SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL

LONDON SATURDAY APRIL 23 1938

CONTENTS

ANNUAL REPORT OF COUNCIL, 1937-8. *(For Contents see below)*

SPECIAL NOTICE TO MEMBERS

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs. The Financial Statement will appear next week.

MATTERS REFERRED TO DIVISIONS

British Medical Association
ANNUAL REPORT OF COUNCIL, 1937-8

CONTENTS

PRELIMINARY

ANNUAL MEETING, PLYMOUTH, 1938

1. THE ANNUAL MEETING, 1938, commences at Plymouth on Friday, July 15, under the presidency of Colin D. Lindsay, M.D., Emeritus Physician, Prince of Wales's Hospital, Plymouth; Consulting Physician, Royal Eye Infirmary, Plymouth; Consulting Physician, Tavistock Hospital.

ANNUAL MEETING, BELFAST, 1937

2. The Council has had pleasure in conveying the thanks of the Association to the President (Professor Sir Robert J. Johnstone), the Honorary Local General Secretary (Dr. F. M. B. Allen), the Honorary Assistant Local General Secretary (Dr. R. W. M. Strain), the Honorary Local Treasurer (Mr. W. M. Fullerton), to the municipal and university authorities, and to other official and private persons who contributed to the welfare of the members of the Association taking part in the Belfast meeting.

ANNUAL MEETING, ABERDEEN, 1939—ELECTION OF PRESIDENT, 1939-40

3. In connexion with the Annual Meeting to be held in Aberdeen in 1939, the Aberdeen Branch has nominated Dr. Thomas Fraser as President of the Association, 1939–40.

The Council recommends:

Recommendation: That Thomas Fraser, C.B.E., D.S.O., M.B., Ch.B., D.P.H., D.L., Consulting Physician, Aberdeen Royal Infirmary, be elected President of the Association, 1939–40.

Honours

4. The Council has pleasure in announcing that during the present session His Majesty the King has conferred honours upon the following members, to each of whom the congratulations of the Association have been sent:

G.C.V.O.

The Right Hon. Lord Horder, London.

K.C.I.E.

Major-General Ernest Alexander Walker, C.B., London.

D.B.E.

Florence Barrie Lambert, London.

KNIGHTHOOD

Professor Robert James Johnstone, Belfast.
Charles Norman Paul, Sydney.
William George Savage, Taunton.
Charles McMoran Wilson, M.C., London.

C.B.

Major-General William Porter MacArthur, D.S.O., O.B.E., K.H.P., London.

C.M.G.

Theodore Grant Gray, Wellington.
Philip Henry Manson-Bahr, D.S.O., London.
John Newman Morris, Melbourne.
Albert Rutherford Paterson, Nairobi.

C.I.E.

Lieutenant-Colonel Frederic Allan Barker, O.B.E., I.M.S., Quetta.
Lieutenant-Colonel Gerald Tyler Burke, London.
Lieutenant-Colonel Reginald Victor Martin, I.M.S., Bombay.
Colonel Percy Strickland Mills, I.M.S., Patna.

C.B.E.

Surgeon Rear-Admiral Bryan Pickering Pick, K.H.S., Chatham.

O.B.E.

John Charles Fulton, Launceston.

M.B.E.

Robert William Cooper, New Guinea.
Selina FitzHerbert Fox, London.
John Maxwell Hall, Kingston, Jamaica.
Pauline Versfeld Murray, Nyasaland.
Norman Bennington Watch, New Guinea.

KAISAR-I-HIND GOLD MEDAL

Sarah Anderson Jamieson Rankine, Poona.
Mary Hilda Youle Remfry, Bihar.

Obituary

5. The Association has to deplore the loss of the following members. Their names are followed by the offices they respectively held in the Association:

DR. MELVILLE MORTIMER ADAMS. President, Northern Transvaal Branch. Secretary, Pretoria Branch. Chairman, Pretoria Division.
DR. CHARLES HORACE ANDREWS. Chairman, Norwich Division.
SURG. CAPT. WM. BASTIAN. Member, Naval Medical Service Sub-committee.
DR. GEORGE HENRY BATTERBURY. President, Dorset and West Hunts Branch. Chairman, Bournemouth Division.
DR. FRANCIS HENRY MEARS ALDEN BECKETT. Chairman, Isle of Ely Division.
DR. CLAUDE JOHN EDDOWES BENNETT. Chairman, Trowbridge Division.
DR. ORLANDO CHARNOCK BRADLEY. President, Section of Comparative Medicine, 1927.
DR. JOSEPH JOPLING BROWN. Secretary, Barnsley Division.
DR. WM. ADAM BURNS. Chairman and Representative, Glasgow Eastern Division.
DR. FREDERICK WM. BURTON-FANNING. Secretary, 1900, Vice-President, 1920, Section of Medicine.
MR. HAROLD BRANSON BUTLER. President, Surrey Branch. Chairman, Guildford Division.
DR. WALTER HOLCROFT CAM. Chairman, Hereford Division.
DR. DONALD ALLAN CAMERON. President, Queensland Branch.
DR. ALFRED WALTER CAMPBELL. Vice-President, Section of Neurology, 1932. Vice-President, Section of Neurology and Psychological Medicine, 1935.
DR. ROBERT CARSWELL. Assistant Secretary, Wandsworth Division.
DR. PERCY COLEMAN. Chairman, North-East Essex Division.
DR. FRANCIS GARLAND COLLINS. Chairman and Representative, Stratford Division.
SIR JOSIAH COURT. Vice-President, Section of Preventive Medicine with Industrial Diseases, 1921.
DR. JOHN ARCHER COWAN. President, Malaya Branch. Chairman, Penang Division.
SIR JAMES CRICHTON-BROWNE. Vice-President, 1872, President, 1880, Section of Neurology and Psychological Medicine.
PROF. ROBERT VALENTINE DOLBEY. Secretary, Egyptian Branch.
DR. REGINALD LIONEL ERNEST DOWNER. Secretary, Shropshire and Mid-Wales Branch.
DR. JAN HENDRIK DU TOIT. President, Cape of Good Hope Eastern Province Branch.
MR. FREDERICK EDGE. President, Staffordshire Branch. Vice-President, Section of Obstetrics and Gynaecology, 1911.
DR. CHARLES EDWARD EVANS. Chairman, City Division.
DR. DONALD FERGUSON. Representative, Warrington Division.
DR. THOMAS MCGIBBON FLETCHER. Chairman, Glasgow Eastern Division.
DR. PATRICK PADRON JOSEPH GANTEAUME. Representative, East London Division.
DR. LESLIE WYLIE NORMAN GIBSON. Secretary, Queensland Branch.
DR. MORRIS GOLDBERG. Secretary, Northern Transvaal Branch. Secretary, Pretoria Division.
DR. THOMAS ASHTON GOODFELLOW. Member of Council. President, Lancashire and Cheshire Branch. Representative, Manchester Division.
MR. WM. WATSON GRIFFIN. Vice-President, Section of Ophthalmology, 1913.
DR. ALEXANDER HILL GRIFFITH. Secretary, 1902, Vice-President, 1909, Section of Ophthalmology.
DR. ARTHUR DOUGLAS HEATH. Secretary, 1911, Vice-President, 1921, Section of Dermatology.
DR. ANDREW EDWARD HODDER. Secretary, Walsall and Lichfield Division.
DR. WM. HUNTER HOWAT. Chairman and Representative, Ayrshire Division.
DR. CECIL ERNEST JONES-PHILLIPSON. President, Cape of Good Hope Western Province Branch.
MR. REGINALD FRANCIS JOWERS. Vice-President, Section of Surgery, 1913.
DR. OTTO FRITZ FRANKAU LEYTON. Secretary, Section of Pathology, 1909. Vice-President, Section of Pharmacology, Therapeutics and Dietetics, 1914.
DR. NEIL MCDOUGALL. Representative, Auckland Division.
DR. WM. BERTIE MACKAY. Chairman, North Northumberland Division.
DR. ARCHIBALD DONALD MACKINNON. President, Northern Counties of Scotland Branch. Chairman, Islands Division.
DR. MURDOCH MACKINNON. President, Kenya Branch.
SIR ASHLEY WATSON MACKINTOSH. Chairman and Representative, Aberdeen Division. Secretary, 1904, Vice-President, 1914 and 1932, Section of Medicine. Vice-President, Section of Neurology and Psychological Medicine, 1913. President, Section of Neurology and Psychiatry, 1921.
DR. NORMAN MACLAREN. President and Secretary, Border Counties Branch. Representative, English Division.
DR. JOHN SINCLAIR MANSON. Member of Council. President, Lancashire and Cheshire Branch. Chairman and Representative, Warrington Division.
DR. JOHN MILLER. Chairman and Representative, South Staffordshire Division.
DR. CHARLES IRVINE MILNE. Deputy Representative, North Staffordshire Division.
DR. DAVID MORGAN. Vice-President, Section of Electro-Therapeutics, 1912.
DR. WM. MUIR. Chairman, Morpeth Division.
DR. JOHN MURRAY. Member, Welsh Committee.
MR. BURTON ALEXANDER NICOL. President, Natal Coastal Branch.
DR. HENRY HARVEY NORTON. Chairman, Lambeth Division.
DR. PETER J. O'DONNELL. President, South Wales and Monmouthshire Branch.
DR. JOHN ALLMAN POWELL. President, Gloucestershire Branch.
DR. REGINALD PRATT. Vice-President, Section of Medicine, 1905.
DR. ROBERT BLACK PURVES. Chairman, Lincoln Division. Vice-President, Section of Orthopaedics, 1926.
DR. HORATIO EDWARD RAWLINGS. Chairman and Representative, Swansea Division.
DR. JOHN PAUL ROUGHTON. Representative, Northampton Division.

DR. JOHN ROUND. Chairman, Greenwich and Deptford Division.
DR. WM. LEDINGHAM RUXTON. Vice-President, Section of Industrial Diseases and Forensic Medicine, 1922.
DR. CHARLES SANDERS. Member of Council. President, Metropolitan Counties Branch. Representative, Stratford Division.
DR. WALTER SANSOM. Chairman, Furness Division.
DR. HENRY WM. BROOKS SAVILLE. Chairman, Bury Division.
DR. DENIS A. SHEAHAN. Member of Council. Representative, Portsmouth Division.
DR. HAROLD SIMMONS. Representative, Bournemouth Division.
DR. ANDREW SMITH. Representative, Newcastle-on-Tyne Division.
DR. MALCOLM BRICE SMYTH. Vice-President, Section of Diseases of Children, 1937.
SIR SAMUEL SQUIRE SPRIGGE. Vice-President, Section of Medical Education, 1920.
PROF. BINDIGANAVALE GARNDACHARYA SRINIVAS ACHARYA. Auditor, United Provinces Branch.
DR. DAVID LYON STEVENSON. Member of Council, Insurance Acts and Scottish Committees. Chairman and Representative, Lanarkshire Division.
DR. CHARLES PARKER STEWART. Secretary and Representative, Perth Branch.
DR. JAMES EDMUND FERGUSSON STEWART. President and Representative, Western Australian Branch.
DR. HORACE SWORDER. President, South Midland Branch.
DR. MATTHEW WRIGHT TALBOT. Chairman, Preston Division.
PROF. JOHN GORDON THOMSON. Secretary, Section of Tropical Medicine, 1920.
DR. EDWIN JOSIAH TOYE. Assistant Secretary, South Western Branch. Chairman, Secretary, and Representative, Barnstaple Division. Secretary, Section of Obstetrics and Gynaecology, 1907.
DR. PETRUS THEORDORUS VILJOEN. President, Orange River Branch.
DR. JOHN FREDERICK WALKER. Member of Council. President, Essex Branch. Chairman, Secretary, and Representative, South Essex Division. Secretary, Section of Medical Sociology, 1921.
DR. PAUL IEUAN WATKIN. Chairman, Stratford Division.
DR. ANDREW HUTTON WATT. President, Witwatersrand Branch.
DR. EDMUND WELCH. President, Yorkshire Branch. Chairman and Representative, Leeds Division. Member, Insurance Acts Committee.
DR. CLAUDE WILSON. Member of Council. President, Kent Branch. Chairman, Tunbridge Wells Division.
DR. SAMUEL WILSON. Chairman, Rochdale Division.
DR. SAMUEL ALEXANDER KINNEIR WILSON. Member, Arrangements Committee. Secretary, 1911, Vice-President, 1925, Section of Neurology and Psychological Medicine.
PROF. WM. WRIGHT. Member, Research and Laboratory Workers Subcommittee. Secretary, 1904, Vice-President, 1910, and President, 1912, Section of Anatomy.

Mr. John Adams, Dr. George Neville Adcock, Major Edward Arthur Aldridge, Dr. Francis Richard Alles, Dr. Alfred John Andrew, Dr. Arthur Lawrence Anthony, Dr. Wm. Octavius Robert Arnot, Dr. Guy Christopher Barlow Atkinson, Sir George Washington Badgerow, Dr. Wildman Edward Baker, Dr. Alexander Stuart Ballantine, Dr. Wm. Norman Winston Barns, Dr. Arthur Patrick Barry, Dr. Francis John Gerard Battersby, Surg.-Cdr. James Henry Beattie, Dr. Wm. Leonard Bentley, Dr. Adolphus Vaughan Bernays, Dr. Alfred Douglas Bigland, Dr. Frederick Michael Bishop, Dr. George Black, Dr. James Landells Blakie, Dr. Marjorie Ada Blandy, Dr. Samuel Burnside Borthwick, Lt.-Col. Robert Henry Bott, Dr. Herbert Charles Horace Bracey, Lt.-Col. Charles Bramhall, Dr. Arthur John Spiller Brandon, Dr. Walter Alfred Saunders Bridgeford, Dr. Wm. Brodie Brodie, Dr. Arthur Valentine Brown, Dr. George Burrows Brown, Dr. Robert Story Brown, Dr. Herbert Percival Brownell, Dr. Annie Tombleson Brunyate, Dr. Charles Henry Bryan, Prof. George Alfred Buckmaster, Dr. Herbert Henry Bullmore, Dr. David Spowart Duncan Burt, Dr. Joseph Patrick Byrne, Dr. Henry Carter, Dr. Ernest Dewar Charles, Dr. Robert Church, Dr. John Andrew Clarke, Dr. Wm. Kitson Clayton, Dr. Michael Arthur Clements, Dr. Lee Fyson Cogan, Dr. Arthur Ingram Cooke, Dr. George Cowie, Dr. Percival George Crago, Dr. Malcolm McLachlan Crawford, Dr. Aubrey Joseph Clarence Crawley, Dr. Charles Crerar, Dr. Peter Crerar, Dr. Robert Cross, Dr. Charles Rowland Crowther, Dr. Colin Harold Crump, Dr. Wm. Dabbs, Dr. Kaikhushru Rustamji Dalal, Dr. Mark D'Albon, Dr. George Edward Davidson, Dr. Patrick Joseph Dempsey, Dr. Julian Gilbert Desailly, Dr. Joseph Francis Dixon, Dr Joseph Lockhart Downes, Dr. John Harmer Drew, Dr. Wm. Blackley Drummond, Dr. John Patrick Egan, Dr. Wm. Withers Ewbank, Dr. Charles Lindsay Eyles, Dr. Robert Eyton-Jones, Dr. Leslie Fetherston, Lt.-Col. Ernest George Ffrench, Dr. Richard Cullingworth Field, Dr. Arthur Harcus Firth, Dr. Richard Huxley Fish, Dr. Richard Denington Fisher, Dr. Robert Carey Fisher, Dr. Daniel Bartholomew Foley, Dr. Wm. Smith Forbes, Dr. John Edward Formby, Dr. Harold Clement Fox, Dr. Philip Frazer, Dr. Horace Wilberforce Freer, Dr. John Besley Gillen, Dr. Hamilton Andrew Hugh Gilmer, Mr. Robert Marshall Going, Dr. Jean Paton Gordon, Dr. Frederick Wm. Green, Dr. Thomas Ernest Green, Dr. Alexander James Griffith, Dr. Archibald Cowan Guthrie, Dr. Abraham Thomas Halton, Dr. Arnold Angus Hamilton, Lt.-Col. Wm. Gavin Hamilton, Dr. Timothy Hederman Hannigan, Dr. Wm. Hansen, Dr. George Hanson, Dr. Robert Hargreaves, Dr. Wm. Fryer Harvey, Dr. Henry Wm. John Hawthorn, Dr. Leslie Bowman Haye, Surg.-Major George Sullivan Clifford Hayes, Dr. Henry Douglas Hayes, Dr. Harold Cranwell Aloysius Haynes, Dr. John Alexander Henderson, Dr. Arthur Howard Henry, Dr. Wm. Morton Hewetson, Dr. James Rowland Hill, Dr. Thomas Hill, Mr. Walter John Henry Hislop, Dr. Harry Holmes, Dr. Thomas Daniel Holmes, Dr. Thomas Arthur Frank Hood, Dr. Wm. Horsfield, Dr. Edmund Hudson, Dr. George Frederick Hugill, Dr. James Hunter, Dr. Farris Nusser Jaboor, Dr. Elizabeth Groat Jamieson, Surg. Rear-Admiral Thomas Tendron Jeans, Dr. James Finbarr Jefferies, Mr. David Llewellyn Jones, Dr. George Bertie Kennedy, Dr. Thomas Campbell Ker, Dr. Charles Kerr, Dr. Archibald Kidd, Sir Frederic Truby King, Dr. George David Knight, Dr. Noel Charles Kelleher Lane, Dr. Raymond Charles Lane, Dr. Edward Atholl Clarence Langton, Mr. Arthur Moritz Lazarus, Dr. Isidore Liknaitsky, Dr. Duncan Livingstone, Dr. Neale Leo Lochrane, Dr. John Manning Longford, Dr. George Edward Loveday, Dr. Duncan McArthur, Dr. James Charles McAvoy, Dr. Alasdair MacDonald, Dr. Laurence Fitzhenry McDowell, Dr. John Young MacFadyen, Dr. Wm. McFarlane, Dr. James McKay, Dr. James Austin McKenna, Dr. John McWatt, Dr. John Courtney MacWatters, Dr. Wm. Alexander Mair, Dr. Joseph Ogdin March, Dr. John Matheson, Lieut. Charles Frederick Mayo-Smith, I.M.S., Dr. George James McCarthy Melle, Dr. James Wm. Edwin Mendis, Dr. Felix Henry Meyer, Dr. Timothy N. Mitchell, Dr. John Black Moffatt, Dr. John Brooke Moore, Dr. Richard Walter Clayton Morris, Dr. Hugh Matthew Munro, Dr. Wm. Nicholson, Dr. Emil George Augustus Niemeyer, Dr. John Phillip O'Brien, Dr. Thomas Moore O'Donnell, Dr. Doris Onions, Dr. Rowland Owen, Dr. James Owens, Dr. Harry Norman Palmer, Dr. Norman Drayton Parris, Dr. Aubrey Arthur Hungerford Partridge, Dr. Ada Gertrude Paterson, Dr. Gordon Andrew Paton, Dr. George Wm. Frederic Paul, Dr. Andrew Peden, Dr. Edward Fair Perry, Dr. Jane Picken, Dr. James F. G. Pietersen, Dr. Maurice Dyball Price, Dr. Daniel Frederick Rambaut, Dr. Richard Henry Read, Dr. Llewellyn Roberts, Dr. Alexander Robertson, Dr. Walter George Rogers, Dr. Donald Murray Ross, Dr. Douglas McKissock Ross, Dr. Francis Auguste Rouget, Dr. Joseph Hambley Rowe, Dr. John Rusk, Dr. Hermann Ernest Schaef, Dr. Rudolph Herbert Schlink, Dr. Robert Gillespie Scott, Dr. David Neil McCulloch Scrymgeour, Dr. Walter Alexander Ramsay Sharp, Dr. George Henry Shaw, Dr. Lancelot Shillitoe, Dr. Harry Paynter Sloggett, Dr. Eudo Somerset Smythe, Dr. Randall Sollenberger. Dr. Theodore Constantine Somerville, Dr. Wm. Daniel Stamp, Sir Ambrose Thomas Stanton, Dr. Thomas Gordon Starkey-Smith, Dr. John Thomas Stenhouse, Dr. Roger St. Clair Steuart, Dr. Donald McPherson Stevenson, Dr. John Stevenson, Dr. John Berkley Stewart, Dr. Johannes Stephanus Steyn, Dr. Graves Stoker, Dr. John Henry Stothert, Dr. Douglas Garnett Stoute, Dr. Simson Stuart, Dr. Wm. Arthur Tatchell, Dr. John Tennant, Dr. Annie Florence Theobalds, Dr. Thomas James Bell Thomas, Dr. Charles Henry Burton Thompson, Dr. John Wm. Thomson, Dr. Peter James Thomson, Dr. Thomas Charles Thornicraft, Dr. Gerald Joseph Walton Tierney, Dr. Wm. Tuach-Mackenzie, Dr. Herbert Chrippes Upton, Dr. James Churchwill Vaughan, Surg.-Capt. Arthur Harry Hingston Vizard, Dr. Frederick John Waldmeier, Dr. Edward Walford, Dr. Edward Jabez Walker, Dr. Thomas Walker-Love, Dr. Edmond Walsh, Dr. Gwilym David Watkins, Dr. Robert Watson, Dr. James Leslie Watt, Dr. Cyril Charles Coleby Kirk White, Dr. Percy Newall Whitehead, Dr. Thomas Henry Wignall, Dr. Andrew George Williams, Dr. John Henry Hywell Williams, Dr. Norman Valentine Williams, Dr. Thomas John Williams, Dr. Henry Wilson, Dr. John Cowan Wilson, Dr. Wm. Bernard Wilson, Dr. Wm. James Wilson, Dr. Jacob Wolfson, Dr. Arthur Jeffreys Wood, Dr. Eric Wm. Beresford Woods, Dr. Alan Neil Yuille.

Establishment of Register of Practitioners Willing to Render Service in the Event of a National Emergency

6. The A.R.M., 1937, approved the suggestion of the Council that the machinery of the Association should be utilized for the purpose of establishing in the area of each Home Division a register of those practitioners willing to render service in the event of a national emergency.

The Council is accordingly proceeding with the establishment of such a register, the objective being the classification of the profession in the following categories:

(1) Those willing to accept whole-time service at home or abroad.

(2) Those willing to accept part-time service at home.

(3) Those willing to offer emergency service for the medical care of civilian casualties following air raids, bombardments, etc.:

(*a*) in any part of the country to meet a local emergency;

(*b*) in their own areas.

Each Home Division was invited to appoint an Emergency Officer, whose duty it was to approach the practitioners in the area of the Division in an endeavour to obtain from them a completed form of inquiry which stated each practitioner's present intentions. From this information a local register has been completed. It was made clear to each practitioner that the completion of the Inquiry Form entailed no liability for service and that any statement of intention will be regarded as confidential unless an emergency arises. From the completed Inquiry Forms a central register has been established for the whole country.

Hearing Aids

7. The Council has considered the following Minute 87 of the A.R.M., 1937:

> *Minute 87.*—Resolved: That the Council be instructed to inquire into the question of hearing aids, with particular reference to the manner in which suitable types should be supplied to deaf persons.

It has appointed a special Committee to inquire into the provision and use of hearing aids, with particular reference to the manner in which suitable instruments should be supplied to deaf persons.

Amongst the topics being considered by the Committee are the compilation of a series of tests for use in the calibration of hearing aids; the formulation of standard tests of hearing with and without aids; hearing test provision for private patients; hearing aid clinics in hospitals; the advertising of hearing aids; and lip-reading as an adjunct to hearing aids.

Sir Henry Brackenbury's Visit to New Zealand and Other Oversea Branches

8. In its Report for 1937 the Council referred to the visit of Sir Henry Brackenbury to the New Zealand Branch for the purpose of giving that Branch expert guidance in its negotiations with the Government of the Dominion upon a proposed national health insurance scheme. Upon his return to this country Sir Henry Brackenbury presented a report to the Council which was published in the *Supplement* of February 12.

The Council has placed on record an expression of its high appreciation of the services rendered to the Association by Sir Henry Brackenbury in connexion with his mission to the New Zealand and other oversea Branches. The New Zealand Branch has also expressed its great appreciation of the services rendered by Sir Henry Brackenbury to the Branch and has recorded its gratitude to the home Association for the help which has been given in this matter.

Publicity and the Public Relations of the Profession

9. The Council reports an important development of Association policy upon the question of publicity and the improvement of the public relations of the profession. It has been evident to the Council for some time that there is need to educate public opinion on behalf of the Association and to secure a wider appreciation of the views of the profession on medico-sociological problems. Although individual members of the public have, as a general rule, a high regard for their own doctors, the public as a body is often suspicious and critical of the medical profession as a whole and of the Association in particular.

The public has known of the Association's views on the extension and amplification of the Insurance Medical Service; it dislikes the Poor Law, but has not known of the Association's endeavour to remove the Poor Law stigma from domiciliary medical services; it has not been allowed to forget the need for improved maternity services, but it has been unaware of the Association's comprehensive plans for a national maternity service, based on the utilization of the general practitioner and supported by the gynaecological specialist as may be required. An almost equal degree of ignorance has been observed in regard to other existing conditions. This is shown week by week in the inquiries which reach the Association's office from lay persons; while the experience of the Insurance Acts Committee in its recent endeavours on behalf of insurance practitioners has convinced the Committee that there is a lack of public appreciation and knowledge of the high standard of service given under the national health insurance medical service. In short, the work and views of the profession have hitherto received too little of public attention, and the Council believes it to be necessary to make a systematic effort to inform the public on such matters.

The Council has given careful consideration to the need for publicity, and is advised that the Association can apply propaganda and advertisement to inform public opinion without compromising the dignity or status of the profession. The objectives would be to instruct and improve public opinion regarding doctors generally; to enlighten the public regarding the work of the medical profession and its views on matters relating to the public health; to help the Press to be more constructive and more informative in its handling of news regarding doctors; to secure a more enlightened attitude towards national health insurance and to produce conditions favourable to its extension and amplification and, in consequence, to satisfactory terms and conditions of service for the medical profession.

The Council has appointed a Public Relations Officer to the British Medical Association (Mr. A. W. Haslett), and, with the guidance of an expert organization, it has planned a series of Press announcements instructing the public on matters of public interest. A Propaganda Fund, financed from Association funds and by the Trustees of the National Insurance Defence Trust for a period of three years, has been established. The campaign will be conducted and the fund administered by a committee consisting of the Chairman of Council of the Association (Sir Kaye Le Fleming), the Chairman of the Representative Body (Dr. H. Guy Dain), and the Chairman of the National Insurance Defence Trust (Dr. E. A. Gregg), with wide powers of co-option.

Advertisements have already appeared in the public press upon the Association's policy for a General Medical Service for the Nation and upon the question of Safe Milk. Newly formed Public Medical Services have been helped by local publicity; posters have been issued emphasizing the general practitioner's place in the national

health campaign; and the Public Relations Officer is in constant touch with the Press upon questions affecting the medical profession. Further active steps are contemplated.

The Council is convinced that the action which it has taken in the above matter in conjunction with the Trustees of the National Insurance Defence Trust will meet with the full support of the Divisions.

Representation on Outside Bodies

10. During the session the following appointments and reappointments have been made by the Council:

Council of Society of Medical Officers of Health: Sir Henry Brackenbury, Dr. W. Paterson; Therapeutic Substances Act Advisory Committee: Dr. C. O. Hawthorne; Advisory Committee of Pharmaceutical Society of Great Britain *re* Control of Therapeutic Substances: Sir Humphry Rolleston; British Social Hygiene Council: Sir Richard Needham, Dr. C. O. Hawthorne; Professional Classes Aid Council: Mr. N. Bishop Harman; Joint Tuberculosis Council: Dr. F. W. Goodbody, Dr. C. O. Hawthorne; University College of the South-West of England (Court of Governors): Dr. F. A. Roper; Council of Lister Institute: Sir Humphry Rolleston; Central Chamber of Agriculture—Milk Committee: Dr. H. J. Milligan; Joint Committee of Royal Colleges of Physicians and Surgeons *re* Scientific Aspects of Radiotherapy: Mr. H. S. Souttar; Joint Council on Midwifery: Dame Louise McIlroy, Dr. W. H. F. Oxley; British Film Institute Medical Advisory Committee: Dr. G. C. Anderson; Council of the Board of Registration of Medical Auxiliaries: Dr. G. C. Anderson, Dr. C. B. Heald, Mr. H. S. Souttar; Council of the United Kingdom Branch of the International Hospitals Association: Mr. W. McAdam Eccles; Provisional Central Council of the British Hospitals Association: Dr. P. Macdonald, Mr. R. L. Newell; Executive Council of the National Federation of Provident Associations: Dr. P. Macdonald, Dr. F. A. Roper; National Council for Mental Hygiene: Dr. R. G. Gordon; Livingstone Centenary Celebrations Committee: Mr. W. McAdam Eccles; Population Investigation Committee: Sir Henry Brackenbury; National Ophthalmic Treatment Board: Dr. J. H. Mellotte.

