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THE MODERN ATLAS
AN EXPOSURE OF STATE MEDICAL TYRANNY
by C. C. ABBOTT
First Impression, May, 1945
Second Impression, August, 1945

By the same author:

LEGACY OF HEALTH

HOCUS POCUS?
(A verbatim report of "The Black Box" Trial)

INQUEST—INQUISITION

TYRANNY UNMASKED
DON'T BE DOPED

An Exposure of the State Medical Scheme

by

C. C. ABBOTT

* 

With four pictures

Drawings by CHARLES HOWARTH
★ Here is a searchlight on the State Medical Scheme, which, as at present framed, threatens to take away the freedom of the individual in the vital matter of health. Much has been heard of the professional reactions of doctors to the scheme, for their financial status is involved in it; but little has been published to show the fundamental defects of a scheme which legislates only for sickness and fails to initiate a policy of creative health.

★ This booklet exposes the hidden political motives which are at work under the guise of radical legislation. It calls public attention to the loss of freedom that will be entailed—first, for the private citizen in choice of treatment; and second, for the practitioner in the methods he employs.

★ A free and impartial inquiry is demanded from the Government into various schools of healing which the sponsors of the present scheme propose to legislate out of existence, and facts and figures are given that prove the need for a new approach to the crucial problem of national health.
DON'T BE DOPED

[ I ]

ANY MORE FOR THE CATTLE-TRUCK?

The reader is entitled to ask what the author's qualifications are for dealing with a subject which, though vital to the welfare of all our people, is nowadays frequently obscured by the special pleadings of bureaucrats, statisticians, insurance touts, and orthodox medical men.

My qualifications are simply stated.

I conduct the largest private general medical practice in the country, either registered or unregistered. My life has been devoted to healing. The patients whom I treat range from infants to the very aged, and include many of the so-called chronic incurables.

Although my practice is in the heart of industrial Lancashire, and is largely composed of artisans—who are mostly National Health Insurance contributors—and their families, I am also well acquainted with the lives of people in the higher-income groups, and am fully conversant with their health problems. Throughout my life I have lived amongst and been deeply concerned about the workers and the conditions under which they toil and live. But, also, I have treated patients whose circumstances are far different, who live in various parts of the country, and sometimes, indeed, abroad.

My experience is well varied, therefore. Yet, though the attainment of perfect health is a problem that is fundamentally the same for people everywhere, far too frequently—in many millions of cases—it is complicated by factors that are purely economic. Can it be wondered at that sickness and disease are so rife, that physical impairment is so common, and that the death rate is so high among the people who live and work amid the dreary industrialism bequeathed to us by the unimaginative profit-makers of the past?

In far too many cases the only recreation they may find outside the four walls of their miserable homes is the Pub, the Club, or the Cinema. Their daily anodyne is the box of aspirins, which high-pressure advertising holds forth to them as a cure for all their bodily ills.
And when the aspirin fails there is around the corner the panel doctor, who will prescribe some futile, watery potion that frequently finds its way down the drain, which in the vast majority of cases is unquestionably the best place for it. If he acts within the terms of his office as laid down by the State which subsidises him, the doctor must be niggardly in the time he devotes to every case; he must prescribe, as medicine, only those draughts and powders that are on the panel list, where their cash value is determined by a parsimonious bureaucracy. Let him go above the list, prescribing something beyond its cheeseparing range, and it is as likely as not that he will be hauled before his local Insurance Committee and fined as a delinquent.

It is not too much to say, then, that the instalments of State Medicine which we have had so far are little more than a betrayal of the true art of healing, and a sanction for dishonesty among registered doctors. Not for a moment would I have the reader infer that panel doctors are, as a class, indifferent to the needs of their patients. There are many who strive valiantly to serve according to the best that is in them. But the odds are heavily against them, and with the best will in the world they cannot go far along the path of creative health while working within a system based on false premises, and maintained by many devices of intimidation.

That, briefly, is the indictment of the National Health Insurance Scheme, which, let it be remembered, legislated only for certain classes of the community. How much better or worse must we suppose the New National Health Scheme will be, which stems from the same utterly inadequate conception of healing, and which will apply the compulsions over a wider field, to a greater number of people?

It may be reasonable, at the moment, to expect that the Scheme will undergo certain modifications. There is enough diversity of opinion among members of the British Medical Association, the insurance companies, and other vested interests to ensure that this will be so.

*But where will the consumer of State medicine come in?*

What voice will you have, reader, in the counsels of those who are now deciding what form of treatment you and your family shall have, or whether you shall have any treatment at all?—for you might be judged a malingerer.

What credit is the State giving you for the possession of an intelligence of your own?

The history of medicine is illumined by great discoveries that have ameliorated the lot of suffering mankind. But it is also strewn with the social debris of medicine gone wrong, of attempts to suborn
the conscience of the individual, and of efforts, backed by powerful commercial organisations and attended with considerable success, to foist upon the public methods inimical to health. From bleeding with leeches to tonsillectomy or drug therapy, the story runs its melancholy course—the quackery of yesterday canonised to-day, and to-day's epoch-making discovery disowned to-morrow.

It would be a sufficiently disturbing story if there were no State connivance. But now the State, drunk with the power it has imbibed in five years of totalitarian war, seeks to extend its dominion not only over the social reflexes of the individual, but over all his physical processes as well. In an enlightened age the latitude allowed to the State in so vital a matter would be watched over and checked by some council of wise and disinterested healers—men and women, that is to say, who would be free from the influence of the pressure-groups of the chemical industry, from the professional (and pecuniary) interests of registered doctors and the insurance companies. The sole interest of such a council would be the creation and maintenance of a truly healthy race.

By some such means, indeed, we might create a Golden Age of physical well-being, and learn presently to know what it is to look upon a perfectly healthy man or woman.

But no such measure is proposed by the planners of our national potions. Art, Adolf Hitler once said, is a means of conditioning the social responses of the masses. And if we are not very careful the new State Scheme will use the art of medicine solely as the means of keeping human cattle fit for the industrial slave-pen.

The urgency of this matter is twofold, for not only will the State tend inevitably to canonise the orthodoxy of the day and render difficult all research that runs counter to such orthodoxy; it also proposes to rob the individual of his freedom of choice in the matter of what practitioner he shall employ, and what method of treatment he shall adopt. And in that the State will turn back the clock of English social history, putting finis to the long story of battles for the freedom of conscience and intelligence—which in matters pertaining to health are very much the same thing.

Certainly there is a good deal of propaganda to persuade the contributor that a free choice of practitioner and treatment will be available. But this is far from being the case. At no time has it been hinted that the Government is willing even to consider the claims of that large class of healers outside the ranks of the B.M.A. whose record of success continues to influence public opinion on the side of freedom in spite of all the obstacles placed in the way.

But while the charge of indifference must be laid at the door of the present Coalition Government, it is unlikely that the cause of freedom in health will fare any better if any one of the political
Parties gains power. The Labour Party and the Communist Party, where open-mindedness might most hopefully be looked for, have shown little disposition to heed the anti-social consequences of the scheme now on its way to the Statute Book. Both have, indeed, been so far beguiled by propaganda as to give their support to a plan which, far from producing a healthy nation, is likely only in the end to create distrust and downright hostility among thinking workers. And workers do think!

★

The “progressive” parties ought surely to have profited from the lessons of the National Health Insurance Act, which Mr. Lloyd George in 1911 was convinced would result in a healthier nation. The worker then was to benefit far in excess of his contribution. He was to get 9d. for 4d. every time. And at the outset many did undoubtedly believe that panel medicine would be as good as or better than that prescribed for a private patient. The panel patient believed that his nominated doctor would give him the same individual attention, perhaps even a little more. But disillusionment was swift. Workers took full advantage of the scheme for “free” treatment, the doctors were inundated, and consulting rooms so crowded that the cattle technique had perforce to be adopted. The queues of would-be patients were kept on the move. A fraction of a minute sufficed to ascertain their complaint. There was no time to consult the book labelled “Panel Prescriptions for Panel Patients,” with the result that the first medicine in the book, known by the abbreviation Mist. Alb., became almost the universal panacea.

In such pitiful circumstances overworked doctors would certify and prescribe for 20 patients in as many minutes. “What colour was your last medicine?” or “What did I certify was wrong with you?” became the question that did service for diagnosis. Small wonder that workers were soon openly comparing their symptoms and their medicines; small wonder that the whole scheme was brought rapidly into contempt, and that Mist. Alb. and its fellow concoctions were soon being consigned to the kitchen sink.

This was not progress by any standards, and to many it was a retrograde step when compared with the workers’ sick clubs which the national scheme wiped out. In the club the contributions were at a lower rate; an affinity was established between the club and the doctor appointed for the year. There was, in fact, not a little competition among the medical brethren for such appointments. There was no excuse for prescribing spoof medicine; the number of patients was more manageable; and the results of treatment were more speedily known and shared.
We shall do well to remember this phase of the social history of healing. And it will become us better still, as a community with pretensions to a free democracy, if we ponder the statistics given in the following pages as yet one more formidable instrument of State nepotism makes its way to the Statute Book with the blessings of the chemical trusts and the slightly mitigated approval—as it appears—of the lordly B.M.A.
UNDER the present system the social attitude to health is usually figured out in terms of the cost in hard cash.

We are justified, therefore, in looking at the National Health Insurance scheme in this way, for it is the most important indication we have of the manner in which the new State Medical Scheme will work.

A fair sample period was that between 1921 and 1927. Unemployment during these years had not reached the ominous proportions it was to assume later, and the psychologically beneficial effects of the release from the first World War had by no means disappeared from the life of the community.

Nevertheless, during this period calls on the insurance fund showed an astonishing increase. We find that, in the case of men, the number of claims under which sickness benefit up to the first 26 weeks of incapacity were given went up by no less than 40 per cent. In the case of unmarried women the increase was 90 per cent., and the claims from married women went up by 106 per cent.

During the same period the increased male claims for disablement benefit after 26 weeks was 85 per cent.; for unmarried women it was 98 per cent.; and for married women, 159 per cent.

These were ominous figures, even to the official apologists of the scheme.

