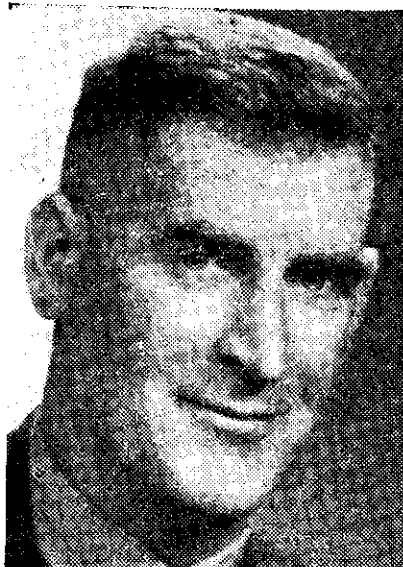


want to go next, you will get bumped into—that is, during their mid-morning break. But they look a happy family, and they make the best of their surroundings. Staff and students mix about a good deal, and a lecture by one member of the family is liable to be attended by one or two of the others, sitting alongside the students.

"We like to get in and hear everything we can," Miss Parsons said, when our reporter wondered if it would be strictly accurate to have three lecturers sitting in the front row of our photograph of the class. "I'm often in there listening."

There are 19 women students, and 11 men. Seven were in the forces during the war, and all of these are graduates (five were men who went overseas, one served within New Zealand, and one was a Waaf). Six students have had teaching experience; eight are now finishing degrees at the University. Three were librarians by occupation before they joined the school. One man was in



G. T. ALLEY
"Not all will be public servants"

the Customs Department, and another in the Justice Department.

Details of Curriculum

The students' curriculum is worked out on the basis of two hours of individual study to one hour of class work. Their class work is done in the mornings, in the room shown in our photograph. In the afternoons they are free to work on assignments which take them to libraries all over Wellington, and give them practical experience in the kind of problems they will meet later in their work.

There are four courses on the timetable: (1) Books—with instruction in selection, reference work, and bibliographies. (2) Technical—classification and cataloguing. (3) Administration—purposes and policies of libraries, etc. (4) Children's Books, which has been made a separate course from (1) because the school has the services of an expert in Children's Books, Miss K. Harvey.

Miss Parsons explained to us that the work in this school will differ from that in overseas library schools in that every student will take all the courses, without tending to specialise. "Our course is comparable to the one-year course of American schools, which concentrates on the basic things that are common to all libraries," she said. "We feel that in New Zealand at present librarians should know something about every aspect of library work."

We asked if there was any likelihood later of outsiders being admitted to certain classes—thinking of the value to journalists, for instance, of a course in the use of reference books. The answer came from Mr. Alley.

"Short courses are in view, in the use of reference, vertical files, and indexes. There has already been such a course available at Otago University. In time we may have a four-or-five-week course for country librarians and 'others' which presumably could include journalists and any people whose work involves the use of libraries."

Radio Debate

THE STATE AND THE DOCTOR

THE British White Paper on a National Health Service has been followed by a Bill that is now before the House of Commons. Some of our readers may have heard Geoffrey Cox, a New Zealander, explaining the proposals the other night in a BBC broadcast. Since the most contentious point is the position of the private medical practitioner, we print these extracts from a debate by two doctors which the BBC broadcast a few weeks after the White Paper was first circulated.

DR. STARK MURRAY: I think it is agreed that we are going to have some sort of new service, and it is essential for you and me to get down to principles right away. Now I want, first of all, to establish a clear principle as to the availability of the new service, as it has got to be complete, available for everyone—in other words, a 100 per cent. service provided for 100 per cent. of the people.

Dr. Charles Hill: With much of that I agree. I want a service which is complete in all its details, and I want no one prevented by lack of money from enjoying what they need in that service. But, I know you will agree, it's the form of the service which really matters.

Murray: I agree. And so let's start with the general practitioner's service. After all, you will agree that the general practitioners are the first line of any medical service.

Hill: They are.

