to other kinds of acquired resistance. Preventive measures should be vigorous, with large doses, if one is to prevent drug-fastness developing. The widespread use of small doses of sulphonamides should be deprecated for fear of cultivating a drug-fastness. Viewed in its right perspective this then becomes a public health problem, as these drugs are now being used so freely in so many diseases.

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CORRESPONDENCE

THE WHITE PAPER

DEAR SIR,

I see that in the April number of the POST-GRADUATE MEDICAL JOURNAL you invite views on the proposed National Health Service.

I am young (aged 25), qualified from Middlesex Hospital two years ago, and am passionately fond of medicine.

The following are my views and *constructive* suggestions:

1. *Should the Health Service be FREE?*

It is ludicrous to expect a completely free medical service. The public *will* pay for it out of their income tax, etc., so why not come out into the open, face facts, and institute a system akin to the paying of premiums to a National Insurance Company?

2. *Municipal and County v. Voluntary Hospitals.*

I was studying, as a student, at one of the Middlesex County Hospitals. I am sure that the patients got the best possible treatment there. I propose more modern, richer and greatly increased numbers of hospitals such as this one. America has them—why not England? If there are going to be Voluntary Hospitals let the voluntary contributions be divided between them. I propose more hospitals whose wards are run by general practitioners, who can thus see their cases from start to finish. This works well in Canada—why not in England? People should be urged to donate more to medicine and less to dogs' homes, etc.

3. *Is it sinful for a doctor to earn money?*

Certain members of the public seem to be labouring under the delusion that doctors are mentally deranged angelic philanthropists who love nothing more than to work all day and all night—for no money at all!! I feel that it should be explained, through the Press, if necessary, that doctors are human beings who like eating. (Anyway, whether a thing is "sinful" or not is completely dependent on an individual's religion and/or ideals.)

4. *Does the competitive spirit among doctors make for better or worse medicine?*

(a) When doctors steal patients from each other (I don't know much about this variety of practitioner because I shun them like the plague), I am sure that it must produce *bad* medicine.

(b) When doctors vie with each other to produce advances in medicine and to solve problems before each other this produces *good* medicine.

5. *Psychiatric Services.*

(a) Many more social psychiatric workers and clinics necessary.

(b) Much mental disease is due to lack of money and education, therefore largely an economic and educational problem.

6. *Relation between Service Medicine and any future National Health Service.*

(a) The R.A.M.C. is an efficient soulless machine, *necessary* in this grim conflict. In *peacetime* the National Health Service has *no* need to be soulless, and doctors should be allowed complete freedom.

(b) I have met many M.O.'s who say that they hate the idea of any sort of medical service which resembles the R.A.M.C. with its strict discipline, etc. My views are the same.

(c) The idea that "the powers that be" should have the right to "direct" young doctors into jobs (which they may dislike) seems to me to savour strongly of the very menace that we are fighting—totalitarianism. (I feel that it would do the men who suggested this point a great deal of good if they met some Germans face to face; I am sure that they would then change their views and would favour democracy!)

I hope that these few comments may be of some interest to you, coming—as they do—from one of the younger generation, an idealist who is tremendously interested in medicine, and who has no intention whatsoever of letting any civil servant destroy its fundamental greatness.

Yours truly,
 (Signed) J. G. ALEXANDER,
 Capt. R.A.M.C., C.M.F.

July 9, 1944.