The following table shows in even more striking form what was happening:

<table>
<thead>
<tr>
<th>Year</th>
<th>1920</th>
<th>1928</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of insured patients</td>
<td>12,787,000</td>
<td>13,798,000</td>
</tr>
<tr>
<td>Money paid in sickness benefit</td>
<td>£5,083,000</td>
<td>£9,594,000</td>
</tr>
<tr>
<td>Money paid in disablement benefit</td>
<td>£1,625,000</td>
<td>£5,095,000</td>
</tr>
</tbody>
</table>

And in this period the total average cost of the scheme as a whole had increased from 10s. 6d. to £1.

Here is another comparison:

1921—Total cost of drugs, £1,189,450. Cost per person per year, 2s. 2¼d.

1927—Total cost of drugs, £1,886,874. Cost per person per year, 3s. 2¼d.
Thus the expenditure on drugs was rising as the amount of sickness and disease increased, and we see from the first table that this could not be attributed wholly or even substantially to the increase in the number of insured persons.

Yet the main object of the National Insurance Act was to improve the health of those who were included in its provisions!

There is a further important aspect to keep in mind. As the scheme continued, the number of doctors grew. There were easy pickings from the State purse for professional men without conscience. Those who were not in the Harley Street racket for stinging the well-to-do jumped on the band-wagon of National Health Insurance. Medical students from the universities—a class not particularly distinguished for their social conscience—saw the assurance of good careers, with long lists of panel patients ready to file past, put their tongues out, and go home with the good old cure-all, Mist. Alb.

So it is not surprising that Great Britain now has more doctors per head of the population than any other country in Europe.

And at the same time, while the number of doctors has increased, we have a corresponding increase in the number of deaths from various dangerous diseases.

It is astonishing how, in the face of all the facts, Britain can be regarded as having a high tradition of medical progress. Most of the progress we have made in improving health has been due to improved standards of sanitation and hygiene. The public health authorities who are most entitled to gratitude are those who have improved our sewers, and who have struggled against inertia and opposition in other official quarters to remedy evil housing conditions.

It is quite true, as a Fascist pseudo-philosopher once cynically declared, "The trouble about democracy is the plumbing." He was of course paying an inverted tribute to our improved methods of
sanitation, which have contributed so much to the creation of a more healthy population.

Now, no one will seriously maintain—and if anyone tried to there would be little support from the facts—that the disturbing increase of claims for National Health Insurance treatment and benefit was attributable to malingering.

Nevertheless, there is a social and psychological aspect of great importance in any scheme such as this, and only those who are incapable of thinking for themselves would regard as reactionary the following view by C. W. Armstrong in his book, "The Survival of the Unfittest":

"All states upon which a premium is set tend to become more common. If sickness and unemployment receive as premium a free gift of other people's money, these states will therefore tend to spread. As long as man has to rely upon healthy living for health, good workmanship for employment, and true thrift for a rainy day, healthy living, good workmanship, and thrift will be encouraged and become more common, and they bring material reward; but as soon as material is to be gained with less effort in neglecting health and work and thrift, such negligence tends to increase."

This was well supported by Sir William Marshall, chairman of the Royal Sanitary Congress in 1937, who, reviewing the N.H.I. scheme, was reported thus:

"In the course of a lifetime the mortality rate of the country has fallen more than one-third, and the expectation of life is 17 years more than that of his grandfather born sixty years ago, but it could not be said that the increased expectation of life was accompanied by a higher standard of health and physique. The greater expectation of life was probably due to the keeping alive of the unfit by the many health services available. Approved Societies found this a great and increasing burden upon their funds, and the gradual alarming increase in the cost of disablement benefit was not without its significance."

A different, but not less relevant, point of view was expressed at the same Congress by Dr. A. B. Walker, Regional Medical Officer of the Department of Health for Scotland, who was reported as having said:

"The Christian Church, although not lacking interest in the physical improvement of the race, was mainly concerned with its spiritual amelioration, but he was prepared to say that the large volume of incapacitating illness was due to or associated with states of anxiety, which could be prevented not so much by psycho-analytic or other psycho-therapeutic methods of treatment, but by Christian sympathy and understanding and a re-awakening in the patient and his attendants of the spirit and faith of the Great Healer."

★

Public comments of this sort were directly due to the disturbing state of things revealed by the rapidly accumulating statistics regarding the National Health Insurance Scheme, and undoubtedly the the stirrings of something like a public conscience in the matter were beginning to be felt.
But in the vast bureaucracy created to administer the scheme the reactions were different, and instead of "the spirit and faith of the Great Healer" we saw the beginnings of a Gestapo system at work. Patients were looked upon with a new suspicion, as potential defrauders of the State; many were "black-balled," and made the subject of report to the Regional Medical Officers. The increase in the number of references to Regional Medical Officers was staggering, and from 69,543 in 1921 it leaped to 644,332 in 1931. As the general practitioners were inundated in the early years, the Regional Officers were overwhelmed now. In 1921 there were only 37 of them, but by 1931 there were 82, and it was necessary to give these the assistance of a number of part-time referees.

And as the claims piled up and the number of doctors, officers, and referees increased, something like panic ensued at the Ministry of Health. The result was a memorandum to all concerned with National Health Insurance work which amounted to a charge of lax certification against the general body of practitioners.

Somebody had to be the scapegoat for the threatened insolvency of the scheme, and the charges were so frequently laid at the door of the doctors that a public brawl developed between the latter and the Ministry, of which the following shall suffice as a typical published rejoinder by one of the affronted practitioners:

"If the doctors have any principles at all, and are prepared to adhere to them; if the doctors value their self-respect and wish to maintain it, then they must be prepared as a body to withdraw their support from a scheme which is violating these principles and destroying the prestige of the professional man. Mere protests are useless. An organisation is needed which will dare to say to the Ministry of Health 'If you won't give the doctors their rights they will have nothing to do with the National Health Insurance.'"

In the heat of this dispute objective truth was lost. The Insurance Acts Committee which had investigated the whole position said one thing, the B.M.A. another. "If," said the Committee, "the claims are legitimate, and it must be admitted that the amount of money claimed is becoming so alarming that it may ruin the insurance scheme, then it is obvious that the whole financial aspect of National Health Insurance has been based on wrong calculations." The B.M.A. meanwhile was trying manfully to persuade itself and the public that the scheme had reduced national sickness. And the public, especially that great and hardworking section of it who were paying their compulsory contributions and taking their worthless pills and potions, grew heartily sick of the whole thing.

Yet the public can be fooled more than once. Every politician knows that. And someone had benefited from the scheme. Doctors, chemists, and the manufacturers of drugs, vaccines, and serums had done well and continue to do well out of it, and despite all the side issues that are noisily canvassed, it is from these three pressure
groups that influence is brought to bear to perpetuate the old scheme under the greater compulsions of the new one. The people have as little guarantee that it will deliver the goods as they had in the inter-war years. This is so not merely because the scheme is likely to break down under the stresses of post-war economic adversity, but because it is fundamentally wrong in its attitude to health—because, in a word, it has no attitude to health, only to sickness. This is, in fact, the case against the State Medical Scheme, summed up in a line, and we shall do well to remember it.
OUR LITTLE MEDICAL HITLERS

Let us look briefly at the estimated yearly expenditure of the new National Health Scheme.

The estimates have in fact varied somewhat, but for practical purposes, with the medical and the so-called "health" services combined, the total cost is expected to be £200,000,000.

The first thing to bear in mind about this figure is that though it may be computed on an actuarial basis, with due regard to the amount that will be forthcoming in the form of contributions from employers and employed, the scheme itself must stand or fall by the economic prosperity of the country as a whole.

The contributions, we must remember, will be in the form of a compulsory levy on the incomes of employers and the salaries and wages of workers. There is no provision in the proposals as they stand for anyone to contract out of this obligation to the State.

Whether the scheme is good, bad, or indifferent is beside the point while we are considering this compulsory levy. Everyone will have to pay; the State will hold the kitty; the first charge upon the funds will be the salaries and wages bill and the overhead and maintenance costs of the huge bureaucratic machine that will be required to administer it. Then will come the payments to the doctors and nursing staffs; and after that the cost of medicines and various forms of treatment for those to whom it is to be given—the people who, if our little medical Hitlers have their way, will be given no opportunity of exercising their conscience or their intelligence in the matter.

Free-thinking men and women might support this prospect with a good heart if there were no doubt about the result being a progressive rise in the standard of health all round, for the individual and for the race; but there is not an honest-minded medical practitioner who will claim that the scheme will work creatively for the positive maintenance and continual improvement of health.

Every doctor knows that the scheme is for the treatment of symptoms of sickness and disease, which in the present state of medicine is a very different proposition.

But let us keep to finance. Let us ask ourselves whether there is any certain guarantee that should a period of financial stringency befall the State, this scheme would be immune from the axe of economy.
There is not. Neither this nor any other post-war scheme aiming at social improvement can be expected to survive a crisis such as that which led to the cuts in employment benefit when the Macdonald Government was in office.

We know that these cuts were the first consequence of the financial dictatorship which demanded that the budget should be balanced at the cost of those who were drawing the "dole."

If, therefore, we were to get the best National Health Scheme ever devised, one that would truly live up to its name, we know that, short of revolutionary changes in the issue and control of national money and credit, there would be no priority for the welfare of the people. As usual, the Treasury would have to cut its coat according to the cloth supplied by Threadneedles Street, and perhaps Wall Street; and there wouldn't be enough. There is no "profit" in health for the money manipulators!

So far we have discussed what may be called first principles. If now we look more closely at the manner in which the new National Health Scheme will work, we shall find that it proposes to deal with the whole of the population, or about 46,000,000 people.

But although in theory all must pay, and all will be entitled to receive benefit, in actual fact the national prosperity out of which alone the scheme can be kept solvent will be ensured by the workers in the so-called primary industries. The number of these will be round about 10,000,000. They will be the farm-workers, miners, iron, steel and cotton operatives—all those who produce the essential basic requirements of the modern State.

And unless things are greatly changed in our national standard of economic values of workers, these will include some of the lowest-paid wage-earners in the country. They will be the people to whom, moreover, the hazards of unemployment will be greatest, who in their daily work will face the highest risks of death or injury, and who will be exposed to the highest incidence of industrial diseases.

