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THE MEDICAL WHITE PAPER

From time to time THE SOCIAL CREDITER has given publicity to statements which in its opinion are significant, bearing upon the crisis in world affairs, irrespective of their origin, whether inside or outside the Social Credit movement. The following Bulletin, the tenth issued by the Medical Policy Association (London), embodies an analysis of the White Paper published by authority of the Minister of Health on February 17. We offer no comment upon the document beyond saying that, in our opinion, the picture presented of far-reaching, interlocked, cunning controls designed, and destined if the measures of totalitarian planning contemplated become law in this country, to uproot and to destroy what we know as the English way of life, is not exaggerated in a single particular. We give the text of the Bulletin in full, because of the urgency of this matter, to secure the maximum of publicity and effective resistance.

"A National Health Service"

AN ANALYSIS OF THE GOVERNMENT WHITE PAPER IN RELATION TO THE POLICY OF THE MEDICAL PROFESSION AS REVEALED BY THE MEDICAL POLICY ASSOCIATION PLEBISCITE.

"There is no question of far-reaching changes of a controversial character being made by the present Government unless they are proved indispensable to the war. Another Government might take a different view, but not this Government . . . I certainly could not take the responsibility for making far-reaching controversial changes which I am not convinced are directly needed for the war effort, without a Parliament refreshed by contact with the electors."

— THE PRIME MINISTER, October 13, 1943.

In 1932 a mysterious document entitled *Freedom and Planning* was secretly circulated by the inner councils of Political and Economic Planning (according to A. N. Field, in *All These Things*). To-day, in the spate of totalitarian planning which is being pressed on a muzzled public, we see the fruition contemplated by the author of that document. P.E.P. was also responsible for that now well-known statement "Only in war, or under the threat of war, will any British Government embark on large-scale planning."

The White Paper, entitled *A National Health Service*, published on February 17, 1944, embodies plans to bring about what *Freedom and Planning* advocated so many years ago. Here is the relevant extract: "It is high time that man should make effective use of biological knowledge to improve the human race and make himself more fit for his twentieth century responsibilities. In the health services and the province of medicine it is urgently necessary to shift the emphasis from cure to prevention, from negative to positive health, and this may well call for a big change in the organisation of the medical profession, which has at present too often a vested interest in disease. But there is no reason for supposing that in order to deal with these various questions any new invasions of freedom will be called for which in degree or kind go further than what has already been contemplated [by the author, whose plans for industry were far-reaching] in the industrial field."

PEP inspired, if it did not infiltrate (many of its mem-

bers are anonymous), the Medical Planning Commission; and PEP is known to be active in most Government departments. It is not surprising, therefore, that the White Paper and the Interim Report of the Medical Planning Commission are identical in their essentials, or that they both outline the administrative machinery for implementing the policy outlined in *Freedom and Planning*. The Report advocated, and the White Paper contemplates, the setting up of a Central Authority to organise and control the profession, with powers of making Regulations under the aegis of the Minister. We have explained in earlier Bulletins that centralisation of authority under one man or a small group of men is the very essence of totalitarianism, and hence the very antithesis of democracy. Yet this is what the White Paper proposes. It proposes the creation of a Central Authority which is directly to control doctors, and indirectly to control hospitals. A very convenient summary of the plan is given in Section IX, pp. 47-52, of the White Paper.

Control of General Practitioners

On page 12 the White Paper states that "the organisation of the services of general practitioners will call for a higher degree of central control than other parts of the services." This high degree of control has been very carefully devised:

(1) At the top of the pyramid of control is the Minister of Health. He, in theory, and "subject to Parliamentary control," is the supreme autocrat. But, as anyone who has studied Lord Hewart's *The New Despotism* knows, the real power is exercised by the bureaucrats, who draft the Regulations. Wherever the word "Minister" appears in the White Paper it is a euphemism for "Bureaucrats." Although a well-intentioned Minister could, in theory, mould in some detail the initiation of such a new service as is proposed, quite obviously his successors would be less and less able to master the accumulating mass of Regulations and administrative details. The more organisation is developed, and

the more Regulations accumulate, the greater the inertia of the system. This process is quite automatic, and it really is important to grasp its nature, for it is the process by which power inevitably falls into the hands of the permanent officials. Only those who spend their lives in the organisation, who have grown old in it, really know what it is all about, and what can and what cannot be done. Whatever the position at the beginning, after a time the bureaucrats become all-powerful. Eventually the Minister becomes merely the mouth-piece in Parliament of his officials, and utterly dependent on them for the answer to any awkward questions.