Delegates of the Association to Conferences of Outside Bodies

11. During the session the following members have been appointed delegates to represent the Association at the conferences indicated:

Sixteenth International Red Cross Conference: Colonel E. M. Cowell, Mr. A. W. Haslett (Public Relations Officer of the Association); International Congress of Leprosy: Captain W. D. Hughes, R.A.M.C.; Royal Sanitary Institute Health Congress: Professor R. M. F. Picken; Council of the Tenth International Congress of Psychotherapy: Professor Millais Culpin; International Congress on Rheumatism and Hydrology: Dr. Geoffrey Holmes; Milk Marketing Board Conference: Dr. C. O. Hawthorne.

A Group of Full-time Non-professorial Workers

12. The Council, on the petition of members interested, has formed a Group of Full-time Non-professorial Medical Teachers, Laboratory and Research Workers. The Group is composed of those members of the Association who are engaged full time as non-professorial medical teachers, laboratory or research workers.

Association Professionnelle Internationale des Médecins

13. The Council submits in Appendix I the report of the Association's correspondent, the Secretary, on the Twelfth Annual Conference of the above-mentioned body.

Gifts to the Association

14. The Council has had much pleasure in accepting from Miss Marian A. Lawson a portrait of the late Dr. Christine Murrell, painted by Mr. Binney Gibbs. The portrait now hangs in Committee Room A.

Bequest to the Association

15. The Council has received, on behalf of the Association, a legacy of £25 bequeathed by the late Miss Foster Newton for research work. This legacy is being added to the sum available for Research Scholarships and Grants, 1938, for allocation in accordance with the terms of the bequest, and Miss Newton's name has been added to the List of Benefactors of the Association.

Joint Standing Committee of B.M.A. and Trades Union Congress

16. This Joint Committee consists of seven nominees of the British Medical Association and seven nominees of the General Council of the Trades Union Congress. The following were appointed as the Association's representatives for the 1937-8 session: Chairman of Council, Dr. J. W. Bone, Sir Henry Brackenbury, Dr. H. Guy Dain, Prof. R. M. F. Picken, Dr. H. W. Pooler, and the Secretary.

The Committee is entirely advisory in character, and either side is free to bring forward questions of common interest without in any way impairing the autonomy of the parent bodies. During the year under review the Joint Committee prepared evidence for submission by it as a Joint Committee to the Interdepartmental Committee on the Rehabilitation of Persons injured by accidents. The Joint Committee's evidence was published in the *Supplement* of December 18, 1937. The Committee has given evidence on various matters referred to it by the Association and by the T.U.C. General Council, including (i) the disclosure of information by medical practitioners in reports to insurance companies for workmen's compensation purposes without the patient's consent; (ii) the Local Government Superannuation Bill, particularly in regard to the principle of "added years."

The Committee at present has under consideration (*a*) the preparation of a report on a national maternity service; (*b*) the question of first-aid training for factory and workshop employees; and (*c*) the interchangeability of superannuation rights between voluntary and municipal hospitals.

Association Secretariat

17. Dr. R. W. Durand relinquished his appointment as Assistant Secretary to the Association on taking up office as the Secretary of the London and Counties Medical Protection Society. He has been succeeded by Dr. Leslie S. Potter, who for several years acted as Honorary Secretary of the Buxton Division and of the Derbyshire Branch.

Oversea Members' Meeting Room

18. The Council has considered a suggestion made by the A.R.M., 1937, that provision might be made for a special oversea members' meeting-room at the B.M.A. House where periodical social or socio-professional meetings might be held. The Council feels, however, that it is not possible to set aside a particular room for the purpose indicated as accommodation at Association headquarters is freely available to members on request.

Council Attendances

19. A list of attendances at meetings of Council from the Annual Representative Meeting, 1937, to April, 1938, will be found in Appendix II.

ORGANIZATION

Membership

20. The following is a summarized statement of the changes in the membership of the Association during 1937 as compared with 1936:

	1936		1937	
New Members	2,267		2,229	
Paid Arrears	1,290		1,287	
Resignations Withdrawn ...	21		33	
		3,578		3,549
Resignations	685		622	
Deaths	370		389	
Arrears	1,614		1,620	
Expelled	—		2	
Erased under Art. 9 (C) ii ...	2		2	
		2,671		2,635

Membership, December 31, 1936 36,290
Membership, December 31, 1937 37,204

Group Machinery of the Association: Proposed Special Practice and General Practice Committees

21. In 1927 provision was made in the constitution of the Association for the formation of special groups of members having distinctive professional interests and being, by reason either of their paucity of numbers or their local distribution, unable to obtain adequate representation of those interests through the Divisions and Branches. Since that date the following Groups have been formed by the Council:

October, 1927.—*Spa Practitioners Group:* Composed of "all members of the Association who regularly prescribe the mineral waters and baths of the place whereat they reside or who are on the staff of a hospital where the use of the local mineral waters is part of the routine treatment."

December, 1927.—*Pathologists Group:* Composed of "all members of the Association (not being members of the Public Health Service) who are working in an institutional or private pathological laboratory, engaged in examining and reporting on specimens for general clinical purposes."

April, 1931.—*Practitioners of Physical Medicine Group:* Composed of "all those members of the Association who have specially studied the values of physical methods in the prevention and cure of disease and whose practice is predominantly devoted to the application of physical methods, excluding radiology."

April, 1934.—*Consultants and Specialists Group:* Certain adjustments in the group machinery were necessitated by the formation of this Group. The main differences are that there is provision for three Groups —one for England and Wales, one for Scotland, and one for Northern Ireland—composed of "members of the Association in England and Wales and in Scotland and Northern Ireland respectively who are *not engaged in general practice in any form but practice exclusively* as consultants or specialists and who (*a*) are not whole-time officers in the Public Health Service; (*b*) are not officers on the Active List in the Navy, Army, or Air Force." The Groups are divided into regions holding regional meetings, and reporting to the Group Committee; the Group Committee is not confined to six members, and it may report either to the appropriate Committee of the Association or to the Council direct.

November, 1936.—*Radiologists Group:* Composed of "all those members of the Association who are engaged predominantly in the practice of radiology."

April, 1937.—*Psychological Medicine Group:* Composed of "all those members of the Association who are engaged predominantly in the practice of psychological medicine."

January, 1938.—*Group of Full-time Non-professorial Medical Teachers, Laboratory and Research Workers:* Composed of those members of the Association who are engaged full-time as non-professorial medical teachers, laboratory or research workers.

April, 1938.—*Group of Practitioners of Ophthalmology:* Composed of those members of the Association engaged predominantly in the practice of ophthalmology.

While it is generally agreed that the system of Group organization is well adapted to the purpose for which it was intended and should be continued, experience shows that there is need for alteration in certain respects in order to bring it into alignment with general Association organization. For example, the method by which Group Committees (except in the case of the Consultants and Specialists Group) transmit their findings to the Council through a Standing Committee has proved to be cumbrous. Also the limitation in regard to the number of members of the Group Committee and to the meetings which the Committee may hold have proved a disadvantage. After carefully reviewing the whole position the Council submits the following proposals, which are based on the assumption that the field of consultant and specialist practice will soon be completely covered by Groups.

Special Practice Committee

There should be set up a new Standing Committee called the Special Practice Committee with reference and personnel as indicated in the recommendation below.

All Group Committees would place their findings before the Special Practice Committee, which in its turn would report to the Council, but if those findings were specifically within the reference of some other Standing Committee they would be placed also before the committee concerned. If desired by the representative of the Group Committee on the Special Practice Committee, the latter committee would forward to the Council any recommendation of that Group Committee not approved by the Special Practice Committee, together with the observations thereon of the Special Practice Committee, and if so requested by the Group Committee a representative of the Group Committee would be invited to be present at the meeting of the Council when recommendations arising on matters discussed by it were under consideration.

Group Committees would normally be elected for a period of three years, by members of the Group, usually as a whole, but if decided by the Council in regional constituencies, and would consist of a number decided by the Council, such number not to be less than six. The method of election would be by postal vote, thus ensuring that every member of the Group had a fair opportunity of taking part.

General Practice Committee

The Medico-Political Committee should be abolished and in its place there should be appointed a General Practice Committee with reference and personnel as indicated in the recommendation below.

The General Practice Committee would undertake the bulk of the work now undertaken by the Medico-Political Committee. Parliamentary work would, as is now the practice, be undertaken by the several standing committees on the subjects affecting them. The Committee would be required by Standing Orders of the Council to appoint Subcommittees dealing with Public Medical Services, Contract Practice, Post Office Medical Officers, Ship Surgeons, etc.

The terms of reference of the Hospitals and Public Health Committees would be consequently adjusted (see Recommendation below). The Council recommends:

Recommendation: That the Schedule to the By-laws as to the names, composition, and powers and duties of Standing Committees be amended as follows:

(i) By deleting the references therein to the constitution, membership, duties, and powers of the Medico-Political and Parliamentary Committee.

(ii) By substituting in the provisions therein contained relating to the duties, powers, etc., of the Public Health Committee the words "Public Health services" for the words "Public Health Service."

(iii) By substituting for the first sentence of the provisions therein contained relating to the duties, powers, etc., of the Hospitals Committee the following: "To consider and to report on all questions concerning hospitals, including the question of the remuneration of voluntary hospital staffs."

(iv) By adding the following under the respective column headings shown below:

Name of Committee	Additional Members ex-officio	Appointed Members			Duties, Powers, etc.
		Appointed by the Representative Body	Appointed by the Council	Otherwise Appointed	
General Practice	—	8 being Members of the Association engaged predominantly in general practice	4	1 by the Special Practice Committee. 1 by the Public Health Committee. 1 by the Hospitals Committee. 1 by the Insurance Acts Committee	(*a*) To consider and to report on matters specially affecting those engaged predominantly in general practice, excluding those questions which stand referred to the Insurance Acts and other Standing Committees; and (*b*) to deal with all matters involving the public relations of the profession not specially referred to other Standing Committees
Special Practice	—	3 being Members of the Association engaged predominantly in consultant or specialist practice	3	3 by the Committee of the Consultants and Specialists Group for England and Wales. Each Committee of any other Special Group of which the members are engaged predominantly in private consulting or specialist practice shall have power to appoint 1 additional member. 1 by the General Practice Committee. 1 by the Public Health Committee. 1 by the Hospitals Committee. 1 by the Insurance Acts Committee	To consider and to report on matters specially affecting those engaged predominantly in private consulting or specialist practice, excluding those questions which stand referred to the Hospitals, Public Health and other Standing Committees

Powers of Council for Expulsion

22. The Council deals in para. 97 of this report with a proposed alteration of its powers in the matter of expulsion. In order to give effect to these proposals the Council recommends:

Recommendation: That Article 11, Sub-clause (*a*), be amended:

(i) By deleting, in lines 1–3, the words "on the representation of any Division or Branch, and after due inquiry of which" and by substituting therefor the words "after due inquiry by the Council or by any Committee empowered by the Council in that behalf (whether generally or on any specific occasion), of which inquiry";

(ii) By deleting in lines 9 and 10 the words "of such Division or Branch";

(iii) By deleting all the words in that sub-clause from and including the words in line 13 "Provided that" and by substituting therefor the words:

"Provided that such power shall not be exercisable by the Council in the case of a Member or Associate of a Division or Branch not within Great Britain and Northern Ireland and forming part of or being a Corporate Branch or forming part of a Corporate Group or in the case of a Member or Associate of a Division or Branch within an area outside Great Britain and Northern Ireland for which a Federal Council has been formed under the Regulations and By-laws where that Federal Council has been invested with the powers of paragraph (*c*) of his Article";

and that the Amendment be submitted to the necessary General Meeting of the Association.

Article 11 (*a*) would then read:

"11 (*a*) The Council shall have power after due inquiry by the Council or by any Committee empowered by the Council in that behalf (whether generally or on any specific occasion), of which inquiry not less than fourteen days' notice specifying a time and place at which he may be heard in his defence, shall have been served on the Member or Associate in the manner hereinafter prescribed, finally to expel from membership or associateship (as the case may be) of the Association any Member or Associate whose conduct shall be held by the Council to be such as renders him liable to expulsion under paragraph (*d*) of the last preceding Article. Provided that such power shall not be exercisable by the Council in the case of a Member or Associate of a Division or Branch not within Great Britain and Northern Ireland and forming part of or being a Corporate Branch or forming part of a Corporate Group or in the case of a Member or Associate of a Division or Branch within an area outside Great Britain and Northern Ireland for which a Federal Council has been formed under the Regulations and By-laws where that Federal Council has been invested with the powers of para. (*c*) of this Article."

This amendment of the article involves a consequential alteration of the Schedule to the By-laws in so far as it relates to the Central Ethical Committee. The Council recommends:

Recommendation: That the sixth column of the Schedule to the By-laws relating to the Duties, Powers, etc., of the Central Ethical Committee be amended by deleting the words "on the representation of Divisions or Branches pursuant to Article 11."

Secretaries of Branches and Divisions (By-law 25)

23. In connexion with the appointment of the Regional Secretary to the Metropolitan Counties Branch the Council has considered the terms of By-law 25, which provides that:

"Every Branch and every Division shall have an Honorary Secretary who shall be a Member of the Association and shall be the official medium of communication with the Association and with other Branches and Divisions."

The conditions of appointment of the Regional Secretary include the secretarial work of the Metropolitan Counties Branch and therefore the responsibility for a large proportion of the correspondence between the Branch and the Association and other Branches and Divisions; and in conformity with these conditions the Branch has, with the approval of the Council, appointed the Regional Secretary as Secretary of the Branch. In order to regularize the position and to provide for any future contingency of the kind, the Council is of opinion that By-law 25 should be amended. The Council recommends:

Recommendation: (1) That By-law 25 be amended by inserting before the words "shall be the official medium of communication" in line 3 the words "such Honorary Secretary or such other official of the Branch or Division as the Council may approve." (2) That

By-law 26 (2) (iii) be amended by inserting after the words "Honorary Secretary" in line 4, the words "or other official recognized by the Council."

(The By-laws would then read:

"25. Every Branch and every Division shall have an Honorary Secretary who shall be a Member of the Association, and such Honorary Secretary or such other official of the Branch or Division as the Council may approve shall be the official medium of communication with the Association and with other Branches and Divisions."

"26 (2). A Branch not in Great Britain or Northern Ireland shall be competent from time to time to adopt by the vote of a General Meeting of the Branch, and without the approval of the Council (but subject in the case of a Rule made under By-law 19 (2) to such approval as therein mentioned) Rules dealing with all or any of the following matters, which Rules shall be binding upon the Members and Associates of the Branch:

(iii) The number, duties, and designation of office-bearers of the Branch (who must be Members of the Association), provided that the Branch shall at all times have an Honorary Secretary, or other official recognized by the Council, who shall be the official medium of communication with the Association and with other Branches and Divisions.")

Appointment of Representatives (By-law 38)

24. The Council has considered the question of the possibility of a member who had already been elected as one of the Representatives in the Representative Body of the Public Health Service Members acting at the same time as the Representative of a constituency. There is no provision in the By-laws which meets this position, but, having regard to the terms of By-law 43 (1) to the effect that no Representative of a constituency may act as Deputy Representative of another constituency in the event of the Representative of that constituency being unable or unwilling to attend the Representative Meeting, the Council holds the view that it is contrary to the spirit of the By-laws that any one Representative should act in a dual capacity. It therefore recommends:

Recommendation: (1) That By-law 38 be amended by the addition of the following words:

No person shall be qualified for election or appointment as a Representative or Deputy Representative of a Constituency who at the time of election or appointment is in office as or has been elected or appointed as the Representative or Deputy Representative of another Constituency or of the Public Health Service Members and no person shall be qualified for election or appointment as a Representative or Deputy Representative of the Public Health Service Members who at the time of election or appointment is in office as or has been elected or appointed as the Representative or Deputy Representative of a Constituency;

(2) That By-law 43 (1) be amended by the deletion of the words in lines 2 to 4 ("no such member being the Representative or Deputy Representative of any other Constituency").

(The By-laws would then read:

"38. The Representative Body shall be composed of the Members, *ex officio*, and the Members of the Council, mentioned in the Regulations, and of Representatives of Divisions and of Representatives of the Public Health Service Members elected as hereinafter provided. No person who is not a Member of the Association shall be qualified to act as a Member of the Representative Body. No person shall be qualified for election or appointment as a Representative or Deputy Representative of a Constituency who at the time of election or appointment is in office as or has been elected or appointed as the Representative or Deputy Representative of another Constituency or of the Public Health Service Members and no person shall be qualified for election or appointment as a Representative or Deputy Representative of the Public Health Service Members who at the time of election or appointment is in office as or has been elected or appointed as the Representative or Deputy Representative of a Constituency."

"43 (1). Each Constituency shall elect a Member or Members of the Association who (or one of whom in such order of precedence as may be fixed by the Constituency at the time of the election) shall act as Deputy in the place of any Representative of that Constituency at any Representative Meeting in the event of that Representative being unable or unwilling to attend such Meeting, and any such Deputy shall, for the purposes of such Meeting, be the Representative of the Constituency so electing him.")

Election of "Eleven" Members of Council (By-laws 53 and 57)

25. The Council has had before it representations made on behalf of the Welsh members in regard to the present grouping of Constituencies for election of the "Eleven" members of Council. While under the grouping of Branches for the election of the "Twenty-two" members of Council provision is made for the election of two members by Wales, under the grouping for the "Eleven" members Wales is grouped with the Berks, Bucks, and Oxford, Birmingham and Staffordshire Branches. The Council is of opinion that in the matter of election by the grouped Constituencies Wales should be considered as a separate entity. The Council recommends:

Recommendation: That the number of members of Council elected by the Grouped Representatives of Constituencies in the Representative Body be increased from eleven to twelve in order to provide that there shall be one member elected by the Constituencies in Wales and Monmouthshire.

The adoption of this recommendation will necessitate amendment of By-laws 53 (*c*) and 57. The Council recommends:

Recommendation: That By-laws 53 (*c*) and 57 be amended by deleting in each of these By-laws where it appears the word "eleven" and substituting therefor the word "twelve."

(The By-laws would then read:

"53. (*c*) Twelve (being persons who have been Members of the Association for at least the period aforesaid) by the elected Representatives of the Constituencies comprised in the Branches and Divisions of the Association in Great Britain or Northern Ireland, which Branches and Divisions shall be formed for that purpose into twelve groups as hereinafter mentioned, the Representatives of all the Constituencies in each such group being entitled together to elect one Member of Council."

"57. The mode of election of twelve Members of Council by the Representatives of Constituencies shall be such as shall be prescribed by the Representative Body.")

Appointment of Officials (By-law 74)

26. Resulting from a decision of the Council regarding the appointment of officials, to the effect that all officials with a medical qualification shall be appointed by the Council itself and all other officials by the Staffing Committee, an amendment of By-law 74 (which lays down that *all* officials shall be appointed by the Council) is necessary. The Council recommends:

Recommendation: That By-law 74 be amended by the insertion after the word "officials" in line 1 of the words "holding any medical qualification."

(By-law 74 would then read:

"All salaried officials holding any medical qualification shall be appointed and may be dismissed by the Council, and shall hold office for such period and perform such duties and receive such remuneration as the Council may from time to time determine.")

Subscription of Public Health Service Members

27. The Council has received a renewed request by the Society of Medical Officers of Health that the Association should again consider the possibility of classing those members of the Society who are members of the Association in regard to subscription with medical officers of the defence services, and so render them eligible for a reduced subscription of two guineas. The application is based mainly upon the claim that the remuneration received by the majority of whole-time medical officers in the public health service is not in excess of that received by medical officers of the defence services, and that the calls upon them for subscription to bodies and societies are heavy if they are to keep abreast of their professional work. Such a concession would mean a loss to the Association of some £800 per annum, and after careful consideration of the whole matter the Council is unable to see its way to recommend the suggested reduction in subscription.

Election of Representatives, 1938-9

28. The Council has repeated the 1937–8 grouping of the Divisions in Great Britain and Northern Ireland for election of Representatives, 1938–9, subject to (i) the deletion of the Birkenhead Division and the substitution therefor of the Birkenhead and Wirral, and Wallasey Divisions as separate constituencies; (ii) the inclusion of the Aldershot and Basingstoke Division as a separate constituency. The Branches in Eire have three Representatives in the Representative Body. Each Division and Division-Branch outside Great Britain and Ireland has, as in previous years, been made an independent constituency. The complete list of constituencies appeared in the *British Medical Journal Supplement* of April 16, 1938.

Conference of Honorary Secretaries, 1938

29. The Conference of Honorary Secretaries of Divisions and Branches in Great Britain and Northern Ireland will be held at Plymouth in the afternoon of Wednesday, July 20, 1938. The Secretaries' Dinner will be held the same evening.

Work of the Divisions, Branches, and Federal Councils

30. Annual Reports for 1937 have been received from the majority of the Divisions and Branches, and show continued and increasing activity throughout the wide field covered by the Association. The interest taken by the local units in clinical, scientific, and social matters is noted with particular pleasure. An attempt is being made to rekindle activity in the few unorganized or inactive Divisions in England and Wales. In this connexion it should be remembered that it is only by the continued interest of members in local affairs and by their active support of the local unit that the Association can function effectively in their interests.

On behalf of the Association the Council wishes to thank the chairmen, presidents, secretaries, treasurers, and executives of the Divisions, Branches, and Federal Councils for their unselfish and unstinted work on behalf of the profession and of the Association.

Alterations of Division and Branch Areas

31. Since the A.R.M., 1937, the Birkenhead Division has been dissolved and reconstituted into two Divisions —namely, Birkenhead and Wirral, and Wallasey; a new Aldershot and Basingstoke Division has been formed within the area of the Southern Branch. Readjustments have been made in the areas of other Divisions and Branches with a view to increasing their effectiveness, and other possible readjustments are under consideration.

Financing of Branches not in Great Britain and Northern Ireland

32. The Council has continued to apply to certain Branches outside Great Britain and Northern Ireland the system of variable capitation grants (a system which has been applied for many years to home Branches), according to needs as shown by annual reports received. Two Oversea Branches have agreed to forgo capitation grants in respect of 1937.

Formation of Groups within the Association: Australia

33. The Council has approved a suggestion made by the Australian Federal Council that that body should have power to promote or initiate the formation within the Association in Australia of special groups of members with a limited membership, and that individual Branches should have the power to form groups from among their own members. Amendments to the Articles and By-laws of the Australian Federal Council and of the incorporated Branches in Australia have now been adopted to give effect to this proposal.

Election by Branches not in United Kingdom and Ireland of Practitioners with Qualifications not Registrable in the United Kingdom

34. Prior to July, 1937, it was within the power of Oversea Branches—By-law 25 (2) (vi)—to adopt, without the approval of the Council, a rule defining the eligibility for ordinary membership of practitioners not registered in Great Britain or Ireland. New By-law 26 (3) provides not only that no such rule adopted after July 20, 1937, shall have effect unless approved by the Council of the Association, but that the same principle shall apply to any rule adopted prior to this date. A scrutiny of the rules of Oversea Branches in the possession of the head office has shown that a number of Branches possess such a rule. In some cases this has already received the sanction of the Council by general approval of the rules of the Branch; in others it has not. After consideration of the position the Council decided that no exception should be taken under By-law 26 (3) to rules adopted by Oversea Branches prior to July 20, 1937, defining the eligibility for ordinary membership of practitioners not registered in Great Britain or Ireland.

The Association's Annual Handbook, 1937-8

35. In accordance with the usual procedure the *Annual Handbook* has been issued gratis to those members who have applied for it, as well as to presidents, chairmen, and honorary secretaries of Branches and Divisions and other persons and bodies closely associated with the work of the Association.

Issue of "British Medical Journal" to Final-Year Medical Students

36. The Council is glad to report that the experiment of making the *British Medical Journal* available to final-year medical students in Great Britain and Northern Ireland at a reduced subscription of 10s. 6d. per annum has proved successful, and this concession has now been extended to senior medical students in Eire. The Council has considered the suggestion made by the Representative Body last year that this privilege should be made available also to final-year students at Universities and Medical Colleges in India, but the Council feels that such extension could only form part of a general extension overseas and must await the result of the present experiment.

Division Stationery

37. The Conference of Honorary Secretaries at Belfast made a proposal that Secretaries of Divisions and Branches should be supplied with stationery bearing the crest of the Association, as such would enhance the prestige of the

local unit when corresponding with local authorities and lay bodies in the area and when issuing invitations to special functions. The Council came to the conclusion that it would be undesirable, if not impracticable, to print centrally note-paper suitable for the various local units, but as an alternative Branches have been supplied with an electro of the Association crest for their own use and that of the Divisions within their areas.

REPORT ON PERIPHERAL ORGANIZATION

38. The Council has reviewed the peripheral organization of the Association, giving particular attention to those aspects which experience has shown are capable of improvemen.. It has considered the means by which central policy is made known and implemented, having regard to the apathy displayed by many members towards medico-political matters, and the difficulties affecting co-operation between various sections of the profession in different areas. Further, it has sought means of lightening the increasing burden of work devolving upon the Honorary Secretary; and lastly has considered methods of strengthening co-operation between the Division, medical members of public bodies, and the Health Services administered by local authorities. It submits the following report:

I. Implementation of Central Policy

1. The Council realizes that the autonomy possessed by the local units as defined by Article 20 is of the highest importance, and nothing should be done to interfere with this.

2. The true function of the Council and the various committees should be to act as a central co-ordinating force, but this co-ordination cannot exist unless the local units appreciate what is being done centrally and the central office is kept informed of the means taken at the periphery to implement central policy.

3. The desire of the head office not to have its actions construed as interference with the local units makes the interchange of such information very difficult; but if a firm link can be established between the local units and the central office, then not only will these units be able to appreciate central action, but in addition the central organization will be able to co-ordinate peripheral activities and render them more effective.

4. The Council considers that a step towards this end would be achieved if each Division adopted the procedure at present followed by a number of home and oversea units, of issuing a report of the work of the Division during the previous year. A copy of this report, which would summarize the work of the local unit—medico-political, scientific, and social—would be sent to each member of the Division, to the head office, and to the Branch Council.

5. A similar report should be prepared by each Branch. This report would include, in addition to an account of the activities of the Branch itself, a summary of the work of its constituent Divisions; and a copy should be sent to the head office.

6. It is suggested that these reports should form part of the circular convening the annual meeting of Divisions or Branches. In this manner every member—whether present at the meeting or not—would be kept regularly informed of the activities of the Association in his area.

7. In addition, Section XI of the form of Annual Report and Financial Statement issued by the head office to the Divisions and Branches in January of each year, which at present requests information in general terms as to special questions of local interest dealt with, should be amplified with a view to obtaining from the local units information in regard to (*a*) items of purely local interest and (*b*) implementation of items of central policy grouped under appropriate headings. The reports of Secretaries of local units referred to in paragraphs 4, 5 and 6 might well be constructed under the same headings.

II. Work of Honorary Secretaries

8. The success and activity of a local unit depend primarily upon the Honorary Secretary and next on the members of the local executive. With the increase of legislation affecting medical practice the work of the Honorary Secretary has become more responsible and the material welfare of his colleagues depends largely upon his keenness and activity. In this connexion the Council feels bound to express the opinion that in some instances the Honorary Secretary does not receive the assistance from his colleagues which he is entitled to expect and without which he is bound to be over-burdened, the consequence being that the local organization must suffer.

9. It is most important that the present system of voluntary effort should be preserved; indeed, it is the very corner-stone upon which the Association is built.

10. The Honorary Secretary should, however, be relieved of all unnecessary work and given every possible assistance. Under present conditions he may provide himself with clerical assistance from Association funds in the hands of the Division. But clerical assistance does not completely solve the problem.

11. The Council is of opinion that if effective peripheral organization is to be secured throughout the country, the system of Regional Secretaries, which is at present the subject of experiment in the Metropolitan Counties Branch area, may have to be extended.

