

# BRITISH MEDICAL JOURNAL

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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## Integration of expert knowledge into the machinery of government

SIR,—Sir Harold Himsworth's paper (1 November, p 1197) proposes a change in the organisation of the Department of Health and Social Security of a kind commonly suggested by the profession 40 years ago, but not reiterated latterly—for instance, by the Porritt Committee. The Secretary of the Medical Research Council is accounting officer for the Council's budget, but that is minuscule compared with the budget for health and social services, even for Northern Ireland alone. The responsibilities of the Chief Medical Officer (CMO) of the DHSS are sufficiently burdensome within his proper medical field; the addition of the administrative and financial responsibilities, for which he is not trained, would make the task impossible. There is a diarchy in the DHSS, both the administrator and the physician having permanent secretary rank. The permanent secretary takes precedence, if anyone is ever bothered to ask; but he does not have authority over his medical colleague, who has had equal right of access to ministers for the last 60 years. During my 13 years as CMO of the DHSS, relationships with the Department of Education and Science and the Home Office, with a total of 10 permanent secretaries, were friendly and completely cooperative. I recall telling the late Lord Armstrong at a post-

Fulton discussion that my job was medical and I would not take the administrative job of permanent secretary if he was foolish enough to offer it.

Sir Harold writes of putting the CMO post into commission. The CMO now can only be as effective as the strengths of a group of senior colleagues, each covering special fields, makes him. His job is not autocratic but co-ordinating and leading. The medical staff are not merely advisers but participants in the formulation of policy. They have the help of more than 50 consultant advisers, each a leader in his clinical or scientific specialty. There might be a way of strengthening this outside participation by a more formal CMO's committee, such as has long existed in the fields of nutrition and toxic chemicals in the environment, but the Standing Medical Advisory Committee has fulfilled part of that role and the system is currently under review. Certainly possible changes in the formal machinery should be examined, but one hopes that the present very wide informal network will not be impaired. The military analogy is inappropriate to a National Health Service which has its real strength in district management and regional co-ordination and planning in England. There are examples in Eastern Europe of the kind of pyramid which the

military model can produce, but they are inapplicable here.

Finally, the medical position may be central in health care, but it should not be dominant at the expense of the other health professions. Still less should the personal social services, which are the other main component of social welfare, be controlled by our profession. Many years of close and friendly working with Sir Harold at the Medical Research Council gave me the highest regard for his contribution to the development of biomedical science in Britain. It has given him worldwide repute in his own field. But the methods he now seems to wish translated to the wider field of health and social services would, in my opinion, be inappropriate there. I cannot speak for the present incumbents of CMO posts in the several countries of the United Kingdom, but I should be surprised if they held materially different views.

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SIR,—Sir Harold Himsworth's Personal Paper (1 November, p 1197) was, of course, full of insight and interest. It seems to me that one instrument of the NHS which Sir Harold must