(2) **THE CENTRAL MEDICAL BOARD:** This body is to be the "employer" of the doctors. It is to be "subject to the general direction of the 'Minister'"—*i.e.*, it is to be the instrument by which the bureaucrats rule doctors. It is to have no voice in policy, but is to have important executive functions (including disciplinary powers). Payment of doctors will depend on their entering into a contract with the Board, and it will then be the duty of the Board to ensure that the doctors carry out the terms of their contract. The White Paper gives only an indication of what the contracts would cover, but it is not difficult to read between the lines. Obviously, quite apart from mere medical care (which would become by degrees the least of their functions, as hospital organisation got under way) doctors would have certificates and forms of all kinds to fill in, records and returns to make, inspections, annual medical examinations, special examinations for fitness for this and that kind of work, compulsory inoculations and the other paraphernalia of "positive" health.

The Board is required to assess the "proper competence" of its employees: this clearly implies a system of "confidential reports" on individuals, either from seniors in the service, or from special inspectors. This system is utterly vicious, and rapidly leads to destruction of individuality. Whatever you do, you wonder what your next senior thinks of it. The system also means that every doctor will be card-indexed and dossered; at Headquarters he will be represented on an individual file, where every letter he writes officially is kept, where records of his doings and misdeeds (according to the informer) are noted. As we have pointed out many times, the doctor becomes responsible not to his patient (though he is at his patient's mercy) but to the central authority. The opportunities for intrigue are fantastic, and in fact intrigue becomes a main preoccupation of many officials. Human nature is—human nature: "Power corrupts, and absolute power corrupts absolutely."

The creation of a central authority with power to enforce Regulations framed by bureaucrats is the fundamental criterion of totalitarianism, and the absolute antithesis of democracy. Doctors have not yet been able to control their own Executive in the B.M.A. What hope would they have of controlling the Central Medical Board?—And "the public" owns the B.B.C., and never has, and never will, control it, and no more would it ever control the C.M.B. or "the Minister," both of which would impose on patients what they considered "good" for them—*i.e.*, "in the public interest." Bureaucracy is never concerned with individuals, only with mass effects and statistics.

"The Board will also watch over the distribution of public medical practice generally." That is, they will acquire

just those powers of "Posting" medical officers hither and thither (movements within the service, the White Paper calls it) which are exercised in the Armed Forces. This power is very useful for disciplinary purposes.

The Board will have the power of "directing" new graduates into "apprenticeship." This is simply a provision to eliminate private practice gradually instead of all at once. The idea is that those who have never known private practice will never miss it (that is why the bureaucrats are so anxious to have their scheme in operation when the young doctors come out of the Forces)—once in the State Medical Service (sorry—National Health Service) the new recruits would lose all their initiative and so never leave it. It should be specially noted that *every* new graduate automatically comes under the authority of the Board. Release from its clutches would not be so automatic, and would be abolished as soon as everything was working smoothly.

(3) **HEALTH CENTRES:** In Bulletin 8 we explained at length that the effect of Health Centres would be to take away from doctors their property rights in and control over the instruments of their profession and place of practice. In socialist terminology, they would thus be reduced to the ranks of the proletariat. Once sufficient Health Centres were established, the logical next step would be to make it illegal to practice anywhere but in the centres, and to own medical instruments. Doctors would then be completely dispossessed and at the mercy of the bureaucrats. Ownership nominally would be vested in "the public." We invite the public to go along and exercise its ownership of the Post Office. *It is effective control, and not nominal ownership, which is vital.* Control of Health Centres is to be vested in the rehabilitated Local Authorities, so that to the extent that doctors are compelled to work in the centres, they come under the control of the Local Authorities in addition to the central control of the Board. It is an obvious device to induce Local Authorities to increase their power and prestige, by undertaking the construction of Health Centres at their own expense, thus speeding up their construction, and hastening the end of private practice.

