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ONLY A BEGINNING

During the past three months few supporters of the Act have contributed to our correspondence columns. In each of three successive weeks a rough estimate showed that we were receiving between 20,000 and 30,000 words in letters from medical men in Britain. Not all these letters could find their way into print, but to be fair to the supporters of the Act a much smaller percentage of their letters was rejected than of those from opponents of the Act. It is right that those who disagree with the B.M.A. and are in favour of the Act should have the opportunity of expressing their opinions. We therefore open this week's correspondence columns with letters from two influential medical men who are members of the Socialist Medical Association and advocates of the National Health Service Act, the provisions of which are in part or in whole disapproved of by the overwhelming majority of the medical profession of this country. The first letter is from Dr. Stephen Taylor, M.P., who was formerly on the staff of the *Lancet* and is now Parliamentary Private Secretary to Mr. Herbert Morrison. Dr. Taylor has been loyally supporting the policy of his party, and many medical men have probably read the debate between him and Dr. Charles Hill in the recent issue of *Picture Post*, and have also heard him in the debate over the air with Dr. R. W. Cockshut, a member of the B.M.A. Council. He is, if we may say so without appearing to be patronizing, an able man whose willingness to argue in public with those who disagree with him commands respect. The second letter in this week's *Journal* is from Mr. Aleck Bourne, a consultant who by his contributions to medicine has earned the right to be called "eminent" in his own field of work. Though we may disagree with the opinions of these two medical men, what they say demands the careful consideration which should be given to opinions sincerely held by men of intelligence.

Mr. Aleck Bourne is at some pains to explain away the results of the plebiscite. The B.M.A., he says, "might have assumed around 56,000 Noes without troubling to ask the question"—that is, the first question in the plebiscite. If the plebiscite had resulted in a majority of approval, we may beg to doubt whether Mr. Bourne would have troubled to write to the *Journal* questioning the interpretation to be put on it. He believes that what he calls the *volte-face* of the whole-time medical officers of health is due less to consideration of the Act than to disapproval of Mr. Aneurin Bevan as Minister. But he does not ask whether this was also the motive of the 634 whole-time Government medical

officers. Like all powerful political figures, Mr. Bevan has his enemies, and he would certainly seem to have trailed his coat before the medical profession, or, at least, before the B.M.A. It is, of course, possible that some men may have voted the way they did from animosity to Mr. Bevan. It is also possible that some men voted Yes out of animosity to the B.M.A. But it is idle to suggest that such a huge proportion of an intelligent section of the community should be so irresponsible as to arrive at a decision out of personal pique. Mr. Bourne and those who think as he does should reflect that there is something seriously wrong with the present National Health Service Act when large majorities of every section of the profession express their disapproval of it, especially when it is borne in mind that the medical profession as a whole has agreed with the principle of providing a comprehensive medical service for the whole community. There must obviously be many and varied grounds for disapproval, but we believe that there is one common factor—and that is the grave fear of the effect upon the art and science of medicine of the nationalization of what has hitherto been an independent and free profession. It is not necessary to look far across the Channel to see how easily these days liberty and freedom are trampled upon in the name of that much interpreted word "democracy." We agree with Mr. Bourne's view that "now is the time for wisdom, vision, and sense of proportion; not for emotion, heat, battle-cries, and the metaphors of war." One of his observations, however, will cause considerable surprise. He writes: "If the B.M.A. attempts to lead the profession into conflict on July 5 by continued *refusal to accept the Minister's offer to re-examine the four unacceptable provisions of the Act* it must fail. . . ." (Our italics.) The Minister of Health has made no such offer. We cannot forecast what the attitude of the Council of the B.M.A. would be if such an offer were made, but it seems highly unlikely that the Council would refuse to re-examine with the Minister what Mr. Bourne describes as "the four unacceptable provisions of the Act."

An air of sweet reasonableness pervades the letter by Dr. Stephen Taylor. He appeals to the B.M.A. "as a group of good constitutional democratic reformers." But Dr. Taylor seems to forget that the efforts of these good constitutional democratic reformers have been completely without avail. For eight months last year the Negotiating Committee argued patiently with the officers of the Ministry of Health on points which to them as workers in the new Service were held to be unacceptable. The Negotiating Committee had reason to believe that some at least of these points were looked upon by the Minister's officers as reasonable ones. But all this hard work was brought to naught by the Minister when he met the Negotiating Committee on Dec. 2 and 3. In fact, the Minister told the Committee that his officers had no right to hold opinions, but were there to administer policy. In this he was no doubt constitutionally accurate, but it made the negotiations entered into with his approval, and with the possibility of amendment of the Act in mind, rather farcical.