12. The Council has already agreed with the principle of Regional appointments, and is of opinion that it is not desirable to wait for further material evidence of success in London before bringing such extension into effect, particularly in view of the fact that conditions in the Metropolitan area are not comparable to those in other parts of the country.

13. Regional Secretaries should, in the opinion of the Council, be registered medical practitioners. Their duties would be to co-ordinate the activities of the various Divisions and Branches within their area, to lessen the burdens put upon the Honorary Secretaries and assist them in such way as may seem desirable, to encourage activity in their areas, to visit Divisions and Branches and, when necessary, individual members, to promote interest in the Association and appreciation of the necessity for individual and collective activity, to keep the central office advised of local developments, and to assist in local representations when required.

III. Local Co-operation

14. Any scheme for peripheral organization would be incomplete which did not provide for co-operation between the local unit, the local medical officer of health, the Local Medical and Panel Committee, medical members of local authorities, the local medical society, if any, the local Public Medical Service, if any, and all other bodies or persons concerned or connected with the provision of medical services.

15. With this end in view every opportunity should be taken for implementing the following policy of the Representative Body:

"The Representative Body believing it to be of the utmost importance that medical practitioners should seek election to local authorities, urges Divisions:

(*a*) to encourage members of the Association to interest themselves in local politics and to offer themselves as candidates through the recognized machinery of the area;

(*b*) to maintain the closest contact with the medical members of local authorities, and continually to keep them informed of the views of the Division on matters before local authorities.

The following statement outlines the more important ways and means in which the local profession may help when a medical practitioner has in fact secured election to a local authority (whether with the help of a Division or not):

(i) Steps should be taken to establish and maintain the closest contact with him. It may be feasible to elect or co-opt him to the Executive Committee of the Division or to the Branch Council. In any case the Branch Council or Executive Committee should itself or through a special subcommittee assume responsibility for maintaining a liaison with such a practitioner or practitioners and for keeping him informed of the views of the Association generally and of the Division on matters under consideration by the local authority. The local authority member for his part should keep this committee informed of possible future developments of his authority's work.

(ii) The Division or Branch should consider, where necessary, what arrangements can be made to help the member of the local authority in his practice, thus enabling him to attend meetings of committees and of the Council without fear of prejudicing his practice."

16. It is important that there should be close co-operation between the local unit of the Association and the medical officer of health. This is best effected through the appointment of a consultative committee such as exists in Essex, Wiltshire, and other districts, as well as by the co-option of the medical officer of health or a member of his department to the Executive of the Division or Branch.

17. Few local authorities have exercised the powers given them under the Local Government Act of 1933 to co-opt medical practitioners to the Public Health or other appropriate Committee of the authority. Local units should seek every opportunity of impressing upon local authorities the desirability of exercising their powers in this direction.

18. Where a local medical society exists every effort should be made by the local unit to co-operate with it, for it is important that the profession should speak with one voice on matters of medical interest.

19. The actual method of co-operation must of necessity vary in different districts, but from experience which has been gained and of which the Council has had information it is believed that no serious difficulties should present themselves.

FINANCE

39. The Financial Statement will be published in the *Supplement* of April 30.

During the year which closed on December 31 last the activities of the Association have increased. New committees with special references were appointed. Important changes in the organization of the secretariat which affected the management of the Association and the *Journal* were carried out by the Council. All these factors, together with a steadily rising membership, have contributed to the increased expenditure disclosed by the Financial Statement for the twelve months ending December 31, 1937.

Balance Sheet

40. On the Liabilities side the Sundry Creditors and the Reserves of the Association created for specific purposes are set out in detail, and call for little comment. The Reserve against the Commitments for the Extension of Premises now stands in the books at a total of £34,716, which is represented on the Assets side of the Balance Sheet by investments, the market value of which at the close of the year was approximately £35,000. This money will be immediately available when the erection of the buildings is commenced, towards the end of the year, on the Upper Woburn Place and Tavistock Square sites. The Overdraft at the Bank at the close of 1937 stood at £2,894, as compared with £4,444 at the end of 1936.

A sum of £125 15s., added to the Surplus Account, represents the profit on the sale of the printing plant, which was disposed of by auction upon the closing of the *Journal* composing rooms. The profit realized by this sale demonstrated that the Assets of the Association stand in the accounts at a figure approximating their true market value and proved the adequacy of the sums written off yearly for depreciation. The Leasehold Premises in London and the houses held by Feu Charter in Edinburgh have again been written down in value by amounts approved by the Council in past years.

The general investments of the Association, which include the shares in the Scholastic, Clerical, and Medical Association, are shown at their cost price. Of these investments the Bank of England and London Midland and Scottish Railway Stock standing in the books at a cost of £9,600 had a market value on December 31, 1937, of £15,000.

The stocks of *Journal* and reprint paper are shown in detail together with an estimated value of the various publications of the Association unsold at the end of the year. This item is brought into the accounts for the first time. A Reserve of £2,500 for Bad Debts and Discounts deducted from the Sundry Debtors for Advertisements is considered to be adequate to meet any possible loss from this source.

Subscriptions carried forward as in arrear amounted to £4,123 at the end of the period which has just closed, as compared with £4,633 in 1936—a satisfactory result in view of the increasing membership of the Association and a greater possibility therefore for an increase in the amount of arrears.

Income and Expenditure Account

41. This account has been redrafted in order to show more clearly the Association's expenditure and that of the *Journal*, which is referred to in greater detail later in this report. The net cost of producing the *Journal* is now shown instead of the separate items of expenditure and revenue. The receipts from subscriptions have increased by £1,600 in consequence of the growing membership. A further increase may be anticipated during the current year, but this will be offset to some extent by the loss of the subscriptions which will not be claimed from members of fifty years' or more standing.

Ignoring the revenue from advertisements, therefore, the income for the last three years has been as follows:

	£	s.	d.
1935	97,770	19	10
1936	100,813	7	3
1937	103,174	3	0

The expenditure, after providing for transfers to the Sinking Fund and Reserve Accounts, has been:

	£	s.	d.
1935	95,801	11	0
1936	99,201	4	7
1937	102,600	19	10

so that for 1937 a net sum, representing the balance of income over expenditure of £573 3s. 2d., has been added to the Surplus Account.

In order that the *Journal* Account may show its proper proportion of establishment and overhead costs a percentage of the depreciation written off the leasehold premises has been transferred to the proper abstract.

A new Abstract which sets out the amount paid as capitation grants and for direct expenditure on local organization as contrasted with expenditure incurred for

the Association as a whole is shown in the accounts for the first time.

The effect of further lettings and the readjustment of tenancies in Tavistock House during the latter part of 1936 and the year 1937 is disclosed by an increase in revenue from this source.

A refund of £305 8s. 6d. made by the National Ophthalmic Treatment Board under its guarantee to the Association is the final instalment, the whole of the money advanced by the Association now having been repaid.

ABSTRACT A

Journal Account

42. The new conditions under which the *Journal* is produced came into operation from April 3, 1937, and in order that a true comparison with the figures for the previous year could be made it became necessary to redraft the form of the annual accounts. In particular, it was necessary to charge the *Journal* Abstract with a proportion of establishment or overhead costs, an item which naturally figures in the contract price charged by the firm of outside printers now undertaking the printing. Certain other costs properly chargeable to the *Journal* have been included in the account, and it is believed that the Abstract now presents a more accurate statement of the total cost of production of the *Journal*.

Editorial Expenses.—A decrease in the amount paid for compiling the *Journal* indexes has resulted from the fact that this work is now undertaken at headquarters by a member of the Editorial Staff.

Administrative Expenses.—The section setting out the administrative expenses includes the cost of the newly formed departments of the Advertisement Manager and Secretary to the Board and their staff. The corresponding figure for 1936 represents the proportion of the salaries of the Financial Department, which hitherto was charged as a "managerial" expense. Future accounts will include the commission payable to the Advertisement Manager. This is payable yearly to June 30, on a basic figure computed for the twelve months immediately preceding the appointment. The establishment of the new departments has necessitated the use of appropriate stationery and ledgers; this is reflected in the small increase in cost shown in the accounts. Increases in the cost of printing and paper also contributed to the additional expenditure.

Cost of Production.—When examining the item of Production Expenses due importance must be given to the effect upon these costs of any variation in the number of copies and pages produced during the period under review. As regards the former, this is almost entirely controlled by the membership of the Association, each newly joining member receiving the *Journal* representing an immediate increase in *Journal* expenditure under the headings of Machining, Paper, Postage, etc. During 1937 it was necessary to increase the weekly printing order to the extent that the total number of copies produced in the previous year was exceeded by approximately 76,000 copies, or the equivalent of nearly two complete issues. Similarly, the total pages produced during the year increased from 7,116 in 1936 to 7,316 in 1937. The cost of production was also affected by an increase in prices beyond the control of the Board of Directors. In October, 1937, following an agreement between the British Federation of Master Printers and the Printing Trades Unions, a reduction in hours from 48 to 45 per week without reduction in wages was accepted. As a consequence, and in accordance with the terms of the contract with Eyre and Spottiswoode, the charge for printing the *Journal* was increased by 4 per cent. It might here be noted that the wisdom of securing a three-year contract for the supply of paper was amply demonstrated in the latter months of the past year. A sharp rise in the price of pulp owing to shortage of supplies resulted in a considerable increase in the market price for printing papers. The existence of a contract, however, assured the *Journal* of supplies at a favourable price.

Journal Revenue.—The revenue from advertisements increased from £57,532 in 1936 to £59,206 in 1937, a result which will give considerable satisfaction in view of the experience of most of the daily and weekly periodicals, whose published figures show decreases in advertisement pages. It is proposed from March 1, 1938, to bring into operation an increase of 20 per cent. in the charge for advertisements submitted by new advertisers. As an inducement to existing advertisers to increase their booking of advertising space in the *Journal*, this increase in rate will be deferred until January 1, 1939, provided they undertake to supplement their existing reservations. As a result of this arrangement it is expected that the revenue from advertisements will be appreciably increased in 1938. The sundry sales of the *Journal* were also increased by £500 over the figure for 1936. The reduction in discounts received on machining and paper purchases is an accidental one, the invoices supplied by the new printers being rendered net instead of being subject to a discount, as was the practice in 1936. A substantial increase in the revenue from Royalties upon the sale of books containing articles reprinted from the *Journal* will be noted.

ABSTRACT B

Central Meetings Expenses

43. The activities of the Committees of the Association from the financial point of view are set out in detail in this Abstract.

Annual Representative Meeting.—The holding of the Annual Meeting at Belfast in 1937 involved the Association in greater expenditure as contrasted with the Oxford, 1936, meeting. Attendances for which railway fares have been paid in the past three years have been as follows:

1935	.....	London	.....	180
1936	.....	Oxford	.....	241
1937	.....	Belfast	.....	225

Council.—During the year 1937 an additional meeting of Council was held in September. Attendances at Council meetings in 1935 incurred 185 fares, in 1936 incurred 189 fares, and in 1937 incurred 204 fares.

The new Committees set up during 1937 are shown in detail.

The figures shown in connexion with the *Insurance Acts Committee* are net, allowances having been made for the reimbursement by the National Insurance Defence Trust of the following items:

	£	s.	d.
Printings and Stencillings	163	14	10
Railway Fares	215	14	8
Clerical Assistance	252	10	0
Postage and Sundries	56	8	2
	£688	7	8

Organization Committee.—Upon the closing of the Association's Printing Department and the operation of the contract with an outside firm of printers, it was thought advisable to reset the Members' and Non-Members' Lists. The cost of £314 14s. 5d. included under the Committee expenditure represents the cost of resetting the latter, an item which will be non-recurring.

The greater proportion of the item of "Printings" which is included in the Abstract represents in actual fact the cost of the stencilling of Committee documents, which is undertaken by the office staff. Where, however, actual printing is referred to an appreciable saving has been effected during 1937 by the operation of a contract with a firm of outside printers. This is referred to in greater detail later in the report.

ABSTRACT C

Capitation Grants and Direct Expenditure on Local Organization

44. This Abstract appears in the Annual Accounts for the first time, and includes the cost of the Scottish Committee, the detailed expenditure upon which is shown under a separate Abstract. The purpose of the new Abstract is to show the amount placed in the hands of the Branches of the Association or expended by Head Office direct upon local organization as contrasted with that incurred for the Members as a whole.

The grant to the Australian Federal Council of £1,000 (Australian), which is included, has been guaranteed for a period of three years; this item, therefore, will again appear in the figures which will be presented for the year 1938.

ABSTRACT D

Library Accounts

45. The value of the books and periodicals purchased by the Library and added to the stock is shown in detail in the Balance-sheet. It might be noted, however, that during the year the books presented by the Editor of the *British Medical Journal* to the Library numbered 440, in addition to which 308 volumes were received from Members and other sources.

ABSTRACT E

Association General Expenses

46. An increase in the cost of Legal Charges is partly attributable to the fees paid in connexion with the case Marshall *v.* Lindsey County Council. A large proportion of these expenses, however, will be recovered by the Association.

During the year 1937 the Association suffered a larger deduction at source from the payments made as interest on investments owing to the increased rate of income tax.

In accordance with Resolutions of Council, bonuses and compensation for loss of superannuation rights were paid to members of the composing staff upon the termination of their services with the *Journal* when the Association's printing office closed.

The cost of the Recruiting Appeals which are made periodically to non-members, hitherto merged into the *Journal* accounts, has been set out in this Abstract for the first time. The item represents the cost of postages and the production of the sample copy of the *Journal* which is sent with the appeal.

A proportion of the cost of the Publicity Campaign which is borne by the Association has been included in this Abstract. In addition to this cost the salaries of the Public Relations Officer and his staff are set out in detail in order to show the full extent of the Association's contribution.

ABSTRACT F

Central Staff Expenses

47. Increases have been paid to the officials and staff under Resolutions of Council. The contributions to the Officials and Staff Pensions Schemes represent the proportion paid on behalf of the members of the Association's staff as distinct from those employed by the *Journal*; the latter cost is included in the *Journal* Account (Abstract A).

ABSTRACT G

Premises Account

48. A small increase in the establishment costs of the Association's property has had to be met during 1937, an additional charge which is partly attributable to an advance in the contract price paid for oil fuel and to an increase in local borough rates. The care and maintenance of the courts of the Association House is now undertaken by the porter staff, so that no charge for this work appears in the account for 1937.

The transfer of a proportion of the premises costs to the *Journal* Account has already been referred to. This proportion is based upon the actual floor space occupied by the various Journal Departments. For this year's account the figure has been calculated for the first three months during which the *Journal* was composed at B.M.A. House under the old conditions, and for the remainder of the year under the altered arrangements For a normal year the figure of £1,000 is suggested as being the proper charge to be transferred to the *Journal* Abstract.

ABSTRACT H

Printing, Stationery, and Postages

49. The miscellaneous printings of the Association are now undertaken by a firm of outside printers under contract. This contract, as in the case of the *Journal* contract, was subject to an increase from October, 1937, in this case one of 5 per cent. Nevertheless, considerable saving has been effected in the printing bills paid by the Association during 1937. It is difficult, however, to compare one year with another, because with the growth of the Association's activities more committee and central office printings have been undertaken during the past twelve months. To quote a single example, the Annual Representative Meeting Agenda in 1936 (18 pages) cost £45 16s. 6d. compared with 1937 (12 pages) which cost £16 10s. 8d. An increase in the cost of stationery during 1937 is partly accidental, as owing to a rise in prices advantage was taken to lay in stocks for some months ahead.

ABSTRACT J

50. Owing to the death of the Editor of the *Journal of Neurology and Psychopathology*, the Council, in June, 1937, suspended publication of this journal until January, 1938. The accounts for 1937, therefore, cover the cost of two issues as compared with four in the previous year.

TRUST FUNDS

Office Staff Superannuation Fund

51. The assets of the Fund are represented by gilt-edged securities, which are shown in the Balance-sheet at their cost price of £31,765. In spite of a general fall at the end of the year in securities of this nature the market value of the Stocks held by the Fund on December 31, 1937, was £34,778.

Sir Charles Hastings Fund

The extent of the loans made by the Trustees of the Fund are set out in detail in the published accounts. The market value of certain of the securities representing the original capital has again appreciated, although for a time these investments had only a nominal value.

British Medical Association Charities Trust Fund

There has been a small decrease in the amount collected by the Fund for the benefit of the existing medical charities, both as regards the earmarked subscriptions and the amounts placed at the disposal of the Fund for distribution at its discretion.

ESTIMATES OF RECEIPTS AND EXPENDITURE FOR THE YEAR 1938

52. The actual receipts for the year ending December 31, 1937, including subscriptions, rents and investments, and sundries, amounted to £103,174; it is estimated that these

receipts for the year 1938 may reach £105,000. The expenditure for the year 1937 upon all forms of Association activity, including the *Journal* and other publications, the Annual Meeting, central and peripheral organization at home and over-seas, amounted to £102,591; it is estimated that the expenditure on these same activities of the Association for the year 1938 will reach £104,900.

HOSPITALS

Recognition of Chiropody

53. The Council received a request from the Lancashire and Cheshire Branch that it would consider the growth of "foot hospitals" at which ailments of the foot were treated by chiropodists. In view of the fact that the development of chiropody has a wider significance than hospital organization for the medical profession, and in view also of an application by the Incorporated Society of Chiropodists for the admission of trained chiropodists to the National Register of Medical Auxiliaries, the Council has considered in all its aspects the claim of chiropodists to recognition by the medical profession.

Previous History of the Subject

54. It will be remembered that in 1928, after the introduction into the House of Lords of a Chiropodists (Registration) Bill, the Representative Body passed the following resolution without discussion:

> That it is undesirable that chiropodists should be recognized in a special register, as such register would convey to the public that chiropodists were competent to undertake the diagnosis and treatment of diseases of the feet.

During the years 1932 to 1934 the Council considered the propriety of the association of medical practitioners with the training of chiropodists at schools of chiropody and with the practice of chiropodists at "foot hospitals." As the final result of this consideration, it submitted the following recommendation to the Representative Body in 1934:

> That it be recommended to the Representative Body that the medical profession should accord a measure of recognition to approved chiropodists who accept the following definition of their work:
>
> Chiropody means the treatment of abnormal nails, and all superficial excrescences occurring on the feet, such as corns, warts, callosities, bunions,
>
> and undertake:
>
> (*a*) to confine their practice to the field set out above;
>
> (*b*) not, even within the above field, to operate for
>
> (i) any congenital or acquired deformity;
>
> (ii) any condition requiring either a general anaesthetic or a local anaesthetic given by injection;
>
> (iii) any condition involving any structure below the level of the true skin;
>
> (*c*) not to treat any patient who is at the time under the care of a medical practitioner without his knowledge and consent.

The recommendation was the subject of a long discussion in the A.R.M. in which the claims of principle and expediency were warmly contested. Finally, the Council's recommendation was rejected in favour of the following amendment:

> That the work of chiropodists in dealing with corns and callosities being already known and utilized, the Representative Body does not approve of giving an official recognition to approved chiropodists in a more extended field.

During the past year events have shown the necessity for some further consideration of the subject by the Association. As has already been said, the Lancashire and Cheshire Branch has asked the Council to give some guidance to the medical profession in its relations with chiropodists and "foot hospitals." It had found in its area that only three out of thirty-two hospitals provided a chiropody service, and that the remainder either offered no help or referred their cases to the neighbouring "foot hospitals." According to the Branch there were about ten such foot hospitals in and around Manchester, some of them good and some bad. These foot hospitals were fulfilling a public demand which was not met by the voluntary hospitals, and some of them were utilized by medical practitioners for their patients, yet the B.M.A., as representative of the profession, did not recognize chiropodists.

The Board of Registration of Medical Auxiliaries, on which the Association is represented, is willing to grant a certain degree of recognition to chiropodists who conform to certain conditions, but, in accordance with the Council's request, the Board has suspended its final decision until the Association has concluded its present investigation. A number of voluntary hospitals are similarly suspending, on the advice of the B.M.A. and the British Hospitals Association, their reply to a request from the British Association of Chiropodists for the establishment of foot clinics at the hospitals. The Royal College of Surgeons is also considering the question of recognition.

The following notes represent an attempt to analyse the arguments which have been made for and against the recognition of chiropodists, first from the point of view of principle, and then from the point of view of expediency.

The Principle of Recognition

55. Arguing from first principles, the theoretical attitude of the medical profession towards chiropody is simple to define. If corn-cutting by chiropodists is to be regarded as a service of the same order as hair-cutting by a barber, the medical profession has no concern with it. If, on the other hand, the activities of chiropodists constitute a therapeutic method, the treatment should be given by, or under the direction and control of, a registered medical practitioner. The medical profession has, indeed, no monopoly of treatment in this country, and it would not, and could not, prevent people from applying to chiropodists for treatment, but it could take no part in the promotion of chiropody by prescribing standards of ethical conduct for chiropodists or by defining their field of practice. If chiropody is claimed to be a curative method it must conform to the principles of other curative methods—that is to say, it must be directed by a medical practitioner who is competent to associate in his diagnosis the local condition with the patient's general health and to prescribe the appropriate treatment. Only a person who has passed through the complete medical curriculum can possess the knowledge required for shouldering the responsibility for diagnosis and treatment.

There is, however, a valuable place in curative medicine for certain technicians who are willing to work as medical auxiliaries under the direction of a registered medical practitioner. Such technicians include masseurs, electrotherapists, and others engaged in physical treatment. If they conform to certain standards of training and undertake not to give treatment except under the direction and control of a medical practitioner they may be admitted to the National Register of Medical Auxiliaries, and it is from this Register that most practitioners select any auxiliary whose services they may require. If chiropodists would give the same undertaking as these approved technicians there would be a case for their recognition as medical auxiliaries, but their present position is not analogous, and recognition of chiropody would not be quite the same thing as recognition of masseurs. Chiropodists do not work under the direction and control of a medical practitioner; they accept patients who come to them direct and they undertake responsi-

bility for diagnosis and treatment. Even though it may be maintained that the conditions for which patients resort to chiropodists are well recognized and that conditions falling outside the chiropodist's ordinary sphere of practice are referred to a medical practitioner, it is none the less true that chiropodists do make a diagnosis and that they decide which cases are simple and which are sufficiently serious to require the attention of a medical practitioner.

Opponents of recognition point out that in actual practice chiropodists undertake work beyond the treatment of abnormal nails and superficial excrescences, and that to this extent at any rate chiropody is an encroachment on the sphere of the medical practitioner.

They maintain that registration would create a kind of minor medical practitioner. There is at present a means of enabling the public to distinguish between those practitioners who have received a full medical training and those who have not. A subsidiary and non-statutory register of persons who, although they had not received a full medical training, were yet recognized by the profession as being competent to undertake a certain type of medical work, could only cause confusion in the public mind.

Consideration of the recognition of a group of workers as competent to undertake a grade of therapeutic method without control or direction by a medical practitioner cannot be separated from a consideration of the consequences of such recognition. It is conceivable that, if one group of persons is recognized and is assisted to improve its training and ethical standards, other groups may apply for similar recognition. Sight-testing by opticians, for example, has been strenuously opposed by the Association on the ground that all sight-testing and treatment of the eyes demands a full medical training. While it may be argued that foot conditions are more likely than eye conditions to be purely local and are less associated with general health, the discrimination between two groups may be difficult to justify. It is also pointed out that the recognition of the right of chiropodists to diagnose foot conditions may cause dissatisfaction amongst the masseurs and others engaged in physical treatment who have undertaken not to accept patients except under the direction and control of a medical practitioner.

The Expediency of Recognition

56. A discussion of the subject on the basis of principle seems to lead to the conclusion that the ideals of the medical profession forbid the recognition of chiropody as an auxiliary service, and it was this aspect which led the Representative Body in 1934 to reject the Council's proposal to accord a measure of recognition to chiropodists. When, however, the practical aspect of the subject is considered the case for rejection seems less complete, and many members of the profession believe that the claims of expediency outweigh the objections of principle.

It cannot be denied that there is a considerable public demand for the treatment of corns, callosities, bunions, etc., although part of the demand has probably been created by commercial advertising. This demand is met in a variety of ways. There are several chiropody associations which conduct training centres and "foot hospitals" and prescribe certain standards of training and, in some instances, of ethical practice. There are numerous foot hospitals and clinics throughout the country. Some of them are supported by voluntary funds or by schools of chiropody, and others are commercial enterprises, many of the latter being conducted by boot and shoe firms or beauty culture concerns. Municipal foot clinics appear to be rare. Foot trouble is extremely prevalent amongst the working classes, and much discomfort and loss of working time are suffered. Yet the only means of alleviation available to them are the foot hospitals and clinics, usually of a commercial type. The practising staff of these hospitals and clinics varies from the well-trained chiropodist who endeavours to maintain a high standard of work and loyal co-operation with the medical profession to the quack of the worst order. The training received by chiropodists varies from the two years' theoretical and practical course required by two of the national associations to a course of one or two weeks.

It is maintained by the supporters of recognition that in practice the medical profession already recognizes reputable chiropodists and that it has shown its willingness to delegate the treatment of corns and callosities to the chiropodist. The doctor, it is said, has not the time, and perhaps not the competence, to treat these conditions, and he will prefer to send his patient to a chiropodist on whose skill and reputation he can rely. He cannot, however, in any real sense direct and control the treatment of a patient referred to a chiropodist, and it is in order that practitioners shall have a means of distinguishing the fully trained chiropodist from the untrained or inadequately trained that a section of the profession supports the recognition by the B.M.A. of approved chiropodists. The establishment of some such method would, it is maintained, be more beneficial to the promotion of the care of the feet and the health of the community than would a spirit of hostility or indifference. In an atmosphere of co-operation the chiropodist would be less likely to go beyond his own sphere than if he were conscious of opposition from the profession, and the support and trust of the medical profession would enable the chiropodist to feel that he was aiding the doctor in relieving discomfort and danger. A properly trained chiropodist, it is said, working in co-operation with the medical profession, will readily recognize the conditions which should be referred to a medical practitioner.

In actual practice, apart from the reference of cases to chiropodists, many medical practitioners are already actively associated with chiropodists and their organizations and clinics. Many medical practitioners are vice-presidents or honorary members of chiropody organizations, or take part in the preparation of the curriculum for chiropody students and in teaching and examining. In some cases a surgeon attends patients in a foot hospital conducted by chiropodists.

The attitude of the public is important. For many years people requiring treatment for corns, etc., have been accustomed to go to a chiropodist without reference to a medical practitioner. It seems unlikely that the public could be educated to realize that the cutting of corns requires the attention of a medical practitioner. It is also maintained that patients will not go to an ordinary hospital for foot treatment, but prefer to attend a special foot clinic. In these circumstances it is held that the profession should accept the situation and should co-operate with reputable chiropodists and assist them to provide the best possible service. The needs of the working classes especially claim attention, and it is urged that a cheap and efficient chiropody service is imperative.

Method of Recognition

57. If it be admitted that the recognition of properly trained chiropodists is desirable, the next matter for consideration is the method by which that recognition shall be conferred. Recognition by the B.M.A. would mean, in the case of chiropodists, that the Association would guarantee that the persons concerned had received a proper training, that they would restrict their work to the field for which they had been trained, and that if any case seen by them extended beyond that field they would refer it to a medical practitioner. The most obvious way of providing a means of distinguishing between the trained and the untrained chiropodist is admission to the National Register of Medical Auxiliaries, and the Board of Registration has, in fact, expressed its willingness to admit to the Register members of the Incorporated Society of Chiropodists. One or two observations may be made.

The names already on the Register are those of persons who have undertaken not to treat any patient except under the direction and control of a registered medical practitioner. This description does not apply to chiropodists, who undertake treatment on their own account, but attention is drawn to the fact that By-law 7 of the Board of Registration, which prescribes the conditions for admission to the Register, concludes with the following words: "Provided that in the case of any particular branch or branches of medical auxiliary work the Council may at any time waive any of the aforesaid conditions, add to them or otherwise modify the form of undertaking to be signed by the applicant." It would therefore appear that the Board of Registration has the power to admit to the Register persons who are not prepared to work under the direction and control of a registered medical practitioner. The effect on other groups of workers of the practical application of this proviso will require consideration. The purpose of the Register is "to provide information concerning qualified medical auxiliaries, not only for the use of the medical profession, but also of institutions, spas, town and county councils, and other official bodies for general reference." The purpose of a list of chiropodists is to provide a means of distinguishing between the trained and the untrained chiropodists for the convenience not only of the medical profession and official organizations, but of the general public.