Such is the very simple plan to reduce the private, and hitherto independent, general practitioner to the status of serfdom.

The Control of Consultants

The chief points in the plan are:

(1) Consultants are to be employed by the hospitals, instead of by the C.M.B. This will ensure much greater rigidity in the caste-system whose development has been encouraged in every way possible for some years. The controlling authority for consultants will be the Joint Authority for the district, administering the orders formulated by the "Minister." This division of the profession into two parts under separate administrative authorities is a subtle move—an application of the "divide and rule" principle.

(2) Consultants are to be more evenly distributed, and more are to be selected. Doubtless one of the criteria of "rightness of type" will be willingness to be "posted." The "Minister" also proposes to provide (*i.e.*, control) facilities for the training of the new selectees. (Fuller details of the method of selecting and training "right" types as a special caste may be found in Hitler's *Mein Kampf*).

The proposal to provide a wider distribution of consultants is in itself a good one; but it is to be used to achieve

an ulterior purpose. The same distribution could be achieved by methods of subsidy—this will be dealt with later.

(3) Consultants are to be remunerated by the central funds, through the hospitals, but subject to "some central regulation of scales." Central control of remuneration, plus "more regular attendances and duties," will lead in time to the desired regimentation of consultants. It is essential for this purpose that the central authority should have the power to make Regulations against which consultants may offend, thus laying themselves open to disciplinary procedure. That this is not merely guesswork may be confirmed by examination of the set-up in the Forces. And certain consultants, although they give their valuable services freely to the Forces, have refused even high ranks within the Forces, because they prefer to retain their freedom of action and honorary status.

It should be noted that for some time past certain officials have been going around the country to discuss with various bodies, who should keep the Register of Consultants—not what the Register should be for, or whether there should be one at all. (There are other signs of quiet activity behind the scenes, possibly in preparation for a *coup d'état*; for example, it has been intimated to various doctors that their "status" in the new service will depend on their behaviour while it is being prepared (*i.e.*, intimidation); and certain organisations are quietly buying up and storing great quantities of medical instruments, under the supervision of employees of the manufacturing firms).

Control of the Voluntary Hospitals

The technique for acquiring control over these ancient and honourable institutions again is simple; lip service is paid to the idea of voluntary hospitals, but the shape of things to come is conveyed in a warning: "If once the situation were to arise in which the whole cost of the voluntary hospitals' part in the public services... was repaid from the public money, or indeed in which it was recognised that public funds were to be used to guarantee these hospitals' financial security, the end of the voluntary movement would be near at hand." (No word here of the quality of service rendered.) Since they are to render the *whole* of their part in the public service for *less* than its cost, they are put at an immediate relative disadvantage. Can such phrasing be anything other than calculated?

To make sure that the end will not be long in coming, the voluntary hospitals are invited to 'contract' to give services, for which they will receive a "specified sum in return," and these payments are to be "settled centrally" on principles of uniformity. As a result of accepting these grants, the hospital must submit to visiting and inspection, and observe conditions to secure "reasonable uniformity in accounts and audit." There are a number of other conditions which interfere with the autonomy of the management in such a way that the costs of the hospital can be increased to a point where it will become virtually dependent on the public funds for its "financial security." Then the end will have come. It is the old, old scheme of inducing a person to live beyond his resources on borrowed money, thus mortgaging his independence, and, when the crash comes, foreclosing. Many valuable businesses have been acquired by that technique.

The bureaucrats, by their financial trap and their creation of a special OGPU-Gestapo of inspectors, are leaving nothing to chance. The details of their scheme may be found on pages 22-24 of the White Paper.

Summary—Policy and Method

There are many issues raised by the White Paper which we do not propose to discuss here. They are secondary to the main purpose of the plan, and we are concerned with the *policy* underlying the plan, to which the *methods* of implementing that policy are subordinate (see Bulletin 6 for a full discussion of this).

The policy underlying the plan is to set up an authoritarian organisation of the profession, dominated by bureaucrats, and governed by regulations formulated by the "Minister" and having all the force of law.

