

PLEBISCITE RESULTS, FEBRUARY, 1948

SOME IMPORTANT PERCENTAGES

All percentages are calculated to the nearest whole number. 51,042 Plebiscite Forms were sent to practitioners other than those serving in H.M. Forces. The distribution of practitioners as between England and Wales and Scotland* is based on figures obtained from B.M.A. records.*

	Question	Total Voting	Percentage Approving the Act	Percentage Disapproving	Not Voting	Of those who Voted		
						Approving	Disapproving	
All civilian categories {	Great Britain	A	84%	9%	75%	16%	10%	90%
	England and Wales* ..	A	85%	9%	76%	15%	10%	90%
	Scotland*	A	79%	10%	69%	21%	12%	88%

	Question	Of those who Voted		
		(A) Approving (B) In Favour (C) Not Agreeing	(A) Disapproving (B) Not in Favour (C) Agreeing	
Group 1 A. Consultant or specialist not holding whole-time salaried post	A	6%	94%	
	B	9%	91%	
	C	11%	89%	
Group 1 B. Consultant or specialist holding whole-time salaried post	A	24%	76%	
	B	34%	66%	
	C	39%	61%	
Group 2. General practitioner principal	A	8%	92%	
	B	12%	88%	
	C	14%	86%	
Group 3. General practitioner assistant	A	12%	88%	
	B	16%	84%	
	C	18%	82%	
Group 4. Whole-time voluntary hospital†	A	12%	88%	
	B	16%	84%	
	C	19%	81%	

† Excluding those of specialist status (covered by Group 1 B) but including practitioners holding B1, B2, and A appointments and Class I and Class III appointments under the Government's postgraduate scheme for ex-Service practitioners.

BLOOD TRANSFUSION SERVICE FOR LONDON HOSPITALS

One of the important peacetime activities of the British Red Cross Society is the Greater London Blood Transfusion Service. An organization for the recruitment of voluntary blood donors for the service of patients in London hospitals was started as far back as 1921. It began with a telephone call from King's College Hospital to the Camberwell branch of the British Red Cross Society asking urgently for a donor. The secretary of the branch, the late Mr. P. L. Oliver, assembled his office staff and they all went to the hospital, where one of them was chosen for the immediate purpose. The transfusion was successful, and the patient's life was saved. Mr. Oliver then formed a company of men and women who agreed to have their blood tested and grouped and to stand by for a call from any hospital at any time. The service extended, and in 1926 was taken over by the B.R.C.S. as one of its own activities. By the outbreak of war in 1939 the service, with its experience of over 50,000 transfusions, proved of great help to the authorities in meeting the problem of expected war casualties.

After the war the management of the service was transferred from the Red Cross headquarters to a committee set up by the City and County of London branches of the Society, and a year later other county branches in the metropolitan area took a share in the management, so that now the Greater London Blood Transfusion Service covers London and five adjoining counties and serves fifty or more hospitals. The service is responsible for the supply of donors where it is essential that freshly drawn blood should be used. Every call is for a definite patient (there is no blood bank), and therefore the importance and urgency of the demand is brought home to the donor. The number of calls rose as the service became

known; it was 1,095 in 1945, 1,863 in 1946, and 2,436 in 1947. In January, 1948, the number of calls was 273. The highest number received on any one day was 27.

All newly enrolled donors undergo a simple medical examination and their blood is tested and grouped by the medical officer to the Service, Dr. H. F. Brewer, at the Pathological Department, St. Bartholomew's Hospital. The Service is in a position not only to supply Rh-negative and Rh-positive donors of A, B, AB, and O groups, but also donors of any of the rare Rh sub-groups for both transfusion and research purposes. No maximum of donations is fixed for any one donor. More than half of those on the active panel have given blood over ten times, and more than a quarter have served over twenty times. One donor has served over one hundred times, and the seventieth birthday of another was celebrated by the seventieth transfusion, though it should be added that 65 is the usual age limit. The minimum period between donations is three months for men and four months for women, so that the maximum is four or three transfusions a year. In only two cases out of 60,000 has the service been made aware of a donor having suffered in health, even temporarily, from withdrawal of blood. All donors, however, are insured against ill-effects, and are examined after ten transfusions or multiples of ten.

It seemed interesting to inquire what is the bond which holds the thousand and more donors together. They are not paid for their service, only reimbursed for their expenses, and the calls must often be made at times which involve sacrifice. A high standard of discipline is exacted, and donors are expected to conform to Red Cross traditions. The secretary of the service, the Hon. Mrs. Kathleen Howie, stated that in her opinion the more important of the two factors which held the band of donors together was that each of them, after giving his or her blood, received a form describing the nature

of the disease or injury for which the transfusion was given (but not giving the patient's name), the amount of blood drawn, and the result of the transfusion so far as could be ascertained. The other factor is that donors receive a certificate with appropriate seals for the transfusions they have given. A considerable number have been awarded the silver bar for 50 transfusions. Another feature of the service is that a report is expected from the hospital or from the doctor giving the reason for and the result of the transfusion—the result not to be confined to such words as "satisfactory" or "good"—and in particular mentioning any untoward reaction which might possibly be attributable to the transfusion and of which the medical officer to the service should be informed. The headquarters of the service are at 10, Collingham Road, Earl's Court, S.W.5, and the telephone number, day and night, is Frobisher 6477-8.