All this does not appear to have been very prominent in the minds of those who are so ready to claim credit for the social beneficence of this scheme; and we hear little recognition of it from conferences of doctors, who have shown themselves much more concerned with their professional status under the all-pervading authority of the State than with the well-being of the public.

This neglect to recognise that the primary producers of the nation's wealth (and real wealth consists not in money, but in things) is rooted in a social cynicism which is one of the worst characteristics of our present form of civilisation.

Now, while the workers in the basic industries must remain the base of the social triangle to-morrow, as they have always
been in the past, we know also that crowding into the apex there will come new hoards of petty officials, trained in the machinery of the law but little versed in humanity; more doctors; more so-called scientific research workers neglecting the wholeness of life while producing “new and better” drugs, vaccines, and inoculations in the vain hope of coping with the bewildering variety of “modern” diseases. Great monetary gains will accrue to the drug houses, and orthodoxy in the treatment of disease will acquire an enormously greater degree of protection from the law. The unregistered practitioner, like the pioneer research worker, will have all the odds against him—if, indeed, he is allowed to work at all.

It is not a reassuring picture. Its real name will be “Coercion enforced by the State,” when what is really wanted is “Freedom endowed by the State.” The wisest minds in the art of healing to-day agree that if there is to be any true progress in the physical and mental life of man, it must come very largely through new conceptions in the profession of medicine. Notably, to take only one aspect, it will be achieved through new advances in methods of diagnosis. But can we really suppose that the likelihood of such advances will be improved when doctors have become civil servants, when unregistered practitioners are outside the law, when the chemical industries are more closely interlocked than ever with the State, and any National “Health” scheme must be run with an economic slide-rule in one hand and an insurance agent’s book of actuarial tables in the other?

Only one thing could hasten the next great social advance in the realm of health; and that would be an unstinted financial endowment by the State, on politically disinterested lines, of some permanent institution for research where all knowledge would be free, where all research workers would have an equal chance, and where the results could be judged impartially and made known impartially to the community as a whole.

It is, in my opinion, a fair assumption that the cost of the medical section of the new scheme will turn out to be four or five times greater than the total of contributions from workers in the primary industries—assuming, of course, a maximum level of employment in these industries.

What will happen when unemployment reaches serious proportions in these particular industries, or throughout the country as a whole?

We have already considered the repercussions that are likely to ensue in regard to the national budget. But before this there will be a tightening-up of the scheme in all its working parts. Workers who report for treatment will be looked at not only from a personal but from an economic angle also. Not even the war can have blotted
out from the memories of miners and others the recollection of the harsh fines and sentences of imprisonment that were often imposed on those who sought to defraud the State by falsifying their cards to gain employment benefit to which they were not entitled. It was always the worker who was subjected to the severity of the law, never the employer of thousands who, in a seasonal industry, could stand off hundreds of workers for a few weeks or months, knowing he could have them back on call after a period on the "dole."

Yes, the National Unemployment Insurance Scheme certainly sharpened the consciousness of bureaucrats and magistrates on the look-out for the defaulter and the cheat at the Labour Exchange; and, by the same token, the National Health Scheme will make the upholders of the law and the administrators of medical orthodoxy vigilant for the malingering.

There must be no misunderstanding here. This is no defence of anti-social intentions and habits of mind, which exist at all levels of society. The purpose is simply to insist that, under the stress of national or regional economic adversity, there is bound to be a tendency under this scheme to regard a claim for medical treatment as something that must be looked upon in economic as well as human terms.

Judges never tire of telling juries what is the greatest principle in English law—that a citizen must be presumed to be innocent until he has been proved guilty; but we know that in practice the converse is often true, and there is an assumption of guilt until innocence is proved.

It may be arguable whether this should be desirable in certain criminal charges; but can it be desirable at any time when what is in issue is the health of an individual?

When doctors acquire the status of civil servants there will be a quite natural disposition among many of them to presume a more-or-less widespread prevalence of malingering in certain classes of the community. And, once again, class distinction will out: the wealthy woman who can make a hobby of her fancied illnesses will rarely be judged in the same light as the miner needing a few days' respite from toil.

It will be socially beneficial to stamp out malingering of all sorts; but it will be a far more perfect national scheme than the present one is ever likely to be that successfully parts the sheep from the goats.

As things are, the attention given to the conditions and circumstances that produce sickness and disease is in inverse proportion to the attention given to the methods by which it is proposed to combat them—when it has become no longer possible to ignore them, or to misread the symptoms as malingering.
I well remember, shortly after the last war, being called to the sick child of a miner. I found the whole family suffering from an acute degree of malnutrition. His wage, based on an average over many weeks, was 36s. From this he had to support a wife who suffered from exophthalmic goitre (registered practitioners have no means of cure for this disease, and they, remember, are to be the only licensed "healers" of the sick!). His wife’s mother, whom he had to support, and his five children, were all emaciated, pale, and ill. Their staple food was white bread, potatoes, and the occasional luxury of jam which, conforming to national fruit standards, contained another good percentage of potatoes. Their home was one of those hovels from the ownership of which, even at this appalling wage-level, profiteering landlords contrived to get a fat living.

The miner’s wages are now much higher, but so is the cost of living. He has pithead baths very often, but the slums of Rhondda and of every other mining district remain. He may have food that he used not to get before rationing came in—a pinch of butter for instance—but is there any social worker, politician, or medical man who will maintain that the standard of life for the workers of one of our most vital industries is what it ought to be, either for the adequate performance of work in the mines or for the maintenance of full health?

And the conditions that apply to miners apply with no less force to great numbers of cotton operatives, farm-workers, railway employees, fishermen and seamen.

Yet there is a colossal amount of ignorance regarding these things. A doctor friend of mine from London confessed that he thought miners were earning wages ranging from £15 to £18 per week! Yes, and he still believed one of the anti-miner propaganda stories of the last war, about the miner’s wife who bought two grand pianos because she thought the first one looked lonely.

I am well aware, of course, of the high wages that are being paid in certain sections of the war industries, notably the aircraft factories.

But in the final resort one must insist on the whole nature of the health problem. It has its social and economic aspects, and cannot be separated from our national education system or from our modern methods of agriculture, where the doping of humanity really begins by the forced-feeding of the soil with chemical stimulants that later have their dangerous consequences in human metabolism.

The sponsors of the National Health Scheme are seemingly unaware of these things, or wilfully disregard them while remembering their bank balances.

Look again at the apex of the triangle which is being built on the base of what the workers in the primary industries produce.
In comparison with the earnings of these workers, many doctors under the earlier National Health Insurance Scheme received incomes as much as eight or nine times higher. And the worker, bear in mind, had also to contribute to a variety of funds for the maintenance of hospitals and convalescent homes. This he still does, either with more or less compulsion through his trade union or voluntarily and through a variety of agencies.

It is a circumstance highly worthy of note that there are now approximately 25,000 more registered doctors than when the N.H.I. was inaugurated. There are many more hospitals and convalescent homes. At the same time, the State has to pour out vastly increased sums, and employ all the propaganda resources of press and radio, in attempts to liquidate this or that disease. The creation of a fear-complex in regard to diphtheria or venereal disease has become one of the vested interests of the State. I shall have more to say on these two instances later, but here the reader might well pause to wonder why, if medical progress is all that its fervent upholders claim it to be, the State nevertheless is obliged to emulate King Canute in a vain effort to keep back the tide.
PUDDING BASINS FOR BASUTOS

Our fundamental criticism of the National Health scheme is that in its conception and its intentions it is a sickness scheme, not a health scheme.

It proposes, that is to say, to deal with symptoms as distinct from root causes.

It is ameliorative, not constructive, in outlook. The aim is to patch people up much more than to teach them what health really is.

There is no proposal to establish new national standards of fresh air and good food and adequate leisure for the individual; no radical programme for wiping out slums, overhauling the Factory Acts, curbing the adulterers of food and the patent medicine touts, or abolishing atmospheric pollution in the industrial areas.

None of these things will be done, though each and every one of them is basic to any genuine effort to improve the health of the community.

On the contrary, it begins to be pretty obvious that all such measures, together with the more abundant material prosperity and leisure which ought to be the reward of workers in the Power Age, will have to be deferred while, for an unknown number of years, the toiling millions tread the mill of industrial recovery, sweating to advance our exports to 50 per cent. of the pre-war figure, while paying the interest on war debt at the same time.

This is not pessimistic surmise. Politicians of all the orthodox parties, from Sir Stafford Cripps to the Prime Minister himself, assure us that 50 per cent. more exports is the only way of salvation. These men of yesterday see no other path to a healthy and prosperous Britain save that which created the commercial oligarchy of the past, and which led to the shameful neglect and sabotage of our native agriculture, which ought to be the first and most vital source of national health. Export or die, they say.

In these circumstances "health" will mean "fitness for work." The main purpose of the State machinery will be to keep the workers up to the standard of efficiency called for by industrial requirements, and the physical nature of man will be seen through the eyes of the industrial efficiency expert, whose paramount consideration—unless he steps outside his terms of reference—will be to keep the conveyor-belt moving with the least intermission from human factors.

For a constructive outline of a health scheme read "Health Abounding," by Dr. Aubrey T. Westlake (Social Credit), 1a.
This is, in fact, the logical and inevitable end of the production-for-profit system, of the mechanistic conception of society which breaks over into war when its internal stresses become too great. And we cannot judge the social insurance scheme outside the political philosophy from which it springs.

That philosophy is now a compound of the orthodox Right and the orthodox Left; for a realistic analysis of contemporary political forces—the principal forces, that is to say—compels the admission that both sides are collaborators in the maintenance of a system which, by its very nature, resists all genuine attempts to expand human destiny in accordance with the evolutionary processes of thought and the immense productive capacity of the machine.

Let us suppose, for example, that in this matter of industrial production a wise Government were to insist on putting first things first in this matter of health. Would it not affirm that, instead of pudding basins for Basutos, sun lamps for the sun-starved people of our industrial areas should be a first necessity? Would it not establish national health centres before thinking of the claims of Chambers of Commerce? In theory it should be possible to do both at once, but in practice we shall find that Britain’s traditional mercantile interests will once more make social reform the Cinderella of the piece. And there will be no happy ending unless people wake up in time, and demand that, as Ruskin would have put it, the manufacture of good souls—by which he also meant good bodies—should be a first call on the nation’s resources.

