not, and never have been, forgotten but with all the good will in the world we are in the final event dependent upon the Government making concessions. It takes two to negotiate, and so far we have met only evasion and prevarication from the other side. I hope ultimately—and soon—justice will prevail.—I am, etc.,

R. A. KEABLE-ELLIOTT  
Member, Compensation and Superannuation  
Committee, B.M.A.  
Chairman, G.M.S. Committee's Working Party  
on Superannuation

Ibstone, Bucks

<sup>1</sup> Department of Health and Social Security, *Report by the Government Actuary on the N.H.S. Superannuation Scheme, 1962-69*. London, H.M.S.O., 1973.

## Saccharin in the Balance

SIR,—With reference to the comments in your leading article (28 July, p. 185) on complicating factors in bladder carcinogenesis in rats, it may perhaps be of interest to your readers that only specific pathogen-free animals were used for the experiments we reported in *Nature*<sup>1</sup> and that no infestation and *Trichosomoides crassicauda* was present in our rats. This was checked by both macro- and micro-inspection of all bladders investigated.

In a subsequent letter to *Nature*<sup>2</sup> we indicated the possibility that a contaminant, such as *o*-toluene sulphonamide, which is present in commercially marketed saccharin in this country, may well contribute to the cocarcinogenicity of saccharin in our experimental system. This is particularly relevant to the calculus problem since, like some other sulphonamides, *o*-toluene sulphonamide is a carbonic anhydrase inhibitor and causes the urinary pH to rise, thus predisposing to calculus formation. These factors are, of course, being further investigated.