

the syllabus; the lecturers were well-known men who had the material of hospitals, sanatoria, etc., at their disposal. Several courses on different topics were held at the same time. (2) A series of individual and private courses by a number of university teachers, the list of which could be obtained abroad and which could be arranged at any time. These courses covered the whole field of medicine including practical instruction in diagnostic and therapeutic methods; each course was supposed to last for a fortnight or a month and provided first-class theoretical and practical tuition even in specialized branches of medicine. One of the attractions to the teacher was the comparatively high fee.

It would be easy to make similar arrangements in London, perhaps in connexion with the teaching hospitals, the postgraduate schools, the professional colleges, and the University. There is no place in western Europe where it could be done better. Vacation courses should be combined with visits to hospitals, social welfare institutions, research laboratories, pharmaceutical factories, etc. Some of the courses may also be arranged in French for those who do not possess sufficient knowledge of the English language. No difficulty or expense would be too great to provide Europe with an international centre of medical instruction and postgraduate teaching which is urgently needed.—I am, etc.,

London, W.1.

H. UCKO.

### "The Closed Shop": a Parallel

SIR,—In the course of an admirable leader in the issue of Aug. 28 on the ethics of the "closed shop" policy the *Times* expressed the editorial view as follows: "No one can gainsay that to make a man choose between throwing up his job and joining a union is to impose a limitation on his personal freedom. To make membership of one particular union the sole passport to work in a particular industry, with incapacity to obtain employment the only alternative, is indeed a grave social decision, requiring the most powerful and cogent arguments of individual as well as social advantage before it can be justified."

Further on in the course of the leader the *Times* voiced its apprehension that the policy might spread from industry to professional occupations such as journalism: "In a wide range of professional occupations, involving the independent exercise of individual skill and judgment, the community's interest can scarcely admit the case for the closed shop. In journalism it might even invest unionists with an unwarrantable power of control over freedom of expression."

The principal objections to the "closed shop" are summarized in another passage: "The most serious objection to the closed shop, as important as the argument about personal freedom, of which it is indeed a particular facet, is the power over their members which it gives to trade unions. If in the last resort a man can leave his union with a chance of finding work, the official leaders must always have in mind the necessity to meet his needs. If he has no escape, it may well increase the temptation to undemocratic leadership, of which some already complain."

If one were to substitute "The 100% State Medical Service" for "the closed shop" and "the Minister of Health" for "the unions," could it be contended that these arguments lose any of their cogency? The position of the doctor who exercises his option to remain outside the State Medical Service seems to have received less consideration than it deserves, and there would appear to be an ominous parallelism in the "closed shop" on which our profession would do well to ponder.—I am, etc.,

Camberley.

E. S. PHIPSON.

### Health Service Bill

SIR,—Reading the correspondence since the Annual Representative Meeting induces one to doubt whether the meeting was altogether a success, and whether it did in fact represent the considered opinion of the profession, especially the younger members. Many of the statements used, though greeted with loud applause, would be difficult to substantiate.

What proof is there that not every doctor will be free to enter the Service; surely the official statement during the Third Reading of the Bill was emphatic enough to confute this allegation? The remark as to the direction of doctors has

been shown to be no more than a nightmare, and to be a real improvement on the present troublesome method of getting a practice. Again, on what grounds can it be asserted that the reason for the payment of doctors by part salary is the Minister's desire to obtain more control over the profession, though he explained that to a man starting practice it might be a useful, often essential, help? We may expect an increasing number of medical men starting practice in the coming years, men who by the help of county council scholarships have been enabled to qualify, and whose parents will not be able to maintain them during their early years of making a competence. A medical man whose continued inclusion on the list is found on inquiry to be prejudicial to the Service is in no worse case than he would be under N.H.I. regulations, except in the matter of degree, though in either case his continuance in any sort of practice afterwards will be fairly unsatisfactory, his private practice only barred so far as his reputation is concerned.

If the referendum to be taken is to be the last word and the profession decides to refuse service, how are the general practitioners, especially the younger men, to subsist after the Act comes into force? Strangely, no practical discussion is recorded on this point. Incidentally, as the Minister has stated that the Service cannot be properly worked until there are many, very many, more doctors, can we bargain with him that there should be no attempt to put into practice a Service that might be discredited if not meanwhile worked satisfactorily, and (as was pointed out later by a medical man) the profession could not honestly undertake the work knowing that there would not be enough medical men to carry it out properly? There are many things in the new Service that doctors now in practice may not like, just as before 1912 they feared the Approved Societies, whose administration they now regard with satisfaction.

