

WITHOUT PREJUDICE

"Surely Dogberry didn't say anything about 'comparisons.' It was Mrs. Malaprop in one of Sheridan's plays who said 'caparisons are odorous.'" This was in a letter from an old correspondent of *Pertinax's* who shares the same delight in running along the by-paths of literature. I too had thought—before checking my references—that Mrs. Malaprop *had* said, "caparisons are odorous." But I can't find that she did, nor do my books of reference say that she did. Everyman's *Dictionary of Quotations and Proverbs* tells me that the phrase "comparisons are odious" can be traced back to the fifteenth century. But it was Master Constable Dogberry, bearing a lantern (*Much Ado About Nothing*), who, two hundred years before Mrs. Malaprop (*The Rivals*), said "comparisons are odorous." But she did say, "No caparisons, miss, if you please. Caparisons don't become a young woman." And she summed up her contribution to life and letters—as well as Dogberry's—in this immortal utterance: "If I reprehend anything in this world, it is the use of my oracular tongue, and a nice derangement of epitaphs."

A form of comparison that has always entertained me is the way of distinguishing between one doctor and another by the "derangement" of letters of the alphabet after his name. Does, for example, F.R.C.S., plain and unadorned with hon. or other prefixes, mean that in fact the possessor is a surgeon *par excellence* and capable, at the very least, of removing my appendix if not my gall-bladder?

Many years ago I saw after the name of a distinguished figure in literary medicine the letters F.R.C.S. and F.R.C.P. And I thought to myself, "What a clever Fellow that is, to jump over the examination and electoral hurdles of two such great institutions"—clever enough, in fact, to undertake the pursuit not of patients but of letters. But in fact—a charming and gracious fact—the Physicians and the Surgeons had elected the man a Fellow of their Colleges. And they both did so, I am sure, in the confident expectation that the recipient wouldn't practise at the high level of a medical consultant. And the laws of negligence would ensure that he would not so much as touch the blade of a lancet.

These ancient Colleges also go outside Medicine to elect as *hon.* Fellows distinguished men of science and letters, and medical men from other countries. But they dispense with the *hon.* for the special election of medical men within their own law. Yet when another university decides to admit a medical man as one of its doctors of medicine the purists say that the word *hon.* should appear before M.D. This seems to me to be a needless form of boasting, and a way of saying, "See what a clever fellow I am!": a mistake the Colleges don't make.

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Quite a nice follow-up to my remarks on the battery-hen technique of *modern* general practice. One general practitioner—a man of 43—writes: "We have no time to give patients more than five minutes, and most of us (six in our group) just cannot keep pace with this. . . . I, personally, view with apprehension the possibility of having to examine a patient. I prescribe oral antibiotics because I seldom have time to give penicillin injections; as we cannot afford sufficient numbers of well-trained ancillary helpers the administrative side of the practice is badly run." And so he goes on for six sides of a closely written letter. This in itself shows the degree of frustration facing this decent doctor at every corner he turns. Of course, like myself, he may be bad at organizing his work. But this can be only a contributory factor—if indeed it is one.

He tells me he has decided to look for a job in Canada. Perhaps he saw in *The Times* of 31 December the following heading in bold black capital letters: "*Migration Study Shows*

Loss of 900 Doctors." And the account below proceeded as follows: "A broad impression of the trend of emigration by skilled people in selected occupations suggests that in 1964 Britain lost, on balance, about 900 doctors, 3,100 nurses, 2,600 teachers, 2,600 professional and mining engineers and surveyors, 200 physicists, and 100 bioscientists. The figures relate to holders of United Kingdom passports only."

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That sounds like quite a lot of people, of people this country can ill afford to lose. Obviously the teachers and the engineers and the surveyors are not emigrating because they dislike the N.H.S. In fact it may be that they are emigrating *in spite of* the N.H.S., because they will not get in any other country the same security against the hazards of living as they do in Britain. They are leaving the U.K., one may guess, in order to fly from the frustrations of life here at home and to take advantage of the opportunities for a freer and more rewarding kind of existence overseas—in Canada, in Australia, in the U.S.A. And as they go out others from the East come in to take their place for exactly the same reasons. For the Indian, for the Pakistani, for men from Ghana, Formosa, Turkey, and Spain—to name but a few—Britain offers opportunity to do more interesting and better-paid work than their own homelands.

This circus movement round the globe will go on for quite a long time yet. If you paid doctors to-morrow twice as much as they are getting to-day it *might* have some effect on the rate of emigration, but much less than you'd think. The rot of the matter is living in a country that's like a clock running down. You want to get out before it's too late and it stops altogether. It's the rot of living in a country where it is not done to say what you think or to state facts that cause offence to the sellers of national merchandise or the marketers of national myths. Everyone is now being groomed to wear the same smooth face and churn out the same smooth lies—all this, of course, for the good of the community.

Just reflect upon the abuse poured on the active and energetic head of Dr. John Seale—and on this journal—for writing and publishing the facts about emigration of doctors in 1962. What a scandalous episode! I am glad, therefore, that he has recapitulated the story in *Lessons from Central Forecasting* (Institute of Economic Affairs Ltd. 1965. 7s. 6d.). In this he puts on record once again the sad story of the wilful refusal of those in public positions to accept evidence which conflicted with their prejudices. But they had to bow their heads two years later when Brian Abel-Smith and Miss Gales wrote in this journal that they were "in full agreement with Dr. Seale that the scale of medical emigration (nearly a quarter of output) has been substantially greater than has apparently been believed by the Ministry of Health."

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So far as I know the pressure from the young to become doctors remains steady and high. Even if two or three more medical schools were to be created to-morrow the emigration rate would still rise, and will continue to rise until the N.H.S. opens up a bit and liberates its occupants to give forth the best they are capable of. It's nowhere near that yet. It doesn't need more than a little imagination and a lot more money—both in short supply—to make the N.H.S. an attractive way of life for civilized men and women. Just listen to the dulcet tones of that hardened cynic Malcolm Muggeridge: "The fact is that England to-day is much pleasanter for a civilized European to live in than ever it used to be. This is partly a consequence of our having come down in the world and lost our Empire. . . ." He may be right.

PERTINAX