Those with psychoneuroses or psychoses are better treated with general anaesthesia as well as normal people of nervous disposition, or those who have a rooted objection to "being present at their own operation."

Conclusion.

While it is true that local analgesia may be used for most operations, many are best performed in conjunction with inhalational anaesthesia with adequate premedication.

The psychological factors where local analgesia is relatively inadequate may be neglected in the healthy adult but should not be overlooked in the debilitated and may in these cases result in systemic disorders persisting and perhaps contributing to a fatal conclusion.

CORRESPONDENCE

Medical Planning Evolution or Revolution?

SIR,

The present House of Commons appears rather to have lost its head! In a way this is understandable. The nation has consented to the exercise of such wide powers for the purpose of the successful prosecution of the war that a virtual dictatorship *in that respect* has been conceded.

In relation to the proposed medical legislation it seems strange that the Law Officers of the Crown have not gently tapped Mr. Ernest Brown on the shoulder and said, "Can't you read the notice, 'PRIVATE. Entrance by permission only'!" No permission has been granted by the nation for any revolutionary legislation of a non-urgent nature whatever. This Government has no right at all to take any action which is a clear infringement of the Constitution. If the claim is made that the proposal is not revolutionary, but is justifiable because it is designed for the good of the nation, is that not the first stage of the totalitarian outlook whereby the future of the community is planned by a relatively small group of men without reference to the wishes of that community! This matter affects a complete profession of some 70,000 men and women, and practically the whole of the population of these islands, not just for the period of the war, but throughout the long days of peace which we trust will follow. Is this such a trivial question that it can be dealt with by a Parliament elected years ago, and only still allowed to serve as a matter of wartime expediency? In the spate of emergency orders (which we intend to see swept away at the earliest possible moment after the war, together with a host of redundant civil servants) our politicians seem entirely to have forgotten the whole of the British national conception of progress in ordinary peaceful development. They would be well advised to study the single letter "R" in the subtitle of these remarks!

As a nation we prefer instinctively to evolve slowly, taking out a few bricks from the edifice here, putting others in their place, standing back to survey the effect, and continuing the process by easy and reasoned stages. We do not believe in wholesale demolitions and rapid replacement by pretentious jerry-building. We do not approve of sudden and drastic re-organisation like that proposed for the medical profession.

Most people will admit that the present structure has serious faults, but we have a sure enough foundation on which to build. That is the time-honoured relationship between practitioner and patient.

A rough pencil-sketch of the first wise steps in altering the present system might be:—

- (1) Fewer insured patients should be allowed per doctor, who would accordingly have time to give them better attention.
- (2) An increased capitation fee to compensate for this.
- (3) Consultant and specialist advice to be obtainable for all insured persons by the agreement of reasonable fees to be paid out of the accumulating millions in the coffers of the friendly societies.
- (4) Hospital facilities to be available for all, in the case of the insured person by contributions from both State and Friendly Societies. Non-insured persons should be allowed treatment if they make reasonable personal contributions, the balance of expense being made up from the Exchequer.
- (5) The profession should agree to take periodic post-graduate courses.
- (6) A national pool of locum-tenens might be formed. Substitutes readily available would allow every practitioner to obtain that annual period of rest, free from worry, which is essential to his physical well-being and efficient performance of his professional duties.
- (7) The Insurance scheme might be extended by agreement to other classes and their dependants.
- (8) The money to meet the major portion of these proposals is really already available. The Friendly Societies should be made to keep a separate Medical Benefit and Sickness Benefit account. The millions accumulated by the latter should be automatically available for transfer to the Medical Benefit account for the next year, allowing perhaps a 5 or 10 per cent deduction for a Sickness Benefit reserve.

The above is not intended to be in any sense a complete scheme. It is merely an indication of how, without undue disturbance, the attempt at real progress might be made.

It cannot be said that, in the main, the profession has failed in its duty. There are, of course, bad doctors, and a few with but little conscience, but will they be made any better by turning them into Civil Servants? Apart from this, some failure has been produced by overwork owing to a doctor trying to attend an excessive number of patients. The remedy for that has been suggested above.

As regards the absence of consultant and specialist services, can the profession be blamed for this? The goods have always been waiting in the shop window, but no one will pay for them. *Yet they have been paid for* by the unfortunate non-recipients. The purchase price, however, has gone to swell the millions held by the Friendly Societies, by the simple method of saying that more money is not available for *Medical* benefits.

Who, then, has failed in the main? Is it not the legislators and financiers rather than the medical profession?

Apart from the question of policy and the constitutional outlook, common fairness demands that any definite action shall be postponed until the thousands of men abroad or serving with the forces can get together *after* the war and discuss *Government* proposals calmly. It is not for the profession to suggest revolutionary changes which most of us do not consider desirable. Let us see a Government White Paper on the subject and pass our verdict on that.

It would be very unwise for the profession to agree to the presentation of any cut-and-dried scheme to the Government at the present juncture. How many of us can think calmly or clearly in these times of anxiety and financial stress with a background of world-madness and abnormal emotions? If we did submit any concrete proposals it would give the Minister of Health some semblance of excuse to act, which at the moment, it is contended, he has not. This is (and we must see that it is) a matter for peaceful and peacetime consideration, and we must fight resolutely, and fight together, against any attempt to introduce hasty and ill-considered legislation under the stress of war.

Finally, who is to be in control of any State Medical Service? There is great opposition to regulation by the local authorities, and this leaves the Ministry of Health. Now to any who know the inner workings of the Ministry's attempt to run a national Diphtheria Prevention campaign the gravest possible concern would be felt at any suggestion of control from that quarter. The writer has given some of his views on that campaign elsewhere.¹ Suffice it to say that, to those who knew anything much about the subject, the Ministry's efforts could only be compared to a seaside concert party masquerading as the Covent Garden Opera Company putting on Wagner's *Ring Cycle*. They certainly had a big drum, and they beat that hard, but it is feared that only the stone-deaf and completely blind were able to clap at the performance. If the general public really knew just exactly what happened during that first year or so of the campaign there would be the most unholy trouble. Perhaps, fortunately, the subject is too technical to be explained to the average layman.

In official circles there is this danger in matters of technique and policy. The little clique at the head does not say "Now who is there in the country with sufficient experience to advise us or to run this thing properly!" The tendency is to look at the small circle gathered round the throne and say, "Which of the courtiers shall we put on this job?"

Once we were in the trap we should be securely gagged, and our bosses would be beyond criticism. We should lack even the facilities to do our own research with which to confound them, if our deductions were displeasing to the almighty few. May Heaven preserve our profession from control by ignorant, nay worse, often bigoted officials. This apparently leaves only one other alternative, control by some sort of Medical Corporation, allied to the B.B.C. or Water Board. This could include a reasonable content of the laity whose interests are concerned, but should have a distinct medical bias.

Initiative, one of our most precious national characteristics, would be in danger of being stifled, and all facilities for research would be "by your leave." Further, it must not be forgotten that this matter of official muddling at the central source is a vital concern of the population as a whole, which would automatically be involved in the results of central ineptitude, as in the case of the Diphtheria Prevention Campaign.

I am perfectly aware that I am liable to be broken on the wheel professionally for daring so openly to criticise and fight against our would-be medical dictators. They have the power to do this to me. But some may remember a cartoon in "Punch" during the last war in which the Kaiser addresses the King of the Belgians—"So there you have lost everything." To this King Albert replies, "Not my soul."

Yours, etc.,

GUY BOUSFIELD, M.D.(Lond.).

134, DENMARK HILL, S.W.5.

¹ *Medical Officer*, May 24, 1941 and *Medical Officer*, November 15, 1941.