Recognition will entail a consideration of the relations between medical practitioners and chiropodists. One suggestion is that the Association should encourage the employment of chiropodists in hospitals, where they could be more closely associated with medical treatment than in independent practice. Two of the chiropody associations have expressed themselves in sympathy with this suggestion, and have stated that they are willing that their members should work in hospitals under the direction of a medical practitioner rather than establish hospital clinics under their own independent control.

Recognition by Other Bodies

58. Certain practical steps towards recognition have already been taken by other bodies. The Council of the Board of Registration of Medical Auxiliaries considered in January, 1937, an application for recognition by the Incorporated Society of Chiropodists. It gave the application general approval in the following minute:

> That a certain degree of recognition be afforded to chiropodists, and that they be eligible for registration subject to the approval of curriculum of their organization and to the acceptance by them of the following definition of their work:
>
> Chiropody means the treatment of abnormal nails, and all superficial excrescences occurring on the feet, such as corns, warts, callosities, bunions.
>
> A chiropodist will confine his practice to the field set out above.
>
> A chiropodist will not, even within the above field, operate or give manipulative treatment for:
>
> (*a*) Any congenital or acquired deformity;
>
> (*b*) Any condition requiring either a general anaesthetic or a local anaesthetic given by injection;
>
> (*c*) Any condition involving any structure below the level of the true skin.
>
> A chiropodist will not treat any patient who, to his knowledge, is at the time under the care of a medical practitioner, without the consent of that practitioner.

The Royal College of Physicians and the Royal College of Surgeons have also decided, after a full investigation, to accord "suitable recognition of chiropody as belonging to the arts and crafts ancillary to medicine and those of which it is important that the profession should obtain some form of suzerainty."

In April, 1937, the Comitia passed the following resolutions:

(*a*) "That the following definition under which the Board of Registration of Medical Auxiliaries has recognized chiropody be approved by the two Colleges:

'Chiropody means the treatment of malformed nails and superficial excrescences occurring on the feet, such as corns, warts, callosities, and bunions.'"

(*b*) "That the Royal Colleges shall agree to approve the examiners in Physiology and Anatomy (a single subject), Medicine, and Surgery, annually selected by the Incorporated Society of Chiropodists, but that if in the opinion of the Colleges such list does not contain sufficient names of suitable candidates the Royal Colleges shall select other candidates than those named."

Recommendations

59. Two national associations—the Incorporated Society of Chiropodists and the British Association of Chiropodists—have emphatically expressed their desire for recognition by the medical profession and their willingness to conform to any reasonable conditions the profession requires. They have specifically accepted the limitations of chiropody as expressed in the recommendations below.

The Council recommends:

Recommendation A: That the following resolution of the A.R.M., 1934, be rescinded:

> *Minute 81.*—The work of chiropodists in dealing with corns and callosities being already known and utilized, the Representative Body does not approve of giving an official collective recognition to approved chiropodists in a more extended field.

Recommendation B: That a measure of recognition be accorded to chiropodists.

Recommendation C: That for the purposes of recognition, chiropody be defined as the treatment of malformed nails and superficial excrescences occurring on the feet (such as corns, warts, callosities), and bunions.

Recommendation D: That recognized chiropodists should be required to undertake:

(1) To confine their practice to the field indicated by the foregoing definition of chiropody, except when acting under the direction and supervision of a medical practitioner.

(2) Not, even within that field, to operate or give manipulative treatment for:

(*a*) Any congenital or acquired deformity;

(*b*) Any condition requiring either a general anaesthetic or a local anaesthetic given by injection;

(*c*) Any condition involving any structure below the level of the true skin.

(3) Not to treat any patient who is at the time under the care of a medical practitioner without his knowledge and consent.

Recommendation E: That the measure of recognition to be accorded to chiropodists be conferred by means of admission to the National Register of Medical Auxiliaries on the terms and conditions prescribed by the Board of Registration.

Recommendation F: That it be recommended to the Board of Registration of Medical Auxiliaries that at treatment centres where the training of student chiropodists is undertaken the curriculum and teaching should be under the general supervision of a registered medical practitioner.

Recommendation G: That treatment centres unassociated with voluntary or municipal hospitals ought not to be termed hospitals.

Payment of Medical Staffs of Voluntary Hospitals

60. In June, 1937, the Association communicated with committees of management of voluntary hospitals urging them to give early consideration to the application of the recommendation of the Joint Committee of the British Hospitals Association and of the British Medical Asso-

ciation presided over by Lord Linlithgow "that the time has come to recognize the claim of the visiting medical staffs to some share in the moneys raised for the treatment of patients in hospital other than those provided by voluntary subscription or donation for the treatment of free patients" as endorsed in Chapter XI (paras. 146–151) of the Report of the Voluntary Hospitals Commission. The Council has obtained information as to the present position, from which it appears that the principle of payment of medical staffs is receiving steadily increasing recognition throughout the country. Many medical committees are seeking discussion with their boards of management with a view to securing the adoption of the Association's policy that, in respect of treatment given to "contributing patients," medical staffs of voluntary hospitals "shall receive from the hospital managers remuneration for such service either by salary, by payment for definite services and responsibility, by honorarium, or by agreed payments to a staff fund placed at their disposal."

Consultants List for London

61. Some five years ago the Council decided to establish for the area of the King Edward Hospital Fund for London a list of practitioners willing to provide consultant and specialist services at a modified fee to persons entitled to medical benefit under the National Health Insurance Acts, contributors to the Hospital Saving Association, subscribers to approved Public Medical Services, and to others of a like economic status as guaranteed by membership of a recognized organization. Experience of the working of this list has shown that it has meant the payment of a modified consultation fee by a number of persons who would otherwise have obtained gratuitous hospital services, and that the use which is being made of the list is gradually increasing. It is felt that when the facilities provided under the list are more widely known among that class of the population for which the list was established it will be used to a much greater extent.

The Council has now varied the area of the list to an area corresponding with that of the Metropolitan Police Area, and has granted the facilities of the list to the Gas Light and Coke Company Employees' Benefit and Hospital Society.

Status of Pathologists

62. It was represented to the Council that in certain instances the status of a pathologist in charge of a hospital pathological department is not in accordance with the Association's Hospital Policy, which urges that the pathologist in charge should be considered as having a status similar to that of the other members of the visiting staff. The Council has expressed the view that a pathologist in charge of a hospital pathological department should be *ipso facto* a member of the medical committee of the hospital, and steps are being taken to bring the Association's policy in this respect to the notice of the appropriate hospital medical committees.

Liabilities of Local Authorities in Respect of Institutions Maintained by Them: Marshall v. Lindsey C.C.

63. Reference is made in paragraph 124 of the Council's Report for 1936–7 to the important questions arising from the House of Lords Judgment in the case of Marshall *v.* Lindsey C.C. It will be recalled that the county council appealed unsuccessfully against a decision of the Court of Appeal awarding against it in damages £750 for its negligence in allowing a patient who had been treated in a nursing home under its jurisdiction to contract puerperal fever. The county council claimed that it was not liable for any negligence on the part of its medical staff in a matter of professional care or skill which it was not competent to supervise or regulate. The county council was, however, held liable for negligence in not refusing admission to new patients after it had become known that a patient in the home had contracted puerperal fever, for failure to take swabs of the throats of all persons who had been in contact with the infected patient, and for failure to notify the plaintiff or her doctor of the danger of infection existing at the time of her admission.

The conference of representatives of the County Council's Association, the Association of Municipal Corporations, and the British Medical Association decided to obtain the opinion of counsel as to the general effect of this decision and as to any measures which public authorities, voluntary hospitals, and nursing homes could appropriately take to safeguard their position. Counsel, after examining the various steps which might be suggested to avoid or minimize chances of a successful claim, including the warning of patients of present or past infection and the procedure of disclaiming liability, finally expressed the opinion that insurance provides the only effective form of direct protection against such risks. An examination of the different varieties of insurance policy in existence revealed that in almost every case the indemnity was restricted by a clause requiring reasonable care or precaution to be taken by the assured in certain respects, and by various "exceptions." The conference discussed with representatives of tariff and non-tariff insurance companies the kind of policy that it regarded as satisfying the requirements under consideration—namely, a policy that would give indemnity against all claims made against a voluntary or local authority hospital and/or members of its staff, professional and non-professional, paid and unpaid. As a result of the work of the conference policies have been made available which give the comprehensive cover desired.

In the course of the case of Marshall *v.* Lindsey C.C. attention was drawn to the circular dated April 13, 1934, issued by the Chief Medical Officer of the Ministry to medical officers of health entitled "Bacteriological Investigation with Reference to Puerperal Sepsis." This circular, although primarily advisory in its recommendations, included reference to precise details of the steps to be taken in certain clinical matters that might be used in a court of law so as to lead to the inference that measures of an unreasonably complicated nature ought to have been taken by the officers in charge of an institution. In the event of an action it might be urged that failure to carry out any one of these detailed suggestions constituted prima facie evidence of negligence. The conference discussed with representatives of the Ministry the difficulties arising from this circular, as a result of which the Ministry has undertaken to reissue the circular with an appropriate modification in wording.

The conference summarized its work in a letter to hospital authorities which has been issued by the constituent associations.

"BRITISH MEDICAL JOURNAL"

64. With the adoption of new letterpress print and a complete reform of the title-page and table of contents on January 2, 1937, the *British Medical Journal* began a fresh phase in its long history of service to the Association and the profession. This outward change has been warmly approved by readers everywhere, and the obvious aesthetic gain is matched by an all-round improvement in legibility. The introduction of new typography, coming at a time of increased efforts to help and interest members through the pages of their *Journal*, has led to a growth in effective circulation; each weekly issue is more widely read, and read with closer attention; evidence of this will be found in the correspondence columns of the *Journal* and *Supplement*, but besides the many letters published week by week there are many more for which space cannot be found, and the pressure

still grows. In the choice and presentation of material published in the *Journal* the aim has always been to supply members with a periodical giving them a comprehensive review of progress in the science and practice of medicine, and a means for the exchange of opinion. The main function of the *Supplement* is to keep members informed of the course of the business of the Association and of the numerous directions in which it acts as the medico-political organization of the profession. Much of this political and administrative matter is of a kind that would not be published so fully in a journal run as a commercial undertaking, but further efforts have been made during the past year, by co-operation between the Editorial and the Secretarial Departments, to present such information in a more attractive form and to widen the field of interest. The Council believes that this policy is approved by members, and that those engaged in medical work under the Insurance Acts value the prominence given in the *Supplement* to their affairs and problems.

Special Series

65. The first group of thirty-five signed articles, contributed to the *Journal* by invitation, on the "Management of Major Medical Disorders met with in General Practice" was republished in book form in March, 1936, by Messrs. H. K. Lewis and Co., Ltd., under authority from the Council. This volume of 260 pages (price 8s. 6d.) was very favourably received, and a revised edition has been prepared for press. The second group of fifty articles was reissued at the end of 1936 by the same publishers, as a companion book of 426 pages, entitled *Treatment in General Practice, Vol. II* (price 10s. 6d.), and some 2,000 copies had been sold by the first week in March, 1938. Early in 1936 a collection of articles by Mr. D. Harcourt Kitchin, barrister-at-law, were reproduced from the Medico-Legal columns of the *Journal* in a book entitled *Legal Problems in Medical Practice* (Edward Arnold and Co., 10s. 6d.). The first of a series of twenty-eight signed articles on "The Endocrines in Theory and Practice," contributed by invitation, appeared in the *Journal* of October 17, 1936, and this feature was continued weekly until May 15, 1937. The Endocrinology series (republished in book form by H. K. Lewis and Co., Ltd., at 9s.) was followed after an interval by articles on "Anaesthesia in General Practice," which ran from July 17 to November 13, 1937. A further series of articles, on "Surgical Procedures in General Practice," began on December 11, 1937, and has been continued weekly since that date. Arrangements were made last year to supply members with up-to-date and reliable epidemiological news, and this weekly feature began in the *Journal* of January 1, 1938.

Some Figures for 1937

66. The average weekly number of pages in the *British Medical Journal* in 1937 was 140.52, distributed as follows:

Journal and Epitome	57.07
Supplement	15.55
Advertisements	67.9

The total number of pages of text and advertisements was 7,308 as compared with 7,116 in 1936, 6,752 in 1935, and 6,396 in 1934. (The totals do not include half-yearly indexes or special plates on art paper.) In view of these figures the Council appeals once again to members, when sending communications to the Editor for publication, to bear in mind the great variety of scientific and professional interests which rightly look to find representation in the pages of the *Journal*. In the year under review 946 addresses, papers, and clinical memoranda were submitted, and of these it was possible to publish 514. Contributors have been urged to summarize their papers and set out their conclusions in a terminal paragraph. Cross-headings are now inserted more freely in all articles, so that the reader may grasp the gist of the principal contents. If further improvements in appearance and "readability" are to be achieved greater conciseness may be necessary, especially in correspondence. While this section of the *Journal* deserves encouragement members are asked to make their points briefly.

Business Management of the Journal

67. In November, 1936, the Council put the business management of the *British Medical Journal*, the two special journals, and all miscellaneous printings undertaken for the Association under the supervision of a Board of Directors elected for three years, each member receiving a fee of £5 5s. per meeting and having certain obligations as to attendance. The Board consists of R. G. Gordon (Chairman), R. J. A. Berry, J. C. Matthews, H. Robinson, and R. Scott Stevenson. Since its appointment in November, 1936, the Board has held the following meetings: three in 1936, twelve in 1937, and three in 1938 (up to March). The Officers of the Association receive all documents and attend all meetings, but do not vote. Under the aegis of the Board the following action has been taken:

The *Journal* in its new typography and cover appeared with the first issue of 1937. Typesetting of the *Journal* ceased to be done in the printing office at B.M.A. House at the close of March, 1937, and this work with the machining and dispatch was transferred to Eyre & Spottiswoode, Ltd., with the number dated April 3, 1937. This is in accordance with a five-year contract entered into between the Council and Messrs. Eyre & Spottiswoode for composing, machining, and dispatch of the *Journal*. A contract for the supply of paper for the *Journal* for 33 months from April 1, 1937, was entered into with Messrs. C. Townsend Hook & Co., Ltd., on terms which are believed to be highly advantageous. A contract for miscellaneous printings required for the Association other than those which had appeared or would appear in the *Journal* was entered into with Vacher & Sons, Ltd. The contract is from April 1, 1937, for five years. A contract was entered into with William Clowes & Sons, Ltd., for the production of both special journals, the *Journal of Neurology and Psychiatry* from January, 1938, and the *Archives of Disease in Childhood* from March, 1938. These journals now have the same typography and the same size of page; they both appear quarterly and cost 25s. per annum to non-members and 20s. per annum to members of the B.M.A., single numbers costing 7s. 6d. When the *Journal* printing was transferred to Messrs. Eyre & Spottiswoode arrangements were made for disposal of the machinery and equipment in the printing office on the fourth floor of the north-east wing of B.M.A. House. Some of the resulting space has been used for a much-needed expansion of editorial accommodation, and the rest became available for letting purposes. Canvassing for suitable advertisements has been actively pursued during the year under review. The Board has instituted a system of routine return of costing statements, list of advertisements received, etc., whereby a close check can be kept on the general financial status of the *Journal* and other publications of the Association.

Cost of Production and Distribution

68. The *Journal* account shows the gross cost of the production and distribution of the *British Medical Journal*, including all editorial and a portion of the managerial and establishment expenses. The figure was £81,958 in 1937, compared with £78,254 in 1936. It must not be forgotten, however, that the *Journal* account as set forth in the Financial Statement does not bear any proportion of the cost of building the premises in which the *Journal* is conducted and administered. The revenue from advertisements, sales of *Journals*, reprints, etc., was £66,971, compared with £65,208 in 1936.

Censorship of Advertisements

69. While the acceptance of advertisements does not imply a recommendation or guarantee, and while no responsibility can be undertaken with regard to the accuracy of the statements contained in advertisements, a very strict censorship is maintained by the Journal Committee and Board. The cash value of advertisements which, in pursuance of the Association's policy, have been declined or discontinued represents a large sum, but the policy of excluding undesirable advertisements from the official organ of the Association is a duty which the Council feels it owes to the members of the medical profession. All new advertisements submitted for publication are scrutinized in the Secretarial Department. Details of advertisements suspended or refused and of the grounds for the action taken are periodically reviewed by the Journal Committee and Board. The special Foods and Drugs (Advertisements) Subcommittee has met as required to consider questions of special difficulty. The restoration of the weekly Index to Advertisements has been under consideration.

"Archives of Disease in Childhood"

70. Early in 1926 the Council of the Association decided, in response to the wishes of many members, to issue a periodical which would worthily represent the British school of paediatrics by recording the investigations and conclusions, clinical and pathological, of all its workers. The first number of the *Archives of Disease in Childhood* appeared in February, 1926, and the twelfth volume was completed with the number dated December, 1937. The joint Editors are Dr. Charles Harris and Dr. Alan Moncrieff, and an Editorial Committee meets periodically under the chairmanship of Sir Frederick Still. The *Archives* is now issued quarterly. The annual subscription (post free) is 25s. (20s. to members of the Association), payable to the Secretary, British Medical Association, Tavistock Square, London, W.C.1; subscription for Canada and the United States, 6 dollars (post free); price of single numbers, 7s. 6d.

"Journal of Neurology and Psychiatry"

71. Since 1926 the *Journal of Neurology and Psychiatry* (formerly the *Journal of Neurology and Psychopathology*) has been issued by the British Medical Association, and the sixty-eighth number appeared in April, 1937. Its contents include original communications, abstracts of current neuropsychiatric literature, and critical reviews; and the scope and arrangement of this journal are such that it fills a place which no other published in English exactly occupies. The *Journal of Neurology and Psychiatry* is edited by Dr. E. Arnold Carmichael, who has been appointed successor to the late Dr. S. A. Kinnier Wilson, with the assistance of an Editorial Committee. The annual subscription is 25s. (20s. to members of the British Medical Association); single numbers, 7s. 6d. (post free), payable to the Secretary of the British Medical Association. It is encouraging to note that the first number of the new series was sold out within five weeks of the date of issue.

CONSULTANTS AND SPECIALISTS

Anaesthetists' Fees

72. The Council considered a communication from the Association of Anaesthetists of Great Britain and Ireland, which comprises most of the teachers and specialized practitioners in anaesthetics in the two countries. It is stated that "whereas the demands now made on this type of specialist are different from and greater than those of a generation or two ago, neither his hospital status nor his emoluments have altered in due proportion, although the importance of his branch of practice has been recognized by the institution of a Diploma." Attention is drawn to the tradition, widely followed, that in private work the anaesthetist's fee should be 10 per cent. of the surgeon's operation fee. This is stated to be usually quite inadequate, and on principle it is urged that the anaesthetist should be entitled to name his own fee as every other specialist does, and that his fee has no necessary relationship to that of the surgeon. After hearing the views of the members of a deputation from the Association of Anaesthetists of Great Britain and Ireland the Council recommends:

Recommendation: That the Association appreciates the value of the specialist anaesthetist as an essential unit of medical practice, both in hospital and in private practice, and recognizes the right of the anaesthetist to assess and collect his own fees.

Other Matters Affecting Consultants and Specialists

73. Much of the time of the Council has been devoted to the consideration of matters affecting consultants and specialists referred to it by standing committees of the Association and dealt with in other parts of this report.

MEDICO-POLITICAL

Public Medical Services: Contract Practice

74. The past year has been one of steady progress so far as Public Medical Services are concerned. There are now sixty Services in operation, new Services having been inaugurated in Berkshire, Bradford, Leeds, Llandudno, Redcar, and West Norfolk. Others are in process of formation in Bristol, South Shields, Stoke-on-Trent, and Walsall, and in other areas.

The Council continues its endeavours to promote and co-ordinate this form of contract practice, more particularly in view of the resolution adopted at the Annual Meeting last year that, whenever practicable, other forms of contract practice should be replaced by Public Medical Services. A further conference of representatives of established Public Medical Services was held in November last. This conference was attended by representatives from forty-nine Services, and an opportunity was thus afforded for an exchange of views and experience among those practitioners who are interested in this type of work.

At the Annual Representative Meeting, 1937, a recommendation was adopted to the effect that there should be no differentiation in the contract rates for medical attendance upon juveniles and adults. The Council has drawn the attention of Public Medical Services to this resolution, and has urged that it be given effect. A lower rate of payment for juveniles cannot be justified; indeed, it would not be difficult to show that the juvenile is a worse risk for the doctor than the adult. The Council does not lose sight of the fact that the juvenile's subscription is usually borne by the wage-earning member of the family, and that if there are a number of dependants to maintain it may be burdensome. The majority of Services meet this by a maximum payment per family, and others by what is known as the "tapering" scale of subscriptions with a relatively larger subscription from single subscribers.

The remuneration paid to practitioners working under the Public Medical Service arrangements has been reviewed by the Council, and it appeared that in the majority of cases an adequate capitation fee is being paid for each person at risk. Where the position is not satisfactory the Council has urged the Service concerned to give serious consideration to the matter. As a result of this action several Services have improved their subscription rates. The Council proposes to press for the adoption of adequate subscription rates in all Services.

The Council notes the continuance of contract practice in many areas considerably below the Association's recommendations, and urges all Public Medical Services to join with the local units of the Association in putting

an end to this unsatisfactory position. With a view to the co-ordination of this form of contract work in accordance with Association policy the Council suggests that every Public Medical Service which has not been formally approved by the Association should seek such approval.

The Council has granted approval to an extension of the Swansea Public Medical Service to include persons with incomes between £250 and £400.

Land Settlement Association

75. The Council has had under consideration the question of a scheme for the provision of medical treatment to trainees and settlers and their dependants on the estates of the Land Settlement Association. This Association operates in various parts of the country, and it was found that schemes were being inaugurated which were not in any way co-ordinated and which were in all cases on an obviously charitable basis. The Council is glad to report that as a result of its negotiations the following scheme has now been agreed—namely:

(i) The subscription rates to be 3d. for one person; 6d. for two persons; 8d. for three; and 10d. for four or more.

(ii) The subscriptions to be collected by the Land Settlement Association without charge and paid to the doctors concerned.

(iii) The scheme to apply to trainees and settlers upon all the estates of the Land Settlement Association.

This scheme came into operation on January 1, 1938, in substitution for all other arrangements then existing on these estates.

Nursing Problems

76. An Interdepartmental Committee has been set up to inquire into the arrangements at present in operation with regard to the recruitment, training, registration, and terms and conditions of service of persons engaged in nursing the sick, and to report whether any changes in these arrangements or any other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing. The Association is preparing evidence for submission to the Interdepartmental Committee, and it is hoped to publish this evidence in the Supplementary Report.

Mortuary Facilities

77. During the last session representations were made to the Minister of Health upon the inadequacy of mortuary accommodation and facilities for making post-mortem examinations, particularly in rural areas, and the Minister has now replied that instructions have been given to the medical officers of his Department, when conducting surveys of Public Health Services in rural areas, to include the question of mortuary and post-mortem examinations among the matters to be reported upon, and that he would be glad to receive any specific information in the possession of the Association. The Minister has been supplied with the information obtained from Divisions, and publicity has been given to the matter in the columns of the *Journal*.

Election of Direct Representatives for England and Wales on the General Medical Council

78. In October next there will be an election of two Direct Representatives on the G.M.C., which arises by reason of the fact that the period of office of Dr. J. W. Bone and Sir Kaye Le Fleming expires. A third vacancy, occasioned by the expiry of the term of office of Dr. H. Guy Dain, will arise in April, 1939. Divisions in England and Wales have been urged to consider the nomination of candidates at an early meeting. The selection by Representatives of English and Welsh constituencies of the candidates to receive the support of the Association for their election will take place during the Annual Meeting in July.

Qualification of Coroners

79. The Council reported to the Annual Representative Meeting last year that it had made representations to the London County Council that candidates for appointment as coroner should possess a dual qualification, and that a medical qualification was no less important than a legal one. The decision of the London County Council in the matter is:

> "That no person be eligible for appointment as coroner in the County of London unless he is a barrister or solicitor and possesses one of the qualifications required by Section I of the Coroners (Amendment) Act, 1926, and that, in the selection of persons for such appointments due weight be given to experience as deputy coroners and to the possession of a knowledge of forensic medicine"

but it should be noted that in two recent appointments of coroner and three appointments of deputy coroner all the vacancies were filled by registered medical practitioners. The Council feels that the matter cannot usefully be pursued further.

Fees for Medical Witnesses in Criminal Cases

80. The A.R.M., 1937, approved a statement for a general increase in the fees payable to medical witnesses in criminal cases. This statement has been submitted to the Home Office, and it appears that delay in reaching a decision has been occasioned by reason of the fact that certain other suggestions for the amendment of the Witnesses' Allowances Order are under consideration. The present situation is unsatisfactory, and the Council will maintain a close watch upon the position.

Medical Examination of Auxiliary Firemen and Air Raid Precautions Wardens

81. A request was received from the Home Office for the Association to state the fee which was considered appropriate for the medical examination of reservists and auxiliary firemen. The Council suggested that the minimum fee for this work should be 5s., it being understood that a simple examination and a modified form of report were all that was required.

Subsequently the Council received inquiries from members as to the appropriate fee for the medical examination of wardens and other persons in connexion with air raid precautions schemes.

The Council is of opinion that the examination of wardens and other persons connected with air raid precautions schemes is comparable with that of auxiliary firemen and that the minimum fee for this examination should be 5s. It is desirable that the latter fee should be agreed with the Home Office for general application throughout the country, and negotiations are accordingly being entered into with the Department.

Home Helps

82. The Council has considered the question of the employment of home helps, and in this connexion has had regard to certain observations made by the College of Nursing and to the following Min. 77 of the A.R.M., 1933:

> *Resolved:* That local authorities should be encouraged to make available, in necessitous and otherwise suitable cases, the services of "home helps," who will work in accordance with such conditions as will prevent them undertaking the duties of a nurse.

A local authority is empowered to provide home helps as part of its maternity and child welfare service under Section 204 of the Public Health Act, 1936. The Ministry of Health in Memorandum 156/M.C.W., issued in December, 1930, urged upon local authorities the desirability of providing "home helps" for domestic assistance during

the lying-in period, and also during pregnancy in those cases in which there are abnormal conditions rendering it dangerous for the woman to continue her usual household work. More recently in Circular 1622, issued by the Ministry of Health to maternity and child welfare authorities on May 7, 1937, in connexion with the Maternal Mortality Report, it is stated:

> "7. (ii). A service of 'home helps' for women who are incapacitated during pregnancy, and for those who need assistance in the home during the lying-in period, has proved of great value in those areas in which it is suitably administered, and the Minister trusts that each authority will consider the need for such a service in its area."

Para. 27 of the Association's National Maternity Service Scheme for England and Wales states:

> "The 'home help'—that is, the person who looks after the home, sends the children to school, etc.—will still be needed, and this is one reason amongst others for the continuance of a cash maternity benefit. Voluntary agencies and public health authorities are at present helping lying-in women in this way, and probably some official method of increasing the provision of such persons should be worked out in connexion with this scheme."

The provision of "home helps" under a maternity and child welfare scheme is limited to those homes where there is an expectant or nursing mother or a child under 5 years. There are, however, other circumstances in which the services of a "home help" can be of great value. It would appear possible to provide "home helps" under the powers granted by Section 177 of the Public Health Act, 1936, or Section 15 (*b*) of the Poor Law Act, 1930.

The Council concurs with the view of the College of Nursing that the conditions under which "home helps" are employed should be governed by suitable regulations making it impossible for them to undertake nursing duties.

Investigation of Deaths from Cancer

83. The Council has considered the following Minute 64 of the A.R.M., 1937:

> "The minimum fee for a report made by a medical practitioner to a Medical Officer of Health in connexion with the investigation of deaths from cancer shall be five shillings";

and has made representations to the Ministry of Health on the subject. The Minister has replied stating that there appears to be no statutory provision under which such a fee would be paid.

The Council is of the opinion that the position is very unsatisfactory, and therefore recommends:

> **Recommendation:** That members be asked not to furnish reports to medical officers of health in connexion with the investigation of deaths from cancer without remuneration.

Fees for Lectures: St. John Ambulance Association

84. The Council has again considered the question of the fees for lectures on first aid to members of the St. John Ambulance Association, more particularly with regard to the duration of such lectures. The existing practice is for a class to be of two hours' duration, the first hour being devoted to a lecture and the second hour to practical demonstration. The Association has never defined a time limit for such lectures, the existing policy being as follows:

> "Members of the medical profession should be suitably remunerated for teaching subjects in connexion with the public health, such as nursing, first aid to the injured and hygiene, and the fee adopted by the London County Council of £1 1s. for each lecture is one which appears suitable for general adoption." (A.R.M. 1910, Min. 259.)
>
> "A fee should be charged for ambulance lectures given to the British Red Cross Society, and be not less than £1 1s. for each lecture." (A.R.M. 1910, Min. 263.)