It is vital that the Profession should understand exactly what is the central issue, keep this clearly in mind, and avoid being side-tracked by fruitless discussions of side-issues, most of which will be "terms of servitude." The "Minister" can afford to make any concessions in these, because once the Central Authority is set up, it can vary these terms by Regulation under the overruling sanction of "the public interest."

- (1) THE POLICY of the White Paper is to centralise the Profession and rule it by Regulation.
- (2) THE METHOD is to "divide and rule"—separate authorities under the "Minister" for (a) General practitioners, (b) Consultants, (c) Hospitals:
 - (a) *General practitioners*: These are the weakest; they are therefore to be given no power, and are to be "highly centralised" under the control of the C.M.B.
 - (b) *Consultants*: These are to be given caste status, and are to be employed by the hospitals.
 - (c) *Hospitals* are given power to employ consultants, but are themselves under the control of Local Authorities.
- (3) The plan is long-sighted—provision is made to eliminate

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private practice and voluntary hospitals, gradually, but definitely.

- (a) *General practice*: All new graduates automatically come under the authority of the C.M.B. This authority would be gradually extended by Regulation. The C.M.B. also is to assume control over movement of doctors from one place to another, *whether or not those doctors are under contract to the Board* (p. 51, (i)).
- (b) *Voluntary hospitals* are to be strangled by central financial control, and finished off by the Ogpu-Gestapo system of inspection.
- (4) *Side issues*, which are likely to be promoted as Red Herrings, but which the Profession should avoid while they concentrate on the real issue, are:
 - (a) The minor distribution of delegated powers between the various subsidiary authorities.
 - (b) The distribution of function between the C.M.B. and the C.H.S.C. (see next section).*
 - (c) Questions as to who is to make the "positive plans" for various areas.
 - (d) Remuneration, compensation, superannuation (which will be subject to Regulations).

The British Medical Association

We have to thank for this mess into which we have been brought those intriguers on the Executive of the B.M.A. who have commingled with Government and PEP and have pressed, at the instigation of PEP and the Fabians and their off-shoots and associates, for the creation of a Central Authority. It is quite likely now that some of the more responsible officials, with some feeling for the tradition and liberty of an old and noble profession, were misled, and are now sorry. Such can still retrieve the situation. *They should realise that if a Central Authority comes, the B.M.A. will cease to have any importance.* Its only possible significance is as an Association of free professional men. It is the chief organisation of the Profession. But if the Profession were organised by a Central Authority, the B.M.A. would become redundant. What could it offer new graduates?—The derisory efforts it has made to improve the capitation fee should dispel any unlikely illusions about even its present power to affect the decisions of the bureaucracy; it has never used the sanctions it has now, but which it will certainly lose under a Central authority controlling the whole Profession. It is doubtful if even the *B.M.J.* would survive; its value to the Profession in a crisis is displayed by its endless publication of correspondence on contraception, while it suppressed numerous letters, of which we have seen copies, dealing with this crisis in the history of medicine—and freedom. Its place will be taken, no doubt, by a Journal issued by the proposed C.H.S.C.

Now that the White Paper has been published, the secrecy which hitherto has had to surround the discussions of the Representative Committee with the Minister can be abandoned. *We look forward to the publication of the Report of the Representative Committee to its constituent bodies.* This report should certainly be available to the forthcoming Divisional and other meetings of the B.M.A. This report

will probably reveal that the Committee, while pressing for complete centralisation, hoped that some body, such as the proposed Corporate Body, would capture control of the Profession for its own potential bureaucrats. If this is so, then the division of function between the "Minister," the C.H.S.C. and the C.M.B. may be regarded as a defeat; control of *policy*, which is the real prize, falls to the "Minister," whose orders the C.M.B. would carry out, while the C.H.S.C. is merely a sop—the "Minister" can pick its brains, but it is devoid of powers. So that the Medical Planners have been out-manoeuvred by the more experienced and astute Bureaucratic Planners—the former have been invaluable to the latter by "softening-up" the Profession with their talk of "inevitability" and all the rest.

Result of the M.P.A. Plebiscite

The evidence is overwhelming that the Executive, without democratically ascertaining the real wishes of the Profession, worked to get a Central Authority to control doctors and their practices. As it became more and more clear that this did not represent the true wishes of the majority of the profession, the Medical Policy Association in response to many requests conducted a plebiscite of 30,000 doctors in England and Wales. The question was "Is it your wish that any form of Central Authority should be set up to control doctors and their practices, and to 'organise' the profession?"