NATIONAL INSURANCE PAYMENTS AND BENEFITS

The Government has recently made Orders-in-Council making July 5 the appointed day for the National Health Service Act, 1946, and the Scotland Act, the National Insurance Act, 1946, and the National Insurance (Industrial Injuries) Act, 1946. Many medical men have wondered what the relation between these Acts is and what insurance contributions, if any, they must pay. We therefore outline below some points of interest to the medical man.

The present National Health Insurance scheme is contributory—that is, people pay weekly contributions in order to qualify for medical treatment from their panel practitioner. After July 5 it is proposed that the National Health Service shall be free to every man, woman, and child in the country without the necessity of paying insurance contributions. The National Health Service is, therefore, not a contributory scheme, but it is financed in small part from insurance contributions paid under the National Insurance Act. For each National Insurance contribution paid by a man over the age of 18, 10d. will be transferred to the fund required to finance the National Health Service; for each woman over 18 the sum is 8d., and for boys and girls under 18 it is 6d. It is estimated that these sums will provide about £32,000,000 towards the cost of running the National Health Service, which is £152,000,000 a year. This is a matter of Governmental book-keeping, and the Health Service remains available to all without payment, even, for example, to a person who has failed to pay his insurance contribution.

Contributors

For the purposes of the National Insurance Act the contributors are classified into three main categories: (1) employed persons (these are people gainfully employed under a contract of service); (2) self-employed persons (these are people who derive a living without being employed by some other person or body); (3) non-employed persons (that is, people who are neither employed nor self-employed). The people who come into these categories constitute rather less than half the population of Britain. Not included are wives, children under 16 or those who continue to receive full-time education after that age, and people with an income of less than £104 a year.

Contributions

Employees in Category 1 pay a weekly sum; their employers also pay a weekly sum. These are shown in the following Table.

Contributions Paid by Employees and Employers

	Employee	Employer
Men	4s. 7d.	3s. 10d.
Women	3s. 7d.	3s. 0d.
Boys under 18	2s. 8d.	2s. 3d.
Girls under 18	2s. 2d.	1s. 9d.

It is presumed that medical men working in the National Health Service will be regarded as employees, the employer of

general practitioners being the local executive council and that of the consultants and specialists being either the regional hospital board or the board of governors of a teaching hospital. If a general practitioner has a small practice in the National Health Service and a large private practice he will presumably still be regarded as an employed person. Medical men who employ a secretary or a maid will pay the employers' weekly contribution, and the secretary or maid will of course pay the employee's. People who come into the second category (self-employed), such as doctors in private practice, pay weekly contributions at the following rates: men, 6s. 2d.; women, 5s. 1d.; boys under 18 who are not receiving full-time education, 3s. 7d.; and girls, 3s. 1d. Non-employed people whose income exceeds £104 a year pay at the following rates: men, 4s. 8d.; women, 3s. 8d.; boys, 2s. 9d.; and girls, 2s. 3d. Contributions will not have to be paid during periods of sickness or unemployment.

Benefits

The benefits available to contributors include unemployment and sickness benefits, retirement pension, widows' benefits, maternity grants and allowances, and death grants. Only employed people (Category 1) are entitled to unemployment benefit; non-employed people (Category 3) are entitled neither to sickness nor to unemployment benefits. Self-employed people (Category 2) may receive sickness benefits but not unemployment benefits.

Insured people must have paid in a certain number of contributions (which vary for different benefits) if they are to receive the benefits. For unemployment and sickness benefits at least 26 contributions must have been paid since that person became insured, and 50 contributions must have been paid or credited during the preceding contribution year. The contribution year runs from the beginning of July to the end of June the following year; the benefit year runs from January to December. Contributions are said to be credited when the insured person is exempt from paying them—for example, during unemployment or sickness. To qualify for the retirement pension at least 156 contributions must have been paid, with a yearly average of paid or credited contributions of 50; but people insured for the first time under the Act must complete 10 years' insurance to qualify for a pension. For a death grant to be payable the contributor must have made at least 26 payments and have either had 45 paid (or credited) contributions during the previous contribution year, or had a yearly average of 45 paid (or credited) contributions.

The unemployment, sickness, and retirement benefits amount to 26s. a week for the insured person, with additional allowances of 16s. for a wife and 7s. 6d. for the first child. Unemployment benefit is payable for 180 days, though more payments may be made if the person's contribution record is good or on the recommendation of a local tribunal. The insured person may requalify for benefit by returning to work and paying contributions for 13 weeks or more. People who have paid the minimum number of contributions required for sickness benefit will be entitled to receive that benefit for a year, and they will requalify for the benefit by returning to work and paying 13 weeks' contributions. However, contributors who have made 156 payments will receive sickness benefit for as long as the sickness lasts, even if it exceeds a year.

The benefits for maternity, for which contributions must have been paid by either the mother or her husband, are of two kinds: a grant of £4 on the birth of a child, or of £8 for twins, or £12 for triplets, and either a maternity allowance or an attendance allowance. The maternity allowance is 36s. a week for 13 weeks, beginning 6 weeks before the week in which confinement is expected. The attendance allowance is £1 a week for four weeks after confinement and is payable only to women whose contributions (or those of her husband) are not sufficient to qualify for a maternity allowance. The death grants are intended to meet funeral expenses of the husband, wife, widower, widow, and children. They are as follows: for a person over 18, £20; for children aged 6 to 18, £15; for those aged 3 to 6, £10; and for those under 3, £6. The grant will be paid to the insured person or, on the death of the insured person, to the person responsible for the funeral expenses.