The Council has decided that the obligation of the practitioner in respect of the fee of £1 1s. should be a lecture of one hour's duration; and that in addition he should be responsible for making suitable arrangements for the supervision of the practical work.

Central Emergency Fund

85. This fund, which is entirely supported by voluntary contributions, was created in 1906 with the object of, where necessary, assisting members of the Association by grants which cannot be made from the funds of the Association to maintain the interests of the profession against organized bodies.

There is an urgent need for augmentation of the fund, and the Council proposes to make an appeal for donations through the columns of the *Journal* at an opportune time.

Payment of Civilian Medical Practitioners for Attendance on Members of the Defence Forces

86. The Council reported to the Annual Representative Meeting in 1937 that it had made representations to the Defence Departments that the fees for attendance by civilian medical practitioners upon members of the Defence Forces should be increased as follows:

Attendance at surgery and medicine for four days ..	4s. 0d.
Visit and medicine for four days	5s. 0d.
Night visit between the hours of 8 p.m. and 8 a.m. and medicine	7s. 6d.

Mileage: A fee of 6d. for every complete mile and additional part of a mile in respect of any distance in excess of two miles which a practitioner must travel in order to proceed from the place whence he is summoned to the place where the emergency treatment is carried out, and to return to the first-mentioned place.

The existing fees are 2s. 6d., 3s. 3d., and 4s. 6d. respectively, with increased allowances for mileage.

The attitude of the Departments concerned is that, judged by comparison with the sums available for the remuneration of civilian medical practitioners for work under the National Health Insurance Act, the scale of fees at present in force for visits to military patients cannot be regarded as inadequate. The Council feels that this matter cannot be left where it is, and accordingly further representations are being made to the Departments for an increase in the fees on the lines indicated.

Fees for Medical Examination of Recruits for the Territorial Army

87. It has long been felt that the fee which is at present paid by Territorial Army Associations for the medical examination of recruits—namely, 2s.—is inadequate. Some years ago representations were made to the various Territorial Army Associations, but the action was unsuccessful. The Council has again urged both the War Office and the Territorial Army Associations that this fee should be raised to a minimum of 5s. per recruit, and in this connexion it needs to be noted that the form of report has been somewhat revised, involving a more detailed report by the examining practitioner. The difficulty in this matter arises from the fact that the War Office makes a grant to Territorial Army Associations of 2s. in respect of each recruit enlisted, and while Territorial Army Associations are at liberty to pay a higher fee than 2s. for the medical examination of recruits from their own funds, they are unwilling to pay a fee higher than the grant received from the War Office. The Council feels that the present situation is unsatisfactory, and is urging the War Office to make such adjustment of the grant as will enable the local associations to pay a fee of 5s.

Fees for Emergency Treatment under Road Traffic Act, 1934

88. The experience of a medical practitioner called in to render emergency treatment at a road accident has revealed a flaw in the working of the Road Traffic Act,

1934, under which a fee of 12s. 6d. is payable to the practitioner who effects the treatment. In a case where the driver of a motor vehicle does not stop after a road accident a practitioner who renders treatment may be unable to comply with the provisions of the Act necessary to enable him to claim the statutory fee. The Council has drawn the attention of the Minister of Transport to the position, and the Minister states that it will be reviewed when legislation affecting insurance against third party risks is under consideration.

The Council again reminds members that it has prepared for their use model forms for claiming these fees. These forms are supplied gratis on application to the Secretary.

Medical Examination of Juvenile Post Office Employees

89. In 1923 an agreement was reached between the Association and the Post Office which provided *inter alia* that a fee of 15s. should be paid for the medical examination of boy messengers and girl probationers, such fee to cover subsequent medical examinations. The Council has noted with satisfaction that the Department has recently agreed to pay a fee of 15s. for a subsequent examination in a case where the employee had been transferred to a new area and the examining medical officer had not therefore made the first examination or received the initial fee. It appeared to the Council, however, that where a part-time medical officer was called to give periodic reports on girl probationers relative to sickness absence, and the first examination had been carried out by a whole-time medical officer, the spirit of the contract was not being fulfilled in that no fee was being paid. The Council has accordingly made representations to the Post Office that a fee be paid to part-time Post Office medical officers for reports and examinations on female employees whose first examination and report has been made by a whole-time medical officer and where, therefore, no 15s. has been paid.

Dental Anaesthetics

90. The Council would again draw the attention of members to the policy of the Association with regard to fees for the administration of anaesthetics for dental operations, in connexion with dental benefit under the National Health Insurance Acts—namely:

> That the fees for medical practitioners administering anaesthetics for dental operations (as an additional benefit under the National Health Insurance Acts) be as follows:
>
> (*a*) For the simple administration of nitrous oxide or a similar anaesthetic, 10s. 6d., if only one patient is dealt with; but if more than one patient is dealt with at the same time and place, the fee should be 7s. 6d. per patient; and
>
> (*b*) for other administrations, whatever the anaesthetic, the fee should be one guinea.

Medical Representation in Parliament

91. The Council has considered the desirability of effecting closer liaison between the medical members of Parliament and the Association and the method by which this could best be secured, bearing in mind the importance of having advance information as to the probable date and time of important debates and the points on which discussion is likely to be concentrated if the Association is to be able to supply medical members with material necessary for effective intervention in debate. The Council is endeavouring to secure the co-operation of medical members of Parliament with a view to ensuring the presentation to Parliament of expert medical opinion on matters relating to the health of the community or involving the welfare of the medical profession.

Remuneration of Certifying Factory Surgeons

92. The Association of Certifying Factory Surgeons has asked the Council to conduct negotiations with the Home Office on its behalf with regard to matters of a medico-political nature affecting examining surgeons under the new Act. The Council has therefore reconsidered the question of the remuneration of examining surgeons in the light of the information available as to the duties which will be required under the Factory Act, 1937, and has made representations to the Home Office that the minimum fee for the examination of young persons should be 5s.; that for special examination and reports on Forms 190, 500, and 1830, which it is understood will be substantially the same as hitherto, the minimum fee should be 10s. 6d. plus a mileage allowance, and that having regard to the added duties placed on them under the new Act examining surgeons should be paid a retaining fee as recommended by the Departmental Committee on Medical Examination of Young Persons for Factory Employment in 1924.

In arriving at this decision the Council was also guided by a record card prepared by the Home Office which it is understood examining surgeons will be required to complete in their examinations of young persons. The Council has made certain proposals with regard to this record card which have been transmitted to the Home Office, together with various other proposals in connexion with the routine duties of examining surgeons under the Act.

Ship Surgeons

93. The Council has considered the scale of fees for attendance by ship surgeons on Government personnel put on board sick, and has made representations to the Board of Trade that the scale should be improved.

The Council has also considered the question of the fees chargeable by ship surgeons for attendance on various classes of passenger. Standardization of such fees presents many practical difficulties, but at the same time it appears that there is a general need for a definition of "attributable" sickness in connexion with which a ship surgeon is not permitted to charge fees. In some cases all sickness occurring on the ship is regarded as attributable. The Council has also decided to make representations to the various shipping companies that where the ship surgeon is permitted to charge fees he should be allowed to charge fees for all attendances except for those injuries or accidents attributable to the fault or negligence of the company. Moreover, it would appear that the time has come for steps to be taken to ensure that free medical attendance on board should be confined to the class for which it was primarily intended—namely, the crew and emigrant passengers—and representations are accordingly being made to the Board of Trade.

Further, the Council has decided to make representations to all the shipping companies employing permanent ship surgeons that facilities should be made for these officers to attend postgraduate refresher courses, at five-yearly intervals, with full pay and subsistence.

Fees for Life Assurance Examinations Over-seas

94. The consideration of the Council has been given to a report that certain insurance companies appear to be applying in the Colonies scales of fees which have been approved by the Association for application in this country, and the attention of the Life Offices Association has been drawn to the fact that when scales of fees for medical examination for insurance purposes have been approved by the Association such approval has been granted in respect of conditions prevailing in Great Britain and Northern Ireland, and that these scales do not apply to the Colonies and Dominions.

Life Assurance—Medical Report without Examination

95. The Council has received complaints with regard to the practice of insurance companies of asking practitioners for reports as to the health of patients proposing to take out life assurances without medical examination and without the consent of the patient having been obtained.

It appears to the Council that when a person gives an insurance company the name of his medical attendant he knows the reason for which such information is required, and to this extent may be assumed to give consent to the practitioner to furnish a report to the company. At the same time, in view of the fact that an insurance may be taken out by some person other than the person insured, it was desirable that the practitioner should personally receive the written consent of the patient before supplying the information required.

The Council, therefore, has suggested to the Life Offices Association that a form of consent to be signed by the patient should be incorporated in the proposal form.

MEDICAL ETHICS

Matrimonial Causes Act, 1937

96. Clause 2 of the Matrimonial Causes Act, 1937, includes among the grounds on which a petition for divorce may be presented to the High Court the fact that the husband or wife of the petitioner is "incurably of unsound mind and has been continuously under care and treatment for a period of at least five years immediately preceding the presentation of the petition." The Council has considered the ethical position of the medical man in charge of an insane patient (who would usually, but not necessarily, be the medical superintendent of a mental hospital) when approached for an opinion by a prospective petitioner, and the legal position of the medical man in the event of a patient whom he has stated to be incurably of unsound mind subsequently recovering. The Council is advised that any opinion expressed by the medical practitioner as to the patient being of unsound mind would not be covered by the protection given under the Mental Treatment Act or the Lunacy Act; that the safest course would be for the practitioner to decline to express any opinion save by the direction of the Court, but that he might place his records of the case at the disposal of an independent medical expert nominated by the petitioner. As regards the ethical aspect of the problem, the Council considers that the medical man responsible for the care of the patient would not be justified in giving an opinion except at the express direction of the Court. The adoption of this attitude would, however, make the Act unworkable, and the Council feels that the most satisfactory way out of the difficulty would be the introduction of amending legislation which, by placing the practitioner under a statutory obligation to provide the required information, would protect him both against the danger of offending ethically and against the danger of incurring serious legal risks. With this object in view the position is being further explored.

Powers of the Council for Expulsion

97. The Council has considered the question of the revision of Article 11 (*a*) with a view (i) to confer on the Council powers of initiative in ethical complaints, and (ii) to define more clearly the relations between the decisions of local Ethical Committees (Division or Branch) and the procedure of the Central Ethical Committee.

These ends can be attained by a simple alteration of Article 11 (*a*).

Article 11 (*a*) deals with expulsion from membership of the Association and, as it stands at present, it empowers the Council to expel a member, after due inquiry, "on the representation of any Division or Branch." When the Article was first drawn up it was considered essential that the Council should not have power to expel a member unless his Division or Branch, after a full investigation of his professional conduct, had *suggested* to the Council that the propriety of his remaining a member should be considered; and it was a *suggestion* of this kind that was meant by the term "representation." Since then, however, circumstances have changed, and the Council considers that it is no longer necessary or desirable to retain the rule that the suggestion of expulsion must originate in the Division or Branch. In fact within recent years the Council, on the recommendation of the Central Ethical Committee, has on occasion expelled a member, although the Division concerned had neither suggested expulsion nor investigated the case but had merely *referred* the case to the Central Ethical Committee for investigation and judgment.

Arising from such case counsel's opinion was sought as to whether such a "reference" from a Division or Branch could be regarded as a "representation" and could therefore be held to justify the Committee in recommending expulsion if it so desired. To this question counsel gave, with some hesitation, an affirmative answer, but suggested that Article 11 (*a*) should be amended in such a manner as to indicate that a "reference" from a Division was equivalent to a "representation."

The Council feels, however, that the end favoured by counsel can be secured more simply than by the method proposed. It considers that to interpret a mere "reference" from a Division or Branch as a "representation" might appear to be contrary to the intention of the Article and opposed to the usual meaning of the term. Further, it considers that the proposition that a "representation" should no longer be regarded as an essential preliminary to the expulsion of a member stands on its own merits and ought to be adopted. Hence the present proposal that Article 11 (*a*) be amended so as to secure that local inquiry or judgment by a Division or Branch, though always possible, shall no longer be essential, while at the same time all opportunity for doubt about the terms "reference" and "representation" is removed.

This proposal has certain advantages. First, it is both more simple and more candid than the method formerly proposed and approved. Secondly, it would confer on the Council not only the power to expel a member in a case, the investigation of which has been "referred" by the local unit to the Central Ethical Committee but also the power to initiate a central inquiry and, as a result of such an inquiry, to expel a member, although his conduct had not been either investigated or condemned by the ethical committee of any local unit.

The Council considers that this power is necessary to meet particular circumstances, as, for example, in the event of an inactive Division or when complaint is made to the Association of conduct which offends the Association generally rather than any individual member or Division. In short, while leaving, as at present, any Division or Branch free to *initiate* and to conduct an inquiry into the conduct of any of its members, with the right of such member if he so desires to appeal to the Council, the Council now proposes that it should be empowered to instruct the Central Ethical Committee to deal with complaints which either have not been considered by a Division or Branch or have been referred to the Central Ethical Committee by a Division or Branch without any local inquiry or judgment.

The Council submits in para. 22 of this report recommendations for alteration of Article 11 and of the Schedule to the By-laws in order to give effect to this proposal. It should be emphasized that the existing powers conferred by Article 11 on Branches not in Great Britain and Northern Ireland in the matter of expulsion are in no way affected by the proposed change.

Domiciliary Attendance by Consultants Employed as Whole-time Officers by Local Authorities

98. The Annual Representative Meeting, 1935, passed the following resolution:

> *Minute 129.*—Resolved: That domiciliary attendance by a consultant should, in the best interests of the public and of medicine be provided by a consultant in private practice and not by a whole-time medical officer, except

where there is no such consultant available for the purpose and willing to undertake the domiciliary work on suitable terms. The adoption of this resolution shall not affect consultations with a public health medical officer in cases of notifiable diseases.

With a view to implementing this policy Divisions and Branches were asked to adopt a binding resolution in the terms of the decision of the Representative Body. A considerable number of Divisions have objected to the adoption of this resolution, or have had difficulty in understanding its purpose. It has been argued, for example, that it is undesirable that whole-time medical officers should be debarred from undertaking consultation work for public assistance patients and the necessitous poor; and that practitioners should be at liberty to call in the medical superintendent of a mental hospital in preference to a private specialist in mental diseases, and to consult the medical officer of health in certain cases of non-notifiable disease.

While the Council is anxious to take all possible steps to give effect to Minute 129 of the A.R.M., 1935, it feels that this item of Association policy does not lend itself to adoption by Divisions in the form of a binding resolution under the Ethical Rules. Accordingly this procedure is being abandoned.

Propriety of the Issue of Circulars, etc., concerning Pathological Facilities

99. The Council has considered the propriety of the issue of circulars, etc., by pathological institutes concerning pathological facilities in view of the policy laid down by the Representative Body in 1927—namely:

(1) That the practice of clinical pathology should be conducted in accordance with the professional custom and ethical principles that govern other specialist departments of medical practice;

(2) That a practitioner engaged in private practice as a pathologist is at liberty to notify the fact, together with his professional address, to medical practitioners within the area of his practice;

and of the following resolutions of the Council of December, 1926, defining the conditions under which advertisements of a pathological institute or laboratory may be accepted for the *British Medical Journal*:

(*a*) That the offer of the advertisement is accompanied by a guarantee from some responsible person that the work of the laboratory is conducted by a registered medical practitioner, whose name must be supplied to the office; and

(*b*) That the advertisement quotes no tariff or fees.

Representations have been made that certain pathological institutes regularly circularize the profession, giving lists of fees, with the result that the private pathologist is placed in a position of considerable inequality as compared with the institute. After careful consideration the Council is of opinion that the best method of dealing with the situation at this stage is by a communication addressed to pathologists associated with pathological institutes, drawing their attention to the rules adopted by the Council in reference to advertisements of these bodies and to the importance of seeing that the institutes do not contravene the rules governing professional conduct in regard to advertising, in particular by the repeated issue of circulars accompanied by lists of fees.

Radiologists

100. The Council has considered the following Minute of the A.R.M., 1937:

Minute 54.—Proposed by Torquay (Ernest Ward): That (with reference to para. 173 of the Supplementary Report of Council) the Representative Body is of opinion that medical practitioners should not consult other than medically qualified radiologists for the interpretation of films (except in the case of dental radiology, when dental practitioners may be consulted). There is no objection to the employment of qualified registered radiographers to take films for others to interpret.

It is, however, of the opinion that the view expressed by it in the following paragraph of the Supplementary Report of Council, 1937, is the one which best meets existing conditions and should be adhered to:

173. The Council has considered the ethical aspect of the employment by medical practitioners of non-medical radiologists, and while it is in general sympathy with the view that, for radiological purposes, medical practitioners should consult medically qualified radiologists, the Council does not consider it possible at present to establish an ethical standard which would prohibit the employment by medical practitioners of non-medical radiologists.

Schemes for the Provision of Medical Consultations at Spas

101. The Council has had before it suggested schemes for the provision of medical consultations for persons going to certain spas for treatment without a recommendation to a particular doctor. It is of the opinion that the following general principles should govern the formation of such schemes:

(i) Consultations should be given by the practitioners of the area and not by a whole-time medical officer appointed by the local authority.

(ii) The formation of a panel of practitioners for consultations at fixed fees is unobjectionable provided that eligibility for admission to the panel is determined by definite criteria and the panel is open to all practitioners in the area who satisfy these criteria.

(iii) The criteria should be on the lines laid down by the Association for admission to its Consultants List.

(iv) The decision as to eligibility for admission to the panel should be in the hands of a Medical Advisory Committee formed from among the members of the profession practising in the area.

(v) The imposition of an income limit, although permissible, is not essential on ethical grounds; and this question may be decided by the local profession according to the circumstances of the particular scheme.

(vi) Where free choice of consultant on the panel is impracticable, allotment should be by means of a rota, the patient continuing during the course of treatment under the care of the practitioner seen on the first attendance.

(vii) A patient arriving at the spa without a recommendation from his own doctor may be accepted for treatment, but the spa practitioner consulted should, with the patient's consent, indicate his findings and the result of treatment to the patient's usual medical attendant.

(viii) Advertisement of the scheme in the lay press is permissible provided that (*a*) the profession in the area, at a meeting summoned by the British Medical Association, has approved the scheme as being in the public interest; (*b*) the reference to the panel in the advertisement consists merely of a statement that a panel of doctors is available for medical consultations at fixed fees; and (*c*) there is included, both in the advertisement and in any notice issued to prospective patients, a statement that it is advisable that a patient wishing to take advantage of the scheme should bring a medical note from his usual medical adviser.

OPHTHALMIC

Organization of Ophthalmic Medical Practitioners: Formation of Group of Practitioners of Ophthalmology

102. Since 1925 the interests of ophthalmic surgeons in matters affecting their relationship to the public have been watched by an *ad hoc* committee appointed annually by the Council. During the past twelve months, however, there has been evidence of a desire for a committee directly elected upon a territorial basis by members of the Association engaged in ophthalmic practice. The Council in July last had before it a petition signed by a number of ophthalmic surgeons for the formation within

the Association of a Group of Practitioners of Ophthalmology, and, after careful consideration of the whole matter, decided to form a Group consisting of members of the Association engaged predominantly in the practice of ophthalmology who will elect by postal vote every three years a Group Committee constituted as follows:

(i) Thirteen members directly elected on a territorial basis by members of the Group practising in the following Regions:

	Members of Committee
Region 1: Northumberland, Durham, Westmorland, Cumberland, Lancashire, Cheshire, Yorkshire	3
Region 2: Derbyshire, Nottinghamshire, Lincolnshire, Staffordshire, Salop, Herefordshire, Leicestershire, Rutland, Worcestershire, Warwickshire, and Northamptonshire; Cambridgeshire, Soke of Peterborough, Isle of Ely, Huntingdonshire, Bedfordshire, Norfolk and Suffolk; Oxfordshire, Berkshire, Buckinghamshire, and North Wales	2
Region 3: Gloucestershire, Somerset, Dorset, Wiltshire, Hampshire, Isle of Wight, Channel Isles, Devon, Cornwall, South Wales, and Monmouthshire	2
Region 4: London, Essex, and Hertfordshire ...	3
Region 5: Kent, Surrey, and Sussex	1
Region 6: Scotland and Northern Ireland ...	2
	13

(ii) Two members elected by medical practitioners (being members of the Association, but not eligible for membership of the Group) for the time being approved for the examination of patients under the National Eye Service.

(iii) One member appointed by the Insurance Acts Committee.

(iv) One member appointed by the Council from its own number.

The Council of British Ophthalmologists will be invited to send two observers to meetings of the Group Committee.

Additional Benefits Amendment Regulations: Relationship of the Medical Profession to the Ophthalmic Benefit Approved Committee

103. The Additional Benefits Amendment Regulations, 1937, gave the Minister of Health power to appoint a committee to administer ophthalmic benefit under the National Health Insurance Act, and empowered the committee so formed to approve the qualifications of opticians entitled to supply glasses to insured persons and to formulate a scale of charges for optical appliances which would include a charge for a service "incidental to the provision of an appliance." After unsuccessful efforts were made by the Association to secure the amendment or withdrawal of regulations which indirectly gave official approval to the practice of sight-testing by persons not in possession of a medical qualification, the Minister expressed the hope that the Association would nominate representatives to serve on his committee—the Ophthalmic Benefit Approved Committee—but in view of the Association's policy in regard to sight-testing the Council decided—and so informed the Minister—that it could not accept the suggestion. An offer to send observers to the Ophthalmic Benefit Approved Committee was not acceptable to the Minister.

Ophthalmic Benefit Letters for Use by Approved Societies

104. The Ophthalmic Benefit Approved Committee, referred to in paragraph 103, has prepared, and the Minister of Health has issued, new model letters for the use of approved societies administering ophthalmic benefit. The Association was given an opportunity of offering observations on the model letters before they were issued, and made a number of suggestions for their amendment which, if they had been adopted, would have facilitated the administration of ophthalmic benefit. Except for three amendments of relatively minor importance the Association's suggestions were not adopted.

National Eye Service

105. The National Eye Service, administered by the National Ophthalmic Treatment Board, continues to show good progress. The number of cases dealt with during 1937 represents an increase of 14 per cent. over the previous year.

The declaration by the Minister of Health last year in favour of an examination by a medical eye specialist for anyone suffering from eye trouble has stimulated interest in the National Eye Service, and it is satisfactory to note that more societies are following the example set by the largest among them some two years ago by allowing the full cost of the ophthalmologist's fee when members decide to take their ophthalmic benefit through the National Eye Service.

Every endeavour is being made to persuade the organizers of hospital contributory schemes to adopt the National Eye Service as a medium through which to direct their members who require an ophthalmic examination, and it is to be used by the War Office for the ophthalmic examination of recruits for the Regular Army in cases where the standard of vision laid down is not attained by the recruit and the employment of a civilian ophthalmologist is necessary.

Ophthalmic Clinics at Hospitals

106. The Council has approved the establishment of ophthalmic clinics at eye hospitals and hospitals with eye departments, to be conducted under the aegis of the National Ophthalmic Treatment Board. These clinics will be staffed by the members of the surgical staff practising ophthalmology; a fee of 10s. 6d. would be payable in respect of each patient dealt with at the clinic.

Ophthalmic Benefit: Advice to be Given to General Practitioners

107. In order to implement Minute 128 of the Annual Representative Meeting, 1937, the Council is addressing a communication to every general practitioner in Great Britain drawing attention to the policy of the Association in regard to sight-testing as expressed in the decisions of the Representative Body.

The Use of the National Eye Service for Selected Cases

108. The Council has considered the question of the use of the National Eye Service for selected cases. Briefly stated, the position is as follows. When the National Eye Service was first established in 1929 approved societies were invited to make use of it. There was no stipulation that the Board would not be prepared to undertake the examination of members of approved societies who, after examination by a sight-testing optician, are deemed to require ophthalmic examination. Until recently comparatively few cases of this nature have been referred for service under the Board's scheme, but the number has increased in recent months. There is considerable difficulty in detecting them because the Board's forms of authority are used, and there are no means of distinguishing them from primary cases.

The whole position in regard to examination under the National Eye Service of "referred" cases has undergone a fundamental change from the beginning of this year. Model Ophthalmic Benefit Letter No. 3, prepared by the Ophthalmic Benefit Approved Committee and recently issued to approved societies by the Ministry of Health,

specifically provides for the examination of "referred" cases under the National Eye Service at a fee of 10s. 6d., and bears a note at the end in the following terms: "To be used in referred cases or at the request of the member." This form will undoubtedly be used increasingly by approved societies to avoid payment of a guinea fee in such cases, yet at the same time the societies are under no obligation to make use of the National Eye Service for primary cases.

After careful consideration the Council has decided to advise ophthalmic surgeons that in cases where Model Ophthalmic Benefit Letter No. 3 is used a lower fee than one guinea should not be accepted, and the Ministry of Health has been informed of this decision.

Use of National Eye Service by Voluntary Contributors

109. When Regulation 25 of the National Health Insurance Additional Benefits Regulations was under consideration in 1930 exception was taken by the Association to voluntary contributors whose incomes exceeded £250 per annum being permitted to have the advantage of an ophthalmic medical examination, arranged through the National Ophthalmic Treatment Board, at the reduced fee of 10s. 6d. On being assured that the number of voluntary contributors entitled to ophthalmic benefit represented only about one-half of 1 per cent. of the total number of insured persons entitled to the benefit, and in the confident expectation that societies generally would encourage their ordinary members to avail themselves of the facilities offered by the Board, the Council agreed to waive objection to the inclusion of this group of persons among those eligible for a medical examination of the eyes through the National Ophthalmic Treatment Board.

In recent years the number of voluntary contributors whose incomes exceed £250 per annum has greatly increased, and the hopes entertained in 1930 of greater co-operation on the part of approved societies have not materialized to the extent anticipated. The Council feels, therefore, that it cannot continue to call upon medical practitioners to accept the greatly reduced fee of half a guinea for an ophthalmic medical examination for persons whose incomes would ordinarily preclude them from full insurance under the National Health Insurance Act, and who are in a position to pay the ordinary fees.

Notice has accordingly been given to the Ministry of Health that ophthalmic medical practitioners who have undertaken to examine cases referred to them through the National Ophthalmic Treatment Board are released as from July 1 from their obligation to examine as N.O.T.B. cases persons who are voluntary contributors under the National Health Insurance Act and whose incomes exceed £250 per annum.

BUILDING

110. The Council reported last year that in accordance with the undertakings agreed upon by the Representative Body in 1927, the Association was committed to begin the demolition of the Upper Woburn Place site in September, 1937, but that in view of the difficulties in obtaining steel and building materials the Council, with the consent of the Bedford Estate Office, proposed to postpone this date for a further period. The time for the commencement of the rebuilding on the Upper Woburn Place site was afterwards extended for a period of two years from September, 1937, and underleases determinable upon three months' notice on either side were granted to the existing tenants of Nos. 3–7 Upper Woburn Place, inclusive. In September, 1937, however, the proprietors of the hotel adjoining the Association's site demolished that part of their building which they held under lease from the Bedford Office; the remainder of the hotel consisted of houses on the Association's site. The Council therefore instructed the Architect, Mr. Douglas Wood, F.R.I.B.A., to take the necessary steps to see that the Association's position as regards the party wall was protected, in order that full advantage could be taken of the site in the matter of lighting.

With regard to the Tavistock Square site, it was learned from the Bedford Office that it was the intention of the Bedford Estate Trustees to demolish the houses adjoining the Association's site in December, 1938, and as a consequence it would be in the interests of the Association, in order to avoid the heavy cost of shoring, etc., that the demolition of the houses on this site should begin as soon as possible after December 25, 1938 (the date upon which the property falls into the hands of the Association).

The advice of the Architect was taken as to the possibility of changes in the price of steel and building materials, with the result that the Council came to the opinion that further delay in developing the sites would be unwise. Preliminary plans drawn up by Mr. Wood were therefore submitted to the Council for the development of both sites, and these plans, with certain modifications, were accepted by the Council, who instructed the Building Committee to prepare the issue of the necessary form of specification in order that tenders may be invited for the demolition and rebuilding. These tenders will be considered by the Council in due course.

