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Medical and Social Services

SIR,—May I draw your readers' attention to a speech by Mr. F. Seebohm reported in the *British Hospital Journal and Social Service Review* (27 September, p. 1781) in which he asks voluntary workers to do all they can to secure the speedy implementation of his Committee's report?¹ He further sees the councils of social service as admirably suited to act as watchdogs on the new departments—a curious inquisitorial role for non-official bodies.

What the B.M.A. should consider is, first, how far doctors support the idea that social work concerned with mentally and physically ill or deteriorated persons should be divorced from medical direction (as is, in effect, clearly adumbrated in the report); second, how proper it is for a report substantially affecting local government structure and services to be implemented before the Royal Commission report (not yet published) and the new proposals for the National Health Service (Green Paper²) have been studied in relation to each other; and third, whether the Seebohm proposals will not in effect make a real vertical division

between the health and social services. At present there are many horizontal links between the hospital and family doctor services through the local health authority services with the other welfare services, even where these are not already within the health departments.

Very many social problems stem from mental and physical disorder; if the local authority social services now within the local health departments cease to be medically directed, we can be pretty confident that the medical components of the social problems will receive inadequate attention. Whether doctors will be prepared to discuss patients' affairs with workers not responsible to a medically directed department is a matter for serious consideration.—I am, etc.,

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City of Exeter, Devon.

E. D. IRVINE.

REFERENCES

- ¹ *Report of the Committee on the Local Authority and Allied Personal Social Services*, 1968. H.M.S.O., London.
- ² *The Administrative Structure of the Medical and Related Services in England and Wales*, 1968. H.M.S.O., London.

are now said not to need them until the age of five. (There will now be a four-year gap between the third "triple" and the booster.)

The advice that smallpox vaccination should be postponed until the second year has probably caused a considerable reduction in the number of children vaccinated. The evidence on which the advice was based was, to say the least, conflicting. Furthermore, a 16-month-old child is much more likely to scratch and interfere with the vaccination area than a younger one, so that the risk of infection, or of accidental vaccination (for example, of the eyelid) is increased. The latest instructions that the clinic doctor must not vaccinate a baby until the family doctor has given permission will reduce very seriously the number vaccinated. Is it really likely that thousands of letters a year are going to be sent out to family doctors asking for this permission, and that many family doctors will take the trouble to reply? Is it thought that the clinic doctor, who anyway knows many of the families well, is not competent to determine whether the baby has eczema, or to ask whether a sibling has? —I am, etc.,

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Immunization Schedules

SIR,—Like Dr. J. Lloyd-Jones (28 September, p. 807), I question the wisdom of the recent Ministry instructions to doctors with regard to immunization. Why these repeated changes? It is difficult for doctors to explain to mothers that what was right for their first child is no longer right for their second one. If an intelligent mother were to ask me the reason for the change I should be unable to answer the question; perhaps general practitioners and clinic doctors would find it equally difficult to answer. I do know the evidence that triple immunization at one to two months, as carried out in the United States, is effective. The most

dangerous time for a child to have whooping cough is the first year, and especially the first six months. Now children are not going to be protected against it until 12 months of age—at a time when the infection is far less serious.

I feel that the new instructions will lead to a really serious reduction in numbers properly immunized against whooping cough, diphtheria, and tetanus. Numbers attending the clinics fall off with the increasing age of the child. Mothers attend much better when the baby is young. The instructions will cause confusion concerning those who still need 18-month boosters and those who

Scientific Study of Disease

SIR,—Since a professor is expected to promote the advancement of his own subject, it is not surprising that Professor Dorothy S. Russell (28 September, p. 800) should try to persuade us that "morbid anatomy has been, and always will be, the sheet anchor of clinical medicine." A sheet anchor is intended to bring the ship to a complete standstill, and, though I doubt if this is the meaning which she intended, I have none the less serious reservations about the validity of her main argument.