The Labour Movement in its early days of revolutionary socialism really did possess the vision of a healthier, happier people when it sang with J. Addington Symonds:

These things shall be! a lofter race
Than e'er the world hath known shall rise
With flame of freedom in their souls
And light of knowledge in their eyes.

But, unhappily, to-day the vision is shop-soiled. Officially, the Labour Party shows little sign of being animated by sound and constructive ideas in the matter of health, and one is forced to the melancholy conclusion that there is much ignorance of simple biological factors among those who claim the leadership of the masses of this country.

Yet the light does dawn, in isolated shafts. Here, for example, is what a prominent Trade Union official told me when we were discussing the new State “Health” proposals recently:

“All my life I have been working earnestly with the sincere objective of helping the people. I have sought to give them free meals, free medical attention, and generally to relieve them of the problems that beset them and undermine their health. Now I
discover that I have been working on the wrong track. For if you take away all responsibility from the individual you uneducate him, and his mind becomes as atrophied as would his arm if placed in a sling. On such a vital matter as this he tends to think everything can safely be left to the State, and he loses his faculty of individual judgment.”

Here, truly, is the upshot of the matter. If the worker has the right to work and earn his livelihood, he has a perfect right to become educated on how to spend his money instead of having it spent for him, and on how to deal with his health and that of his family instead of having it prescribed for him by an official working behind a card-index system.

How can we suppose that the State is really likely to be disinterested in its efforts to improve the physical and mental standards of the masses when we remember what a vast interest it has, through the medium of taxation, in the drink and tobacco trades? And where is the politician who will advocate that, whatever the individual may choose to do in regard to drink or tobacco, the State should cease drawing enormous revenues from such sources?

It is widely, and I feel sure correctly, assumed that Britain is heading towards a more collectivised form of economy. But I see little reason to expect that this development will mean more freedom of conscience and more individual and social enlightenment in the attainment and preservation of health. The very reverse of this would seem to be the consequence of such uninformed and unimaginative criticism of the White Paper on Health as we have seen to date. You may search Hansard—or read reports of the conferences of the B.M.A.—without finding much insistence on the truth that it is not by doctoring the community that we can find health, but only by removing the root causes of illness. Both the Labour and the Communist Parties seem to have fallen at the hurdles; and I write as a supporter of the Left movements all my life when I say I deplore the way they are being duped by this threatened penalisation of the workers. I greatly admire Mr. Harry Pollitt for his sincerity of purpose, but I confess to great misgiving over the replies he gave to a brief questionnaire of mine a few days ago:

(Q.) Do I understand that you are in full support of the State Medical Scheme and all it implies?

(A.) Yes, in toto, because it will help to preserve the health of the workers.

(Q.) Are you aware that by adopting the new State Medical Scheme more drugs will be produced for the workers and used as medicines, thus contributing an enormously increased income to the chemical and other combines to which you are so strongly opposed?

(A.) Yes, but we shall take over these large industries under the Communist Government and they will become State controlled.

In short, the State will become the chief sinner!
In the final analysis, our objections to this measure to place the nation in a medical strait-jacket will remain valid irrespective of whether it should be put through by an Administration of the Right, the Left, or of any new Centre Party.

And before we leave the political aspects of the matter it will be well to consider certain salient points.

To begin with, the scheme has been hatched while the nation is at war, and while the public mind has been preoccupied with the stresses of war.

No attempt has been made in any adequate form to place all the issues fairly and squarely before the public without prejudice or the pressure of vested interests. Most of what we have heard and read—apart, of course, from the White Paper itself, which will repay the attention of all intelligent citizens—has come from parties who have an axe to grind, chiefly the politicians and the doctors.

The public, which ought to have been consulted, has not been taken fairly and squarely into the counsels either of the Government or of the B.M.A.

We are going to be given what either or both of these think good for us.

And we know the prime motive. The Beveridge Report itself expresses this for us, in paragraph 426, which speaks of "fitting for employment by treatment," and goes on to urge the determined efforts that should be made by the State "to reduce the number of cases for which benefit is needed."

And in the White Paper the organisation which is to be appointed to keep us up to the work standard and weed out the malingerers is fully outlined. The Central Medical Board will be the new Inquisition whose purpose will be to sit in judgment on doctors who transgress the law—perhaps by being too human and wasting too much time and precious medicine on a patient—and to see that all the regional branches play their part as cogs in the bureaucratic machine.

In this vast machine you, reader, will become a cipher.

Your physical history will be codified in a card-index system.

Your fitness for work will be recorded. If officialdom thinks you are a malingerer it is likely that this fact will be noted too. You will be docketed from the cradle to the grave.

And you are to have no choice in the matter of treatment.

The doctor will become a sort of inspector—if other inspectors are not provided.

Have we not heard much of this sort of thing before?

From the race-theorists, the pure-blood merchants, the men who measured noses?
Dare we suppose that, in the fullness of time, this State regimentation will not become a weapon of political and economic intimidation? It is sometimes difficult—we might as well admit it—for the great masses of people to distinguish between despotism and benevolence, between leading-strings and the reins of freedom.

Not without a measure of justification has the scheme been described in the House of Lords as "not very dissimilar from a Medical Gestapo" (Lord Geddes, March 21, 1944).

And it must be acknowledged to their credit that many registered doctors feel that way about it. Consider, for example, the meeting of approximately 100 Surrey doctors reported in the "Daily Sketch" of March 27, 1944. One of their number who had been in practice in Germany testified that he left that country before the war for the reason that he had become convinced that the proper practice of medicine had become impossible under the circumstances imposed by State control. The meeting agreed to the following message which was sent to the Prime Minister:

"The broad policy which is expressed in this legislation has been a subject of acute controversy for many years, and was first put into effect in Germany where it has shown itself to be a step towards National Socialism. To impose it on us in any form on the eve of this appalling struggle with the country of its origin would be a piece of political treachery, which it would be an understatement to call 'controversial.'"

The doctors were mindful, you see, that Premier Churchill had promised no controversial legislation during the war.

But consider in this context the words of Mr. Willink, the Minister of Health. Speaking at Croydon in May, 1944, long after some of the most controversial aspects of the scheme had come out, he assured his audience that there was no doubt about the matter: "The new health project will go on. There is no question of 'whether,' only 'how,' or in what form."

The social and psychological aspects of the National Scheme are no less important than the political implications. It will be apparent enough from other sections of this booklet that I hold no brief for the orthodox practice of medicine or for those who are content simply to make a living from the abuse of healing which medical orthodoxy so very often means.

But it is worth while recalling what the relationship between the doctor and his patient used to be. It was a personal relationship. However seriously we may impugn the forms of treatment that were and of course still are frequently employed, there was, between the doctor and those who availed themselves of his services, a bond of understanding built upon the freedom of the contract and the personal touch. The family doctor, whose existence is now becoming
more and more confined to novels and the stage, had time to perform what should always be his genuine duty, to get to know the life of his patient "in the round," as the sculptor says; to study the social and domestic background; and to take into consideration all those subtly related factors which have their intimate and potent bearing upon health. Often he was consulted on matters which were far outside the limited province of a clinical diagnosis, but they matter just the same. No committee, insurance or otherwise, hovered over this relationship. There were no forms to be filled for the subsequent scrutiny of officials who didn't know and didn't want to know the patient. The genuine doctor could be guide, counsellor, and friend.

Certainly, committees and inspectors can provide a check against some forms of abuse or neglect of which doctors may be guilty. But does anyone suppose that these devices of bureaucracy are going to act from the pure motive of the patient's good? Can any unbiased reader honestly maintain that by making the doctor a sort of inspector he will become a better human being—and better able to respond to the true art and inspiration of healing? We must have checks against all social evils in the new political and economic collectivism towards which we are heading; but I fear greatly—indeed, I know—that in the totalitarian "health" scheme such as that now confronting the nation we shall have most of the vices and few of the virtues of socialisation. We shall be herded and codified like cattle. We shall be dosed with potions from the State chemical factories, the synthetic products of which will be the substitutes for the unadulterated sources of life and health which are our birthright. And if we are not very careful, if our symptoms do not fall readily into the easily recognisable categories, we shall be suspected of having those deceitful intentions which prompt a man to "try it on" with a falsified card at the Labour Exchange. Though his deceitfulness may, of course, be qualified by sheer economic necessity—the mother of many "moral" delinquencies.

It is scarcely to be doubted that if the present scheme goes on to the Statute Book, even in a modified form, there will be ultimately many more doctors than at present. Of the kind of training that doctors now receive a great deal could be said in criticism. But is it likely to be altered for the public good when the National Service is in being? There is no prospect of such a development: on the contrary, the results are likely to be worse. The attitude displayed by medical students at University "rags," hospital flag days, or at public meetings where "unorthodox" methods of healing are being discussed, constitutes in itself a sufficient indictment of the attitude to life that their training seems to induce. The knowledge that they have later an independent career to make may ultimately
save some of them from cynicism. But under the new dispensation they will train even less to be doctors in the real sense of the term. All that will be required of them will be that they shall become certifiers, who will be assured of a livelihood out of the national purse, the solvency of which they will be expected to guard. And at the back of this ever-present question of the economic factor will be the pressure of the vested interests, which, if Mr. Pollitt’s party gets hold of them in its present state of biological ignorance, will change only by becoming a State weapon of intimidation.

If anyone asks me to believe that in such circumstances the psychological relationship between doctor and patient is going to become more free, more human, and better possessed of the real possibilities of healing, my reply is: Don’t be Doped!
THE LIBERTY OF THE SUBJECT

UNWEPT, unhonoured, and unsung, a democratic phrase that once had great potency over the minds of men went into the discard when this war began.

It was: The liberty of the subject.

A great many things have happened to complete the overthrow of this once-fundamental conception of democracy. The food we eat, the work we do, the place wherein we may live, and our freedom of movement, all have been circumscribed or rendered subject to the arbitrary will of the omnipotent State.

No doubt we may expect a modification of at least some of these curtailments of the liberty of the subject when the war is over. There will be others, however, which bureaucrats who have tasted the heady draught of greater power over the masses will be reluctant to rectify.