The response to this was remarkable, a greater proportion of doctors replying than the proportion of electors who vote in the war-time bye-elections. Moreover, the huge volume of correspondence that accompanied the returns indicated that there was a very wide-spread appreciation of the position.

The result, certified by R. Dayas Just and Company, Chartered Accountants, is as follows:—

Total replies received	10,015
"No"	7,721 = 77 per cent.
"Yes"	1,489 = 15 per cent.
Informal, absent, deceased, etc.	805 = 8 per cent.

This result represents the will of the profession to at least as great an extent as present bye-elections represent the "will of the people"; but as the issue was clear-cut, as opposed to blanket mandates asked for from general electors, it is correspondingly more significant. Within the B.M.A., of course, it is far more significant than the indirect voting at the Representative Meetings, on a controlled agenda. *The Executive never has had, and certainly has not now, a mandate to press for a Central Authority, under any name, Corporate Body, C.H.S.C., or anything else.*

The Public

The realisation that the whole community is threatened with a totalitarian *coup d'état*, of which the plan to regiment the medical profession is only a part, though an essential part, of a much wider plan, is becoming more and more wide-spread. Numerous periodicals, of which *The Tablet* and *Truth* are responsible and representative examples, bear increasingly urgent testimony to the fact, and various organisations and societies warn the public even more urgently. Hence the hurry of the bureaucrats: "Only in war or under the threat of war. . ."

*Central Health Services Council.

In Bulletin 9 we showed that the public would be regimented under the Beveridge plan, and that a centrally controlled medical profession would be used to impose on patients whatever might be concealed behind the words "positive health" ("It is high time that man made use of biological knowledge to improve the human race..." Positive eugenics?). Patients, equally with doctors, would lose their control over policy, exactly as the soldier loses control. *Decentralised control over policy is the essence of democracy.* The doctor-patient relationship, of which the essence is *privacy* and freedom of contract between *individuals*, must be destroyed if medicine is organised under a Central Authority, just as it does not, and can not, exist in the Army. In this connection, it is important to realise that "freedom of choice" is something quite different from the doctor-patient relationship. Freedom of choice is an essential to liberty, but that is a separate matter. This realisation is important, because *The Times* has been tendentiously suggesting in its leading articles on the White Paper that the doctor-patient relationship has been preserved because, for the time being, freedom of choice is to be allowed (that will not be for long, however). The facts are far otherwise: the doctor's contract is with the C.M.B. and/or the Joint Authority; the patient's contract will be with the Ministry of Labour or some other body which will employ him, and which will impose on him the duty to be fit ("The individual should recognise the duty to be well and to co-operate in all steps..."—*Beveridge Report*, para 426). Medical records will be the property of the "State," and will have to be forwarded to Higher Authority, which will scrutinise them to ensure that both doctor and patient are fulfilling their "obligations." Regulation 33B will be redundant then.

The Democratic Solution

The real difficulty in medical services lies in the matter of availability, and this, in turn, is fundamentally a *financial* question. What the individual patient wants is to be able to go to his own doctor *privately* and of his own choice. There is no need to impose "positive" health on a well-fed, properly housed, normal happy human being; he will go to his own doctor soon enough *if he has the money*. It cannot be supposed that the desire for what private practice offers is confined to those who can pay for it.

The problem therefore is to combine the advantages of private practice with such increased hospital and technical facilities as may be necessary, and to make them as widely available as possible. This is primarily a matter of making suitable financial arrangements, and has nothing to do with the creation of a Central Authority with dictatorial powers. Financial stringency is simply the excuse for that seizure of power by the bureaucracy anticipated in *Freedom and Planning*. As we have seen in the case of the voluntary hospitals, financial stringency can be created.

Democracy begins at home: the first necessity for the Profession is to secure a democratic decision on *policy*, not method. The profession and the people must control the policies of their respective Executives and the only fundamental question is FREEDOM OR SERVITUDE. The White Paper is merely one of the possible plans to implement the policy of servitude; the Executive had a different one. It is *not* democracy to be forced to choose between alternative methods of entering into servitude. Since the M.P.A.