Than Dr. Dain no one has done more during those long years of invaluable service to the profession, so that one regrets that, on this occasion, the desire to encourage and unite the profession in a great fight persuaded him to make a fighting speech less logical than is his wont. I trust that he will not take amiss this criticism, by an old friend, of the A.R.M. just held.—I am, etc.,

Wesbury, Wilts.

CHAS. E. S. FLEMMING.

SIR,—I have been following with great interest the articles and letters in the *British Medical Journal* about the Health Service Bill, and now I see that it has been read a third time in the House of Commons in spite of the long and determined stand made against it by the medical profession. However, I noted that Mr. Bevan admitted that without the co-operation of the medical profession and all health workers the scheme was bound to fail.

As a lover of freedom—especially individual freedom—the freedom in which most British people ardently believe and for which they are prepared to die if need be, I have felt strongly and deeply about the struggle which the British medical profession is making against its threatened loss of freedom. At first it seemed that they had no hope against the avalanche of opposition which confronted them, just as Britain seemed lost when the Germans overran France in 1940. But then the inherent qualities which the British people possess, especially their burning love of freedom, gave them the courage, the resolution, and the stamina to withstand an almost irresistible power that threatened to overwhelm them. The brave people of the little island won eventually and saved not only their own but the freedom of the world. The medical profession of Britain, having fought for national and individual freedom during the war, now fights for the individual freedom of doctors and of patients, and for the right for each and every doctor to live and practise where he wants, to say and write what he believes to be true and best in spite of what the great and mighty may say to the contrary, and to work along lines for which he knows he has the greatest aptitude and liking and whereby he will consequently render the greatest good to the people for whom he works.

This is a great cause for which the doctors of Britain are fighting, and the medical men of the rest of the world are following the struggle very closely and with anxiety, for we all know that the main torch of individual freedom burns in

Britain. Should it be extinguished, other countries will no doubt follow Britain's example and individual freedom of action, thought, and expression in medicine will be hampered and restricted to the detriment of mankind. Knowing the sterling qualities of British doctors and their love of individual freedom, I have no doubt that the doctors of Britain will not lose in this their greatest fight of all time.—I am, etc.,

Adelaide, Cape Province, S. Africa.

F. A. LOMAX.

SIR,—I sincerely trust that the medical profession will beware of accepting such points of view as are put forward by your correspondent Dr. Peter Waddington (Aug. 31, p. 307), for he uses the very arguments which led to the Nazification of Germany—namely, that no man may think for himself but must accept whatever views are dictated by the Government of the moment. From Dr. Waddington's letter it would appear that because less than one-half of the electors in this country, voting in an election held under most abnormal conditions, returned a Labour Government to Parliament it is incumbent upon everybody, doctors or otherwise, to swallow whole anything that this Government chooses to do. It is not a question of State Medical Service versus no State Medical Service. Every political party is committed to that, and so is the B.M.A., with whom the idea really originated. Therefore we can have no quarrel with the Government for introducing the Bill. According to Dr. Waddington, however, we have no right to object to any terms which the Government may impose in the Service. We are not to take exception to the fact that the Bill entirely negatives certain basic principles which have been laid down by the profession as essential in the interests of both patient and doctor. We are not to object to placing our necks under the heel of a dictator who by the terms of the Bill takes to himself such a measure of absolute power as has never before been accorded to any Minister of the Crown. In fact we must have no voice or opinion except such as may be dictated by the powers that be. Almost every day the newspapers report strikes among various types of workers who find the terms offered to them unacceptable. Apparently doctors alone must take whatever is coming to them. The docker strikes for his democratic rights; the doctor (according to Dr. Waddington) appears to have no rights at all.—I am, etc.,

Hove.

NORMAN MAPLE.

SIR,—Dr. G. H. Urquhart's letter (Aug. 31, p. 307) is one I hope every medical man, especially the younger ones, will read. Yes, we have an opportunity which will never come again of making a firm stand against tyranny and totalitarianism, which the public and future medical men will bless us for. All through the country a fight is being put up by all classes against the threat to our rightful liberties and freedom by a power calling itself National Socialism; a power with the same name and teaching the same ideology that brought ruin to Germany. Surely an educated and honourable profession such as ours is not going to be caught in this trap.