The return of these liberties to the people will have to be fought for at the polls.

They must first be brought back to a front place in our political thinking by debate and discussion and attention in the Press.

It is my conviction that in the long run nothing will matter more vitally to the wellbeing of the individual and of the community than freedom in the matter of health. By that I mean not a negative, unprogressive freedom, but the freedom to exercise one’s intelligence and conscience in all things appertaining to the welfare of the body and mind; the liberty to learn from unpolluted sources of information; to decide what food we shall have; and what treatment shall be given for sickness and disease when treatment is needed. Our forefathers fought for such freedom; the history of vaccination and inoculation has many chapters where the fight waged hot and long before it ended in statutory acknowledgment of the liberty of the subject. There are exceptions, of course: and very frequently officials and local authorities intimidate members of the public into certain courses of action without having the justification of the law. But in the main there had been solid progress, which is now offset by the poison of totalitarian philosophy that is eating into professional bodies and Government departments, all of whom are ostensibly concerned with the public good.

If the present National Health Scheme finds its way to the Statute Book it will mean the greatest loss of personal freedom in the whole history of sociology.
Doctors, as individuals, will lose much of the freedom they now possess, though few of them have the courage to use it when it means loss of income or conflicts with their organisation, which is frequently referred to as the strongest trade union in the world.

But overwhelmingly more important is the fact that the private person will lose first the liberty to choose between doctors, and secondly the liberty to choose between doctors and health-practitioners who are outside the official ranks.

Let there be no doubt about this. The proposals as they stand are clear enough. They are backed up by what has been said from the Government benches.

Thus Mr. Willink on March 21, 1944: “The service must clearly be based on registered medical practice in the form in which it has so far been approved by Parliament.”

Or Miss Horsbrugh, also in the House of Commons: “It is not the intention of the Government to incorporate unregistered practitioners in the Bill.”

There has been much rejoicing in Harley Street and Wimpole Street over these emphatic indications that the Government proposes using its powers to establish a closed shop for the registered practitioners.

Note carefully that I use the word registered, not qualified. There is a loose habit in public talk of referring only to “qualified” and “unqualified” health practitioners. There are great numbers of unregistered men and women who by their experience as well as by their methods and outlook are far better qualified to deal with disease than many general practitioners or so-called specialists.

That fact becomes more widely known every day. It is known and appreciated by people in all walks of life, not excluding Cabinet Ministers, politicians, and high civil servants, some of whom are known to avail themselves of the services of healers in the various schools of thought other than that represented by the B.M.A. Some of them go to nature-cure or other health establishments where the writ of the B.M.A. does not run. And they do not go because they are cranks, but because they are convinced by results.

But when these people have to take their stand at Westminster on the issue of health and the freedom of the individual, they are to be found among the upholders of orthodoxy and the supporters of compulsory powers over the masses.

Their form of democracy is in the words: Do as I say, not Do as I do.

Think for a moment of the various classes of healers who will come under the ban of the present scheme. They include naturop-
paths, physio-medicalists, osteopaths, herbalists, homeopaths, chiropractors, psychopaths, Christian scientists and spiritual healers generally, all of whom can point, as groups, to imposing records in the cure of disease and improvement of health for patients who in the aggregate would number millions. We need not be unduly influenced by the variety of labels attached to these schools of thought and practice. The vital thing is that all are playing their part in the advance of human knowledge and the improvement of the human race. Why should they be discriminated against by a State machine that will be powerful enough to put them out of existence? Why, indeed, if not because the State is becoming in effect the instrument of pressure-groups that work mostly in the dark, for reasons that are by no means invariably associated with the well-being of the people in the broadest and most human terms?

No Parliament of free men and women would delegate such anti-social powers to the State, but we have not had such a Parliament for many years, nor shall we get one unless and until the people assert themselves on the side of freedom.

The most terrible aspect of the National "Health" scheme as it stands is that it will leave the public with no protection against the far-reaching mistakes that may be made by medical orthodoxy. This orthodoxy will gather a huge momentum, greater than it has ever known before, towards self-perpetuation. Resistance to change—the inevitable seed of deterioration in all forms of institutionalism—will rule out the pioneers and the honest researchers after health. We know how frequently the forms of orthodox medical treatment have changed in the past; but that has been because change, even of a bad kind, has been possible within the relative freedom of the profession. But now even this relative freedom is to be proscribed, and the incentive to research will be deadened as the legion of conformers to the approved methods find their living comfortably assured by the bureaucracy of which they will form a part.

This scheme is in fact the last great battle between the closed ranks of the orthodox practitioners and the widely dispersed, unorganised array of those workers for health who have so much to their credit, and among whom lies the possibility of the next epoch-making advance in the history of healing. In the conflict with vested interests they have lost heavily to date. There is Regulation 33B, by which the State wields the power of compulsory treatment for venereal disease.

Let me give one case in point:

A panel patient (male aged 56) had been bedfast for five months. A few days after getting up he was ordered to the hospital for examination. It was the first time out, and he had to go by taxi. He was kept hanging about for over seven hours—for two of which he was
It could happen to you!
naked awaiting the doctor, who had decided to have lunch. A blood test was taken which proved to be positive (Wasserman test). This is not a thoroughly reliable test, and is known as a “hit or miss” job. “IT COULD HAPPEN TO YOU,” and you may never have knowingly had syphilis, and may never have shown any signs of it. In fact, it may be psoriasis. You may have a large grown-up healthy family.

The doctor may instruct you to attend a special venereal disease clinic for treatment, stating that you probably had V.D. in your young days. You may be sensitive and object to attending, because everyone who attends the clinic knows what the others are there for. So you raise serious objection. Here the Gestapo steps in: The doctor will order you to attend at the clinic at a certain time, and IF YOU DO NOT GO THE POLICE WILL COME FOR YOU. Thus you are blackmailed before your family.

This is exactly what happened to this panel patient.

And as things are, the same thing may happen to thousands more. The “tests” are not infallible—but the treatment, which likewise is far from fallible, can be compulsorily applied, with all the unfortunate social consequences that may be involved.

Then there is the Pharmacy and Drugs Act of 1941, which was rushed through Parliament while everybody’s mind was engaged on war. This was an attempt to prevent any unregistered doctor from treating Bright’s Disease, Epilepsy, Tuberculosis, Cancer, Diabetes, and a number of other diseases. But its promoters went too far. Even the present Parliament declined to accept the first sweeping provisions of the Bill, and it was amended, with a nice sop to what we may yet call the public conscience, so that in the result a prohibition was placed upon any advertising of the cure for these diseases.

The public is of course entitled to ask, and it cannot ask too often, what body of evidence the orthodox school can show to indicate that these diseases are definitely cured by the methods they employ. Such evidence is very small from the practitioners of the allopathic school—yet it is they who seek, through the powers of the State, to establish a monopoly of methods, thus compelling the incurables to become a burden on the State. Can anyone imagine anything so staggeringly misguided—not to put it more strongly—in the face of the tremendous number of incurables existing at present?

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The various methods that have been used to stamp out venereal disease are very much to the point. The compulsory powers of treatment by certain methods which are now vested in the State have their genesis in the last World War, when, as during the present conflict, this scourge in its various forms increased enormously among the nations, bringing untold misery to guilty and innocent alike. The Bill which Lord Rhondda sponsored in 1917, and which
later became the Venereal Disease Act, was based on the same sort of promises as attach to the present Regulation, and was passed for the same purpose. The intention, that is to say, was to wipe out the diseases associated under this name, and it was the orthodox medical profession which promised this result, on the strength of the methods it then employed. Members of the B.M.A. who gave evidence before the Royal Commission which preceded the Bill went so far, in fact, as to assert that venereal disease would be eliminated within four years, and they based these hopes on the use of Salvarsan, the specific which had then come into vogue.

Well, Parliament accepted the Bill. The doctors had their chance with the wonder-working Salvarsan.

With what result?

Salvarsan, as it was known (606), has now been abandoned, while from every hoarding Government posters proclaim the dangers of V.D., and the Ministry of Health pays huge sums to the newspapers to advertise the menace of this disease, always with assurance that the blessings of the official methods of treatment are at hand!

But the Venereal Disease Act had accomplished one desirable object for the medical trade union, for it became law that no unregistered practitioner should be allowed to treat V.D. for profit or reward, which of course practically eliminated the possibility of any unregistered man offering treatment, even if it could be established as sound and successful. Voices were raised against the manifest injustice of these proposals, but they did not avail against the powerful support which the Bill received. My friend Dr. Joseph Greer (formerly Professor of genito-urinary diseases at the College of Medicine and Surgery, Chicago, and late physician-in-chief of the Harvard Medical Institute) offered through the British and American Physio-Medical Association to give evidence before the Royal Commission, and here is a copy of a letter I received from him at that time:

"I thank you and the Association for the reports of the Royal Commission on venereal disease. They are good reading. Medical men differ as do theologians. Chemists, mathematicians, and astronomers do not differ: They can prove their facts and demonstrate them to others. As long as doctors are unable to 'prove up' there should be no monopoly in the practice of medicine.

"Lord Rhondda's Bill is bad. It gives one school the exclusive right to heal the sick. It's as bad to give one church the absolute power to save the soul. Medical liberty is dead.

"I am glad that America is helping the allies in the war on the Kaiser. I can see his end. It may be delayed awhile, but men and dollars will win. We have both here.

"I wish I could be of service in the cause of freedom. 'Where liberty is not, there is my country,' so said the immortal Thomas Paine—the greatest Englishman you have produced in one hundred and fifty years.

"Long live liberty and equality.

"Yours truly, "J. H. Greer."
Dr. Joseph Greer was wealthy, and offered his services gratis, yet his evidence was refused. Possibly the fact that he was a man of very great experience in the treatment of V.D. weighed less with the members of the commission than the fact that he was also a man of advanced Socialistic ideas.

In spite of all the evidence that is available which calls into question the orthodox treatment of V.D., the doctors who administer it are given more and more power, and Parliament refuses to listen to the other side of the story. Thus we find that youths—many, indeed, are not much more than children—are encouraged to believe that the treatment they are given will definitely eradicate the disease from their system. I say that this is a deliberate lie, and any doctor who understands V.D. knows that it is so.