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by

C. H. DOUGLAS

This work, which has appeared serially in *The Social Crediter*, is now published in one cover, price 2/-. Readers of *The Social Crediter* are aware of the exceptional difficulties placed in the way of the dissemination of ideas which are not shared by those upon whom responsibility for the present and past phases of the World War rests. They are to a lesser degree alive to the awakening will to effect a just relationship between power and policy. The forces working in antagonism to peace in freedom are well-informed concerning this resuscitation, and are doubtless confident that the immense resources of power at their exclusive disposal will suffice to defeat it.

THIS GREAT ISSUE WILL BE DECIDED
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plebiscite has definitely revealed the true policy of the Profession, it is on that policy that the executive must base its further actions.

The principals underlying the policy of freedom for both doctor and patient may be simply stated; but a full plan would require another White Paper. The B.M.A. should produce one. The M.P.A. is willing to provide every assistance to the Executive when it is willing to change its policy from advocating a Central Authority to a democratic policy of freedom.

Some Principles are:

- (1) Individual doctors to be responsible directly and only to their individual patients, within the frame-work of the Common Law and under the traditional surveillance of the General Medical Council.
- (2) Private fees to be paid, by patients in receipt of an income, but a system of subsidy from the insurance fund to be applied so as to limit the total fees to be paid in any year to a maximum varying with income.
- (3) Voluntary hospitals to be subsidised from insurance funds, and control to be vested absolutely in their individual managements.
- (4) New hospitals contemplated in the White Paper to be built and handed over to democratically elected local management, thus securing control of the hospital's policy to the local citizens; the voluntary principle, and local pride in the hospital in the tradition of the great Voluntary Hospitals, to be encouraged.
- (5) Voluntary contributory schemes entitling participants to free hospital accommodation to be encouraged.
- (6) Consultants to be subsidised to take up practice in areas where they are required, and to be appointed to the hospitals on the honorary system.
- (7) Impersonal services, such as laboratory and technical facilities, to be provided by the Ministry of Health, financed out of public funds, and giving their services free.
- (8) "Positive" health not to be imposed, but normal health and pride in health encouraged by educational policy, good housing, adequate nutrition, and the encouragement of active participation in sport and recreation.

Conclusion

It may be that some members of the Executive of the B.M.A. can not reverse their policy in accordance with the majority wish of the profession without too great a loss of face. In that case they should resign.

The policy of the majority of doctors is now clearly revealed as "Freedom for doctors as individuals," and it is the duty of the Executive to give effect to that policy, for the Executive is the proper body to formulate the details of a plan based on such a policy. A plan for fully available medical services, based on an extension of the essentials of private practice to everyone, with access to full hospital accommodation and backed by freely available laboratory and technical resources, would be welcomed by the public, and backed by the great majority of the Profession, and especially by the men in the Forces. The true alternative to the White Paper proposals is not merely a different plan for

organisation under a Central Authority, any form of which is simply that totalitarian organisation against which we are fighting. The true alternative is a plan to make privacy and freedom of contact available to the greatest possible number. Not levelling down, but raising up.

FINALLY:—doctors who wish to retain their freedom, their personal responsibility and their individual initiative, must make it clear to the Executive that such is their policy, and see that they are given, or if necessary make, an opportunity to vote unambiguously on the only fundamental question **FOR OR AGAINST A CENTRAL AUTHORITY.**

The Bulletin ends with the following Note:—

It would be of great assistance if those wishing to receive any further Bulletins would forward a stamped and addressed envelope, as our secretarial assistance is meagre. A contribution, which need not be large, to our funds would be appreciated and acknowledged.

The address of the Medical Policy Association is 18, Harley Street, London, W.1.

PARACHUTE TROOPS

"The Catholic Parents' and Electors' Association, which have sprung up with such suddenness and vigour, ought to look on themselves as parachute troops; they are ahead of the main army, but the main army will come, and when it comes it will be very large and very strong. So far from being limited to Catholics, it will comprise all those Englishmen who are not prepared to abandon the traditional rights of Englishmen in their homes and families."

— *The Tablet*, February 19, 1944.

