There will be less tendency to feel that had one paid, one would have received preference either in technical treatment or in more imponderable human matters such as moral support and explanation. This in itself will help to sustain the faith of the public in its doctors, a faith which, though at root still sound, has suffered from the tendency of politicians to score party points out of the teething trouble of the service, and of irresponsible newspapers to magnify out of all proportion every patient's real or imagined grievance.

How can this increased frequency of true consultation be achieved? In the first place by ceasing to restrict the use of domiciliary consultations to patients unfit to travel to hospital; perhaps even some of the monies set aside to improve practice might be used here. Possible abuse of this system is not likely to be a serious factor because the time element will preclude this for the consultant. And it must be a condition that both parties are present at the same time.

Secondly, by opening up certain of the outpatient sessions to patients accompanied by general practitioner. Here again the time factor will preclude frivolous use of this facility.

Thirdly, by allowing, indeed encouraging, senior registrars to take part in the domiciliary consultations and outpatient consultation schemes, both with and without the presence of their chief. This will be a great help to many of these aspiring consultants in that they will gain early much greater experience of both doctor and patient in his natural environment and so facilitate that broadening of experience and wisdom which distinguishes a consultant from mere specialist. It may indeed help to abolish the state of affairs which was epitomized, I believe, by Sir Heneage Ogilvie who recounted an occasion when a man entered an interview a registrar and came out a consultant.

THE CALIBRATION OF DOCTORS

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Common conditions commonly occur, rare conditions rarely occur, but rarities as a group are not uncommon, which puts the doctor in a dilemma since he cannot easily acquire the experience and information required to deal with them efficiently. The answer is of course to pool the knowledge of many doctors and so collect sufficient knowledge to paint a full picture.

This is relatively easy when the diagnosis is clear-cut and straight

forward, about impetigo, diabetes, or middle ear disease most doctors will agree, but increasing interest is now being focused on the minor personality and emotional disorders; in the making of these diagnoses, doctors vary widely. In the major psychoses, diagnoses differ even when the same patient is seen in the same hospital by the same psychiatrist on more than one occasion, how much more will they vary between different doctors who have not special psychiatric training? The truth is that when we ask ourselves whether a patient is neurotic, depressed, or apathetic what we are really asking ourselves is whether they are more neurotic, depressed, or apathetic than we ourselves might be in the same circumstances.

In short the doctor uses himself as a yardstick to measure his patients' symptoms, and since doctors vary widely in personality it is hardly surprising that their diagnoses vary widely too.

Viewed in this light it is easy to understand the wide variations between the estimates of different doctors of the amount of neuroses in the patients who consult them. The only solution would appear to calibrate the doctor by checking his diagnoses against a small standard population so that his findings can be weighted to allow for his personal factors.

To enlarge on this; let us suppose we wish to examine the effect of a tranquillizer on anxious patients in general practice. This will be done with about twenty doctors using the drug in double-blind trial for a period of six months to a year. The first task is to ensure that everyone agrees about the essentials by convening them for a briefing by the organization, including suitable lectures and clinical demonstrations followed by a short questionnaire.

Each doctor then departs to his practice taking notes of his cases and the responses to the drugs they are given double-blind. Halfway through the experiment all the participants are reconvened and twenty or so cases are demonstrated to them and each doctor makes a separate diagnosis of each case which is recorded in confidence so that they are unable to influence each other's opinion.

At the end of such an examination it will be found that there is considerable variation in the diagnoses, and this variation can be taken into account in order to weight the results of different practitioners when at the completion of the experiment the statistics are compiled and evaluated. Such an experiment would be worthwhile for its interest and stimulation quite apart from the value of the results that might be obtained. Since in many psychiatric conditions there are few rigid criteria of diagnosis it is not easy to state that such and such an opinion is right or wrong, hence no one should feel at fault if his diagnoses vary significantly from the average.