

Naval Medical Service

SIR,—I feel that Mrs. Wendy E. Seel's letter (January 19, p. 15) does not give a true picture to the doctor who is thinking of entering the Royal Naval Medical Service. Accordingly as one of the Navy's retired representatives on the Armed Forces Committee I have investigated the complaints she makes.

These complaints are: (1) The Naval doctor only in exceptional cases receives reliable notice of a change of appointment. (2) It is rare for a shore appointment to last two years. (3) Frequently appointments last under six months, which leads to (a) no allocation of married quarters, (b) no disturbance allowance. (4) A Naval doctor's career is punctuated by "pierhead jumps," which cause (a) loss of married quarters, (b) rupture of children's education, (c) enforced living in "stogap" accommodation, (d) tremendous financial losses because of these moves. (5) A Naval doctor's wife must sooner or later choose between separation from her husband and continuity of children's education. (6) Constant moves militate against a Naval doctor's professional interest in his appointment. (7) There is no consideration for the sacrifices made by the families of serving officers.

The first two complaints are not correct. After the first year or eighteen months of service a doctor can expect with confidence to receive a series of appointments of two years or longer for the rest of his naval career. The exceptions to this relatively smooth progress are as follows:

(1) On joining he will do three months of new entry training and then will go to a shore establishment to await appointment. Every effort is made by the Surgeon Captain (Appointments) to send the doctor to the appointment of his choice, but as these cannot be created he must mark time. During this waiting period he can expect "pierhead jumps"—i.e., short notice warnings for service elsewhere. These are always due to emergencies, and may be because another doctor is given compassionate leave, or is ill, or because of national emergency. The most frequent cause is that a ship needs a doctor for two weeks or so for her sea-trials. It is true that during the time the doctor is awaiting a permanent appointment his wife is not given naval accommodation. This is not the responsibility of the Naval Medical Service and I shall comment on this point later.

(2) During his career the doctor may have this "marking-time" period between appointments, but again the M.D.G.'s department does its very best to reduce the number and length of these periods to a minimum. The family is not accommodated during the waiting time.

(3) It is rare indeed for the young doctor of more than new entry status to have any further "pierhead jumps," but if an acute emergency does make the move from one permanent appointment to another necessary at short notice some consideration is given to his wife, in that she need not leave the married quarter for a period of one month. I grant that this is only a crumb of comfort, that there may be a change of school if the children are not at a boarding school, that non-naval accommodation may have to be found temporarily, and that the disturbance allowance may not cover all the expenses (though there is never "tremendous financial loss"), but I would stress again that such a move is unusual.

It is true that a Naval doctor's wife may be separated from her husband during the eighteen months of a ship's foreign commission. It is true that if she wishes to be with her husband in a shore appointment abroad she may be separated from her children if they are at boarding school. Service wives, however, are not the only ones who have to take this into account before marriage. The Service wife, moreover, has a great advantage over her sisters in the oil companies, colonies, and so on, in that excellent schools are run by the Navy in all their foreign stations, and that her husband is given a tax-free education allowance which enables the children to rejoin the parents during holidays. Each child also gets a free air-passage each year.

I do not understand Mrs. Seel's contention that constant moves militate against a Naval doctor's professional interest. The constant changing of hospital patients does not seem to affect a medical registrar's interest in his job.

Neither do I agree that no consideration is shown to the families of serving officers; and I must gently chide Mrs. Seel for forgetting the sympathy shown to her husband, herself, and their family when his application to rejoin the Navy from civil practice in Malaya was granted.

It must be clear from the foregoing that any distress to the Naval wife is due to the shortage of married quarters and the clumsy way in which they have been organized in the past. Here Mrs. Seel is on firm ground at last, for the Admiralty is years behind the other Services in this respect. Nevertheless I am able to state on excellent authority that a very intense drive has been initiated to put matters right, and that the Admiralty has wisely entrusted a senior naval officer with the task.

I hope that these results of my inquiries have cleared up any misapprehensions which Mrs. Seel's statements may have caused in the minds of wives whose husbands want to join the Naval Medical Service. I wish I could convey the benefits which the comradeship of the Royal Navy bestows upon husbands and wives alike. The realization of these comes slowly, may sometimes be forgotten for a time, but in the end far outweighs the sacrifices.—I am, etc.,

ALAN ROBINSON,
Surgeon Commander,
Royal Navy.

London S.W.19.

POINTS FROM LETTERS

What is Wrong with the N.H.S. ?

Dr. F. C. B. HARVEY (London S.W.5) writes: It is plain, and the passing of many years has shown this to be so, that it is the official policy to run the N.H.S. on the cheap. Whether this is desirable or not is not the point, the fact is that it is so. There is talk of a shortage of doctors, but in actual fact all that exists is less of a glut than there was a few years ago. More time will have to pass before the true shortage makes itself felt and our bargaining position is improved. However, it seems likely that instead of an influx of doctors, some qualifying in this country, but originating from the Indian sub-continent, will fill the gap... It might be said that eventually other pressure will restore things back to how they should be, but this takes a very long time, and it is unlikely that any of us would see the results in our lifetime. Of course it is easy to say and to see what is wrong without making any suggestion as to the remedy. Whether it is to be by restriction in some form or other or whether it is to be done by shedding off some of the liabilities inherent in the implied guarantee of the present free-for-all system is hard to say. But the fact remains that medicine is likely to become a menial vocation very soon, and strangely enough the only one which requires six years' training. We have all found with experience over the years that the main fault with the present capitation insurance type of system is that an appetite for unnecessary demands is created, one which the country finds hard to pay for, and one which the medical profession finds hard to cope with, and with little benefit to anyone. To take away such a meaty bone once it has been given is difficult, but a gradual pruning so that only essentials come within the scope of the Service would be a step, and at the same time the employment of those best able to provide this. Whether or not there is an increase in remuneration for the profession does not have anything to do with these fundamental issues, neither does the presence of a Review Body in itself.

Corrections.—In the provisional programme of the Annual Meeting (February 2, p. 24) under the Section of Surgery (p. 26) the title of Mr. C. Latto's contribution should have been "Operative Cholangiography," not "Post-operative." Under the same section the speaker on "The Physical Aspects of Treatment" should have been given as Dr. E. F. Mason (Oxford), not Dr. R. M. Mason (London).

In the report of the Organization Committee's meeting (February 9, pp. 39-40) it was stated that requests had been received for the formation of a special group in the B.M.A. for "casualty officers." This should have read "senior casualty officers."