In order to provide an additional exit to the existing garage, and to a new one which will be provided for in the rebuilding plans, the Association has obtained the site occupied by two houses in Burton Street at the back of B.M.A. House.

The first and ground floors of Tavistock House (South) have been divided up: the first floor partly for use by the Association itself for Committee Rooms, and the ground floor to house temporarily a tenant wishing to have accommodation in the new extensions. During the year the outside of British Medical Association House and Tavistock House has been re-painted in accordance with the terms of the lease. Other improvements of a minor character have been carried out to the advantage of both the Association and its tenants.

HEALTH SERVICES

General Medical Service Scheme

111. In 1930 the Representative Body approved a series of proposals for a General Medical Service for the Nation.

These proposals were submitted to those public bodies and public men and women interested in the subject, with an intimation that the Association would be glad to receive comments, criticisms, and suggestions. In the past seven years, since the publication of these proposals in Grey Book form, the problem of a general medical service has occasioned much discussion and has been the subject of at least two authoritative reports. The Council has thought it wise to review the proposals for a General Medical Service for the Nation in the light of recent developments and experience, and at the same time to co-ordinate with those general proposals the policies of the Association in regard to hospitals, to a National Maternity Service, and to open-choice public assistance medical services.

The Council commends this revised report (which will be published in the *Supplement* of April 30), the culmination of many years' medico-political work, to the serious consideration of every member of the Association. The Council recommends:

Recommendation: That the revised draft of "A General Medical Service for the Nation" be approved. (See Appendix III.)

Resolutions of A.R.M. Referred to the Council

112. The Council has considered Min. 130 of the A.R.M., 1936:

Min. 130.—Resolved: That the Representative Body deprecate the increasing tendency for the employment by municipal authorities of part-time and salaried medical

officers not engaged in private practice for the performance of clinical work within the sphere of private practice, as this must lead to overlapping and waste, and (*a*) considers that in the public interest and on medical grounds the services of local private practitioners should be utilized for all clinical work wherever their suitability and competence and other local circumstances permit; and (*b*) requests the Council to take whatever steps it considers desirable to represent these views to the Minister of Health.

The Council has interpreted this resolution as deprecating the tendency of local authorities to utilize whole-time officers for clinical work which is within the normal sphere of activity of the private practitioner. In the view of the Council, only the general acceptance of the proposals for a General Medical Service for the Nation can solve this recurring problem, and it is to this main objective that it has bent its energies (see paras. 43–51 and 99–102). In the meantime the development of public medical services and the establishment of machinery of local consultation between local authorities and units of the Association afford, in the Council's view, the best hope of lessening the danger of diverting work from private practitioners. It has encouraged activity in both these directions, and has repeatedly taken action in individual instances brought to its notice.

The Council has considered Min. 118 of the A.R.M., 1937:

Min. 118.—Resolved: That in view of the widespread and continued propaganda regarding health, as, for example, the forthcoming national campaign of the Central Council for Health Education, the Council be asked to take further steps to stress the importance of the general practitioner's part in the health services of the nation.

In adopting its proposals in regard to propaganda and public relations, dealt with elsewhere in the report (para. 9), the Council had particularly in mind this resolution. It is believed that a great deal has been done through the Central Council for Health Education and in other ways to stress the importance of the general practitioner's part in the health services of the nation.

The Council has considered Min. 119 of the A.R.M., 1937:

Min. 119.—Resolved: That (with reference to para. 21 of the Annual and para. 194 of the Supplementary Report) the Council be asked, in view of the development in recent years of Association policy regarding Public Medical Services, to reconsider, with a view to any necessary revisions, the Association's policy concerning co-operation between the general practitioner and the Public Health Services.

Its recommendations on this subject are found in paras. 40, 41, and 118–121 of the revised General Medical Service for the Nation.

PUBLIC HEALTH

Diphtheria Immunization

113. The Council has considered the following Minute 114 of the A.R.M., 1937:

Minute 114.—Resolved: That the Council be instructed to consider an appropriate scale of fees to be paid by the local authority to practitioners doing immunization work having regard to the varying number of attendances involved in the different immunizing methods in use at the present day.

The Association's existing scale of fees for medical practitioners employed part-time by local authorities, as set out in Minute 122A of the A.R.M., 1936, prescribes the following remuneration for this work:

A.—(*1*) *Remuneration on a Sessional Basis:*

For the medical care of infants; for the ante-natal or post-natal care of women; for the medical inspection of school children; for the medical treatment of minor ailments; for diphtheria immunization (the local authority supplying the materials).

Remuneration at the rate of £1 11s. 6d. per session of not more than two hours.

B.—(*13*) *Remuneration on a Payment per Case Basis:*

Not less than 7s. 6d. per immunized person, the local authority supplying the materials.

The Council is of the opinion that no emendation of the Association's scale of fees for remuneration on a sessional basis [Section A (1)] is necessary. With regard to remuneration on a payment per case basis, the Council recommends:

Recommendation: That the resolution contained in Minute 122A of the A.R.M., 1936, so far as it concerns remuneration for diphtheria immunization on a payment per case basis be rescinded.

Recommendation: That for the purposes of diphtheria immunization schemes where the services of general practitioners are utilized—

(*a*) The method of immunization to be employed should be determined by the local authority, who should supply the necessary material without charge to the practitioner.

(*b*) The fee per injection of immunizing material should be not less than 2s. 6d.

(*c*) The local authority should determine whether anterior and/or posterior Schick tests are to be carried out. Where the services of general practitioners are utilized for this purpose a fee of not less than 5s. per Schick test, including the reading, should be paid.

(*d*) These fees are inclusive of a report to the local authority. The report should be as simple as possible, providing for the name of the patient, the date of the inoculation(s), the amount and name of the reagent used, the identification number of the reagent, and the result of the immunization.

Obstetric Emergency Units

114. The Ministry of Health Maternal Mortality Report, 1937, included a recommendation that emergency units ("flying squads") should be provided, so that members of the staffs of maternity departments would be available for the domiciliary treatment of maternity patients whose condition was too grave to justify their removal to hospital. The Council has considered inquiries as to the appropriate fees to be charged by (*a*) a hospital undertaking for a local authority the provision of an obstetric emergency unit exclusive of the services of a consultant, (*b*) an obstetric surgeon rendering service as part of an obstetric emergency unit. The Council has no observations to offer as to the fee to be charged by a hospital providing an emergency obstetric unit, exclusive of the services of a consultant, for the purposes of a local authority's maternity scheme. With regard to obstetric consultants the Council recommends:

Recommendation: That a minimum fee of five guineas plus mileage should be payable to an obstetric consultant rendering service as part of an obstetric emergency unit.

Reports on Maternal Mortality

115. The Council has considered the following Minute 109 of the A.R.M., 1937:

Minute 109.—Resolved: That it be referred to the Council to consider (*a*) whether a fee should be payable for information furnished to the Ministry of Health by a medical practitioner in connexion with investigations into maternal mortality; and (*b*) to reconsider accordingly the following Minute 82 of the A.R.M., 1929:

"That, as the giving of information to the medical investigator who will fill up the form of inquiry into maternal mortality issued by the Departmental Com-

mittee on Maternal Mortality is regarded by the Association as a voluntary contribution on the part of the medical profession to a scientific inquiry on a question of pressing public importance, the Association is of opinion that no fee should be charged for the service and none accepted if offered."

It has been ascertained that the Minister of Health has decided to continue the arrangements at present in force for the scrutiny of confidential reports on maternal deaths. It will be recalled that when the Association agreed with the Ministry that such information could properly be sought an official undertaking was given that the information obtained would be treated as strictly confidential. The Council has no desire to vary this situation, and is making no recommendation that the resolution contained in Minute 82 of the A.R.M., 1929, should be varied.

Interdepartmental Committee on Abortion

116. An Interdepartmental Committee on Abortion has been appointed by the Ministry of Health with the following terms of reference:

"To inquire into the prevalence of abortion, and the present law relating thereto, and to consider what steps can be taken by more effective enforcement of the law or otherwise to secure the reduction of maternal mortality and morbidity arising from this cause."

The Association was invited to submit a memorandum within the scope of these terms of reference, and the Council has transmitted to the Interdepartmental Committee the following statement of its reasons for its objection to the notification of abortion:

"In response to an invitation from your Committee the Association submitted to it in June, 1937, the Report of its Special Committee on the Medical Aspects of Abortion together with its comments on the Interim Report of the Committee of Inquiry into Non-therapeutic Abortion, appointed by the Joint Council of Midwifery. Subsequently, Professor J. Young and Dr. A. Macrae appeared, on the Association's behalf, before your Committee.

"One of the proposals contained in the Interim Report of the Joint Council of Midwifery is so important and far-reaching in its implications that the Association believes that your Committee would wish to be left in no doubt as to the Association's point of view.

"The proposal is that abortion should be notifiable. On both public and professional grounds the medical profession is strongly opposed to the proposal to impose on medical practitioners a legal requirement to convey to the local authority information which, although obtained in the course of a professional consultation, will result in the patient concerned becoming liable to criminal proceedings. The knowledge of this liability would deter many patients suffering from this condition from seeking the early medical aid they need. In the case of those actually seeking the advice of a medical practitioner there would be imposed on the latter an obligation to take a step which is destructive of the mutual confidence essential to the proper relationship of doctor and patient and which places an unfair and improper burden of responsibility on the medical profession. The first duty of a practitioner is to his patient and nothing should be done to obscure or complicate this responsibility.

"It is difficult to appreciate how notification would lead to any reduction in the mortality rate of procured abortion. On being called to such a case the medical practitioner takes such action as is necessary to effect a restoration in the woman's health. In this sphere notification can have no effect but to discourage the patient from calling in medical advice.

"It is argued that compulsory notification would provide additional information concerning the incidence of abortion. The majority of confinements are attended by midwives who are already required to notify abortions to the local authority by calling in a medical practitioner on the prescribed form. This is amplified by such information as is available to the medical officer of health from other sources, such as hospitals, ante-natal clinics, and visitation by health visitors. Thus, in cases to which midwives are called the information is already available and in cases to which doctors are called the necessary medical attention is being secured.

"The proposal is fraught with considerable practical difficulty. There are many cases in which abortion occurs after two or three months' amenorrhoea, often without producing immediate clinical manifestations considered sufficient to necessitate the attendance of a medical practitioner. In some of such cases consultation of a medical practitioner would prevent later complications. In cases where there has been unlawful interference medical advice would be called in only in the event of the development of untoward symptoms. In both groups the effect of notification would probably be to reduce the number of cases in which medical advice is sought.

"Patients are reluctant to reveal the facts even to their confidential medical advisers, and the intrusion of third parties for purposes of investigation would be detrimental to the patient's welfare. The legal advantages resulting from the procedure would be far outweighed by the disadvantages already mentioned.

"For these reasons the considered opinion of the Association is that notification of abortion is impracticable and undesirable, and would serve no useful purpose."

Diagnosis of Syphilis

117. The Council has considered the following resolution of the A.R.M., 1937:

Minute 99.—Resolved: That (with reference to para. 117 of the Annual Report of Council) the Representative Body expresses disapproval of the decision of Council not to favour the recommendation passed by the Association of Clinical Pathologists "that a blood Wassermann reaction should be carried out as early as possible as a routine on all women attending ante-natal clinics," and that the matter be referred back to the Council for further consideration.

While the Council is of opinion that routine Wassermann tests at ante-natal clinics would afford information of value for the prevention and cure of syphilis, it has expressed the view that the decision as to their applicability in any clinic must rest with the medical officer of health and the medical officer in charge of the clinic.

Sir Charles Hastings Lecture

118. Since 1927 the Association has arranged an annual lecture in honour of its founder with the object of interesting members of the public in the wider aspects of public health. Arrangements were made for the 1938 Sir Charles Hastings Lecture to be given by Dr. H. Crichton-Miller, under the title of "Mental Health as a National Problem," on April 7, 1938, in the Great Hall of B.M.A. House. The chair was taken by Mr. H. H. Elvin, chairman of the Trades Union Congress.

Local Government Superannuation Bill

119. Following consideration of this Bill by the Joint Committee of the B.M.A. and the T.U.C. and representations by the Association to the nursing, midwifery, and health visiting organizations, deputations were received by the Minister of Health. Subsequently the Minister himself introduced an amendment during the Committee stage of the Bill empowering local authorities to make compensatory allowances in addition to the normal pension in any case where, by reason of the early age of retirement, a female nurse, midwife, or health visitor is unable to complete forty years' service. This is in effect a power to add years of service not exceeding five to the period for which superannuation would be calculated in cases where the nurses, etc., concerned have completed less than forty years' service on compulsory retirement at 60. It is designated "compensatory allowance" rather than "added years," because of the history attached to the term "added years." The principle of added years is thus established for nurses, midwives, and health visitors, and may be of value when on some future occasion the Association again endeavours to secure its adoption for medical officers.

The Local Government Superannuation Act, 1937, received the Royal Assent on July 30, 1937, and comes into operation on April 1, 1939.

Ministry of Health Maternal Mortality Report: Proposed Amendment of Rule E13 of the Central Midwives Board

120. The Ministry of Health Report on Maternal Mortality (Cmd. 5422) contained a recommendation to the effect that local supervising authorities should, in consultation with the local medical profession, in future be empowered to take steps to ensure that the best local obstetric skill is made available in all cases in which midwives are required, under the rules of the Central Midwives Board, to call in a doctor. The Council, after consideration of counsel's opinion and after a number of discussions with representatives of the Ministry of Health, provisionally approved for discussion with the Ministry of Health certain draft principles for the establishment of lists of practitioners to be available for medical aid in midwives' cases. Subsequently the following letter was received from the Ministry in December, 1937.

"I am directed by the Minister of Health to refer to discussions which have taken place between officers of this Department and of the British Medical Association on the subject of the recommendation contained in the Report on Maternal Mortality (Cmd. 5422) to the effect that local supervising authorities should, in consultation with the local medical profession, in future be empowered to take steps to ensure that the best local obstetric skill is made available in all cases in which midwives are required, under the rules of the Central Midwives Board, to call in a doctor.

"The Minister understands that the Association concur in the view that it is desirable to give effect to the principle of this recommendation as soon as possible, and he would be glad to have the views of the Association upon the following suggestions as to procedure which have emerged from the discussions referred to above:

"(1) That a list should be drawn up by every local supervising authority of practitioners who notify themselves as willing to be called in by midwives in the emergencies defined in the Rules of the Central Midwives Board;

"(2) That an Advisory Committee should be set up in the area of every local supervising authority consisting of two general practitioners and two obstetricians with the Medical Officer of Health as Chairman;

"(3) That the Committee should be charged with the duty of making such recommendations to the local authority as are in their judgment desirable for the purpose of securing and maintaining a high standard of obstetric practice on the part of the practitioners included in the list referred to under (1) above;

"(4) That the Committee should, in appropriate cases, recommend to the local authority that a practitioner should be required to undertake a specified period of postgraduate training as a condition of continuance on the list, or, where they consider that the public interest so requires, that the name of a practitioner should be removed from the list;

"(5) That every local supervising authority should cause instructions to be given that the salaried midwives employed under arrangements made under Section 1 of the Midwives Act, 1936, should call in only those doctors whose names are included in the list.

"It will be appreciated that before arrangements on the above lines could be put into operation it would be necessary for a suitable amendment to be made in the Rules of the Central Midwives Board, and the Board have already intimated to the Minister that they will be prepared to consider such an amendment, if he should so desire."

The Council approved in principle the proposals outlined in this communication. In February, 1938, representatives of the Association attended a conference with representatives of the Ministry, the County Councils Association, the Association of Municipal Corporations, the London County Council, and the Central Midwives Board, following which the Ministry referred its proposals to the associations of local authorities for discussion.

Form of Report by Medical Practitioners under Ante-natal Schemes

121. The Council, after consideration of the views of the Society of Medical Officers of Health, has approved a model form of report for completion by general practitioners undertaking ante-natal examinations under the maternity schemes of local authorities. Copies of the form are available on application to the Secretary.

Fees for Medical Practitioners Called in by Midwives

122. Representations have been made to the Ministry of Health urging the inclusion in the maternity and child welfare schemes of local authorities of provision for the payment of a fee to a medical practitioner when summoned to attend a case of abortion, actual or threatened, by the patient or friends or relatives of the patient.

Free Choice Schemes for Public Assistance Domiciliary Medical Services

123. The Council has approved for office purposes a model scheme and terms of service for medical practitioners in connexion with the provision of public assistance domiciliary medical services on a free choice basis. The free choice method under which an opportunity is given to all the practitioners in the district willing to participate in the attendance and treatment of public assistance patients is receiving increasing recognition and is at present under consideration by a number of local authorities.

Dispensary Medical Officers in Northern Ireland

124. The Council has considered the following Minute 107 of the A.R.M., 1937:

Minute 107.—Resolved: That the present regulations in Northern Ireland regarding the services of Dispensary Medical Officers, especially in the certification of mental patients and remuneration for assistance in difficult maternity cases, be referred to the Council for consideration.

After consultation with the Northern Ireland Branch, a representative of which attended when this matter was under consideration, the Council decided that representations be made to the Ministry of Home Affairs for Northern Ireland regarding the conditions of service of dispensary medical officers. For this purpose a considered statement, setting out the existing grievances and suggestions for ameliorating the present conditions, has been submitted to the Ministry.

Health Propaganda

125. The Council has had its attention drawn to the difficulty of obtaining medical practitioners who are willing to give popular talks on health in connexion with health weeks and other forms of health propaganda. An endeavour is being made to compile a list of medical practitioners willing to undertake such talks.

Public Inquiries under the Housing Acts and Evidence of Retired Officials

126. The Council has considered a resolution passed by a county borough council deploring the action of retired medical officers of health in appearing against local authorities at inquiries held by the Ministry of Health into applications for confirmation of orders under the Housing Acts. Communications have been received from a number of local authorities expressing agreement with the resolution. The Society of Medical Officers of Health has expressed the opinion that it would be unwise

to take any action which would make it difficult for citizens to obtain the best evidence which they think is available in connexion with a clearance order under the Housing Act. The Council concurs with the view expressed by the Society of Medical Officers of Health.

Memorandum of Recommendations as to Salaries of Whole-time Public Health Medical Officers

127. The Association again acknowledges with gratitude the continued co-operation of the Society of Medical Officers of Health and of the proprietors of the *Lancet* and the *Medical Officer* in rejecting advertisements from authorities which have not applied the Memorandum of Recommendation scales to their whole-time public health medical officers. The Advisory Committee, set up under Section X of the Memorandum, has dealt with a number of cases during the year.

The attitude of local authorities to the Memorandum of Recommendations is in the main satisfactory, and there are now few authorities not applying this agreement.

Maternity Services (Scotland) Act, 1937

128. Under this Act Scottish local authorities are required to provide for women to be confined at home the joint care throughout pregnancy, labour, and the puerperium of medical practitioner and certified midwife, with the services of an anaesthetist when necessary, and the advice and help of an expert obstetrician so far as it is practicable to provide it when required by the practitioner in attendance. Schemes prepared under the Act must provide medical examination and treatment during pregnancy, including at least three ante-natal examinations, medical supervision during childbirth and the lying-in period, and a medical examination at least once after the expiry of one month after childbirth. After consultation between the Department of Health for Scotland and representatives of the Association as to the terms of remuneration that might be arranged between local authorities and general practitioners for services provided under the Act, certain agreed conditions of service (including remuneration) were suggested in a circular issued by the Department to local authorities in August, 1937. These conditions were reported verbally by the Chairman of the Scottish Committee to the A.R.M., 1937, which approved the report. Subsequently, the proposed conditions of service gave rise to considerable dissatisfaction on the part of practitioners in Scotland, many of whom would apparently refuse service under the terms offered. The whole position was considered by the Scottish Committee in October, 1937, and at the request of that Committee the Council authorized a Special Representative Meeting to be held in Edinburgh on December 16, 1937, to which were invited the members of the Scottish Committee, members of the Scottish Insurance Acts Subcommittee, and representatives from the Divisions on the same lines as for the A.R.M. As a result of decisions reached by the Special Representative Meeting, representatives of the Association were instructed to open further negotiations with the Department of Health for Scotland with a view to securing more acceptable conditions for medical practitioners providing services under the Act. The outcome of these negotiations is reported in para. 162 of this report under "Scotland."

Typhoid Outbreak at Croydon

129. In connexion with the outbreak of typhoid at Croydon the Council had brought to its notice by the Society of Medical Officers of Health and by one of the Divisions of the Association letters published in the *Times* of November 22 and December 2, 1937, over the signatures of Lord Dawson of Penn and Sir Kaye Le Fleming. The action taken by the Council, as reported in the *Supplement* of January 29, 1938, was regarded as fully closing the matter.

In connexion with the report of the public local inquiry, the Council has considered a communication from the Minister of Health to the Croydon Corporation from which the following is an extract:

> "Reference is made in the report to representations made at the inquiry that it would be of great advantage in dealing with an epidemic of this kind if there were means of securing closer contact and more ready communication between the Medical Officer of Health and the general body of practitioners, so that all the information available from time to time as to symptoms and possible causes could be pooled and distributed.
>
> While recognizing that the sole responsibility for dealing with an outbreak must, as the report emphasises, rest with the Medical Officer of Health, the Minister, as he has previously stated in Parliament and elsewhere, considers it important that all practicable steps should be taken to secure the effective co-operation of local practitioners in this as well as any other matters with which the medical profession, as such, is concerned."

The Council has forwarded a communication to the Ministry of Health welcoming the reference to co-operation in the Minister's letter to the Croydon Corporation, pointing out that an additional method of securing the closer co-operation of medical practitioners in relation to the health activities of local authorities is provided by the powers of co-option contained in the Local Government Act, 1933, and the Public Health Act, 1936, and urging the Minister to take every convenient opportunity of reminding local authorities of the desirability of these powers being exercised. The attention of local units is again called to the desirability of urging their local authorities to create the necessary machinery for consultation. Attention is drawn to paras. 40, 41, and 118–121 of the revised "General Medical Service for the Nation."

SCIENCE

Scientific Sections at Annual Meeting, 1938

130. The following Sections will meet in connexion with the forthcoming Annual Meeting at Plymouth:

Three-Day Sections: Medicine; Surgery; Obstetrics and Gynaecology; Orthopaedics and Fractures.

Two-Day Sections: Diseases of Children; Neurology and Psychological Medicine; Ophthalmology; Pathology, Bacteriology, and Immunology; Pharmacology, Therapeutics, and Anaesthetics; Physical Medicine and Physical Education, including Climatology and Spa; Physiology and Biochemistry; Public Health and Hygiene; Radiology; Tuberculosis

One-Day Sections: Oto-rhino-laryngology; Services; Medical Sociology.

Proprietary Remedies

131. The question of the possibility of action being taken to institute in this country an "Approved List" of proprietary medicines which would be available for the guidance of medical practitioners in prescribing these preparations is still under consideration by the Council, in collaboration with the Pharmaceutical Society. Trial investigations have been conducted into certain groups of preparations, and discussions have taken place with representatives of the Therapeutic Trials Committee of the Medical Research Council and the manufacturing chemists regarding the possibility of co-operation in the production of such a list. The question presents considerable difficulties, particularly in the direction of finance, but the Council is still pursuing its inquiries and hopes soon to be in the position to present a detailed report.

Instruction of Medical Practitioners in Anti-gas Measures

132. Under the arrangement made by the Air Raid Precautions Department of the Home Office, in collaboration with the local Branches of the Association, for the instruction of medical practitioners, dentists, and veterinary

surgeons in anti-gas measures, to the end of January, 1938, instruction had been given to 10,320 doctors, 1,087 dentists, and 176 veterinary surgeons.

Research Scholarships, 1937-8

133. During the year 1937–8 the Council allocated £1,000 for the direct encouragement of original investigation and research. Following the procedure adopted in 1936–7 the amount available for science grants (£150) was computed and regarded as an additional scholarship. The following awards were made:

Ernest Hart Memorial Scholarship (£200)

Schrire, Isidore (London), M.A., Ph.D., M.B., Ch.B.	1. To continue an investigation into the hormonal deficiency in amenorrhoea of endocrine origin. 2. The pituitary role in the myopathies.

Walter Dixon Memorial Scholarship (£200)

McFarlan, A. M. (Cambridge), M.A., M.B., B.Ch.	Research on staphylococcal haemolysins, leucocidin and carbohydrates, by (*a*) bacteriological, (*b*) clinical, and (*c*) experimental means.

Ordinary Research Scholarships (£150 each)

Kerr, J. D. O. (Glasgow), M.B., Ch.B.	An investigation into the mechanism of production of muscular hypotonia, following surgical operations (1) by experiments on animals, and (2) by human experiments.
Lewis, Beatrice (London), M.D., B.S. (*Renewed Scholarship.*)	1. To continue investigation on impetigo contagiosa with a view to elucidating origin, type of streptococcus, and characteristics. 2. Further investigation into bullous skin eruptions which do not appear to be caused by bacteria, but may be of virus origin: (*a*) animal inoculation; (*b*) serological reactions.
Taylor, H. (London), M.D., M.Ch., F.R.C.S.	To continue research, already commenced, into the application of gastroscopy in the investigation of patients with gastric diseases.
Travers, T. a'Beckett (Melbourne), M.B., B.S., M.R.C.P., D.O.M.S. (*Renewed Scholarship*)	To continue an investigation into (1) the manner in which suppression of vision occurs in squint, with a view to throwing more light on the development of amblyopia in squint; (2) abnormal retinal correspondence in squint, with particular reference to the association of suppression of vision and abnormal correspondence.

Work of Scholars and Grantees, 1936-7

134. The reports received from visitors of scholars and grantees, 1936–7, indicate that useful work has been done Papers have been contributed by scholars and grantees to various scientific journals, and a synopsis of the work carried out was published in the *Supplement* to the *British Medical Journal* of August 21, 1937.

The Library

135. The activities of the Library are well maintained. The number of readers during 1937 showed a slight decrease in one quarter of the year but an increase in the other quarters, and the number of books borrowed has increased from 16,819 to 17,466. The number of new borrowers during the year also showed an upward tendency. Fifty-three members of the Irish Free State Medical Union (I.M.A. and B.M.A.) took advantage of the facilities of the Lending Library extended by the Council to members of that body for a period of three years, commencing October, 1936. Requests for literature on specific subjects continue to be received, and it is interesting to note that country members are making increased use of the Library facilities. The arrangement for co-operation with other libraries continues to be of great value, particularly in the case of the London School of Hygiene and Tropical Medicine, the National Central Library, and University College.

The Council acknowledges receipt during 1937 of 201 presentations of books, including calendars, reports, and society transactions.

As a result of a request by the Books and Periodicals Committee of the British Council the Chairman of the Library Subcommittee has been appointed to act as liaison officer with that committee in the matter of the selection of medical books for presentation to institutions abroad.

B.M.A. Lectures

136. The Council extends its thanks to the following who have given B.M.A. Lectures during the period April 1, 1937, to March 31, 1938: Dr. Dugald Baird, Mr. J. Bright Banister, Dr. G. W. Bray, Mr. E. P. Brockman, Mr. D. J. Browne, Mr. W. A. Cochrane, Professor H. Cohen, Dr. W. S. C. Copeman, Professor S. J. Cowell, Dr. W. Cramer, Dr. E. P. Cumberbatch, Dr. J. Davidson (2), Professor L. S. P. Davidson, Dr. D. T. Davies, Dr. T. Davies, Dr. D. E. Denny-Brown, Dr. H. V. Dicks, Mr. V. W. Dix, Dr. A. H. Douthwaite, Dr. W. Evans, Mr. A. Fleming, Dr. R. Forbes (2), Dr. H. Gardiner-Hill, Professor J. Glaister, Dr. T. C. Hunt, Sir Arthur Hurst, Dr. R. Hutchison, Mr. G. Jefferson, Professor R. W. Johnstone, Dr. E. Jones, Mr. R. Watson Jones, Sir Walter Langdon-Brown (3), Dr. R. D. Lawrence, Professor J. R. Learmonth, Sir Robert McCarrison, Dame Louise McIlroy, Dr. P. Manson-Bahr, Group Captain G. S. Marshall, Dr. E. P. A. Merewether, Dr. E. Miller, Dr. A. Moncrieff, Dr. Nathan Mutch, Dr. C. S. Myers, Dr. J. Parkinson, Dr. D. Paterson, Mr. L. Carnac Rivett, Mr. J. E. H. Roberts, Dr. A. C. Roxburgh, Dr. A. Stott, Sir David Wilkie, Professor F. C. Wilkinson.

