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.

REFERENCES

CORRESPONDENCE

THE WHITE PAPER

Dear Sir,

I see that in the April number of the Post-Graduate Medical Journal you invite views on the pro-
posed 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?


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.


(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 what-
soever 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.

July, 1944
The White Paper

J. G. Alexander

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