

SIR.—The decided opinions of Dr. J. V. Dockray (June 29, p. 999), based on political conservatism and the desire to uphold the dignity and nobleness of the profession, provoke a reply. He states: "organized refusal to work the Bill is a strike." I doubt it. The essence of a strike is the withholding of one's labour. It is one of life's thrills that has been enjoyed by many who are thrusting the new health service upon us, and an adventure on which many doctors would, for various reasons, hesitate to embark, however modified the "strike" might be. Refusal to serve under contract with the new employing authority cannot be termed a strike if the Act leaves all of us free to engage in private practice.

It is generally agreed that our medical services will never be withheld. If we revert to private practice, giving the assurance that every sick person will be attended, thereby rendering to the community the essential service for which we were trained, up to that point there is no strike. But certification to enable people to draw statutory sick benefit is also an essential service under modern conditions, and if even as private practitioners we withheld that service, that would be a partial strike, and perhaps the extreme limit to which general practitioners would go. It is the form most likely to meet with success, and is true to the pattern of the workers' strike in that it would primarily embarrass the employer and secondarily cause inconvenience to the community. If carefully planned it need only be of short duration, thereby minimizing the hardship to the people. Dr. Dockray states that "the great majority of the people are in favour of the Bill." My feeling is that the masses are innocent and passive spectators in the present medico-political struggle, and will not express themselves sufficiently unless under the stimulus of some impending inconvenience. If Government and people failed to respond after several months' notice of our intentions, our subsequent action might be considered morally justified. The distribution of public funds would be no responsibility of ours.

If such action were timed to commence on "the appointed day" the chances of success would be good, even in industrial areas. Existing economic conditions are likely to prevail for some time, and recent years have shown that the masses are willing to pay for medical attendance when they are able. Arising from the scarcity of commodities and the abeyance of the evils of the instalment system, the display of bank-notes in surgeries is quite embarrassing. With a country full of banknotes and full of disease it is hard to imagine a set of circumstances better calculated to ensure success in the sale of medical attendance. But success would be uncertain unless under an organization where central instructions demand peripheral obedience. Mere promises of action by the rank and file are apt to collapse as a result of mutual suspicion and distrust.

The impact of the National Health Service Bill has brought the subject of trade unionism into practical medical politics, as it is important to ascertain the degree to which collective action may be expected to function in an emergency. It may be anticipated that the early years of the operation of the new Act will be very toilsome ones for many general practitioners, pending the training of a sufficient number of recruits. Cases of hardship are likely to arise, and something like trade union methods may be necessary to ensure that a practitioner with a just grievance can rely on the support of his combined fellow-practitioners.

In the matter of collective bargaining we do not appear to have had any distinctive successes in the past. The Spens Committee has shown (perhaps not yet to the satisfaction of the Minister of Health) that for many years general practitioners were underpaid, yet in spite of approaches to successive Ministers of varying political convictions we observed during the inter-war period the movement of the capitation fee from the ceiling down. And there exists in the mind of the layman a delusion that the B.M.A. is a very powerful trade union. Observe his look of mingled suspicion and incredulity when he is informed that the B.M.A. is not a trade union at all. He does not know, and many members seem to be unaware, that the Memorandum of Association of the B.M.A., confirmed by the Chancery Division of the High Court of Justice, contains a prohibition as follows: "Provided that the Association shall not support with its funds any object or endeavour to impose on or procure to be observed by its members or others any

regulation restriction or condition which if an object of the Association would make it a trade union."

There already exists what may be termed in these columns "a certain union," with a membership that is far from negligible. Is it too much to hope, in these critical times, that a *rapprochement* might be effected in an effort to promote concerted action? The profession, having lost a certain amount of freedom, is forced to consider how far, in the interests of a shoulder-to-shoulder system of defence, it is prepared to submit to a self-imposed dictatorship within its own organization. General practitioners already have the framework in the Insurance Acts Committee and the Panel Committees. The personnel of the existing I.A.C. could, with their own assent and the approval of practitioners, assume the necessary functions as a collateral activity. Members would be asked to bind themselves to act in accordance with instructions received. The financing of such an activity would presumably (at the beginning) be a legitimate charge on the National Insurance Defence Trust. A questionnaire might be sent round. Answers would vary according to temperament, politics, religion, social consciousness, etc., but the present seems opportune to sound the profession on the subject.—I am, etc.,

Glasgow.

J. N. JAMIESON.

SIR,—I should like to congratulate Dr. W. Edwards (July 6, p. 27) on his splendid letter. I agree with every word of what he says; in fact, I made a similar plea as strongly as I could at the last Special Representative Meeting.

The issue before us is a simple one—it is a moral one—the choice between good and evil. The methods suggested in the Bill will lead inevitably to evil for the patients and ourselves. We must stick to our guns to maintain freedom in this country, and if we do we shall win. There are two ways of doing this. *First*, that every medical man at once send in his guarantee of at least £25 to the Guarantee Fund so that the profession can help those who may be temporarily in financial difficulties as a result of their courage. *Secondly*, at the appropriate time every man and woman in medicine who realizes the urgency of the great issue at stake must guarantee not to join the new service. I have no doubt that the majority of doctors in their heart of hearts disapprove of the totalitarian methods of the Bill.

There is no need to strike. We can continue to treat and serve our patients. All we have to do is to refuse to join the new service, and from the Guarantee Fund to back each other up and maintain our unity—if we do not, every one of us and every one of our patients will live to regret our failure to stick to our moral principles.—I am, etc.,

Reading.

S. F. LOGAN DAHNE.

### Pay-beds in a Municipal Hospital

SIR,—It may interest your correspondents to know of an experiment in the organization of pay-beds that has been successful here for fifteen years. Each general ward in this hospital contains 30 beds, and has three side-wards which are utilized for the nursing of cases requiring isolation, privacy, or special care. The first full-time medical superintendent introduced their utilization, when not needed by ordinary hospital patients, for private patients who paid a weekly charge to include all investigations and treatment, including operation. This was so successful that when I took over nine years ago we introduced a further block of 20 single rooms on the same principle. The rooms are available to anyone, on their doctor's recommendation, who cares to pay for them. They are also used for ordinary ward patients when the side-wards are otherwise occupied (at the moment a large number are being used to house an overflow from the maternity department). Patients admitted to these rooms are treated medically as any other hospital patient, they are under those members of the staff who see them as out-patients, or to whom they are referred by the medical superintendent. The terms of appointment of consultants to this hospital contain the proviso that they shall see and treat any patient in the private ward at the request of the medical superintendent, this without special fee, but that where the consultant's advice is requested by the patient, or the patient's own doctor, then the consultant can charge any fee he desires. This applies also in the case of any patient sent into the private ward at the request of the consultant.