Divisions and Branches in England and Wales, Scotland, and Northern Ireland are reminded that they may have one such lecture during the course of the year, the lecturer's expenses being borne by the central funds of the Association.

Sir Charles Hastings Clinical Prize, 1938

137. The Sir Charles Hastings Clinical Prize, consisting of a certificate and cheque for 50 guineas, which was established by the Council in 1924 for the promotion of systematic observation, research, and record in general practice, has been awarded for the year 1938 to John Wilson McFeeters, M.B., B.Ch., of Isleham, Ely, for his clinical study entitled "A Study of the Hereditary and Familial Incidence of Certain Morbid Processes in an Isolated Rural Community." The author, who practises in an isolated "island" in the Fens, has given considerable thought and care to his subject, and the essay is of a very high standard. It is well written, illustrated by pedigrees and photographs, and is an admirable piece of work of the kind for which the prize is intended to be the stimulus. Special letters of commendation have been sent to the following candidates for the prize: J. Gillespie McDowell, M.B., B.Ch., Southampton, "The Physical and Mental Symptoms of One Hundred and Eleven Working-class Women in the Involutional Period";

J. H. Matthews, M.R.C.S., L.R.C.P., Paignton, "Culture Filtrate: A New Technique in the Treatment of Diseases of the Colon and Allied Conditions"; H. M. Southwood, M.B., B.S., Adelaide, Australia, "Psychological Disorders in General Practice"; R. U. Gillan, M.B., Ch.B., Walsall, "An Investigation into Eighty-Three Cases of High Blood Pressure, with Special Reference to the Ophthalmoscopic Findings and their Prognostic Value"; E. J. Bradley, *M.C.*, M.D., F.R.C.S., Margate, "The Acute Abdomen in General Practice: Observations on a Series of Five Hundred Cases."

The Council has expressed its cordial thanks to Sir Humphry Rolleston and Dr. R. G. Gordon, who examined the essays submitted for this Prize.

Katherine Bishop Harman Prize, 1938

138. This Prize, which is awarded biennially and consists of a cheque for £75 and a certificate, has for its purpose the encouragement of study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It has been awarded for the year 1938 to B. S. Platt, M.B., Ch.B., M.Sc., Ph.D., of Shanghai, for his clinical study entitled "The Importance of Vitamin B_1 for Maternal Health in Pregnancy and Lactation." The essay is of outstanding merit, and records research work of a very high standard. A special letter of commendation has been sent to E. D. Hoare, M.B., B.Ch., London, for his contribution, "A Study of the Bactericidal Changes induced in the Blood by the Administration of the Red Prontosils and Sulphanilamide."

The Council has extended its sincere thanks to the examiners of the essays, Sir Ewen Maclean and Professor F. J. Browne.

Stewart Prize, 1938

139. The object of this Prize is the "recognition of important work done, or of researches instituted and promising good results, regarding the origin, spread, and prevention of epidemic disease, with a view to encouraging continuance of the same." The prize consists of a cheque for £50 and a certificate, and is awarded every two years or at longer intervals. In respect of 1938 it has been awarded to Sir Patrick Laidlaw, F.R.S., F.R.C.P., Director of the Department of Experimental Pathology, National Institute for Medical Research, for his work in connexion with influenza and the common cold.

Middlemore Prize, 1939

140. This Prize, which consists of a certificate and cheque for £50 and is given triennially for the best essay or work on any subject which the Council may select in any department of ophthalmic medicine or surgery, will next be awarded in 1939 for the best essay submitted in open competition on "The Underlying Causes of Glaucoma, including notes on the lines of inquiry which have been pursued, with suggestions as to future research in clinic and laboratory."

Diploma in Physical Medicine

141. The Council has considered representations by the members concerned that a Diploma in Physical Medicine, with a comprehensive course of instruction, should be established, and has brought the matter to the attention of the Royal Colleges of Physicians and Surgeons, with an intimation that the Association is in accord with the suggestion. A joint committee of the Royal Colleges of Physicians and Surgeons has been appointed to consider the question of a Diploma. The Association has been invited to nominate representatives to serve on the committee, and is preparing a draft course of training and examination syllabus for consideration by the committee.

Foreign Corresponding Member

142. The Council announces with regret the death of Professor S. de Lapersonne of Paris, one of the Foreign Corresponding Members of the Association.

Prohibition of Chemical Warfare

143. The Council has considered the following Minute 50 of the A.R.M., 1937:

> *Minute 50.*—Resolved: That (with reference to para. 69 of the Annual Report of Council) it be referred to the Council to consider the desirability of pursuing further this important matter by (*a*) keeping a live contact and co-operation with any medical or scientific bodies in all countries with this object in view, and (*b*) if advisable, appointing a committee representative of the B.M.A. to initiate measures to diminish, if not prohibit, all chemical warfare.

The Council considers the setting up of a committee to be impracticable, but it cordially endorses the objects of the resolution, and will utilize any opportunity which may present itself for furthering them.

Psychology of War

144. The following Minute of the A.R.M., 1937, has been brought to the attention of the Health Organization of the League of Nations, with a request that it will consider the suggestion made therein:

> *Minute 140.*—Resolved: That the Council be asked to press for an international section under the Health Organization of the League of Nations to deal with the psychology of war on similar lines to the section now dealing with epidemiology.

"British Pharmacopoeia," 1941

145. The co-operation of the Association has been sought by the British Pharmacopoeia Commission in the preparation of the 1941 edition of the *Pharmacopoeia*. Comments on various suggested deletions from and additions to the *Pharmacopoeia* have been made to the Commission, with certain suggestions for increasing the usefulness of the publication. The Pharmacopoeia Commission has expressed its thanks to the Association for the assistance given.

NAVAL AND MILITARY

Representation of R.N.M.S., R.A.M.C., R.A.F.M.S. and I.M.S. on the Council

146. The term of office of the following representatives will expire at the A.R.M.—namely, Surgeon Rear-Admiral A. R. Thomas, Lieut.-Colonel C. H. H. Harold, and Sir Richard Needham, I.M.S. A. R. Thomas and Sir Richard Needham, having served upon the Council for the period of six years permitted by the By-laws, are not eligible for re-election. The Council recommends:

Recommendation: That Lieut.-Colonel C. H. H. Harold be re-elected to represent the Royal Army Medical Corps upon the Council and that Lieut.-Colonel W. L. Harnett be elected to represent the Indian Medical Service for the period 1938–41.

The Council will submit in its Supplementary Report a recommendation in the case of the R.N.M.S.

Air-Commodore Hardy V. Wells, the representative upon the Council of the R.A.F.M.S., has resigned his membership of the Council. The Council recommends:

Recommendation: That Wing Commander T. S. Rippon be elected to represent the Royal Air Force

Medical Service upon the Council in the place of Air Commodore Hardy V. Wells for the remaining period of the latter's term of office—namely, 1938–40.

Rates of Retired Pay of Officers in the Medical Branches of the Defence Forces

147. The Council has once again given consideration to the question of the rates of retired pay of officers in the Medical Branches of the Defence Forces.

It has long been felt that these rates are inadequate, and representations were made for an upward revision at the time of the Warren Fisher Committee on the Medical Branches of the Defence Forces.

After a review of the whole situation the Council has submitted the appended case to the respective Departments for improvement in the rates of retired pay. (See Appendix IV.)

Conditions of Service of Majors R.A.M.C.

148. Complaints have been received from time to time with regard to the promotion prospects of senior Majors in the R.A.M.C., and the Council has given this matter careful consideration. Upon consideration the Council felt that the position was unsatisfactory and representations were made to the War Office. The War Office submitted for the information of the Council a statement showing the probable promotions affecting these officers from which it appeared that there were still a number of senior Majors who will either retire in that rank with upwards of twenty-three years' service or who will, by reason of delayed promotion, fail to qualify for the full pay of a senior Lieutenant-Colonel and the maximum pension of that rank.

The Council proposes therefore to make further representations to the War Office on this matter.

Payment of Gratuities to Officers continuing in Royal Naval Medical Service

149. The Council suggested to the Admiralty that in future advertisements for the Royal Naval Medical Service the position regarding the payment of gratuities and their liability for income tax where officers remain in the Service after the completion of five years' service should be made clear. The Council is glad to report that a satisfactory reply has been received from the Admiralty on this question.

Representation upon County Territorial Associations

150. The attention of Council has been drawn to the proposal to establish Territorial Army Hospitals. There is no provision for co-operation between local Territorial Associations and the medical profession, and it appeared to the Council desirable that the very useful assistance which could be rendered in this and other medical matters by close co-operation with local units of the Association should be made available to Territorial Associations. The Council has accordingly made representations to the War Office to this effect.

Employment of Civilian Medical Practitioners by Air Ministry

151. The conditions of employment of civilian medical practitioners engaged on short-term contracts by the Air Ministry have been reviewed by the Council, and representations for improvement have been made to the Department. The following decisions relating to the question have now been notified:

1. As from March 1, 1937, they may be granted leave with pay in each leave year—that is, from March 1 to the end of February—at the rate of 36 days per annum. Such leave may be regarded as accruing on a monthly basis, but cannot be carried forward from one leave year to another.

2. Sick leave with pay may be allowed in accordance with existing regulations applicable to temporary unestablished civilians generally employed at Royal Air Force stations—that is, after a qualifying period of three months' service, up to a maximum of six weeks until the end of twelve months' service and thereafter up to a maximum of three months in any period of twelve months.

3. The grant of all leave is to remain subject generally to the condition that no extra expense to the public is involved thereby, but this condition may be waived in the case of whole-time civilian medical practitioners, etc., employed at single-handed stations, when it is not practicable to provide a relief from another station.

4. The introduction of a substitution scheme in respect of medical officers is not contemplated, the appointment of civil medical practitioners on purely temporary engagements being considered to be the most appropriate method of meeting the constantly changing requirements of the present situation. The Air Council has approved an increase of 2s. a day, thus bringing the rates to 33s. 6d. and 30s. a day. The higher rate would be authorized in respect of appointments where the civil medical practitioner is in sole medical charge of a station, and the lower rate in other cases."

The Council has also reviewed the terms and conditions of service of civilian medical practitioners employed whole-time by the Air Ministry at recruiting depots, but considers that no action should be taken in the matter.

Director of Medical Services: Royal Air Force

152. The Council has made representations to the Air Ministry that the Director of Medical Services, Royal Air Force, should have direct access to the Air Council in the same manner as the D.G.A.M.S. has access to the Army Council. A reply has been received from the Air Ministry stating that the Director of Medical Services has the right of direct access to the Air Council, or to any member thereof, should he consider it necessary to represent his views personally on any matter of medical policy.

The Council is not satisfied with this reply, as it is of the opinion that it is desirable that the Director, R.A.F.M.S., should not only have access to the Air Council but that he should be invited to attend meetings of the Air Council whenever any question is to be discussed which affects, or may affect, the medical service or health of the Force, as in the case of the Director-General Army Medical Services.

The Council has decided therefore to make further representations on this matter.

Dental Branch—Royal Air Force

153. The British Dental Association sought the assistance of the Council in its difficulties with the Air Ministry on the question of the implementation of the Warren Fisher Committee's recommendations with regard to the dental branch of the Service.

It appeared to the Council that the opportunity offered in the Dental Branch of the R.A.F. of obtaining a permanent commission was exceedingly small and that the number of permanent commissions should be increased. The Council therefore decided to support the British Dental Association in its negotiations with the Air Ministry and to refuse advertisements for the Dental Branch of the R.A.F. for insertion in the *British Medical Journal* until further notice.

Retired Pay of Air Commodores

154. An anomalous situation exists in respect of rates of retired pay of medical officers of the rank of Air Commodore. Prior to the new regulations, medical officers of this rank were entitled to a maximum pension of £950 per annum (less cost of living deduction), while the maximum pension of a medical officer of the rank of Group Captain was £900 (less cost of living deduction).

Under the new regulations it is possible for an Air Commodore in the medical branch who enters the Service at the age of 28, and who is retired at the age of 57, to receive on retirement a lower rate of retired pay than that which is applicable to a Group Captain in the medical branch with precisely the same period of service.

Further, if a medical officer enters the Service at 25 years of age, the normal age of entry recognized by the Warren Fisher Committee, reaching the rank of Air Commodore and retiring at 57, he will be entitled to a pension of £820 per annum, whereas a medical officer reaching the rank of Group Captain in precisely similar circumstances will be entitled to a pension of £814 10s.

The Air Ministry has been approached on this question and has decided to adopt the following measures:

(*a*) To raise the age of compulsory retirement for officers of the rank of Air Commodore (Medical) from 57 to 59. The higher retiring age will of course apply to all future entrants, and to officers already in the Service to the same extent as the higher ages of retirement approved as the result of the recommendations of the Committee on the Medical Branches of the Defence Services were applied.

(*b*) In any case in which an Air Commodore would be entitled to a higher rate of retired pay on the Group Captain scale than on the Air Commodore scale he would be given that rate.

The Council feels that this proposal may cause a block in promotion, and the situation will therefore be carefully watched.

NATIONAL HEALTH INSURANCE

Remuneration of Insurance Practitioners

155. The Annual Conference of representatives of Local Medical and Panel Committees in October last expressed dissatisfaction with the conclusions of the Court of Inquiry into the insurance capitation fee and instructed the Insurance Acts Committee to take the necessary steps for obtaining an increase at the earliest possible time. The necessary preparations are now being made.

Extension of Medical Benefit to Insured Workers under Sixteen Years of Age

156. Under the National Health Insurance (Juveniles and Young Persons) Act, 1937, insured workers under 16 years of age became entitled to medical benefit as from April 4, 1938. It is estimated that this will involve an addition of approximately one million to the insured population.

Insurance practitioners will be remunerated for this new group on the same basis as that for adult insured persons, and an appropriate addition—at present the subject of negotiation—will be made to the Central Mileage Fund. Special consideration has been given to the position of those practitioners whose lists are approaching the maximum laid down by regulation, and Insurance Committees have been advised by the Ministry of Health to regard as a "special circumstance" for which provision is made in Regulation 15 (2), any excess beyond the maximum which may be caused by accepting juveniles. This is a temporary measure pending consideration at some future date of a possible amendment of the maximum numbers laid down by regulation.

Postgraduate Study Facilities for Insurance Practitioners

157. Arrangements have been made to enable some 800 insurance practitioners in England, 250 in Scotland, and 100 in Wales to receive a course of postgraduate study during 1938. Hitherto postgraduate provision at the expense of insurance funds has been confined to those in single-handed practice in sparsely populated districts.

Normally a course will occupy the practitioner's whole time for two weeks, and will consist of intensive study in general clinical subjects. Grants will cover the fee for the course; travelling expenses (third-class railway fare or its equivalent); subsistence allowance not exceeding £5 a week when attendance at the course necessitates the practitioner sleeping away from his home, and not exceeding £1 a week in other cases; and a sum not exceeding 8 guineas a week inclusive in respect of the engagement, where necessary, of a *whole-time* locumtenent. The requests for this year's courses have greatly exceeded the number of vacancies.

School Medical Records

158. The new Act bringing juvenile workers into national health insurance also makes provision for an insurance practitioner to obtain, if he so desires, particulars of the school medical history of any young person under 18 years of age for whose treatment he has accepted responsibility.

"National Formulary"

159. The *National Formulary* for national health insurance purposes is being revised, and it is hoped that the new edition will be available during the summer months.

SCOTLAND

160. The Scottish Committee regrets to record the death of Dr. D. Lyon Stevenson, who, as a member of the Scottish Committee, the Insurance Acts Subcommittee, and Council, took an active part for many years in the work of the Association in Scotland.

Scottish Committee

161. Dr. John D. Comrie, Edinburgh, and Dr. Thomas Fraser, Aberdeen, were elected chairman and deputy chairman respectively of the Scottish Committee for the session 1937–8.

Maternity Services (Scotland) Act, 1937

162. The Maternity Services (Scotland) Act came into force on May 16, 1937. The adjustment of the terms of service and the remuneration of medical practitioners has occupied a large part of the time of the Scottish Committee. The original proposals of the Department of Health, which received the general approval of the Representative Meeting held in Belfast in July, 1937, were nevertheless rejected by many of the Divisions in Scotland.

The dissatisfaction became so acute that the Insurance Acts Subcommittee at its meeting held on September 9, 1937, resolved to request the Scottish Committee to take the necessary steps to hold a joint meeting of representatives of Panel Committees and of the Divisions in Scotland to discuss the whole matter. The Scottish Committee decided to ask the Chairman of Council to authorize the holding of a Special Meeting of Representatives of Scottish Divisions. Permission was granted, and this

meeting took place on December 16, 1937. The chairman of the Scottish Committee was elected chairman. The following officers and officials of the Association were present: Sir Kaye Le Fleming (Chairman of Council), Dr. H. Guy Dain (Chairman of the Representative Body), Dr. G. C. Anderson (Secretary), and Dr. R. W. Craig (Scottish Secretary).

The meeting passed a resolution that whilst it appreciated the efforts of the Maternity Services Subcommittee it regretted that the proposed remuneration under the Maternity Services Act was recommended for adoption by the Divisions without their previously having been consulted.

Negotiations with the Department of Health were resumed, and at the meeting of the Scottish Committee held on February 10, 1938, it was reported that the Department of Health had agreed to recommend that local authorities should agree to a basic fee of £2 in place of the fee of £1 10s. previously suggested.

As the Association had agreed that there should be differentiation between the fees payable in respect of insured and non-insured women, the Department agreed that the fee payable in the case of insured women should be £1 16s. in place of the fee of £1 5s. also previously suggested.

The Department also agreed to recommend that a fee of £1 1s., with mileage in rural areas, be paid to a practitioner called in by the doctor in charge of a patient to administer a general anaesthetic for "surgical" purposes, and that the fee be paid by the local authority and not form a charge on the medical practitioners' fund.

The question of the mileage allowances to be paid to rural practitioners in the Lowlands has been negotiated with the Department of Health by the Rural Practitioners Subcommittee. It has been finally agreed that a composite flat rate of 6s. per mile beyond two miles from the residence of the practitioner of choice, with a deduction of 10 per cent. in the case of insured women, will be paid. In the Highlands and Islands areas it has been agreed that the composite flat rate will be 5s. per mile.

Scottish Scale of Salaries for Whole-time Public Health Appointments

163. A Joint Meeting of Representatives of the Scottish Branch of the Society of Medical Officers of Health and of the Scottish Committee was held on March 17, 1938, to consider (1) if any amendments of the Scottish Scale were required, and (2) if further steps were necessary to secure the effective recognition of the Scale. It was agreed that the salaries for Medical Officers employed in Departments (working directly under a Senior Medical Officer) should be brought into line with the English Scale —namely, a commencing salary of £500, rising by annual increments of £25 to a maximum of £700.

No further amendment of the Scale was considered advisable, and it was agreed that as the provisions of the Scale were becoming increasingly recognized by local authorities it would be unwise to take further action at this juncture.

Consultants Board for Scotland

164. During the past year conversations have taken place with representatives of the three Royal Medical Corporations in Scotland regarding the composition of the Consultants Board.

The suggestions of the Consultants and Specialists Group Committee have been approved in general by a joint committee consisting of representatives of the three Corporations. The matter has been referred to the individual corporations, and it is expected that they will now appoint their direct representatives on the Board.

Departmental Committee on Nursing

165. The Scottish Committee has been asked if it desired to give evidence before the Departmental Committee recently appointed. It was decided to thank the Departmental Committee for the invitation and to inform them that the Scottish Committee was of opinion that any evidence it might give would be more readily obtained from other sources, but that if, at a later stage, the Departmental Committee desired evidence on particular points the Scottish Committee would be prepared to state its views.

Empire Exhibition, Glasgow

166. The Scottish Committee appointed a special subcommittee to act along with representatives of the Department of Health in considering the possibility of demonstrating the work of medical practitioners in relation to the health services of the country. The work of the local authorities in connexion with the health services is being demonstrated in another section of the Exhibition.

It has been decided that the exhibit should take the form of a historical demonstration of the contribution of Scotland to medicine. The Exhibition authorities have approved of the proposal.

Departmental Committee on the Scottish Lunacy and Mental Deficiency Laws

167. An invitation has been received by the Scottish Committee from the Secretary to the above Departmental Committee asking if it is prepared to submit a written statement and at a later stage oral evidence regarding the existing law of Scotland relating to:

(*a*) The certification, detention, and supervision of persons who are, or are alleged to be, of unsound mind;

(*b*) The temporary or permanent release of such persons;

(*c*) The arrangements made for persons who have not been certified but who are suffering from mental illness, including the powers and duties of local authorities with respect thereto;

(*d*) The procedure followed in the case of lunatics who are dangerous or are alleged to be dangerous;

(*e*) The procedure followed in the case of mental defectives accused of criminal offences;

(*f*) The definition of mental deficiency;

(*g*) The arrangements for dealing with mental defectives up to the age of 16 who are not in attendance at school, and for dealing with mental defectives on attaining the age of 16; and

(*h*) The procedure followed in the case of mental defectives becoming temporarily insane;

and the Committee's opinion regarding what amendments, if any, are desirable as a preliminary step to the consolidation of the law of Scotland relating to lunacy and mental deficiency.

The Scottish Committee has taken the necessary steps to prepare a statement of its opinion.

Gifts to Scottish House

168. The Scottish Committee gratefully records its indebtedness to Sir Robert Philip and Dr. E. F. Armour for gifts presented to the Scottish House.

WALES

169. The position of the members in Wales in relation to the grouping for the "Eleven" members of Council is dealt with in para. 25 of this report.

Relations between the Profession in Wales and the Commission for Investigation into Tuberculosis

170. The Welsh Committee has expressed its opinion that for the benefit of the patient and the community, the

Welsh National Memorial Scheme for the diagnosis, treatment, and prevention of tuberculosis has fulfilled its function and should continue to be supported, and has appointed the following to give evidence before the Commission: *S. Wales*—W. E. Thomas (A. T. Jones, Deputy); *N. Wales*—J. R. Prytherch (L. W. Jones, Deputy).

OVERSEA BRANCHES

Control of Leprosy

171. The Council has considered the following Minute of the A.R.M., 1937:

> *Minute 49.*—Resolved: That (with reference to para. 71 of the Annual Report) this Meeting refers to the Council for consideration the desirability of calling the attention of the Government to the urgent need for increased support by the Governments concerned of the campaign for the eradication of leprosy in the British Empire.

The Council has heard the views of some of its members who have had personal experience in countries where leprosy is rife. While the organizations formed for the purpose of eradicating leprosy are doing valuable work in relieving distress and aiding research, it would appear that the only way of effectively stamping out leprosy is to raise the general standard of public health to a much higher level. The amount of money available for public health purposes in the Colonies is limited, and an increase in the amount spent on the treatment of individual cases of leprosy would necessarily involve a reduction in the amount spent on other and equally important objects. Public health schemes are carefully organized, and leprosy is not neglected.

The Council therefore recommends:

Recommendation: That from the information available the Representative Body is not satisfied that any useful purpose would be served by making representations to the effect that the expenditure specifically devoted to the control of leprosy should be increased.

Colonial Medical Service

WEST AFRICA

172. The Council has continued its consideration of the revised terms of service for members of the Colonial Medical Service in West Africa. Two officers who were home on leave from West Africa attended a special meeting of a Subcommittee of the Dominions Committee to discuss with the members the grievances of the medical officers. Later a deputation from the Council again interviewed representatives of the Colonial Office on the subject and discussed, amongst other points, the reduced pension basis, the effect of the revision on promoted officers, and the number of higher posts available. In the view of the Council much of the effect of the revised terms depends upon the way in which the Colonial Office fulfils its promise to increase the number of higher posts available to medical officers. The Council is pressing for a substantial increase in such posts.

MALAYA

173. Dissatisfaction has been caused among the members of the Colonial Medical Service in Malaya by certain alterations which affect their emoluments. One of these alterations is the reduction and ultimate withdrawal of the allowance awarded some years ago on account of the high cost of living. A local Government committee which has been considering the whole question of cost of living allowances in Malaya, not only for medical officers but for the whole of the Government service, recently recommended that the allowance should be discontinued. The committee expressed the opinion, however, that without this allowance the pay was not sufficient for the maintenance and education of officers' children. It therefore recommended a system of children's allowances, and such a system has now been introduced with effect from January 1, 1937.

The Malaya Branch considers that although the children's allowances remove to some extent the difficulties caused by the withdrawal of the cost of living allowance, they do not compensate officers for the economy measures that affected the medical profession only. One of the latter measures was the discontinuance of the D.P.H. allowance. The Colonial Office has informed the Council that, in the revision of the terms of service which is being undertaken in respect of several Colonies, an endeavour is being made to recognize special qualifications and exceptional merit by acceleration of increments. The Colonial Office is being asked to what extent and in what manner this new principle will be applied.

WINDWARD ISLANDS

174. When the president of the Grenada Branch was home on leave he attended a meeting of the Dominions Committee to discuss with it conditions of medical service in the Windward Islands. A deputation from the Council subsequently discussed the subject with representatives of the Colonial Office. The points raised included the salary scale and travelling allowances, and the Council emphasized the importance of making the conditions of service attractive to candidates of European birth. The Colonial Office promised that the subject should receive careful consideration.

British Officials in Egypt

175. Recent changes in the Egyptian law have affected the prospects of foreign practitioners who seek service with the Egyptian Government. In future all official appointments in Egypt will be held by Egyptians whenever suitable Egyptians are available, and foreign officials holding contract appointments will not be able to rely upon extensions of service beyond the termination of their contracts. The Egyptian Branch has asked the Council to ensure that advertisements for contract appointments submitted for insertion in the *B.M.J.* indicate the position to intending applicants. The Council has approached the Egyptian Ambassador, who has undertaken to advise his Government to insert in every future advertisement the following statement: "The attention of intending applicants is drawn to the fact that the renewal of contract cannot be guaranteed." The Egyptian Branch also considers that intending applicants should be warned that official salaries are liable to certain variations, and the Council is therefore asking the Egyptian Embassy to supply information on the nature of these variations.

Sarawak Medical Service

176. The Council has considered certain complaints relating to the conditions of service for medical officers in the Sarawak Medical Service. It has approached the Government of Sarawak, and has received from it an explanatory memorandum. While the Council does not propose to take any further action concerning the specific complaints, it intends to discuss with a representative of the Sarawak Government the general conditions of medical service in that country.

Social Function for Oversea Members

177. In order to provide for oversea members visiting London an opportunity to meet each other and the officers and officials of the Association, the Council has arranged to hold after each meeting of the Dominions Committee an informal social function for all oversea members known to be in London at the time. The first of these functions was held on March 17. Fifty-five oversea members accepted the invitation, and the innovation was evidently very much appreciated.

Organization of the Medical Profession in India

178. The Secretary has submitted to the Council a report on the visit to India which he undertook during the winter of 1936–7 to investigate the conditions of medical practice and organization in that country. The Council received the report, but decided, before expressing either approval or disapproval of the contents, to publish it and to collect observations on it from the professional organizations in India, including the Indian Branches of the British Medical Association, and from other bodies and persons interested in the subject.

The report was published in the *Supplement* to the *British Medical Journal* on October 9, 1937, and reprints were sent to the Indian Branches, the India Office, the Government of India, the Governors of the Indian Provinces, and a number of organizations and individuals.

PROTECTION OF PRACTICES

Model Scheme for the Protection of Practices of Absentee General Practitioners

179. The Council has prepared a model Scheme for the Protection of the General Practices of Absentee Practitioners who are engaged on whole-time war service, and submits this scheme in Appendix V of the Report. The scheme is being issued to the Divisions which are being urged to set in motion the necessary local machinery.

The Council is formulating a scheme for the protection of practices of consultants and specialists who are engaged on whole-time war service, and it is hoped to deal with this matter in the Supplementary Report.

PARLIAMENTARY ELECTIONS

180. The Council granted Dr. L. Haden Guest a sum of £250 from the Medical Representation in Parliament Fund in connexion with his candidature at a by-election in North Islington. Dr. Haden Guest, who gave an assurance that he supported whole-heartedly the Association's policy, was elected.

As will be seen from the Financial Statement the balance now standing to the credit of the Medical Representation in Parliament Fund has been reduced to a very low level. The Council is therefore reviewing the future position of this Fund, and it hopes to deal with the matter further in its Supplementary Report.

E. KAYE LE FLEMING, *Chairman.*

APPENDIX I

Report of Twelfth Annual Conference of the Association Professionnelle Internationale des Medicins

"I attended the twelfth annual conference of the A.P.I.M., which was held in Paris last July. The president was Dr. Haedenkamp of Germany, and the following countries were represented: Belgium, Denmark, France, Germany, Great Britain, Holland, Hungary, Luxembourg, Norway, Poland, Spain, Sweden, and Switzerland.

