

WITHOUT PREJUDICE

So the definitive history of the N.H.S. is going to be written! Or is this suggestion just a sop to Cerberus? Cerberus was stationed at the entrance to hell "as a watchful keeper, to prevent the living from entering the infernal regions, and the dead from escaping from their confinement." Some of those who could contribute to the definitive history are dead. "The good is oft interred with their bones." Others who could add their piece to the puzzle don't want to precipitate their own departure by telling the truth. The greater the truth the greater the libel is, I believe, a legal truism.

The N.H.S. must be an inexhaustible source of Ph.D. theses. Someone ought to collect these and write a thesis on *them*. The result might be the master "anti-thesis." Then look at the books that have been compiled about the N.H.S., especially by Americans—on the principle, I suppose, that distance lends enchantment to the view. So it is not surprising that some reviewers have thought that Rosemary Stevens is an American, easily misled by the fact that her book *Medical Practice in Modern England* (72s.) is published by the Yale University Press.

Mrs. Stevens is English and has worked at Yale and at the London School of Economics. In the latter place she sat at the feet of Professors Titmuss and Brian Abel-Smith. Her preface is generously full of the names of the people who helped her. But she seems to have been steered clear of the *B.M.J.* staff. Even Pertinax might have been able to help her, if she had run the risk of an encounter.

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Just how quickly any "history" can get out of date is shown by Mrs. Stevens's remarks on consultants: "... indeed they have consistently expressed more satisfaction in N.H.S. work than general practitioners, whose complaints have steadily risen in volume." But in the month of the publication of her book—an authoritative work—Professor Henry Miller's now almost notorious article was published in the *Lancet*. If this, and the subsequent correspondence, had been available to Mrs. Stevens she would have had to recast much of what she has said about consultant and hospital work. The emphasis would have had to be entirely different. None the less, I am full of admiration for Mrs. Stevens's industry. She has provided a remarkable source book. The facts and figures in it will be of enormous value to anyone acquainted with what I have called Britain's pet dinosaur. The size of the book is commensurate, and justly so, with the size of the object.

The last section deals with specialization. I followed with wild surmise her references to that happy figure of folk lore "Peter Davey"—six mentions in her account of the formation of the College of Pathologists. No reference to what I have been told was one of the turning-points in this struggle of the pathologists to free themselves from the Royal College of Physicians of London. A leading article in the *B.M.J.* in 1959 came out in support of the idea of a separate College of Pathologists, observing that "if any discipline of medicine deserved to be recognized through the setting up of some institution, then pathology would have the highest claim, certainly now in this twentieth century of scientific medicine." And the College was formed.

To fill out another of Mrs. Stevens's accounts—of the steps taken to form a College of Psychiatrists—I shall risk a further reference to the *B.M.J.* In a leader in 1964 it stated, "A College of Psychiatrists would provide a focus of interest and loyalty, a stimulus to research, and encouragement of high clinical and intellectual standards." I wonder what is holding up the establishment of the College, now agreed on. The need for such a College is greater than ever.

A strange omission is shown by the following quotation from the book: "Publication of the first detailed study of emigration of British doctors, by Brian Abel-Smith and

Kathleen Gales, in June 1964. . . . The Ministry of Health had estimated in 1962 that between 6 and 7 per cent. of British doctors who graduated during the 1950s were then resident abroad." The Ministry of Health was right out of its reckoning, because it had no accurate figures to go by. And the first detailed study of emigration was made not in 1964 but by Dr. John Seale in 1962. Yet there is no mention of this in Mrs. Stevens's book. At least not in the section on emigration. Nor can I find Seale's name in the index. But I was delighted to notice the entry: "Davey, Peter."

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In time we shall follow the Russian custom of rewriting history every few years to keep pace with the march of the establishment. I believe, for example, that Trotsky's photograph has been blotted out of many group photographs taken in his heyday. As for Stalin, "the versions of history dictated from the General Secretariat proved to be not derogatory enough of Stalin's opponents; and one new version after another had to be composed," according to Isaac Deutscher's remarkable biography.

Of course we don't do that sort of thing here. We make sure that the historian is shielded from anyone whose thoughts the establishment might consider dangerous. It is all part of the conspiracy of silence, and not only in Medicine. A school-master whose daughter is a doctor has been reading this page and the other day wrote to me about it: "I have taught since 1932, and, like other teachers, have suffered from a conspiracy of silence. . . . In my view secrecy has been the most important factor contributing to the many anomalies in education today, and is the reason why politicians have more to say in education than teachers themselves." He urges the medical profession to take warning from the position teachers find themselves in. What you might call a *verb.* from one *sap.* to another.

There are only a few turning-points in the history of the N.H.S. The detailed treatment Mrs. Stevens and others give is invaluable. But the trees are so thick, and many of them are so stunted, that one can't see the shape of the wood. In fact one begins to wonder if it has a shape. So I shall try now and again to fill in a few of the gaps.

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One ought to begin with Bismarck and his introduction of insurance medicine as a method of stemming the tide of socialism—an idea that now seems rather like a bad joke. Lloyd George modelled his scheme on Bismarck's. He could have gone back to the author of *Robinson Crusoe* and *Moll Flanders*, from patriotism at least. It was in 1697 that Daniel Defoe drew up his plan for security. It was a contributory scheme, whereby "All sorts of people, men and women, being sound of their limbs and under fifty years of age, shall come to a local office, and shall pay down the sum of sixpence, and from thence one shilling a quarter." For this they were to get medical care, sick benefit, pension, and "maintenance in a home in case of infirmity or old age." And people still believe that the ideas behind the N.H.S. are new and—blessed word—progressive. Bismarck, by the way, sixty years before Beveridge, had wanted to finance *his* social security scheme entirely from public funds.

The B.M.A. did its best with Lloyd George. It had its sound plan for a two-way extension of N.H.I. benefits—to the dependants of the insured and to include hospital and consultant treatment. It suddenly abandoned all this when it published its Draft Interim Report of the Medical Planning Commission in 1942, a few months before the Beveridge Report. The B.M.A. did not proceed to a final report of its own commission but followed Beveridge into the promised land of complete security from the hazards of life. In 1942, with Germany at its throat, Britain was in a mood to grasp at anything that promised it at least some kind of safety in a world full of peril. Security also has its risks.

PERTINAX