

contact not later than the day of the appearance of the rash in the infecting case. If used for attenuation the same dose of 10 ml. should be given to the contact on the 4th, 5th, or 6th day after the appearance of the rash in the infecting case.—I am, etc.,

Leeds.

J. F. WARIN.

### National Health Service Act

SIR,—It is with diffidence that I enter the controversy on the National Health Service Act. It would appear that everything has already been said many times over on either side. However, it seems to me that the minority who voted "Yes"—a minority that was nearly 50%—should be more often represented in your columns. I particularly disagree with the claim made by so many of your contributors that opposition to the Act is not based on politics, or, at any rate, on party politics. Personally I am not a Socialist and have never voted for any party, and, considering the complete political unreality of so much of the argument, it is obvious that most medical men are not actively engaged in political life. Nevertheless, how many are there of those opposing the Act who do not cast their vote for a Conservative at an election? Professionally and socially we are predominantly Conservative and are naturally suspicious of a Labour Government and antagonistic towards its efforts. The people of this country, however, elected that Government with an overwhelming majority in Parliament. It is idle to pretend there was not a widespread determination to obtain social security, and votes were given to a party that could be trusted sincerely to support it. That was the working of democracy. Is it democratic for a section of the community to oppose the wishes of the majority as expressed in an Act of Parliament? Is it not dangerous to suggest that an organized professional body should try to make an Act unworkable in order to change it? Are we going to support miners or transport workers who might try to do likewise?

The Act sets out to effect a revolution—that no longer will poverty and lack of means be a bar to obtaining the best medical facilities and treatment available. Revolutions always disturb established customs. Such a great social advance cannot be made without some risks and disadvantages. Let us remember the advantages it will gain for our patients and potential patients, and be particularly careful that we are sincere when we claim to oppose the Act on behalf of our patients. When we complain because in time of scarcity extra amounts of rationed tit-bits are refused to a dying man who can afford them, it is well also to remember those who have been condemned to death or persistent ill-health through inability to afford necessary medical treatment.

It is for the individual doctor eventually to decide whether to enter the Service or not, but the recent plebiscite has finally destroyed the claim for unity within the profession. A large proportion of doctors, especially the younger ones, are willing to build up the best possible medical service on the present Act. Alterations in medical practice are part of wider social and economic changes hastened on by the war and are inevitable. The inherent danger of bureaucracy can be defeated by the efforts of those determined to make the Service successful. It is therefore to be hoped that in the coming negotiations the profession's representatives will display the utmost statesmanship and realism. Could the Minister be blamed for having failed to discuss previously the Act with a body so out of step with the times that it opposed a medical service covering 100% of the population? The Act is now on the Statute Book and we have our last chance to offer expert advice in clothing its bare bones.—I am, etc.,

Tunbridge Wells, Kent.

D. G. ff. EDWARD.

### Freedom of Choice

SIR,—We are most of us concerned with the imminent prospect of State control and of course hold freedom of choice of doctor by patient to be essential. Just how much freedom of choice the patient will have may be surmised from the following recent example. Mr. A is a non-industrial Civil Servant. He is an insured person and is under treatment by me for severe thrombo-phlebitis of leg. A few days ago he received from his department—namely, the Assistance Board—a letter stating

that his case had been referred by them to the Treasury medical adviser—the object of this being to enable remedial action to be taken.

The Treasury medical adviser directs the Assistance Board to obtain an independent medical report from Dr. B, who is a general practitioner in the same area as myself. Since Mr. A did not chance to select Dr. B for his own doctor, however, he is treated with scant courtesy by Dr. B, who, when informed of the complaint, refuses to visit him and insists upon his turning out and walking to the surgery with a thrombosed leg on dangerously ice-bound and snow-covered roads. Mr. A is then informed that he will probably have to attend again for a further report. All this happens without any notification to me as Mr. A's doctor or any report on his condition being requested.

To comment on this it may be summarized by saying that Mr. A, while under treatment by a doctor he wishes to attend him, is suddenly directed by the State as his employer to visit Dr. B, whom he does not wish to attend, so that the Treasury medical adviser, who has never seen him, may decide what treatment should be given. All this takes place in a most underhand way completely behind the back of his own doctor, who is neither consulted nor informed of what is going on. Now Mr. A cannot be simultaneously treated by two persons, so pursuing this to its logical conclusion either the State removes him from his own doctor, or, if he elects to continue treatment from his own doctor, it may threaten him with withdrawal of his salary. The most disturbing feature is that this is apparently standard procedure, the letter to Mr. A being a cyclostyled copy bearing the form number G46/200/779.—I am, etc.,

Greenfield, Lancs.

R. S. HOLTGATE.

### Administrators of the Act

SIR,—There is one seldom mentioned side of the National Health Service which I hope our negotiators will not overlook: the method of appointing the whole-time medical administrators. Whatever the final form of the Service it is clear that considerable executive authority will be vested in the statutory councils, boards, and committees envisaged in the Act. They, however, will consist for the most part of part-time members, and therefore considerable discretion and authority must devolve on their senior permanent officials, who will include medical men. It is our concern to see that from the start the method of appointing these key officials avoids the worst features of bureaucracy.

In my view at least two conditions must be fulfilled: (1) All senior appointments must be advertised and so thrown open to the widest possible "field." (2) Selection to medical appointments must be made by bodies on which there are representative medical members. This could be done peripherally by the body for whom the candidate is going to work or centrally by the Central Health Services Council. Any system which makes these appointments plums with which to reward long and faithful service in the existing medical administrative departments will, I am certain, prejudice fatally the prospect of getting a smoothly running service. Moreover I fear that unless we take steps to ensure the contrary this is the method of appointment that is likely to be applied.—I am, etc.,

Plymouth.

T. A. A. HUNTER.

### Remuneration under the Act

SIR,—Now that discussions have begun between the Negotiating Committee and the Minister may I draw attention to a fundamental point hitherto overlooked? It is the method of remuneration by capitation fee—surely one of the worst evils of the N.H.I. scheme and now, alas, threatening to be an even bigger evil in the future comprehensive Health Service. I think I am right in saying that the majority of doctors, like other members of the community, prefer to be remunerated in accordance with the amount of work they do. Conversely they do not wish to be paid for anything they have not done. Nor is this feeling confined to the doctors; it is shared by patients, many of whom feel, when they need attention, that they have to apologize to their panel doctor for bothering him. How different many patients would feel if they knew their doctors were being paid on a *pro rata* basis for their time and trouble. As an example, with the best intentions in the world, human