BUTTER FOR DUCKS

At a meeting of farmers in Southern Rhodesia:—

"After referring to the 'very high-handed action' taken in a recent case, when a farmer's wife was prosecuted for sending 5 lb. of butter as a present to a town friend, the farmer... said he was not a cream producer in the accepted sense, but as it seemed he could not even give butter away, he was feeding his ducks on it. He was giving it away to the lower creation, as he understood the restrictions only applied to human beings.

"A discussion on the malnutrition of children as a result of butter rationing followed..."

— *The Rhodesian Herald*, 1942.

To Overseas Customers

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The Certificated

Published in *Hansard* for February 17, but not read to the House of Commons on the pretext that "It is very long" (Mr. Attlee) is a table occupying one and two-thirds pages giving the names of Members of Parliament in respect of whom a certificate has been issued under the House of Commons Disqualification Act, 1941, with dates of granting certificates, the names of the offices held, the salaries and allowances for expenses.

The information is as follows:—

Sir Ian Fraser, Governor, B.B.C., salary £1,000 plus reimbursement of actual expenses incurred in the due performance of the office; Mr. Malcolm Macdonald, U.K. High Commissioner in Canada (£2,500 plus £2,500 representation allowance plus £400 approximately for travelling and subsistence); Sir Ronald Cross, U.K. High Commissioner in Australia (£2,500 plus £3,500 representation allowance, plus £520 for travelling and subsistence; Mr. R. C. Morrison, Chairman Waste Food Board (no salary, £200 allowance and repayment of travelling and subsistence costs); Miss Megan Lloyd George, Member Waste Food Board (no salary, no allowances); Sir Peter Bennet, Chairman Automatic Gun Board (no salary, no allowances); Mr. Harold Nicolson, Governor, B.B.C., (£1,000 plus reimbursement of actual expenses); Professor A. V. Hill, Member of Ordnance Board (fees at prescribed rates per meeting); Mr. G. Spencer Summers, Controller of Regional Organisation, Ministry of Supply (no salary, £200 allowance plus repayment of travelling and subsistence costs); Mr. T. H. Hewlett, Dyestuffs Controller (no salary, no allowance); Major-Gen. Sir E. L. Spears, Minister to Syria and Lebanon (£2,000 plus £4,800 and furnished accommodation); Mr. Arthur Jenkins, Chairman of Local Appeal Board under Essential Works Order (fees at prescribed rate); Mr. Harold Macmillan, Minister Resident at Allied Headquarters in N. W. Africa (£3,000 plus £3,000); Mr. J. D. Campbell, Deputy Flax Controller, N. Ireland (no salary, £200 allowance plus repayment of travelling and subsistence costs); Admiral Sir William James, Chief of Naval Information (£2,134 = pay of re-employed Flag Officer); Mr. J. S. Maclay, Member of British Merchant Shipping Mission in U.S. (no salary, £1,800 inclusive allowance); Mr. Ben Smith, Minister Resident in Washington for Supply (£3,000 plus £6,800 global representation allowance, inclusive of rent allowance); Rt. Hon. Alfred Duff Cooper, Representative of H.M.G. to French National Committee of Liberation (£2,500 plus £3,050 plus furnished accommo-

dation); Mr. Walter Leanard, Member Waste Food Board (no salary, no allowances).

Previous holders of certificates were:—

Mr. W. P. Spens, Chairman and Director National Vegetable Marketing Co. Ltd. (£1,250 plus £50 expenses); Mr. L. R. Pym, Director, N.V.M. Co. Ltd. (nil: nil); Professor A. V. Hill, Member of Advisory Council on Scientific Research and Technical Development (fees at prescribed rates); Sir Walter Smiles, Regional Representative, M.A.P. (nil. nil); Commander King-Hall (two certificates), Adviser on Public Relations, M.A.P., Chairman of Fuel Economy Publicity Committee (nil. nil.); Mr. W. W. Wakefield, Director of the Air Training Corps (no salary, £100 allowance plus repayment of travelling and subsistence costs); Lord Burghley (two certificates), Controller of American Supplies and Repair, M.A.P. (nil. nil), Governor and Commander-in-Chief, Bermuda (£3,500—paid by local Government—plus war bonus, plus £1,500 entertainment allowance by local Government, plus £1,500 allowance from Imperial Funds); Col. J. J. Llewellyn, Minister Resident in Washington for Supply (£5,000 plus £6,800 global representation allowance, inclusive of rent allowance); Mr. W. McNair Snadden, Member Waste Food Board (nil. nil.).