Murray: And to my mind, at the present moment, they are very often overworked; they lack essential equipment; and, in fact, I don't think they do the job as well as it could be done. It is for that reason that I think they need a new kind of organisation so that they can do the job better than they have ever done it before. Above all, I want to see them having an opportunity for team work. You will agree that this is one of the things that is drummed into every medical student. Team work is the basis of modern medicine, and, in order to have team work, the doctors have got to get together in a place of

work which I call, and which most people to-day agree should be called, a health centre.

Hill: This health centre conception is the doctor's own conception, and in general a good one. Mind you, I don't like the White Paper health centre—that is a collection of doctors' surgeries. I want something better. I want a place where diagnostic aids can be brought to help the general practitioner. That is what he needs above all. But there are dangers in all this. I don't want a marble hall, with chromium fittings and platinum blondes, and a queue here for your records, and a queue there for medicine. I want the doctor to be the servant of individual people. You want him to be a civil servant.

Murray: Harley Street offers plenty of chromium plating and imitation platinum blondes. Of course, they have no queues in Harley Street. By proper organisation you can rid of queues and there will be no queues in any health centre that I visualise. But let us go on to this other point that you made about the civil servant. You know you are introducing the State as if the State



were a boggy-man; somebody who is determined to interfere with everything that we do, and above all, to "take away our doctor from us." Now the State is not a boggy-man. The State in this country is the people.

Hill: As I know the State as a citizen, the State is certain people in jobs doing a particular job of work according to

their lights: to me the State is the income tax collector, the inspector, the official, the man who replies to me when I write to a Government department—or doesn't. I know, and people know, that the State can be harsh, can be cold, can be slow, can be unkind, can be inhuman. The doctor-patient relationship is too precious to be put into the hands of the State as we know it to-day.

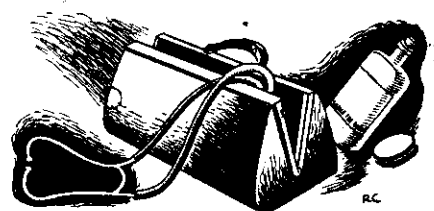
Murray: It is true that in the past we have had harsh decisions. But we are making progress, we are learning how to do these jobs better. And so far as medicine is concerned, what is absolutely essential is to take the money element out of medical practice. You have got to take medicine out of the market-place, and you have got to get rid of the present financial position which inevitably leads to the possibility, at least, of a dual standard of treatment, and a dual standard of medical care.

Hill: What are you hinting at?

Murray: I am hinting at the fact that, so long as we have two different systems, a doctor, no matter how careful he is, no matter how much he wants to be fair and square, is inevitably compelled to give two standards of medical care to his two financial classes of patients.

Hill: You know, Murray, you are very good at bespattering your profession with mud.

Murray: I knew you would suggest something like that, Hill, but I am not, because if I was doing so, I should be bespattering myself. After all, I am very proud of being a member of the medical profession, and what I am attacking is the system, a system in which a patient who pays more for anything—



and in this case we are discussing the time of a doctor—naturally gets more, and I think that that system is wrong. This question of the doctor-patient relationship is important, but I think that you can have a really good relationship between doctor and patient when the doctors in this service are salaried officers who have not got to think of the financial and social position of their patient at all.

Hill: There are two points I want to make in reply, and the first is this: The record of our profession provides sufficient answer on one aspect. Our profession has given very freely of its services to the poor; it has put its service first and its income second. The record of voluntary hospital staffs of doctors in industrial areas will prove that. And my second point is this: If it is true, as you argue, that in fact private practice has been better because people have paid for private practice in the past... I should have thought the logical conclusion of that was to enable all people to obtain private practice. If they lack the money to obtain medical service or food, or clothing, or any of the essentials of life, provide them with the money.

Murray: Well, that is my whole philosophy.

Hill: But it isn't. You don't trust them. You don't provide them with the money. Oh no! You want to control the service. You want it to be done by insurance. By all means let it be done by insurance, but let the essentially private arrangement stand, that the patient is in the commanding position. I do not want any upper body—any person or

(continued on next page)