

(continued from previous page)

was medicine. The layman possessed neither the facts about the distinctive competence of particular physicians nor trustworthy norms to guide his judgment. Competence did not wholly accord with ability to attract patients. Far more important to the patient than a personal choice was the assurance of a high standard of competence. Nor was wide-open freedom fair to the physician, who should advance in his profession on sheer merit. His work should be judged by men of his own craft, able to judge brilliant from routine work, not by the laity, to whom medicine, with its highly technical services, was still a mystery. Free choice of doctor had become a shibboleth which would not stand analysis.

Mr. Berge also poured scorn on the theory that to work for a salary deadened initiative and lowered the standard of efficiency. The age-long traditions of the medical profession denied the truth of the argument that method of remuneration would affect quality of work. The mightiest urge to which a doctor responded was the pride, the drive, the keeping faith with his calling. The progress of science and the useful arts was mainly the product of men on salary. In the institutions of higher learning research as well as teaching fell to salaried employees. In medicine just now, thousands of the best doctors were giving their all without stint in the service of the Forces.

The State's Venture Into Medicine

The speaker said he had no more fear of the venture of the State into

medicine than of the venture of the State into law. The venture into law—judges, public counsel, and so forth—was old; the venture into medicine was new. But the traditions and high standards which had long operated in the one realm could be established in the other. Standards of medical care were not inherent in any type of organisation; they depended largely on adequacy of resources.

The new medical order would come even if they did not will it, even if they stubbornly resisted it. For the medical order, like other institutions, could not insulate itself against impinging culture. The form of organisation might follow an agency of the State, the university pattern, the hospital set-up, or a combination of these. The Government might dominate the system, become one of a number of parties to its management, or be excluded from it altogether. The form of organisation might be a public health authority, a non-profit-making corporation, a group of co-operatives, a mutual association of the profession and the laity. Direction might be with a tripartite board, representing the Government, the public, and the profession, or the public and the profession might assume joint responsibility. It might or might not be State medicine; it could not escape being social medicine.

"I can hand to you no ready-made medical order on a silver platter. If I could, it would do you no good. I can only suggest to you, whose minds have long been busied with the subject, some reflections of a man of another profession. And I am positive that a service adequate to the times cannot be

brought into being without the doctors' creative participation . . . The ends of medicine remain unchanged; ways and means must be found to adapt its practice to the conditions of present-day society."

This was no time for petty doubts and timid moves. An instrument of the common health, such as had never before been offered to a people, was within our reach.

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"THE SILENT MINUTE" Should England Follow N.Z.?

AN anonymous correspondent in England has sent us two copies of the "Manchester Guardian"

containing letters about the period of silent prayer.

First, in the issue of September 15, there is this letter:

Sir,—

The Big Ben Silent Minute has become a national observance throughout the Dominion of New Zealand. A recording of the chiming and striking of Big Ben is broadcast as a signal for this purpose by every radio station. The House of Representatives at Wellington suspends its session at nine each evening for the express purpose of giving members the opportunity for observing the Silent Minute. A recent message to Mr. W. J. Jordan, High Commissioner for the New Zealand Government in London, contains the interesting news that the Minute is also kept at public meetings, as well as in the homes and at private gatherings throughout the Dominion, and has thereby become a source of strength and inspiration to every section of the community.

It is greatly to be hoped that the example set by New Zealand in this respect will be followed in Great Britain, where the Big Ben Minute originated, and that the necessary impetus to bring this about will be given by the nation's leaders in Church and State.

Those who are willing to co-operate and would like to hear more about the

Silent Minute and its potential importance as a national spiritual asset are invited to write to the undersigned.—Yours, etc., L. L. HOARE, Major General, Chairman Big Ben Council, 19 Bell Moor, London, N.W.3.

September 11.

* * *

THEN on September 20 there is this reply:

To the Editor of the *Manchester Guardian*:

Sir,—

The adoption of the Big Ben Silent Minute as a public ceremony in New Zealand is not a strong argument for its adoption in England. A newer civilisation may outstrip its parent, but if it remains in isolation it may maintain the original civilisation long after it has been superseded in the Motherland. Byblos, an offshoot from Egypt, continued to use for 1000 years an old Egyptian script entirely superseded in Egypt itself. Eighteenth-century culture persisted in the Southern States of America long after Europe had left it behind. When Bernard Shaw visited New Zealand in 1933, he proclaimed, with truth, that he had returned to the land of his youth, Early Victorian England.

The Silent Minute may well be a source of strength for individual people, but it seems undesirable that twentieth-century man should be submitted to social pressure on its behalf.—Yours, etc., A NEW ZEALANDER,

ISSUED BY THE



DEPT. OF HEALTH

MILK

See that it is
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Milk is the almost perfect food. But it can carry infection. This very real danger is destroyed by pasteurisation.

In a small country town 26 people caught typhoid fever and four died. All cases were traced to one infected source of raw milk. Part of that supply went to the city, where it was pasteurised. No typhoid cases occurred in the city.

In another town 10 cases of scarlet fever were traced to one milk round. One of the milk handlers had the germ in his throat. He was suspended and that milk supply was then pasteurised. There were no further cases.

Germs in the cow's udder can pass on Tuberculosis, Undulant Fever, Septic Sore Throat. Infected fingers of milkers or roundsmen can and do infect milk with Typhoid Fever, Food Poisoning, Summer Diarrhoea and Dysentery. From milker or roundsman Scarlet Fever and Diphtheria germs can get into milk.

Milk-borne disease is a serious risk, yet Milk is the most valuable single food of all. What then? The answer is simple:

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