

On a basis as outlined we would have real professional status for assistants, and the old sweated-labour principle would no longer obtain. As a profession we might then claim to live up to the principles we allege we believe.—I am, etc.,

Stoke-on-Trent.

DUNCAN BAXTER.

### B.M.J. Leaders

SIR,—At a meeting of this Division held to-day a resolution was adopted unanimously instructing me to convey to you our congratulations on the recent editorials dealing with the National Health Service Act. In our opinion these articles have been extremely fair and lucid. We consider they have shown a realistic and common-sense attitude throughout and have enhanced the value of the *Journal* considerably in the eyes of those who are neither "die-hards" nor "eviscerates."—I am, etc.,

Spalding, Lincs.

ALEX S. WILSON,  
Hon. Sec. Holland Division.

### Suspend N.H.S.

SIR,—This day's issue of the *Journal* contains letters which surely would—*must*—convince any reader of the support you would have in return for your strongest urging to keep out of the Service. There is still time. Should the profession now agree to serve, it will, as I said at a recent meeting in Chelsea, be guilty of cowardice and of being accessory before the fact of the introduction of an Act which is contrary to the best interests of the people. Now this is what we have been claiming all along. How then can we consent to serve and yet be held guiltless of betraying the people?

At the meeting to which I have referred I said that if this Government without a mandate from the electorate for the express purpose suspend the operation of the criminal code against offenders who had been committed to the gallows for a period of five years, our profession ought to advise them to suspend the introduction of the proposed N.H.S. for a similar period or an appropriate time, during which the profession would only too gladly offer to co-operate with Mr. Bevan in devising a service acceptable to all sections of the people. (This suggestion evoked loud applause.)

I pray you forgive me for making this last plea, but it is all I can do to save the profession from serfdom of a most degrading quality and the people from being dragged down in their company.—I am, etc.,

London, S.W.3.

A. R. EATES.

### Strength of the Profession

SIR,—How refreshing it is to read the letter from Dr. Alfred Cox (May 15, p. 949). The two final paragraphs are particularly to the point. As Dr. Cox says, the time is short. Regulations are in the melting pot; some may be already cooling off and solidifying, and once having taken their new pattern will require much hard labour to reshape to a better design. Constructive suggestions are now urgently required to assist the Negotiating Committee, upon whom rests the responsibility of examining with a critical eye those Regulations now in process of formation and of placing our views thereon before the Ministry.

Experience of Army staff work leads one to the inevitable conclusion that, in framing an Order or a Regulation, which one hopes to have willingly carried out rather than be used as a basis of discussion only, the people most affected thereby must first be consulted. By this I mean one must get right down to the N.C.O. or private soldier whose co-operation will be required if the Regulation is not to become a farce. This parallel should be closely followed by the "back-room boys" of the Ministry who produce our Regulations. They must be made to realize that you cannot regulate human nature. They must produce something that measures up to the criteria of justice, reason, clarity, and lack of ambiguity either directly or by inference; if this be not so then it were better that it be still-born.

As a case in point I would call the attention of the Negotiating Committee to the following anomalies. Study the propaganda

pamphlet issued to each of us by Whitehall, dated April, 1948, headed "General Medical Services," under the subheading "Fee Charging." By reasonable inference therefrom a patient who has negligently omitted to secure acceptance as a "risk" by a practitioner until she is actually sick and in need of immediate attention might be treated as a private patient until such time as she has recovered and can then be accepted as a normal risk—a very necessary safeguard for practitioners against dilatoriness on the part of patients. But on reference to Regs. N.H.S., 1948, No. 506, Part IV, para. 13, under subheading "Allocation Scheme" you will find that the Minister coolly suggests to each council that it should take away that implied right and lay upon the practitioner the onus of either accepting the risk free of charge or finding somebody else who will be fool enough to do so.

I submit that by these Regulations the Minister places the whole population immediately "at risk" on and after July 5, whether or not the individual members thereof have, before that time or indeed within several years thereafter, taken the trouble to secure the acceptance of their "risk."

But does he offer the practitioners a commensurate premium for their liabilities? A second propaganda pamphlet issued to us all from Whitehall, dated April, 1948, and headed "Remuneration of General Practitioners," supplies the answer in its third paragraph. In effect the Minister appropriates from the taxpayer 18s. per head for 95% of the population and forms a pool. He then proceeds to pull out the plug from the bottom of the pool and invites us to drink from the muddy water left behind. He offers to pay us for the few people who understand the necessity of early acceptance by us and in addition for *one-third only* of the dilatory ones, for all of whom we have been "at risk" from the commencement of the scheme. We can whistle for the rest.

A recent resolution by Doncaster, forwarded to the Negotiating Committee and the Representative Meeting, is based upon the conservative assumption that at least an equivalent number of the dependants of the present insured population will take full advantage of the benefits offered under the scheme and will sooner or later call upon our services. It requests that the allocation be based at first upon double the numbers of our present panels and be adjusted upwards or downwards at a later date in the light of experience. This resolution seeks only a fair and logical premium for the "risks" forced upon us by the Minister.

Edlington, near Doncaster, Yorks.

R. S. GILCHRIST.

### Remuneration of General Practitioners

SIR,—In your issue of May 15 in a leading article (p. 936) you state that Mr. Bevan has accepted the Spens Committee's recommendations on remuneration for general practitioners; you do not state that he has implemented them. In a little booklet entitled *The Doctor's Case* it is stated that "the Government has treated the medical profession fairly enough in its arrangements for deciding what doctors should be paid." If you will refer to my letter in the *Lancet* of May 15 (p. 770) you will see how very wide of the truth these remarks are. I should like your readers to realize the true position.—I am, etc.,

Worthing, Sussex.

HAROLD LEESON.

### A Specialists' Charter

SIR,—As a gynaecologist my ear is already attuned to the 50 guineas for the 3s. 10d. of the new Health Service. Many of my patients will have in advance prepared to vote into power the Father Xmas of the present Government for a further term on the strength of this prospect. And who am I to discourage them when I can also don my shorts and enter into the race for ducal honours after a hearty dose of Grimm's—self-synthesized if necessary.

The Government is promising complete specialist services under its new scheme. It is quite obvious if the patient is not paying specific fees to the consultants in the future—arising out of this arrangement—that the Government is aware that its action is definitely spoiling the expectation of earning from specialist practice. Custom has established the specialist's right to this method of earning. Legally if he is dispossessed of this right he is entitled to damages, unless the alternative arrangement leaves him no worse off financially. There can be no doubt whatever that if the new health scheme succeeds in depriving the specialist of his private practice much financial