The Insurance Health Act of 1912 had at least one redeeming point: it did not do away with private practice. If this Bill is accepted as it is, let there be no mistake, private practice will cease to all intents and purposes. At the will of one man or woman, whether ex-lawyer, miner, or bus-conductor, a medical man can be turned out of the Service without even right of appeal to a High Court. If this happens his position will be very serious, there will be no private practice for him to turn to and he will probably find himself conscripted into one of the fighting Services. With such a possibility threatening them many will become servile servants of the Minister and seek to curry favour in various ways, and no member of our profession should place himself in such a position. Lastly, bad as it will be for us, it will be equally bad or worse for the public, and it is for us to protect them.—I am, etc.,

Merstham.

HOWARD M. STRATFORD.

SIR,—Dr. A. H. Holmes (Aug. 24, p. 272) mentions the differing methods of remuneration—by capitation system, a salary, or payment per item of service—and by reference to the existing Midwives' Act suggests a support of the latter method from the fact that he has not heard any adverse criticism of such

legislation. I am happy to provide this for him, as such criticism embraces the necessary adjustments to existing terms of service before contentedness of working conditions is achieved.

The remuneration afforded under this Act has always been less than the minimum private fees for the varying items described therein. Of recent years an increase of remuneration has been stipulated, varying approximately from 10 to 25%, although the cost-of-living index has risen 100%. Notwithstanding, this form of administration received my sincere support, and Forms of Medical Aid received priority.

Coincident with the increase in the scale of fees I found I had to render an additional "form of account" on private note-paper, and I also found that payment rendered ceased to be itemized by the local authority. This lack of itemization rendered it impossible to check payment with accuracy, although it became apparent over a period of time that a steady deduction from the accounts rendered had taken place. Insistence on itemization of accounts paid then revealed the fact that these deductions had occurred without notification and solely according to how the local authority had accepted or interpreted the Act. A typical instance of such deduction is the rendering of an account for an obstructed labour for which summons was issued and which was treated with priority, and the payment for treatment of a post-partum haemorrhage and ruptured perineum which was effected, the original emergency for which summons was issued having passed before arrival at the case. There is a 50% difference between the remuneration of the differing items.

The Minister concerned is not able to offer direction to the local authority regarding amendments in their methods of business administration, and he rules that a practitioner is not paid for the emergency for which he is summoned but for the emergency or otherwise which he finds on arrival at the case.

Surely no one but an overt masochist would work under such terms and conditions, considering that private fees are already reduced in order to assist the functioning of the Act. There furthermore cannot be any logic in such ruling when, as in the case of a dependant of a member of H.M. Forces, the private fee is refunded.—I am, etc.,

Tipton.

L. H. EUNSON.

SIR,—The point that refusal to join the new Service would not be flouting the law has been made on several occasions, but I do not consider that sufficient consideration has been given to this fact in relation to the proposed plebiscite on: Should negotiations on regulations be made? A "Yes" to this question may be given by doctors who subsequently will not join the Service because the negotiations may not meet with their approval. A "No" may come from doctors who will subsequently join the Service because there may be negotiations which will meet with their approval. The "Yes" or "No" is a personal decision taking many external factors and a prophecy of the future into consideration, and the percentages of "Yes" and "No" are a potent factor controlling the future if they mean anything. But would they mean anything real? The percentages expressed by the simple issue of the plebiscite may be changed on the day of reckoning, and therefore, though the answer is an attempt to control the future, it is known that the answer may be a totally unreliable control of the future. Surely a paradox?

For the plebiscite to be of any real value as a mandate for the Council it is necessary that further questions be asked, and one at least of these further questions must be entirely different for those who answer "Yes" and those who answer "No" to the simple question. To the "Noes": "If negotiations do take place do you intend to join a Service the form of which has been agreed between the Minister and the profession by consultation mainly in accordance with the expressed principles of the profession?" To the "Ayes": "If negotiations do not take place do you intend to join a Service the form of which has been decided mainly by the Minister in accordance with the control conferred on him by the Bill?" I consider these questions to be essential for clarification of the wishes of the medical profession, but further questions would be useful—e.g., "If you are in a 25% minority will you co-operate with the majority?" "Do you consider that the interests of doctor and community could be better served by a national organization than they are now?"