

Years of Conscription

SIR,—“Conscripted, R.A.F.V.R.” (Jan. 10, p. 7), is in a similar position to myself. I was conscripted at the age of 23 and hope to goodness that I shall be out of the Army before I am 25. I was married at the age of 23 and shall therefore draw no more than half marriage allowance all the time I am in the Army. Further, my assistant M.O. and I spend the greater part of each day trying to think of a good sound way to shed our uniforms for ever, while doctors all around us are overburdened with work. Cannot something be done to get the young doctor out of the Services before it is too late and bone-idleness sets in for ever?

I have heard older doctors say that if a State service does come in it will be because the younger doctors vote for it. Not so, because the years of “conscription for no purpose” are the soundest pieces of propaganda against any form of controlled service where individual liberty is lost. As there is no appeal to the courts I would be glad if you would allow me to sign myself

CONSCRIPTED, R.A.M.C.

The E.M.S.

SIR,—In your leading article on “Consultants and the Act” (Jan. 3, p. 17), you quote Dr. Alan Wigfield:

“Whatever may be the case we must keep before us the possibility that sooner or later a political group for the time being in power may yet seek to introduce a State Medical Service,”

and you go on to say that “Dr. Wigfield has proved to be a safe prophet.” Dr. Wigfield’s letter was dated Dec. 23, 1939, and his protest was considerably weakened by the fact that he commended the E.M.S. proposals as a peacetime arrangement “which must commend itself to the majority of consultants.”

May I point out that Sir Ernest Graham-Little, in a letter published in *The Times* nearly three months previously—i.e., on Sept. 19, 1939—said:

“Supporters of the voluntary system—and they constitute the large majority of the medical profession—inevitably see in these arrangements (i.e., for the E.M.S.) the first step to a State Medical Service, which is one of the most conspicuous planks in the programme of a great political party. Surely the national emergency should not be used to cover an approach to so controversial a settlement as a State Medical Service?”

—I am, etc.,

Brookwood, Surrey.

H. M. STANLEY TURNER.

Medical Representatives in N.H.S.

SIR,—I think it essential that provision should be made for a proportion of the medical representatives on the various boards, committees, etc., to be elected by the profession in the various areas, etc., from the central board to local committees. Only in this way can we be certain that membership of these bodies is not a matter of political opinion. All boards, etc., should be entitled to elect their own chairmen.—I am, etc.,

Monmouth.

P. G. HARVEY.

Municipal Doctors and the Plebiscite

SIR,—There is one point which, in my opinion, is fundamental, and which, if not given sufficient emphasis, may adversely affect the result of the plebiscite. It is this. The numerous practitioners at present in whole-time municipal appointments—either in hospital or local government service—should be assured not only of financial help but also of the Association’s active co-operation in preventing their posts being filled by other practitioners if, as a result of their undertaking not to enter the Service, they should on July 5 lose, however temporarily, their source of income.

Too often does one find practitioners holding such appointments who, although desirous of undertaking not to accept service under the Act as it now stands, are resigned to letting things go by the board—understandable, without the backing of the Association, in view of the necessity for bread-and-butter, but an attitude which could be just sufficient to destroy the unanimity of the profession’s determination not to accept service under the Act as it now stands or even to sway the vote in favour of the Minister’s scheme.

To ensure that such practitioners will, by their vote, agree not to implement the Act until amended the B.M.A. must stand behind them in the matters of security of tenure and of their financial commitments.—I am, etc.,

London, E.11.

G. ELIZABETH KEITH.

A Binding Agreement

SIR,—I do not think that any of the fine words and rallying calls made in your correspondence columns upon the forthcoming issue facing the profession to be worth one whit unless we are prepared to back them up by a legal binding agreement signed individually by each one of us. Given a majority prepared to sign, we would then know where we stood in relation to one another. Even with a 100% plebiscite we would probably be jockeyed into another “1911.”—I am, etc.,

Shoburyness, Essex.

P. M. FEA.

A Party Political Issue

SIR,—As an individual with no very pronounced political leanings, and as one who could see more good than bad in the original Beveridge Scheme, I am grateful to Mr. Bevan for making it quite beyond doubt that I shall vote “No” in the forthcoming plebiscite, for two reasons.

First, he has made a party political issue of the whole scheme. His insistence that he must be the final arbiter without right of appeal, his insistence on part-payment by basic salary, the retention of his powers of indirect direction, and his stubborn adherence to the principle of expropriation of capital values of practices on his own terms cannot be regarded as anything but the arrogant declaration of political opinion. As an individualist, I have a personal antipathy to Socialist “collectivism.” I might, however, submit to its imposition with as good a grace as I could muster if I could see even one single instance of its success in the wider economic and social field of the country as a whole.

Secondly, the Minister has been—almost incredibly—careless enough to let fall the velvet glove at this stage in the matter of the right to practise midwifery. If this clause does not mean interference with the professional liberty of the doctor, what does? In this connexion I would express my unqualified agreement with Dr. D. C. Williams (Jan. 17, p. 121). I am one of the first to admit that the average newly qualified doctor is not a fully competent obstetrician, but unless he is also a fool he can always command more experienced professional advice in this country. The onus lies with the profession—with the examining bodies—for the necessary improvement in this respect, not with a politician.

May I also add my reinforcement to the views of Dr. H. J. Houghton (Jan. 17, p. 122)? If the present Government really wants to improve the amenities of the people, and particularly of those sections of the population whom it claims particularly to represent, it might well begin by assisting the profession to abolish the delays at present inseparable from hospital out-patient attendance, and the further delays, often of months, before in-patient treatment can be obtained by any but the most urgent cases. This will be problem enough in itself, but perhaps £66 million will go some way towards it.

In conclusion, may I repeat that I am not opposed to the introduction of a health service with 100% inclusion on a contributory basis. What I do oppose most strongly is such a scheme vitiated by unnecessary and vexatious political bias of no conceivable value to the persons whom the scheme purports to serve.—I am, etc.,

Chippenham, Wilts.

IAN MOORE.

Organization and Liberty

SIR,—The depressing tone of Dr. F. E. S. Hatfield’s letter (Jan. 17, p. 118) prompts me to make an urgent protest lest others should accept his axioms that “increasing organization can only take place at the expense of the individual’s right to do what he likes,” and that “the whole evolutionary process is in the direction of increasing organization.” The first phrase might have been more tersely expressed in five words: “Increasing organization spells individual frustration.” The second phrase would suggest that progress and “increasing organization” are synonymous terms. This pathetic fallacy