

In the face of the spiritual and political tyranny of to-day, we shall serve the community best by standing by our essential freedoms. Do not sell that birthright for a mess of pottage. Do not exchange that freedom for pay and a pension. Do not give up the right of association either as members of the public or as doctors. Do not become gagged Government functionaries with minds in cold storage. Health organization and even health itself can be bought at too great a cost to freedom. And what evidence is there that health will be gained? Freedom and liberty are conditions of health and conditions which allow of constant change and constant adaptation. Coercion and the centralization of power mean sudden change and then stagnation. The analogy of 1912 is utterly false. At that time Parliament was alive, the Executive had not become a tyranny, and the State was not regimenting its citizens in every sphere of life.

We are members of a free and liberal profession. I want that freedom to continue as one of the freedoms of a democratic community. As healers of the sick, we shall continue to give our best if free from State coercion.

I am particularly indebted to the following sources:

- Allen, Dr. C. K. *Law and Orders*. Stevens and Sons, Ltd. 1945.  
Carr, Sir Cecil Thomas. *Concerning English Administrative Law*. Oxford University Press. 1941.  
Dicey, A. V. *Law of the Constitution*. Macmillan and Co., Ltd. 1941.  
Hewart, Lord. *The New Despotism*. Ernest Benn, Ltd. 1929.  
Jennings, W. Ivor. *Cabinet Government*. Cambridge University Press. 1936.  
Marriott, Sir John A. R. *The Crisis of English Liberty*. Oxford, The Clarendon Press. 1930.  
Slessor, Sir Henry. *The Law*. Longmans, Green and Co. 1936.  
First, Second, and Third Special Reports from the Select Committee on Statutory Rules and Orders, etc. His Majesty's Stationery Office, Oct. 30, Dec. 11, 1945, and Oct. 29, 1946.

### INCREASE IN CAPITATION FEE

The following statement on the current capitation fee has been issued from the Ministry of Health. A report of the special meeting held on Jan. 8 by the Insurance Acts Committee to consider the Minister of Health's proposal to raise the capitation fee appears on p. 5 of the Supplement this week.

An agreement has now been reached between the Minister of Health and the Insurance Acts Committee of the B.M.A. on the application of the Spens Report to the current capitation fee under the existing National Health Insurance scheme. Mr. Bevan has proposed that the present capitation fee of 12s. 6d. should be increased to 15s. 6d., with effect from Jan. 1, 1946, and that there should in addition be an increase in the special payments made to rural practitioners.

In making this offer the Minister has made it clear that remuneration under the new National Health Service will be a matter for negotiation with the medical profession. Some of the factors on which the 15s. 6d. is based will, in his view, have a bearing on the negotiations for the remuneration in the new Service, which, it is agreed, will be on a higher level than the remuneration now settled for health insurance. The Insurance Acts Committee of the B.M.A., in accepting the offer, have stated that they have done so without prejudice to the assessment of remuneration in any future service.

### RELEASE FROM THE FORCES

The Central Medical War Committee is informed that medical officers in the following age-service groups are being released during the first three months of 1947:

	January	February	March
Royal Navy .. .. .	57	58	59
Army:			
(a) General duty officers ..	54	55	56
(b) Specialists .. .. .	42	43	44
Royal Air Force .. .. .	54-56	—	57

## Reports of Societies

### BRITISH ORTHOPAEDIC ASSOCIATION

The Annual Meeting of the British Orthopaedic Association, held in London on Oct. 18 and 19, under the presidency of Mr. GEORGE PERKINS, opened with a discussion on "Fractures of the Os Calcis."

Mr. N. W. ROBERTS and Mr. W. SAYLE CREER had each followed up some scores of cases over several years and had independently reached similar conclusions concerning compression fractures involving the subastragaloid (subtalar) joint; namely, that an incapacity period of about a year in cases treated by reduction and immobilization was approximately halved in cases treated by early movement. More than three-quarters of the patients returned ultimately to full work in their old occupations, and the proportion was not materially influenced by the method of treatment adopted. Mr. W. GISSANE, nevertheless, considered reduction important, and showed a film illustrating its performance and maintenance with a sagittal os calcis pin. Mr. K. H. PRIDIE demonstrated some patients, including a policeman, who showed extremely good function following excision of the os calcis—an operation to be reserved for the most severely affected.

In his presidential address, "Rest versus Activity in the Treatment of a Fracture," Mr. GEORGE PERKINS confined his remarks to fractures not directly involving joints. Activity was of importance in preserving the extensibility of muscle thereby preventing stiffness. If both fragments in a fracture bore muscles, these would look after immobilization, and the sole function of the limited splinting necessary was the preservation of alignment. Failing this condition (as in fractures of the femoral neck, medial malleolus, and scaphoid), splinting was necessary not merely for alignment but also for immobilization. Such splinting must be prolonged, uninterrupted, rigid and extensive; consequently it impaired function, and internal fixation was often preferable.

Prof. E. SORREL presented a paper on the treatment of tuberculous arthritis, in which the results of some usual and unusual extra-articular arthrodeses were illustrated. He strongly advocated arthrodesis as a final stage of treatment, deferred however, until active disease was at an end.

Prof. H. J. SEDDON showed a film of preliminary work carried out with Dr. A. E. BARCLAY on the cineradiography of joint movements. Mr. K. I. NISSEN gave a comprehensive account of Morton's metatarsalgia, with a clinical and pathological description of 13 cases in which he had excised the fibromatous thickening first described by L. O. Betts of Adelaide. He had carried out a follow-up of three years and more. Mr. I. LAWSON DICK discussed the late results of iliac bone transplantation, and Mr. L. GILLIS showed a film on amputations near the elbow-joint.

At the General Meeting Mr. S. A. S. MALKIN was elected president for 1948-9, and Mr. F. G. Allan and Mr. E. A. Nicoll were elected to the Executive Committee.

### SOCIAL SERVICE AND THE HEALTH ACT

The British Federation of Social Workers in collaboration with the British Council for Rehabilitation arranged an all-day conference of social workers on Dec. 7 at the Royal College of Nursing to discuss the new situation created by the National Health Service Act. Mr. ALEXANDER FARQUHARSON presided.

Alderman C. W. KEY, Parliamentary Secretary to the Ministry of Health, in a brief exposition of the Act, said that it was comparatively easy to put into the words of a statute the steps it was desired to take in the curative field, but prevention and rehabilitation were more indefinite and therefore more difficult to express in black and white. Yet this indefiniteness might be an advantage, for if the functions of social workers were closely set out in the Act and then in a few years' time some new development came forward it would be unfortunate if because they were bound by the Act, they were prevented from using their experience and skill. He went on to say that the fact that the Minister would own the hospitals would

Br Med J: first published as 10.1136/bmj.1.4489.106-a on 18 January 1947. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.