"Some four centuries ago Paracelsus introduced the use of Mercury for treating Syphilis, and during all the years since it has been considered a treatment that actually cured... When the Wasserman reactions came into use it was found that Mercury often failed to effect a complete cure... After Salvarsan came into use for the treatment of Syphilis the disease was really cured."—*Devils, Drugs and Doctors*, by Howard W. Haggard, M.D., Heinemann (1921).

"Dr. E. E. Pebble (The Indian Physician, May, 1944), warns that the Wassermann reaction may not become positive for four months after inoculation with syphilis, and that after the third year of the disease the reaction tends to become inconstant and may even remain negative in the face of active visceral lesions of syphilis. A negative Wassermann of itself does not mean ‘cure,’ nor does it indicate freedom from infection. Often in cases of tabes dorsalis both the blood and cerebro-spinal fluid tests are proved to be completely negative. Obviously, therefore, in late syphilis clinical judgment is of more value than laboratory tests."—*Medical World*, December 8, 1944.

It follows, of course, that the cost of free treatment falls upon the State, which means that the community has to bear the burden for those whose affliction, far too frequently, is the result of moral delinquency. To offer treatment free and to accompany it with all the arts of highly publicised persuasion is in my view tantamount to encouraging moral laxity. One would think that the Churches at least would see the social dangers that confront the nation from such a state of things, and would wage a campaign for clean living as the only real antidote. Yet little or nothing is done, and we pursue an ostrich-like policy while these diseases continue to sap our racial vitality, causing greater peril to the future than the loss of any battle or even of a whole military campaign. We have learned a lot about Russia during the past few years, but one thing our public have still to learn is that by a sensible policy Russia has practically abolished prostitution and its consequent disease. In Britain, instead of spreading true enlightenment as to the processes which produce these dire consequences to health of mind and body, we have such puerile efforts as the Health Ministry's slogan: "Can you get it twice, doctor?", to which the man in the street is apt to reply: "No, you get it once, for always."
LET us be candid and admit that, regardless of whatever treatment is employed, conditions created by war have led to an alarming increase in V.D., an increase so great that, even if the perfect cure had been found, the occurrence of the disease would probably have outstripped all attempts to deal with it. There is a close parallel with tuberculosis, which also has increased greatly through circumstances directly attributable to the war.

Nevertheless, when these concessions are made to special circumstances, the fact remains, and cannot be controverted, that medical orthodoxy has failed to help humanity to find the true art of living; and there is not one disease, the treatment for which is covered by the protection which the law gives to the registered man, which has been definitely conquered. We shall do well to ponder this sombre fact. If it leads to anything, it leads surely to the conclusion that somewhere in its history the "Science" of medicine has gone off the rails, and must now take its bearings afresh if it is to lead us to a new age of physical and mental health.

And we may well ask: How much is the medical profession likely to be helped to reshape its future by the new National Health Scheme?

There can be no doubt about the answer to that question. The history of the "panel" confronts us in forbidding terms. From its inception the scheme meant pecuniary gain for great numbers of doctors, but it turned the practice of medicine into a miserable reach-me-down affair in which all too often doctors became cynical, callous, and indifferent to the lives and welfare of the masses with whom they were called upon to deal.

I propose quoting a few cases of my own experience to show what happens under the system of State medicine that we have had to date.

Mr. W. was pronounced fit for work after 11 weeks at home, and though the poor man could scarcely drag one foot after another, the panel doctor's statement was supported by the Regional Medical Officer. He was told by an unregistered man that he would die if he went to work. Faced with the risk of losing his benefits, he had no option but to try. He went to work on the Monday morning, was brought home very ill at noon, and died before teatime.

Mr. B. was treated for two years for dyspepsia by his panel doctor until he was vomiting lumps of flesh and blood, and died a few weeks later from a large malignant growth in the stomach and liver.
Mr. H. was treated by his panel doctor for a septic finger, which got worse. He was sent to hospital, and upon the discovery of a rash was transferred to a sanatorium and there treated for scarlet fever. It turned out to be severe septicemia, from which he died.

Mr. B. was knocked up by his neighbour, who was in great pain, and a message was sent to the panel doctor. The latter sent two tablets to make the patient sleep, and said he would call in the morning. An hour later Mr. B. returned to the doctor to inform him that the patient had died after taking the tablets.

A sick miner was sent to the Miners' Home for convalescence but was rejected by the doctor in charge. After dragging himself home he was certified as suffering from tuberculosis and sent to a sanatorium, where he died three weeks later.

Many similar cases could be cited, and in each and every one it is the panel doctor who signs the sick certificate, which begins: "I have this day examined . . ." and in many cases the patient has not been examined.

The method of dealing with patients who are judged to be suffering from the so-called infectious diseases is often at variance with the theory of infection. Why, for example, should a suspected tuberculosis case be sent to a sanatorium and there exposed to contact with advanced cases? If the medical theory is correct, then a person in a poor state of health is very susceptible to contraction of the disease. Officialdom reacts very differently when an unregistered practitioner is involved!

I have in mind a case of scarlet fever, the only one in the district, which was treated by unorthodox methods. The home was convenient for proper isolation, the patient made a good recovery, and the case had formally been notified. The City Health authority was asked to fumigate the house. This they refused to do, on the ground that the treatment had been given by an unregistered man!

This is, of course, nothing less than sheer humbug, a description I am tempted to apply to another case, in which a girl 13 years old was taken severely ill at a holiday camp. An operation was declared to be imperative, and it revealed tuberculosis of the bowels, and she was therefore transferred to a T.B. Hospital. There she was told she would have to remain in bed for four or five years, and she had in fact been bedridden for some months when her father, having heard of an unregistered practitioner's success in such cases, resolved to take her to him, which he did, having first to sign a statement that he did so at his own risk and responsibility. In three weeks she was getting about again, and in four was ready for school. Yet the school M.O. refused readmission to her, on the pretext that she had not been certified by a registered doctor. It was, in fact, only after threatened intervention by the local Trades Union Council (her father being a trade unionist) that she was able to return to school: from all of which it appears that getting well may in some circumstances be deemed a punishable offence!
There are now numerous "schools" of medicine, but, broadly speaking, conventional practice in the orthodox ranks is summed up in the word allopathic, the simplest definition of which may be stated as the endeavour to correct a diseased action by inducing another action of a different kind. Drugs are widely resorted to not for their efficacy in restoring the normal functioning of the body, but in the suppression of symptoms. Frequently, however, their effect is to set up other symptoms, which may occur within hours or days, or may, indeed, be deferred for months or years. Much of the illness now prevalent may be termed the result of the delayed action of drugs which are left as residues which the blood-stream is incapable of assimilating; or they impair the functions of the body so that a recovery to normality becomes difficult, if not impossible.

Allopathic medicine, then, seeks to arrest, eliminate, or prevent diseased states by forms of treatment which in general rely upon the setting up of a contra-state; and this is most clearly seen in the theory of "antibodies" underlying the practice of vaccines and serums. It is argued that if a germ-produced disease exists, or is likely to exist, some destructive agent must be employed to overcome or preclude the offending germ, and the agent may be another germ (or even the same germ, in small doses), or a powerful drug; the former being administered through vaccines or serums, the latter through injections shot directly into the bloodstream or taken into the stomach.

Modern research has shown us that the germ theory of the causation of disease is far from being as simple as its early disciples believed. The more we learn, the more difficult it appears to be to class certain germs and their actions as wholly bad—though they were previously regarded as such. The interaction between various germ types and groups is leading some research workers to conclude that what were previously regarded as processes inimical to human life and wellbeing are, in fact, cleansing and healing processes in which bacterial activities play a subtle but potent part.

Whether we believe in the simple germ theory of disease causation or not, it is easy to accept the statement that when germs are destroyed wholesale in the body a debris is left which it becomes the task of the bloodstream to eject from the body. It is easy, also, to understand that when the destructive agent has been one that cannot be assimilated by any of the normal processes in the body, that also must be got rid of. Thus a chain of events is set up by allopathic treatment which may suppress early symptoms, but only at the cost of inducing more, and of imposing additional strain on the body's recuperative powers. Nothing, be it noted, is done to identify and correct the real cause of the disease. Symptoms, not cause, are treated, and the true nature and purpose of the symptoms are very frequently misunderstood.
In the important class of diseases where germs are not claimed as the cause—such as cancer, gangrene, and cerebral tumours—the most advanced allopathic methods employed are burning with electricity or powerful chemicals or radium, in addition, of course, to the ordinary operative surgery.

Now, the leading schools of "unorthodox" healing, notably the physio-medicalists and naturopaths, have this one fundamental belief in common: Nature has its own powerful restorative processes, and it is always better, and more truly scientific, to work co-operatively with Nature than against it, believing that healthy blood is destructive to all diseases.

Much of our modern failure to arrest and eliminate disease springs from man's far too cocky assumption that he can outsmart Nature. Nature never forgets—and never forgives—those who work against her Laws, but rewards those who work in obedience to them with wholeness, health, and a balanced outlook.

Once it is seen, and acted upon, that Nature has her own methods of correction, much of what is regarded as harmful symptoms appears as a healing process, a house-clearing and spring-cleaning, and the whole prospect of health is thereby advanced.

This may still be termed "quackery" by orthodox practitioners who gave up their education when they left their medical schools, but I like to remember the simple reaction of a medically uneducated person who, after listening to an argument I had with a London allopathic specialist, exclaimed: "Doctor, this other way sounds so sane and lucid to my way of thinking. Your methods are so vague and obscured by scientific terms that the issue decides itself!"

My opponent had of course used the stock argument which instanced many cases of successful surgery. What should be done, he asked, in cases of cerebral tumours, when it was realised that there was no means of dealing with the condition except by trepanning and surgical removal? To which my reply was that surely, if there was a way in for disease-produced substances to accumulate, then there must also be a way out, whereby natural processes could be asserted without the risk, inevitable with surgery, of sudden death or permanent paralysis. And this natural means of disposal does exist, via the bloodstream and lymphatics. It is the same with other conditions that were quoted, such as gallstones and renal calculi, for which it is widely supposed that there is no treatment save that of the surgeon's knife. Yet there is conclusive evidence of the success of natural methods in such cases, and the photographs that appear in this book are from cases which have been treated by such means.

