Correspondence.

DIASTOLIC BLOOD PRESSURE—A CORRECTION.

SIR,—A correspondent has kindly drawn my attention to what might seem contradictory statements in my address in the BRITISH MEDICAL JOURNAL of November 5th. At page 1390, second column, line 38, I say, "Its relation to systolic tension . . . is nearly 1 to 4." The "its" here refers to the difference between systolic and diastolic pressure, or pulse pressure, mentioned at the end of the preceding paragraph. But it might be supposed to refer to "diastolic pressure" mentioned at the beginning of the preceding paragraph, and in this case is apparently in contradiction to the statement in line 45 that the relationship of the diastolic to the systolic pressure is as 3 to 4. If the readers of my address will correct it by substituting "The relation of pulse pressure to systolic tension" instead of "Its relation to systolic tension" that ambiguity will disappear.—With many apologies, I am, etc.,

London, W., Nov. 7th. LAUDER BRUNTON.

NATIONAL MEDICAL SERVICE.

SIR,—Dr. Buist's contribution to the JOURNAL of November 5th will meet with the ready approval of those of the profession who desire the abolition of contract practice, in so far as he admits that the problem of our troubles is a social economic one. This is the point I have tried to drive home in my letters since last April—that the origin of clubs was in the bad economic conditions prevailing at the time and in the consequent necessity of the profession's making the best of these conditions.

If no one else would do it, for our own sakes we had to take care of the underpaid worker on the terms he could afford: hence the capitation grant and club practice, accepted as a lesser evil than bad debts and haggling over fees with those patients. But now the conditions are entirely changed. Someone else *will* do it, namely, the State. We did not ask the State to do it; social progress is responsible for that. Government says it recognizes that the wage-earner cannot provide for the contingencies of sickness as they arise, and proposes by means of the usual and inevitable "contribution per head or per pound of wages," that is, the ordinary methods of insurance, to insure the wage-earner against these contingencies. I submit that we medical men are now out of the running, and should be glad of the opportunity of freeing ourselves from a burden which was, and is, quite foreign to the business of medical practice. We now resume our place as medical practitioners pure and simple, ready as sellers to give our service to the buyer, who is now not the poverty-stricken wage-earner, but the solvent State Insurance Company. The *raison d'être* of clubs and contract is gone. Dr. Buist tries to reimpose the doctor's former disability by suggesting that as the wage-earner *could not* meet his liability in full, so the State *will not* do so, and adduces as an argument that the State must "budget" for a definite sum, and that therefore it will throw the risk of "the yearly variation of sickness" on the profession. Dr. Buist says that "no evidence but pious aspiration has been advanced" to show that the State could bear this risk itself. It strikes me that we have nothing to do with this, and that the Government might be left to deal with a difficulty which is essentially of its own making; but, if we must meddle with business hot our own, I would suggest that the difficulty be met by "budgetting" for a fixed sum and applying it to cover the sickness liability of a smaller number of beneficiaries than can, even in a bad year, outrun this amount. The Government scheme is progressive; Mr. Lloyd George has told us that he intends to begin with a small number and enlarge the scheme in successive years; let him therefore begin with a number which cannot by any possibility exhaust the amount he is ready to expend, and carry over at the end of each year the balance unexpended, having always sufficient in hand to meet any epidemic, or, if he likes, rely on a supplementary grant, *as is done with other national expenses*. Consider for a moment what the alternative means—that the profession should be willing to meet the risk of an epidemic out of its own pocket, health, and strength. I object altogether to the assumption that we should relieve the State of the risk of the "variation of sickness." Dr. Buist's reference to the probable "appreciation by the majority of the empiric character of the formula 'payment for services rendered'" may be read in diametrically opposite ways, as approbation or sarcasm: Dr. Buist may wish us to understand that these men in "good practices" fled from private practice with "payment for services rendered" to a fixed salary with fixed duties; or he may mean, as I hope he does, that they found private practice, largely weighted with bad debts and clubs, with "payment per head" and unlimited attendance, inferior to a fixed amount of work at a small salary. He surely does not mean the former, for I know personally some of the men who have exchanged "good practices" for "the dullest of medical duties" with a fixed small salary; these "good practices" have in many cases been found unsaleable, and, if Dr. Buist would care, I could give him some information about one such derelict North of the Tweed, and why its incumbent was glad to accept a fixed salary of £250 a year for *fixed* work.

This, however, is surely evident enough, that Government intervention—the logical outcome of social progress—between the wage-earner and the vicissitudes of life, renders unnecessary any longer the anomaly of *our* intervention, which made us responsible for the charity which public opinion holds as obligatory.

We as medical men deal now with a solvent State instead of with an insolvent patient, and our terms to the former should be free from all taint of the charity which was essential to the latter. These sentiments also Dr. Buist may characterize as "platitudes" (I thank him that he called them "jointed" and not "disjointed"), but it is no bad policy to reiterate forgotten platitudes: a policy built up without them is likely to be a tottering one.

I presume the statement "that the evils of contract practice arise not from the contract, but from the lay control of the funds" is not a quotation as I cannot find it in the Contract Practice Report. If a deduction, as it appears to be, would it not be more exact to say "*some* of the evils of contract practice arise from lay control," or "*some* of the evils of contract practice might be remedied by professional control"? Surely we are agreed that there are inherent evils in contract practice which are insuperable by any control. On the other point I am entirely in agreement with Dr. Buist; we must all be prepared to stand by the majority of the profession, even if its proposals should not be the same as ours; what we in Bristol are asking is that the profession should have the matter put plainly before them, with the pros and cons of *every* method of dealing with this *new* matter that has arisen, and not be asked to say "yea" or "nay" to a one-sided question.

I very much regret to see in the JOURNAL of November 5th a letter from the Gateshead Division which goes far to destroy the effect of the admirable and temperate one it sent on May 7th. I am certain that of the sixty-one members of the Bristol Division who voted last month (against a minority of one) in favour of "payment per service," not one will hesitate to bury his own opinion if the Association concludes with open eyes in favour of "payment per head."—I am, etc.,

Bristol, Nov. 5th. HARRY GREY.

SIR,—I have to thank Dr. Harry Grey for the courtesy of his reply to my letter, and for giving me the opportunity to continue without delay a discussion which is of such importance and so urgent. The point of difference between us is not the need for adequacy in the future remuneration of the medical profession, but simply as to the mechanism by which this is to be secured. The Association will, I hope, succeed in securing that an adequate sum be provided, but it seems to me that even with a Chancellor of the Exchequer we are bound to regard the conditions under which he manages his income, just as we consider the circumstances of our private patients in giving them credit or accepting round-sum payments. We must surely consider whether we are likely to get better terms if we say that we will only have cash down, or if we say that we are willing to average things over a series of years. If we are to have a cash-down system, we are not the only parties to the fixing of the scale in the first instance, and, further, the Association has already found the tendency of a minimum scale to become the maximum, and it is much