Dr. Taylor persuasively examines some of the points at issue and tries to whittle away each one of them. The only positive suggestion he has to make is that those who wish

should be able to pay their basic salary to the superannuation fund—a somewhat ingenuous avoidance of the real objection to the basic salary. Dr. Taylor, in fact, advises the medical profession to come into the Service and then get the Act amended when it is seen to be unworkable in this, that, or the other respect. But what confidence can the medical profession have in their ability to do this once they are all in a State medical service, knowing that when they were independent they failed to secure modifications which would make it possible for them to enter the Service?

And Dr. Taylor once more begs the question in his statement that “any attempt to frustrate the law by extra-parliamentary means is bound to end in failure”; and he reminds us of the General Strike of 22 years ago. The position of the medical profession is perfectly clear. It seeks to amend the Act and conditions of service so as to make it possible for doctors to take part in it as willing co-operators with the Government in providing an efficient medical service for the nation.* If the medical profession cannot persuade the Government to introduce such modifications it remains free in the terms of the Act itself and in accordance with the utterances of the Minister of Health not to accept service under the Act. The position is quite unambiguous, and Dr. Taylor knows it.

We have asserted over and over again in these columns that it is the intention of the present Government to introduce a full-time salaried medical Service. It is because of this intention that the medical profession resists the payment of the general practitioner partly by salary. Government spokesmen have rubbed in the fact that it is by salary that they will be able to control general practitioners, because of the Treasury's fear that the doctor's certificate will lead to a heavy drain on the social insurance funds. The motive behind basic salary is distrust of the doctor. Dr. Taylor considers that the medical profession is safeguarded by the Government's declaration that it has no intention of introducing a salaried service. Those who recall the Government's promise in 1940 that the E.M.S. was not a step towards the introduction of a State hospital service now know what value to attach to Government promises made, no doubt, in good faith at the time they were made, but quickly forgotten after a lapse of a few years. The fears of the medical profession are endorsed and completely justified by a published statement made by Mr. Somerville Hastings, M.P., in December,¹ in the same month in fact that Mr. Bevan was putting before the Negotiating Committee his proposals for a universal basic salary. “*Before long,*” Mr. Somerville Hastings writes, “*the logic of events will make clear that for a really efficient Service full-time salaried officers are essential*” (our italics). Mr. Somerville Hastings is a very influential medical figure in the Labour Party, and the profession should be grateful to him for giving them this warning and for having the honesty to state what we know to be the intention of the Labour Party. “The National Health Service Act,” he writes in the same article, “makes a beginning of the socialization of one of the learned professions and the conversion of a series of commercial enterprises into a national service run for the public good. Of

course,” he adds, “it is only a beginning. . . .” He observes that the health centres provided for in the Act are an essential part of the new Service. “An inalienable part of the health centre idea,” he observes, “is team work by all who are working in and from these centres”; and then comes another warning which general practitioners should take to heart: “But how can this be possible in the case of doctors paid by capitation and inevitably, therefore, competing with one another for patients?” In the light of these observations it is easy to understand why the Minister of Health ignores the Negotiating Committee's request that the method of remuneration by capitation fee should be embodied in the Act, and why he adheres to the idea of a universal basic salary. The plan behind the present National Health Service Act is plain. It is a State medical service, and if the present Government is given another five years of office in the next election Mr. Somerville Hastings's logic of events will be followed to a logical conclusion.

LUPUS VULGARIS AND VITAMIN D

For many years the management of lupus vulgaris has been a troublesome problem to the dermatologist. Though fortunately not a particularly common disease, its chronicity and resistance to treatment combined with the unsightliness it so often produces have made it one of the most awkward of the problems connected with tuberculosis. It is true that considerable progress has been made during the last half-century, beginning with the discovery by Finsen of the beneficial effect of light, a discovery which was developed by Sequeira with much success at the Queen Alexandra Institute of the London Hospital, for many years the Mecca of sufferers from cutaneous tuberculosis. More recently local treatment by means of concentrated light has been reinforced by general light baths, and this has reduced the percentage of refractory cases very considerably; but it has always been a prolonged and tedious method of treatment, and the great expense involved has discouraged other institutions from emulating the example of the London Hospital in making special provision for Finsen-light treatment. The public conscience was aroused long ago over the treatment of tuberculosis, but lupus, being a non-fatal complaint, has never been taken as seriously as it deserves by the various health authorities concerned. Special centres with an adequate number of beds and staffed by the appropriate specialists have never been provided. All over the country there are ill-equipped outpatient clinics at which patients suffering from lupus attend more or less regularly for many years. Some few are benefited and even cured, but there are many in whom the disease remains stationary or even progresses. Fortunately there is now fresh hope for these patients.

The usefulness of cod-liver oil in the treatment of many forms of tuberculosis has of course long been known, and it appears that it occurred quite independently to Charpy in France and to Dowling in London to try the effect on lupus of treatment with large doses of calciferol. Charpy began his work in 1940, but his results were first published

¹ *Medicine To-day and To-morrow*, Dec., 1947, 6, No. 4, 12.