Modern research with drugs has led to some fearful results which go unrecorded except in the very technical columns of the medical press.
Thus we hear of drugs having a powerful effect upon certain glands, leading to disconcerting changes in the patients to whom they are administered. It is not unheard of for a woman to produce masculine characteristics, and a man feminine characteristics, after a course of drug-taking prescribed by some general practitioner or "specialist" whose knowledge is limited to mere clinical observations—and these, quite often, are not within his own experience, but are reported by others.

Conventional medicine suffers, in fact, from an empiricism of approach, and a separatism in the study of phenomena, more than from anything else. By going off on the sidetracks of specialism it has forgotten how to regard the human body as a miracle of wholeness, possessed of its own vital force which enables recuperative processes to be established when anything goes wrong.

True medicine, or true healing, is that which helps instead of hinders the natural vitality of the body. This was better understood in some ancient systems of thought than it is to-day, when the test-tube and the whole paraphernalia of chemical apparatus have become the substitutes for natural perception and intuition. The witch doctor and the medicine man of tribal days could produce a wide range of potent concoctions, some good, some indifferent, some harmful; but at his worst he could never equal the black magic now enthroned by the chemical doctors of to-day.

Ask any orthodox practitioner what is in the medicine he proposes to give you, and the chances are that he will be evasive. He may not know very much about it himself; or he may know more than he wants you to know. There are patients undergoing treatment for a variety of ills at this moment who would be horrified to know that the "medicine" they are taking consists of their own urine. Yet that is the case, for urinalysis has its counterpart in "urine-therapy," and there are laboratories to which doctors may send half a day's output of urine from a patient to receive it back in tablet or liquid form for the unsuspecting recipient. Strange? Sinister? Horrible? But not more so than taking pus out of the veins of a diseased horse for pumping into a human body! And how much is all this to be regarded as an advance from the practice of women in primitive tribes who would eat the sex organs of a lion as a "cure" for sterility.

It is not to be wondered at that, in spite of all the discoveries of powerful new drugs and vaccines, as many people still appear to die from septicaemia, influenza, pneumonia, puerperal fever, and diphtheria. To say the least, it is unfortunate that honourable men who start out with the noble purpose of becoming real healers should be absorbed, as they are through a variety of circumstances, into a medical system which is a disgrace to this age of advanced thinking—
so-called. In no other business, profession, or vocation is so much inefficiency and inability to "deliver the goods" tolerated as in the medical profession at the present time, and it all goes on behind a defence system of legality which is exceedingly difficult to penetrate, and sometimes ruins those who do seek to penetrate it.

The fact is that although in Assize Courts and the High Court medical practitioners do have to submit occasionally to the interrogations of a judge who is more disinterested in his interpretation of law than counsel often are, the degree of protection afforded to orthodox registered medical men by our jurisprudence is astonishing, and operates frequently to the disadvantage of the public.

Nowhere is this more often or more disturbingly revealed than in coroners' courts. The powers vested in the coroner have been given much critical attention in legal and lay minds during recent years, yet nothing really fundamental has been done to bring the practice of this court into line with modern thought. The discretion allowed to the coroner is extraordinarily wide; he may, if he is so minded, act obstructively to counsel, witnesses, and representatives of the Press alike. He can be a little dictator in his own sphere, refusing to have questions put, or putting irrelevant ones, and sometimes treating the laws of evidence entirely after his own fashion. Earl Winterton recently asked the Home Secretary for a new review of the coroner's almost unlimited powers, and indeed it is desirable from every point of view that they should be subject to revision, and that the methods of appointing coroners should be examined afresh.

There are instances where the coroner has had both a medical and a legal training; but often he has had only the former, and it is asking too much of human nature, perhaps, to expect the coroner who is also a doctor to adopt an attitude of real impartiality when investigating a case where death has occurred under treatment from an unregistered practitioner. No-one in his senses will claim that any unregistered man, even the most gifted, should be less subjected to interrogation than one who happens to be on the B.M.A. register; but it is a vastly different matter when, as not infrequently happens, a whole battery of professors of medicine, bacteriologists, and the like is deployed in the coroner's court to confound and confute an unregistered man. That such cases occur is due far less to the coroner's zeal for public welfare than to his desire, often badly concealed, to "dish" someone whom he regards as a threat to the whole edifice of professional integrity.

And the converse sometimes happens, when the coroner will throw the cloak of his protection over a doctor or nurse whose ignorance, inefficiency, or neglect simply will not stand up to impartial inquiry. No-one who has had long experience of coroners'
courts will deny that this sort of thing does happen, and that matters of vital public importance are thereby hushed up or liberally treated with whitewash.

Theoretically, the coroner may be regarded as, among other things, a guardian of the liberty of the subject, but he rarely appears in such a light. And it is difficult to imagine his office becoming a sort of regional court of appeal under the National Health Scheme, to which members of the public could resort, by acknowledged right, for the investigation of cases where an inquiry is felt to be justified. The coroner's business is often nothing more than that of establishing the cause of death and ascertaining that a certificate has been issued by those whom the law prescribes as the only persons fit to issue a certificate, namely, the registered practitioners; and this much he will do, perfunctorily enough and without a thought for the mode of treatment or the feelings of those concerned.
WANTED, AN INDEPENDENT ENQUIRY

HEALING is an art, not a science; and bearing in mind the relevance of all the foregoing to the State Medical Scheme that is to be foisted on the people of Britain, I have one important suggestion to make:

Let the Government set up a commission to inquire into the claims of the unregistered practitioners. Let the terms of this commission be wide enough to embrace all the various forms of treatment that are now producing definite results. Let the State perform its proper function in this vital matter, and act with impartiality, appointing a neutral chairman (i.e., one who is not a registered medical practitioner). There is no reason why the medical profession should not be represented on the commission, but distinguished laymen and laywomen should also serve upon it, and in such manner there will be some assurance that the attitude will be one of disinterestedness towards the special interests of professional bodies, and of genuine service to the cause of health.

There would be no lack of evidence to bring before a commission of this kind. It ought to be taken from people of all classes, and the production of case-records by practitioners ought of course to come within the scope of the inquiry. Doubtless an attempt would be made by the B.M.A. to discredit any documentary evidence submitted by unregistered practitioners, but the personal testimony of patients would be something that could scarcely be disparaged.

Ought not the initiation of a comprehensive inquiry like this to be the first duty of a Government that proposes to legislate for the whole of the population in regard to what forms of treatment shall or shall not be given?

Would there not be a rough guarantee that by this means the proved methods of all schools would emerge for ultimate approval in any State scheme—and would it not at least be fair to give this opportunity of stating their case and demonstrating their claims to the large numbers of unorthodox healers whose livelihood and freedom to serve the public are threatened by the present scheme?

I can promise the public that if an inquiry of this character were to be held, some very surprising evidence would come to light, and the resultant publicity would go a long way in educating the community up to a new level in health-consciousness.
It is astonishing, and disconcerting to those who believe in democracy, that no demand for such a commission has been made in Parliament; and it must be hoped that members of the public who feel sufficiently keen about it will make their views known to their representatives at Westminster. With a General Election in the offing, candidates will be a good deal more susceptible to pressure from the people than has been the case for the past nine years!

It would be of very great assistance if the inquiry that I propose were to be directed to certain diseases, among which I would include diabetes, tuberculosis, cancer, Bright's disease, gangrene, dermatitis exfoliata, syphilis and gonorrhoea, paralysis, epilepsy, Parkinson's disease, influenza, pneumonia, meningitis, croup, whooping cough, diphtheria, and the various forms of mental instability.

Where they are available, national or regional statistics of the mortality from these diseases ought to be produced, covering as many years as possible. Then let the allopathic school stand or fall by the results thus disclosed.

The statistics provided by scarlet fever alone would well repay study. Here is an example:

In 1870 approximately 42,000 children died from scarlet fever. In 1937 the number was 360. And the really significant fact about this disease is that no sensational claim is made for a drug or vaccine in thus reducing mortality. The improvement has been achieved instead by better methods of sanitation and public hygiene and by better nursing.

The same story cannot be told of diseases upon which a vast amount of highly publicised research has been lavished.

In 1901, for instance, the Imperial Cancer Research Fund was launched, and in that year the mortality from this disease was 842 people per million people living. A few years after the Fund began its work, radium was discovered as a "cure." Yet in 1937 the death rate had gone up to 1,633 per million people living.

Again, in 1921 insulin was proclaimed as the cure for the steadily growing scourge of diabetes. The deaths from this disease were then 108 per million people living. But in 1937, in spite of the widespread adoption of insulin, the death rate from diabetes was 178 per million people living.

In the years 1927–1937 the liver "cure" for pernicious anaemia was in vogue everywhere. Yet during that period the incidence of deaths from pernicious anaemia increased by 30 per cent.

The latest example of the failure of orthodox methods to arrest a disease is that of tuberculosis. It is now only a few weeks since the newspapers were reporting that doctors were becoming alarmed at the tremendous increase in this disease. The fact is that, a year
before the alarm of the doctors was reported, the insurance companies also were getting apprehensive at the growing prevalence of this killing disease. It has of course been contributed to substantially by wartime conditions in the factories and long periods of overwork, during which acute diseases have been hastily "cured" with powerful drugs; though soothing denials of this being so have been given from time to time in Parliament. Even when these contributory factors have been allowed for, however, the fact that the disease is still rampant among widely differing sections of the community carries its own condemnation of the methods adopted for treating it.

Among the latest methods proposed for combating the tuberculosis scourge is mass radiography for the testing of civilians. But this offers no guarantee of success. Why? Because for one thing a T.B. X-ray test that may be negative in the first instance may be positive a week or so later. Thus constant checks would have to be made, and in any case the treatment that subsequently would be applied would not get down to the root causes of the disease. Constant doctoring of the community, on the limited basis of special diagnostic methods for each disease, gives little prospect of real progress in the establishment of better health for the individual and the nation. There is only one way: by removing causes at their source and thus laying the foundation of true health.

