

The care of the Eyes in the Home

Here are a few simple hints that will help keep your eyes healthy and comfortable.

- (1) Sleep with the window well open. Fresh air benefits the eyes.
- (2) Don't read facing or backing the window. Arrange if possible, for the light to come over your left shoulder.
- (3) Never rub the eye if you have a piece of dirt in it, or if you have a stye or boil. Always bathe the eye and if the trouble persists, consult a doctor.
- (4) Don't read in bright sunlight or twilight.
- (5) If you have the slightest doubt as to the efficiency of your sight, consult a Qualified Practitioner at once.

Issued by the makers of



EYE LOTION

in the Interests of Ocular Hygiene

Optrex (Overseas) Ltd., 17 Wadsworth Road, Perivale, Middlesex, England.



DOCTORS, PATIENTS AND FEES

A Naval Contribution to the Health Service Controversy

THE State Medical Service controversy is revived in an interesting way in a recent issue of 'the "Lancet;" which prints a contribution by the Medical Director-General of the Royal Navy, Surgeon Vice-Admiral Sir Sheldon Dudley. We have no space for the full text of the Admiral's remarks, but reproduce these passages which bear on our domestic problem in New Zealand.

" TO me, a naval doctor," the Admiral began, "it is strange that during all the discussions on the reorganisation of medical practice and education, which have culminated in the birth of the Government's White Paper on a National Health Service, nobody as far as I can find out has thought it worth while to discover if any permanent member of the medical branches of fighting services could contribute anything useful to the subject. The oldest and most comprehensive State medical services in existence are those of the Navy and Army, and the present Naval medical service at sea has evolved through over 400 years of trial and error.

"Many of the criticisms of a proposed National Health Service exhibit the common fallacy of arguing from the special case to the general case. For example, it may be claimed that choice of doctor is essential for a satisfactory doctor-patient relationship. This doubtless is true for some patients, but obviously not for all. The question to be answered is whether the proportion of patient-doctor associations for which the statement is true is large enough to make the provision of an adequate choice of doctor for everybody essential, even if it can be arranged only at the expense of medical efficiency in other respects.

♠ A Matter of Statistics

"Again, the general proposition is frequently made that fixed salaries cause careless work. This is true with some men; but do the careless men outnumber those men who work all the better for being freed from financial worries?

"These are problems in group phenomena, which can only be solved by the use of statistical methods. Here is a very simple example of the use of statistics in administration. It was premised at the beginning of the war that women hate being examined by male doctors. This is probably true; but the meaning implied was—therefore women prefer being examined by female doctors, if they must be examined by anybody. This is obviously a non sequitur, as well as an example of the fallacy of argument from the special to the general. But, instead of arguing further about it, the hypothesis was submitted to statistical investigation. It was then discovered that only 2½ per cent of a group of young women stated a preference for female doctors; 42½ per cent preferred male doctors and the remaining 55 per cent were indifferent. As only 1 in 40 women preferred to be examined

by their own sex, it would have been an uneconomical use of medical manpower to ensure that all the women were given the choice of male or female doctors.

Fixed Salaries

"Cynics are daily writing letters to the papers on the pernicious effect on doctors of working for a fixed salary. For example, one letter to the lay Press the other day stated: 'He (the doctor) will be paid a set salary, and it will matter little to him if his work is good, bad, or indifferent, so long as it will just pass.' These critics do not realise how they are giving themselves away; be-cause, if they think this attitude is common among salaried doctors, follows that the profit motive must be the main incentive to their own work, and that in their own case a fixed salary would cause them to be negligent, discourteous or careless in their duties towards their patients. In all walks of life there are a certain number of people who dislike their work and live only to draw their pay. The practical question is to what extent do these people affect the total efficiency of a medical service.

"In the Navy there are admittedly a few medical officers who do as little work as possible. I call them passengers. They are parasites on their colleagues, who have to carry them, and bad bargains to the Crown. Passengers are a worrying problem to the appointments division of a medical department, for nobody wants them, and they generally have to be sent somewhere where another medical officer can keep an eye on them. A civilian business firm would sack passengers without mercy; but in a government service, unless they commit some gross misdemeanour, they have to be retained. In a National Health Service the passenger problem may become a very real one. Passengers, however, must be as common in civil practice as in naval, and it is surely better to bring them to the surface in a State service than to leave them buried in the medical underworld.

"A Stupid Libel"

"These medical slackers damage the reputation of the Services, because anyone who wants to be sarcastic at the expense of the Services, or is looking for propaganda against a national salaried service, and has the common habit of arguing from the particular to the general, will point to one of these lazy or hard-drinking naval misfits, of whom he may have some knowledge, and leave his audience to infer that this rare specimen is more typical of the Service than the civilian doctor. I would not have mentioned this stupid libel on a

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