

an example which would have nullified their carefully thought-out plans for a fair distribution to the population as a whole, or of refusing them, thereby exposing themselves to the criticism that they had made a decision about a patient in defiance of our requests without making a personal examination. Of course this criticism might have appeared even more childish when applied to a large number than it does when applied to Dr. Foxell's apparently (though not in fact) isolated case. Moreover, this method of forcing the claims of one section of the community might itself have been exposed to the criticism that it was grossly unfair and unreasonable. Perhaps we were deterred by these considerations, and perhaps Dr. Foxell would have been deterred from writing his letter if he had looked at the problem as a whole instead of concentrating on one patient. No doubt his devotion to his patient was worthy of praise, but would he have received so much support and flamboyant publicity in your columns if you had not been hard up for a piece of hot propaganda to hurl at the National Health Act? And will this object be achieved by attacking the Ministry of Food, which many people think is an example of co-operation between doctors and laymen in running a necessary national scheme in a very successful manner? During six years of their control there has been little if any complaint of the flouting of medical opinion, and if this is a foretaste of control under the National Health Act it may be asserted that this Act could scarcely have a better recommendation.—I am, etc.,

London, N.W.3.

G. A. BACK.

The Plebiscite

SIR,—The result of the plebiscite was as much surprising as it was disquieting. It is not so much that so many voted "Yes" but that so many abstained from voting. Doctors have never been known to pull together, and it is this lack of unity and want of *esprit de corps* that shows up our weakness and leaves us open to attack from any quarter that is intended.

True, the wording of the plebiscite was somewhat ambiguous. I believe that many voted "Yes" because of the fear of victimization. The wording would have been more appropriate if it had been in two parts: (a) Do you want to negotiate for a complete State Service? (b) Do you want to negotiate for an amended or extended Service? I am perfectly sure that 90% would answer "No" to (a), for they are very few who want to be the complete Civil Servant. I have no doubt that 100% would answer "Yes" to (b), for it is time that the Government did something to improve the Service, for which we have been so long clamouring, and which would be acceptable to the profession. The difference between (a) and (b) is that one is "tyranny" and the other "freedom."

We are a noble profession and not an industry, and it is high time that Mr. Bevan was told once and for all that doctors will not tolerate nationalization in any form. If the doctors would stick together and be of one mind, then they, and not Mr. Bevan, would do the table-thumping.—I am, etc.,

Nottingham.

S. J. BRENNAN.

SIR,—The result of the plebiscite has shown that 56% of those who voted were against negotiations. This is only a little more than half, and when one considers that 20% of all doctors abstained from voting it is clear that the B.M.A. Council has no justification in refusing to negotiate as it has less than half the profession behind it. Furthermore, many of the "No" votes were given as a result of the recent threatened "strike" of Insurance Acts practitioners, which was successful in winning concessions from the Minister. Many thought that a little more defiance would be good for him, and that he would then relent and presumably start all over again. Many more voted "No" as a political gesture against the Labour Government, which they, as Tories of the old school, dislike so much.

This negative attitude is clearly unreasonable and cannot possibly do the profession any good. Mr. Bevan will go ahead to establish the Service in the knowledge that he has about half the profession willing to help. Yet we in the helpful half are debarred by the Council's decision from negotiating with

the Minister on the regulations, and giving him the technical advice which will make the Service a success. Now that the Act is law it is our duty as citizens to make it work, and to clothe the framework, making an administrative skeleton into a humane National Medical Service working solely for the good of the patients and the prevention of disease, and thinking less as time goes by of a mercenary profit motive.—I am, etc.,

Wolsingham.

WILLIAM D. GRAY.

SIR,—Stung by the results of the medical plebiscite Mr. Bevan now writes to say that if the B.M.A. will not talk with him he will consult with other interests to assist him to set up the administrative machinery for the new Health Act. Why not say this before? It is exactly what the Negotiating Committee have been asking him to do. And primarily we want to ask him to consider whether some compromise cannot be found over the basic salary. Does this mean that in the long run we are to become Civil Servants, or that the basic salary is to be a means of tiding over the period while ex-Service doctors and young medical men settle down into practice under the new Service? If the latter, will it not be possible to agree for a term of years and then free the profession to such independence as we have had under the N.H.I. Act without restricting regulations, which can never meet all the changes and chances of disease in human nature?—I am, etc.,

Broadstairs.

H. M. RAVEN.

B.M.A. Policy

SIR,—In a letter in the *Lancet* on Dec. 28, Mr. T. B. Layton makes so many confused statements that it is impossible to deal with them in the space of a short letter. However, it is very necessary to correct the loose statements suggesting that the leaders of the B.M.A. have "herded the will" of the profession and influenced the plebiscite vote.

The official B.M.A. communications received by me have always been restrained and non-directive, as have been the editorial articles appearing in the *Journal* on the subject of the recent Act. The correspondence published in the *Journal* accurately reflects the opinions freely expressed at the well-attended Divisional meetings of practitioners. Those of us who know Mr. Layton may sit back and smile tolerantly, but statements such as appear in his letter are apt to produce a false impression in the mind of the general public that the results of the plebiscite do not really reflect medical opinion.

A recent article in the *Times* contained the word "emotional" as applied to B.M.A. policy. If the adjective is accurate it must be applied to the general body of practitioners, and I would point out that situations which conflict heavily with any individual's conviction of right and wrong will usually produce emotional response.—I am, etc.,

Stamford.

E. C. TILL.

SIR,—Dr. H. B. O. Cardew in his letter (Jan. 4, p. 29) makes several dramatic and unjustified accusations, closing with the sentence, "I accuse the British Medical Association Council of adopting a narrow sectional viewpoint at a time of immense social change when it should be leading the profession towards the creation of a great health service." With these words Dr. Cardew not only accuses himself but convicts himself of adopting a sectional viewpoint, for he suggests that the Council should lead the profession in a direction which the majority consider to be against the public interest.—I am, etc.,

London, N.W.1.

R. HALE-WHITE.

The Decision

SIR,—To throw light on Dr. D. E. Yarrow's, Dr. A. L. Jacobs's and Dr. S. Lipetz's problem (Jan. 4, pp. 29 and 30) let us recall, as only doctors of 60 and over can, what happened in December, 1912, *re* service under the Lloyd George Act of 1911. Then, after a rousing campaign, round about 95% of practitioners *pledged* themselves to refuse service. In the last week of the year word went round in every district that a doctor or two had "gone on the Panel." (Some of these had