In both lists, salaries, but not allowances, are subject to tax.

POINTS FROM PARLIAMENT

House of Commons: February 16, 1944.

EDUCATION BILL

CONSIDERED IN COMMITTEE

[CLAUSE 8. (continued)—(*Duty of local education authorities to secure provision of primary and secondary schools.*)]

Mr. Moelwyn Hughes (Carmarthen): ... Does this Amendment mean that the wishes of the parents will be taken into account, notwithstanding the specific provisions in a later part of the Bill, in deciding whether, in a single-school area, that school will be a controlled school or a denominational school?

Captain Cobb (Preston): Does it mean that in the event of a dispute between a parent and the local authority as to the type of secondary education a child should receive, the parent's point of view will prevail and not that of the local authority? Some of us are rather afraid that the abolition of fees in secondary schools will mean that the local education authority will determine whether a child shall go to a modern, technical or grammar school and that the parent's wishes will receive little consideration. I would like an assurance from the Minister that the parent's wishes will be taken into account and not those of the local authority.

The President of the Board of Education (Mr. Butler): ... The Amendment amounts to this: It imposes a general duty upon the authorities which will pervade the whole Bill. That is why it is in Clause 8... The object is to assist parents to obtain the kind of education they want for their children. Therefore, to some extent, the point will be very much assisted by the insertion of this Amendment, though one cannot give an absolute assurance about particular cases which may operate in particular areas...

CLAUSE 10.—(*Development plans as to primary and secondary schools.*)

[Among the Amendments moved to this Clause was one by Sir J. Mellor, that, on the preparation of the development plans, district councils should be consulted on matters affecting their districts. Mr. Ede opposed this on the grounds of the delays it might cause, and the Amendment was negatived.]

CLAUSE 11.—(*Local education orders with respect to primary and secondary education.*)

Sir J. Mellor: I beg to move, in page 9, line 32, at the end, to add:

“(3) If a local education authority inform the Minister that they are aggrieved by an order or by an amendment of an order made under this Section the order or amendment shall be laid before Parliament as soon as may be thereafter and if either House of Parliament within the period of forty days beginning with the day on which any such order or amendment is laid before it resolves that the order or amendment be annulled the order or amendment shall cease to have effect but without prejudice to anything previously done thereunder or to the making of any new order or amendment.

In reckoning any such period of forty days no account shall be taken of any time during which Parliament is dissolved or prorogued or during which both Houses are adjourned for more than four days.”

The purpose of the Amendment is to provide that where a local education authority is dissatisfied with the local education order or an amendment of an order which has been made by the Minister, and expresses that dissatisfaction to the Minister, the Minister will lay the order before Parliament, and if either House so resolves the order or the amendment shall be annulled. This Clause enables the Minister, by a local education order, to give effect to a plan which he has approved under the preceding Clause. Under that Clause the Minister can approve a plan after making such modifications as he considers necessary or expedient. Under this Clause he can, having given effect to a plan by a local education order, proceed to alter the plan by an amendment to the order. In each case he has to consider objections made by the local education authority, but he has complete and absolute power to make any alterations in the plan, either before or after making a local education order. In these circumstances, as his powers are dictatorial, it is only right that there should be an appeal to Parliament in cases where the local education authority is dissatisfied with the changes he has made in the plan. The Minister has, with respect to many previous Amendments, raised objections that they would involve delay and that he desires that unnecessary delay shall be avoided. This proposal would not involve any delay unless one or other of the two Houses of Parliament considered that the changes in the plan were undesirable. In those circumstances the delay would prove to be justified.

Mr. Ede: The hon. Gentleman has moved his Amendment in the most convincing style. We have had to resist every other Amendment that has been moved by his group of Members, but in view of the way in which this has been moved, my right hon. Friend has been moved and I am instructed to accept it.

Amendment agreed to.

Clause, as amended, ordered to stand part of the Bill.

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