In this matter of tuberculosis I doubt if there is one "scientific" medical discovery of any real therapeutic value to be placed to the credit of orthodoxy. Fundamentally, we have not advanced much since Hippocrates, the "Father of Medicine," who wisely said, "Let food be your medicine, and medicine your food," and who advised the use, in the fifth century B.C., of sunlight, baths, and fresh air as the primary means by which the body makes its own recovery from disease.

And what shall be said of diphtheria, the "approved" methods of "prevention" or treatment for which now receive all the powerful publicity that the State can give, using the services of poster artists and Press agents to intimidate anxious parents?

If the methods of Antitoxin treatment that have been widely practised for a generation and more have been successful, why this sudden panic by the Ministry of Health? And why do they never tell the public of the risks involved in the use of the so-called Immunising agents? No honest doctor will guarantee to a parent whose child is to be inoculated that there will be no adverse after-effects. And until he can do so without perjuring himself, he ought to admit that there is at least a likelihood that he is on the wrong track.

Antitoxin was discovered and commenced being used as a specific cure for diphtheria in 1893. The total deaths from diphtheria in England and Wales for 23 years up to and including 1892 were
The total deaths from diphtheria in England and Wales for 23 years from 1896 inclusive were 148,225.

This is another "triumphant" allopathic discovery!

Throughout the ages the allopathic domination of medical thought has led to one wonder-working discovery after another being foisted upon sick and suffering people. Curiously enough the disadvantages of any one drug, serum, or vaccine are never admitted until a "better" one is found, and medical science is now advancing so swiftly that "cures" succeed each other with bewildering rapidity—while the diseases that are supposed to be cured continue to kill millions!

But the inevitable consequence of all this ballyhoo is happening at last. The people are not so easily deceived. The plain man reacts with scepticism to every vaunted new product of the laboratories, and he is listening with more respect to those who tell him that the whole system of serums, vaccines, destructive drugs, and glandular products is wrong, and that their effect in the human body is to suppress or dangerously affect that effort of nature by which recovery from illness is achieved.

It is of little avail now for the doctors to maintain that myxoedema has been mastered by thyroid gland extract, or that insulin has overcome diabetes, for the victims of such diseases sometimes remain alive—_with the disease_—to tell the tale! Insulin, we know, has to be continued once it has been commenced, and its ultimate effect is to render useless the very organ which has been concerned and is trying valiantly—against medical ignorance—to recover normal functioning. And the same applies to thyroid gland extract for myxoedema.

It is not surprising, in such a sorry state of things, that now and again some bold and independent spirit within the ranks of medicine feels impelled to give testimony to the truth.

We have this, for example, from Sir John Good, F.R.S.:

"The science of medicine is a barbarous jargon, and the effects of our medicines on the human system are in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, pestilence, and famine combined."—_Study of Medicine._

Or from A. M. Ross, M.D., F.R.S.L. (Member of the Colleges of Physicians and Surgeons of Quebec and Ontario, etc.), there is this indictment:

"The spirit of progress in the arts, sciences, and industries of the world has wrought no marked change in the healing art. It is to-day what it always has been, a colossal system of deception, in obedience to which mines have been emptied of their cankering minerals, the intestines of animals taxed for their filth, the poison bags of reptiles drained of their venom, the blood of cats and white puppy dogs extracted by vivisection. All these and many other abominations have been
thrust down the throats of credulous and long-suffering human beings, who from some fault of diet, organisation, or vital stimulation, have invited disease."

It is a passage worth remembering, and ought to be inscribed over the portals of the Ministry of Health, where it might at length penetrate the skulls of those who plan a gigantic bureaucracy for the purpose of compulsorily administering the cankered metals of the chemical witchcraft school upon a population deprived of the right to use its intelligence.

But those whose minds are closed by paralysing officialdom are beyond hope, and well might I repeat: Open your mind, reader!—for it is only by growing public awareness of these evils that their practice one day will be stopped, and a new and cleaner and more wholesome era in the art of healing initiated.

We have to work energetically towards that day, in the high consciousness of what is being achieved here and now to advance the art of healing. We know that patients whom the medical profession has declared to be permanent cripples have been carried into the osteopath's room to leave with the function of their limbs restored; that distorted fingers for which surgery would be prescribed have been put right, in as many seconds as it takes to write this, by manipulative treatment. I recall the instance of a man whose doctor said he would die before morning being made whole by a layman's fervent prayer; and another of a young woman pronounced blind from tuberculosis who was able to see after treatment lasting an hour and a half from an unorthodox healer. No sane person doubts the miracles of homoeopathy, and the progress of electronic healing endorses it. Many are the cures wrought by the herbalist, who requires no deadly drugs, vaccines, or serums for pneumonia, pleurisy, and other killing diseases. He does not change the wise provisions of Nature; his treatment incurs no persistent aftermath of high temperature, and there is no debris of dead germs and destroyed tissue left in the body as the result of his treatment. These unorthodox healers do not use new concoctions of unknown potency to experiment on cases as a means of gaining experience. They are on the side of freedom and of health, but the supporters of a national scheme which would legislate such gifted people out of existence are on the side of an unimaginative and unregenerative bureaucracy, which in the final analysis says in effect:

Yours not to reason why,
But to take the drugs—and die.
[ VII ]

MUST FREEDOM GO BY DEFAULT?

We shall do well always to bear in mind that genuine advances in physiological knowledge and in the art of healing have often been bitterly contested and resisted. Harvey’s discovery of the circulation of the blood did not immediately convince many of his fellow-practitioners. Lister’s antiseptic surgery won through in spite of professional opposition and obscurantism, and progress in anaesthesia was opposed by people who were sufficiently inhuman to regard the amelioration of pain as an unwarrantable interference with the dispensations of Providence.

It is astonishing to look back upon these and other instances of ignorance, prejudice, and cynicism holding up the slow conquest of disease and pain: and it will be just as astonishing to our successors, a few generations hence, to recall some of the things that are done to-day in the name of “scientific” medicine.

It is, of course, not only the unregistered practitioner who suffers at the hands of unprogressive orthodoxy. From Semmelweiss onwards advanced thinkers and practical pioneers in medicine have had to endure ignominy and humiliation from various institutions which, existing ostensibly to serve the art of healing, in fact became organisations for the protection of privilege. Of modern instances we may recall that of Dr. Hadwen, a doctor of great integrity and high ideals, whose refusal to adopt the use of antitoxin for the treatment of diphtheria involved him in a charge of manslaughter in 1924. A sensible jury acquitted him, and there has since been ample proof that he was right in the stand he took. Again, there was the case of Dr. Axham, who was ostracised and struck from the medical register because he assisted Sir Herbert Barker in the cure of invalids and cripples upon whom orthodox methods had failed. Dr. Robert Bell, a brilliant and distinguished doctor and surgeon, was dubbed a quack because he ventured to use the sane and natural methods. A fearless man, who knew he had right on his side, he did not hesitate to sue the B.M.A., against which the High Court awarded him heavy damages.

Even more significant in its implications for the advancement of healing was the antagonism shown towards Dr. Albert Abrams, the American doctor whose researches in the electronic diagnosis of disease opened up entirely new vistas of healing. In America the methods he initiated have made greater progress than in this country, but the misrepresentation and hostility which pursued him in his lifetime still persist in both countries, and the B.M.A. has conveni-
ently forgotten the investigation into the Abrams methods, conducted by a committee of doctors and scientists presided over by Sir Thomas Horder (as he then was). It is a thousand pities that it should be so difficult to obtain the published report of this investigation, but readers who can trace it in public libraries or elsewhere will find it an illuminating document.*

Since it appeared, nothing further has been done to give Abrams the credit he deserves; but the methods which he demonstrated are now being developed by a number of workers here and in America, and slowly it is being recognised that, in the words of George Bernard Shaw ("Doctors' Delusions"): "A doctor who pooh-poohs electronic vibratory ideas is as hopelessly out of date as a chemist who pooh-poohs spectrum analysis."

When all is said and done, it is the freedom of independent research and discovery, whether by a registered or an unregistered man, that stands to suffer from a State-sponsored system of medicine with all the compulsions it entails. In a trial which I have good cause to remember (upon a charge of manslaughter because an allopathic failure had died during unorthodox treatment which was applied too late), the result was an acquittal, and the judge made it clear that, under the law as it now stands, the unregistered medical practitioner was entitled to be treated on exactly the same footing as if he were a registered man. It remains to be seen whether this principle, which is of vital and profound importance to the progress of healing and the freedom of the individual, will remain enshrined in English law. If the State Medical Scheme gets to the Statute Book in its present form, the result will be—to quote Shaw again—"a conspiracy against the laity," and the creation of a medical Gestapo, the consequences of which the doctors of Surrey were wise enough to foresee. In them, at least, conscience was at work, and it is for the public to insist that, in a matter so deeply affecting the future of our race and the health and well-being of our present population, the democratic right of freedom shall not go by default.

Blimp's Dopex
(State Controlled)

One dose will
banish coughs,
colds, aching
joints, and
housemaid's knee,
constipation,
palpitation, night
starvation, baldness,
biliousness, moles,
marks, and bubonic
plague.

And a Pension at 60!
A case of gangrene of the leg from which the toes had been lost during hospital treatment. When natural treatment was commenced the limb was black to the knee and several times its normal size, and the whole foot was sloughing with gangrene. After several weeks' treatment gangrene was arrested, the limb resumed normal size, and the toes began to grow again.

Amputation of both legs had been proposed in the orthodox treatment, but no hopes of recovery offered. Now the patient is recovering the use of a healthy leg.

*How many such cases will it be possible to record if the State Medical Scheme puts unregistered practitioners beyond the law and robs private citizens of choice of treatment?*
Top. Gallstones from a patient who had been diagnosed by allopathic specialists as suffering from inoperable cancer of the liver. When eliminated by natural means the stones were about twice the size seen in the photograph, for they have since shrunk. The orthodox diagnosis had included X-ray examination, which failed to reveal the presence of the stones.

Bottom Left. The renal calculi (stones) were also passed by natural means—certainly not without discomfort, but without the use of the surgeon’s knife with its attendant risks. All were from one patient, and the illustration shows the actual size at the time of elimination.

Bottom Right. The patient who passed these suffered from little pain, as disintegration of the surrounding tissue had not taken place before natural treatment was commenced. The illustration here, too, shows the actual size when eliminated.