The Work of the Conference

"The Conference considered the reports on the three inquiries conducted during the year, the subjects of which were: (1) The campaign against cancer. (2) Organization of a night medical service and a service for Sundays and public holidays. (3) Methods of controlling the patient and the doctor in medico-social legislation.

"An address was also given by M. Gallié, general secretary of the Conférence Internationale des Travailleurs Intellectuels (C.I.T.I.), on the subject of 'priority bureaux' in connexion with inventions and discoveries by medical practitioners.

The Campaign Against Cancer

"Dr. Vuilleumier, the representative of Switzerland, acted as the reporter of this inquiry, which concluded a series of three investigations into widespread diseases, the other two being tuberculosis and venereal diseases. Dr. Vuilleumier said that there was very little room for discussion on the choice of weapon to be employed against cancer, but that there was much diversity of opinion on the methods of using them. The conference considered successively the organization of scientific research, diagnosis, treatment centres, hospital treatment, and the education of the public, and finally came to the following conclusions:

"(1) Centres devoted to scientific research on cancer should be perfectly equipped in every respect. It is advisable, in order to prevent wastage of personnel and resources, that the number of these institutions should not be multiplied.

"(2) It is desirable, in suitable cases of difficult diagnosis, that doctor and patient should be enabled to make use of the relevant research work. By this means private centres for diagnosis and consultations would be utilized in the same way as hospital facilities.

"(3) As in the case of diagnostic centres, treatment centres (which should not provide operative treatment) should be easily accessible to patients and suitably distributed throughout the country.

"(4) The State or local authority should assure to institutions engaged in the cancer campaign the funds essential to their organization, equipment, maintenance, and progress, on condition that the institutions produce the necessary guarantees.

"(5) Every doctor throughout the country ought to take part in the cancer campaign, both in his ordinary practice and by co-operating so far as possible with the organizers of the campaign and the institutions engaged in it.

Night Medical Services

"The provision of medical services at night time and on Sundays and public holidays appears to have raised acute problems of organization in several European countries. The reporter, Dr. Zahor of Czechoslovakia, said that in his country the facilities available on such occasions through ordinary medical practice, hospitals, and Red Cross and first-aid stations, appeared to the Government to be inadequate, and it had recently required local authorities to provide in certain districts a service of medical practitioners to be available in the place of those doctors who after their day's work had left the district or were indulging in the week-end habit. This scheme was resented by the medical profession as an encroachment on their freedom. Such a special service already exists in several countries, and the inquiry sought to ascertain the details of the arrangements and the method of remuneration of the practitioners taking part.

Medico-Social Control

"This inquiry was of more direct interest to the profession in this country. By its title—'Medico-Social Control'—was meant the way in which control was exercised over patients who were entitled to the benefits of social insurance and other medical schemes, and the way in which the services rendered by the doctor were controlled. The report of the inquiry was submitted to the

conference by Dr. Cibrie (France), who, after reviewing the systems actually in force in the different countries, submitted to the conference two motions, one recommending that medico-social control should be distinct from medical treatment, and the other that the control should be exercised by a body of practitioners specially trained for the purpose. A long discussion followed in which considerable diversity of opinion was expressed, and finally two conclusions were adopted recommending (1) that medico-social control should be distinct from treatment, but ordinary certificates as to the condition of the patient should be given by the attending practitioner, and (2) that it is desirable that, where a system of control exists, it should be conducted by medical controllers specially trained for the purpose.

MEDICAL PATENTS

"It will be remembered that a few years ago, on the initiative of the B.M.A., the A.P.I.M. conducted an inquiry on this subject, but that the conference of 1934 decided that the time was not then ripe for the practical consideration of the question on an international plane. This question has now been raised again in the international sphere. In January, 1937, Dr. Decourt, the general secretary of the A.P.I.M., attended a meeting of the Conférence Permanente des Fédérations Professionnelles Internationales, at which it was proposed to create 'priority bureaux,' through which a medical practitioner might establish his claim to be a discoverer or inventor in the medical field. M. Gallié, president of the Conference and secretary of the Conférence Internationale des Travailleurs Intellectuels (C.I.T.I.), was directed to pursue the subject with interested international organizations, and he had therefore been invited to attend the conference of the A.P.I.M. in order to explain more fully the purpose of the priority bureaux.

"M. Gallié said that it had been suggested that a certain measure of protection and recognition might be afforded to the medical profession if there could be provided some means whereby a medical practitioner who discovered a new remedy or invented a new appliance might announce the fact to the scientific world, and, by registering the date of his announcement, preserve for himself the merit of the discovery or invention. At Berne there is an international bureau for the registration of literary and industrial property, and the present proposal is that medical discoveries should be similarly registered at Berne. M. Gallié said that he was aware that the suggestion, if put into effect, would be only a small step towards the solution of the problem of medical patents and that it would not give the medical discoverer any legal proprietary rights, but it would give him a moral right against the manufacturers and other persons who frequently snatched from him the reputation of the discovery. At an early date the secretary of the A.P.I.M. will consult the members to ascertain their views on this proposal, and a formal opinion, based on these views, will then be submitted to the next meeting of the Conférence Permanente des Fédérations Professionnelles Internationales, which is to be held at Lisbon in August, 1938.

PROGRAMME FOR 1938

"The Conference approved in its final form a memorandum on its constitution and work which is to be circulated in English, French, or Spanish to non-member national medical organizations.

"It was arranged that the inquiries for 1938 should be on the following subjects: (1) The accumulation of appointments in the hands of one or a few doctors. (2) Periodical medical examinations and individual health records. (3) Industrial doctors.

"The next Conference is to be held in Copenhagen in August, 1938, under the presidency of Dr. Csillery, the representative for Hungary."

APPENDIX II

COUNCIL

Chairman: SIR KAYE LE FLEMING

NAME	ATTENDANCES	
	Actual	Possible
Chairman of Council: Sir Kaye Le Fleming, Wimborne	5	5
President: Prof. Sir Robert J. Johnstone, Newcastle, Co. Down	5	5
Chairman of Representative Body: H. Guy Dain, Birmingham	5	5
Treasurer: N. Bishop Harman, London	4	5
President-Elect: Colin D. Lindsay, Plymouth	5	5
Past-President: Sir Farquhar Buzzard, Oxford	2	5
Immediate Past Chairman of Representative Body: H. S. Souttar, London	5	
Deputy-Chairman of Representative Body: R. G. Gordon, Bath	5	5
Armstrong, J., Ballymena	5	5
Barrow, R. H. B., Winchester	2	2
Berry, R. J. A., Bristol	5	5
Bone, J. W., Luton	5	5
Brackenbury, Sir Henry, Hendon	2	2
Burgess, A. H., Cheadle	5	5
Comrie, J. D., Edinburgh	4	5
Eccles, W. McAdam, London	5	5
Flemming, C. E. S., Bradford-on-Avon	5	5
Forrester, J., Glasgow	4	5
Fothergill, E. R., Tunbridge Wells	4	5
Fraser, T., Aberdeen	2	5
Gilks, J. L., Petersfield	4	5
Giuseppi, P. L., Felixstowe	2	5
Glover, L. G., London	4	5
Goodbody, F. W., London	5	5
Harold, C. H. H., London	4	5
Hawthorne, C. O., London	5	5
Hudson J., Newcastle-on-Tyne	4	5
Hunter, J., Edinburgh	4	5
Jonas, H. C., Barnstaple	2	5
Jones, I., London	3	5
Lewis, E. W., Southport	2	2
Lilley, E. Lewis, Leicester	4	5
Loughridge, J. C., Belfast	5	5
Macdonald P., York	5	5
Maclean, Sir Ewen, Cardiff	4	5
Manson, J. S., Warrington (Deceased Oct. 1937)	2	2
Martin, J. M., Cheltenham	5	5
Matthews, J. C., Downton	5	5
Miller, J. B., Bishopbriggs	4	5
Needham, Sir Richard, London	4	5
Newell, R. L., Cheadle	3	5
Parry, L. A., Hove	2	3
Paterson, W., London	5	5
Picken, R. M. F., Cardiff	4	5
Pooler, H. W., Ashover	4	5
Proctor, A. H., London	5	5
Prytherch, J. R., Llangefni	4	5
Richard, W. J., Glasgow	3	5
Rippon, T. S., Harrow	1	1
Robinson, H., London	4	5
Roper, F. A., Exeter	5	5
Scott, G. Waugh, Malvern Links	3	5
Shanley, J. P., Dublin	0	5
Snell, E. H., Coventry	5	5
Spurgin, P. B., London	4	5
Stevenson, R. Scott, London	5	5
Stratford, H. M., London	3	5
Thomas, A. R., Parkstone	4	5
Thomas, W. E., Ystrad Rhondda	5	5
Trotter, G. C., London	2	5
Wand, S., Birmingham	5	5
Waterfield, N. E., Great Bookham	4	5
Watkins-Pitchford, W., Bridgnorth	3	5
Wells, Hardy V., Northwood	0	4
West-Watson, W. N., Bradford	5	5
Willoughby, W. G., Eastbourne	5	5
Wood, F. T. H., Liverpool	4	5

APPENDIX IV

RETIRED PAY OF MEDICAL OFFICERS IN THE DEFENCE FORCES

1. The British Medical Association has to-day some 37,000 members, and Divisions and Branches throughout the Empire. It is thus in a position to assess the conditions obtaining in the various parts of the Empire and in the various branches of the profession both at home and in the Dominions, Colonies and Protectorates.

2. It has under review the conditions of service, opportunities for professional advancement, remuneration and pensions of medical practitioners serving in the Defence Forces. The Association realizes that efficiency of the

medical services of the Defence Forces is vital to the nation. It feels that it is of importance that the conditions in the medical branches shall be such as will ensure keen competition for commissions and contentment among those who are serving and have served. It is therefore concerned to note certain unsatisfactory features in regard to the present rates of retired pay. The rates applying in the R.A.M.C. are as follows:—

Rates of Pay and Retired Pay.

Rank	Current rates of pay plus allowance (married) per annum	Compulsory retiring age	Rates of retired pay per annum
Major (after 22 years' service)	£1,130	55 (after 20 years' service)	£407 10 0
		Retired on account of age after—	
		25 years' service	£475 2 6
		26 ,,	£488 14 0
		27 ,,	£502 5 0
		28 ,,	£515 17 0
Lieutenant-Colonel	£1,189	55	£543 0 0
,, (after 3 years' service as such)	£1,271		
Colonel	£1,431	57	£724 0 0
Major-General	£2,004	60	£905 0 0
Lieutenant-General	—	60 (or on completion of tenure)	£1,086 0 0

3. It is pointed out that in other public services where pensions are granted it is usual to take into consideration the monetary value of allowances in computing the pensions that can be earned. This is not so in the case of the Defence Forces. In the case of these other services the maximum pension that can be earned is based on 40/60ths of the average pay + computed monetary value of allowances during the last three years of service. This method of assessing pensions if applied to, say, a Colonel late R.A.M.C., would give a maximum of 2/3rds of £1,431=£954, as against the present £724.

4. There are certain variations in the rates obtaining in the R.N.M.S. and R.A.F.M.S. which will be referred to in a later paragraph, but for the purpose of illustrating its case the Association proposes to refer mainly to the R.A.M.C.

5. It will be noted that Majors may, subject to not being promoted, be retired at the age of 55. This is a considerably earlier age than applies in civilian employment—for example, local authorities, the Ministry of Health, etc.—but nevertheless it almost completely debars the person concerned from obtaining employment with other authorities. Unless he can find private work an R.A.M.C. officer so retired will be entirely dependent upon his pension, which for this purpose, taking into consideration the standard of living to which he has become accustomed and the prestige which it is desirable he should maintain, is quite inadequate. Further, the Service practitioner, besides being retired at an earlier age than his civilian colleague, is likely to have higher expenses at 55 as owing to the restriction on marriage before the age of 30 he may at his age of retirement have children still dependent upon him whose education and maintenance are likely to be at the most costly stage.

6. When the Association submitted proposals for improvement in the terms and conditions of Service of the R.A.M.C. in 1933, the following view was expressed by the Department—namely, that "pensions being given for service in the Army only, as distinguished from service in any particular corps, it follows that an exception cannot be made in favour of one corps except by way of compensation for later age of entry. This is already done in the case of the R.A.M.C."

7. This is a new principle, and was not observed in the Navy or Army prior to the last war. In 1914 the maximum pension of a Surgeon Rear-Admiral was £730, whilst a Rear-Admiral received £650; and the maximum pension of a Colonel R.A.M.C. was £638, and that of a combatant Colonel £490. When the reorganization took place in 1919 the recognized practice of granting a medical officer a higher rate of pension based upon his medical qualifications was discontinued. Ever since that time the departure from this principle has been regarded as an injustice by the medical members of the Defence Forces. It has been the cause of numerous representations by the Association.

8. Throughout his career the medical officer in each branch of the Services receives pay at a higher rate than other officers of comparable rank and service. It is evident, therefore, that recognition is given to the professional status of the medical officer during his service, and it is contended that this recognition should be reflected also in the rates of retired pay.

9. The increase in the maximum retired pay of a Colonel, R.A.M.C., since 1914 is £86, or approximately 13.5 per cent., whereas the increase in the cost of living recorded by the Ministry of Labour is 57 per cent.

10. The medical officer enters the Service fully qualified and skilled in his profession, and the cost of his obtaining such qualifications and skill does not fall upon the Service. In the ordinary branches the officer enters with no special qualification or training, and obtains this during his Service career.

11. Further, the medical officer leaves the Service seriously handicapped compared with his colleagues in civil practice, for he is unfamiliar with much of the general work of the ordinary civilian general practitioner. When retired at 55 a medical officer finds it difficult to overcome this handicap. This view was shared by the Warren Fisher Committee as indicated in paragraph 84 of the Report, which states: "This age is too late for officers advantageously to enter civil practice."

12. It is the contention of the Association that in considering rates of retired pay of medical officers there should be taken into account factors which apply particularly to such officers—namely, the cost of professional education and the length and nature of that education. A moderate estimate of the average cost is in the neighbourhood of £1,500. To secure the requisite medical qualification for entry to the Service, the prospective officer is required to undergo a prolonged training at a medical school for a period of at least 6 years.

13. It is suggested therefore that the present method of calculating retired pay should be discontinued so far as the medical branches are concerned, and that there should be a special rate applicable to these branches.

Rank.	*Retired pay per annum.*
R.N.M.S.:—	
14. The following new rates are proposed:—	
Lieut.-Commander and Surgeon-Lieut.	£450 per annum
Commander	£600 ,,
,, after 26 years' service ..	£640 ,,
,, ,, 27 ,, ,, ..	£680 ,,
,, ,, 28 ,, ,, ..	£720 ,,
,, ,, 29 ,, ,, ..	£760 ,,
,, ,, 30 ,, ,, ..	£800 ,,
Captain (after 1 year in the rank) ..	£900 ,,
,, (,, 3 years ,, ,,) ..	£1,000 ,,
Rear Admiral (after 1 year in the rank)	£1,100 ,,
,, ,, (,, 3 years ,, ,,)	£1,200 ,,
Surg. Vice-Admiral	£1,300 ,,

Rank.	*Retired pay per annum.*
R.A.M.C. :—	
After 15 years' service as a medical officer	Retired pay on the basis of the £2,800 gratuity; alternatively the officer should be allowed to take the gratuity as at present.
After 18 years' service as a medical officer.	£3,500 ditto as above.
Major after 20 years' service	£500
,, ,, 24 ,, ,,	£550
(In the case of Majors retiring in that rank with more than 24 years' service an additional £10 per annum in respect of each completed year over 24.)	
Lieutenant-Colonel	£600
,, ,, after 26 years' service	£640
,, ,, ,, 27 ,, ,,	£680
,, ,, ,, 28 ,, ,,	£720
,, ,, ,, 29 ,, ,,	£760
,, ,, ,, 30 ,, ,,	£800
Colonel (after 1 year in the rank)	£900
,, (,, 3 years ,,)	£1,000
Major-General (after 1 year in the rank)	£1,100
,, ,, (,, 3 years ,,)	£1,200
Lieutenant-General	£1,300
R.A.F.M.S. :—	
Squadron Leader after 20 years' service	£500
,, ,, ,, 24 ,, ,,	£550
Wing Commander	£600
,, ,, ,, 26 ,, ,,	£640
,, ,, ,, 27 ,, ,,	£680
,, ,, ,, 28 ,, ,,	£720
,, ,, ,, 29 ,, ,,	£760
,, ,, ,, 30 ,, ,,	£800
Group Captain (after 1 year in the rank)	£900
,, ,, (,, 3 years ,,)	£1,000
Air Commodore (,, 1 year ,,)	£1,100
,, ,, (,, 3 years ,,)	£1,200
Air Vice-Marshal	£1,300

APPENDIX V

MODEL SCHEME FOR THE PROTECTION OF PRACTICES OF ABSENTEE GENERAL PRACTITIONERS

I. AREA

1. The Area of this scheme is that covered by the .....Division (or Branch) of the British Medical Association—namely ....

II. DEFINITIONS

2. The term "Absentee Practitioner" shall mean a practitioner who is engaged on whole-time war service.

The term "Acting Practitioner" shall mean a practitioner who, not being on whole-time war service, is engaged in general practice within the area of the scheme and has signified his assent to the provisions hereinafter set out.

The term "Legal Representative" shall mean a registered medical practitioner or other person who has been legally appointed by the Absentee Practitioner to receive monies, sign documents, and generally to safeguard his interests.

The term "Bureau" shall mean the body established in accordance with Section VII of this scheme.

The term "Family Doctor" shall be understood to mean the practitioner who was last in attendance.

III. GENERAL

3. *Basis of the Scheme.*—The basis of the scheme is a document signed by the general practitioners of an area that they will attend the patients of an absentee practitioner *only* on the terms of the scheme.

These terms imply undertakings by the Acting Practitioner:

(1) That he will refuse to accept on his own behalf any patients of an Absentee Practitioner until after the expiry of one year from the Absentee's return.

(2) That in the event of the death or permanent incapacity of an Absentee Practitioner he will continue to attend patients under the terms of the scheme until the appointment of a successor and will refuse to accept patients on his own behalf until after expiry of one year from such appointment.

4. A communal scheme undertaken by all the practitioners in the area of a Division or Branch is to be strongly preferred. In certain circumstances a practitioner may prefer to nominate a practitioner to act on his behalf. If he enters into such an *ad hoc* arrangement with another practitioner, not as part of the communal scheme, it would still be necessary, in his interests, to deal under the communal scheme with the patients of the practice who do not select the nominated practitioner.

Thus, although different arrangements within the communal scheme may be found desirable, *ad hoc* individual arrangements not part of a communal scheme will not completely protect the interests of the absentee practitioner.

5. *Appointment of Legal Representative.*—A practitioner going on service shall appoint a legal personal representative to act on his behalf during his absence.

6. *Availability of Scheme.*—The scheme is available both to practitioners in single-handed practice and to those in partnership, and relates to the normal general practice of the absentee practitioner, including midwifery and appointments.

In the case of an absentee practitioner who is in partnership, the patients would be entitled to free choice among the acting practitioners in general, and the provisions as to records, distribution of fees, etc., set out in this scheme would apply to such patients.

In the case of a partnership which elects to remain outside the communal scheme, insured persons on the list of a partner who becomes an absentee practitioner will be notified by the Insurance Committee that, unless they express a desire to choose another doctor, they will be allocated to the temporary lists of the remaining partner or partners.

7. *Appointments of Absentee Practitioners under Local Authorities.*—Public authorities should be impressed with the importance of setting free in the event of national emergency medical practitioners in their employ, and of keeping their appointments open to them on their return. Arrangements should be made for carrying on public work where necessary by the employment of practitioners ineligible for service.

IV. ADMINISTRATION OF SCHEME

8. *Areas outside London and Middlesex.*—The administration of the scheme in areas outside London and Middlesex should be in the hands of a Local Emergency Committee established at a meeting of all the practitioners in the area and composed as follows: 2 members elected by the Executive of the Division, 2 by the Local Medical and Panel Committee, 1 nominated by the Medical Officer of Health for the area, 2 representatives of the medical staffs of the hospitals, municipal and voluntary, in the area, and in medical school centres 2 representatives of the medical staffs of the hospitals connected with the schools; with power to co-opt 2 other practi-

tioners, if necessary, to secure that the Committee shall be thoroughly representative, both in regard to district and type of practice, of the whole area. Casual vacancies should be filled by the Committee itself.

9. *Administrative County of London, including the City of London.*—The administration of the scheme in this area should be in the hands of a Local Emergency Committee appointed at a meeting of all the practitioners in the area and composed as follows:

4 members resident in the London area elected by the Council of the Metropolitan Counties Branch,

4 members elected by the Local Medical and Panel Committee,

2 members representing the Public Health and Council Hospital Service, one nominated by the Chief Medical Officer of the London County Council and one nominated by the Metropolitan Branch Council of the Society of Medical Officers of Health,

4 members of the medical staffs of teaching hospitals,

1 member of the medical staff of a non-teaching hospital,

with power to co-opt 3 other practitioners, if necessary, to secure that the Committee shall be thoroughly representative. Casual vacancies should be filled by the Committee itself.

10. *County of Middlesex.*—The administration of the scheme in this area should be in the hands of a Local Emergency Committee appointed at a meeting of all the practitioners in the area and composed as follows:

3 members resident in Middlesex elected by the Council of the Metropolitan Counties Branch,

3 members elected by the Middlesex Panel Committee,

2 members representing the Public Health and Council Hospital Service, 1 nominated by the Medical Officer of Health of the County of Middlesex, and 1 nominated by the Home Counties Branch of the Society of Medical Officers of Health,

2 members of the medical staffs of voluntary hospitals,

with power to co-opt 3 other practitioners, if necessary, to secure that the Committee shall be thoroughly representative. Casual vacancies should be filled by the Committee itself.

V. METHOD OF ASSESSMENT OF FEES

11. *Private Patients.*—The income from the practice of the absentee practitioner shall be taken to be the actual cash receipts for the work done by the acting practitioner(s) on behalf of the absentee, and the division of such monies shall be in equal shares to the absentee practitioner and to the practitioner(s) conducting the work. This proviso shall apply to all kinds of professional work —for example, contract practice, friendly society arrangements, operations, consultations, administration of anaesthetics, post office, part-time work for public schools, etc. Special arrangements may be found necessary in exceptional rural areas.

12. *Insured Persons.*—(i) An arrangement shall be made with the Insurance Committee to pay:

(*a*) direct to the legal personal representative of the absentee practitioner 50 per cent. of the remuneration due to him from the date upon which he went on service;

(*b*) the remaining 50 per cent. *either* to the Bureau referred to in Section VII *or* directly to the acting practitioners or nominees, as may be arranged with the Bureau.

Note: These sums shall be distributed in accordance with paragraph 23 (*b*) of this scheme.

(ii) In those areas where temporary residents are a factor of importance the local Emergency Committee may make an arrangement which will ensure an equitable distribution among the absentee practitioners of the sums payable for the treatment of this class of patient.

(iii) The whole of the sums payable in respect of mileage and drugs supplied to insured persons shall be distributed by the Insurance Committee to the acting practitioners in accordance with the usual local scheme.

VI. NEW PATIENTS: PROCEDURE

13. *General.*—When a patient attends for the first time the practitioner must make inquiries as to the name of the doctor who last attended him. If the name is that of an absentee practitioner the acting practitioner must inform the patient that he will attend only on the absentee's behalf.

14. If the patient being questioned states that he is not an insured patient and that he has had no family doctor, he shall be regarded as the patient of the acting practitioner.

15. *Private Patients.*—If the patient is a private patient or one treated under contract arrangements, the practitioner must enter details of attendances and visits and professional charges on a card supplied by the Bureau and returned to it at stated intervals. Strict records must be kept.

16. *Insured Persons.*—The acting practioner, upon or after seeing for the first time any insured persons (other than one already on his panel list), shall endorse the patient's medical card as the practitioner chosen on a temporary basis and send it to the Insurance Committee.

17. *Insurance Committee Procedure.*—Where the medical card endorsed by the acting practitioner and received by the Insurance Committee is that of an insured person on the list of an absentee practitioner he will, for the period of the emergency or for such shorter period as he may be entitled to remain on that list, be retained by the Insurance Committee on that list, but, as an emergency arrangement, he will be included also on the temporary list of the acting practitioner.

18. Where the medical card endorsed by the acting practitioner and received by the Insurance Committee is that of an insured person who has not been accepted by or assigned to a practitioner in the area the insured person shall, for the period of the emergency and for a period to be determined by the Local Emergency Committee, but being not less than twelve months thereafter, be included on the temporary list of the chosen acting practitioner.

19. An insured person on the temporary list of an acting practitioner shall be able to change to the temporary list of another practitioner in the area in the usual way.

20. The acting practitioner shall display, in a prominent position in his surgery (or consulting-room) and waiting-room a printed notice intimating that during the absence of a practitioner on service his patients will be attended by a home practitioner in the neighbourhood, and on the return of the absentee practitioner they will be expected to seek any advice required from him. A printed notice for this purpose will be supplied by the Local Emergency Committee.

VII. ESTABLISHMENT AND FUNCTIONS OF A BUREAU

21. The financial administration of the scheme shall be conducted by a Bureau established by the Emergency Committee.

22. *In the case of private patients*—

(*a*) The Bureau would supply the acting practitioners who are attending the patients of absentee practitioners with record cards on which they will enter dates of attendances, visits, etc., and details of professional charges;

(*b*) The Bureau would collect these cards at stated intervals, usually monthly. In the case of cash transactions the acting practitioner shall forward the whole of the sums to the Bureau for equal distribution between the interested parties. In the case of *all other* private patients the Bureau would, in the name of the acting and absentee practitioners, collect the fees from the patient. The fees so collected would be divided equally between the acting and absentee practitioners after subtraction of an approved percentage for costs of the Bureau.

23. *In the case of insured persons*—

(*a*) The Bureau would obtain from the Insurance Committee:

(i) 50 per cent. of the monies due to the absentee practitioners provided that the absentee shall receive the whole of the sums due to him up to the date on which he went on service unless arrangements are made for the distribution of all the monies due to the absentee practitioners by the Insurance Committee.

(ii) Lists of the patients of absentee practitioners who are on the temporary lists of the acting practitioners, and quarterly "counts" of these shall be supplied to the acting practitioner.

(*b*) The Bureau would, subject to the deduction for expenses mentioned in para. 24, distribute the whole of the monies received from the Insurance Committee to the acting practitioners in direct proportion to the number of insured persons on their temporary lists.

24. *Expenses of Bureau.*—The cost of administration of the scheme will be a first charge upon the funds of the Bureau. At the end of each quarter the Bureau should deduct from the monies received from all sources a percentage amount to cover expenses and pay the monies due to the practitioners concerned as soon as possible after the end of the quarter. The percentage deduction should be decided by the Local Emergency Committee by agreement with the Bureau authorities.

VIII. DISPOSAL OF RECORD CARDS OF ABSENTEE PRACTITIONERS

25. A practitioner participating in the communal scheme shall when proceeding on service forthwith forward the whole of his record cards to the Insurance Committee.

IX. UNALLOCATED INSURED PERSONS, NEW ENTRANTS TO N.H.I., AND PERMANENT REMOVALS

26. Insured persons falling within the following categories—namely, unallocated, new entrants, and permanent removals—will, during the emergency and for a period to be determined by the Local Emergency Committee but being not less than twelve months thereafter, be included on temporary lists of the chosen practitioners subject to the right of the insured person to change to another practitioner under paragraph 19. They will then be notified by the Insurance Committee of their right to apply to a practitioner for acceptance, and failing acceptance they will be allocated in accordance with the procedure in the Allocation Scheme.

X. DISPUTES

27. Any question arising as to the interpretation of this scheme or as to any amount payable thereunder shall be referred to the Local Emergency Committee referred to in Section III, and the decision of that Committee shall be binding upon all parties concerned.

XI. FORM OF AGREEMENT

28. The following form of agreement between the practitioner taking part in the communal scheme and the local Emergency Committee is suggested:

(To be inserted in the form approved by the solicitor.)

THE NEW OPHTHALMIC GROUP OF THE B.M.A.

BY

N. BISHOP HARMAN, F.R.C.S.

Chairman of the Ophthalmic Committee

Readers of the report of the meeting of the Council of the British Medical Association in the *Supplement* of April 16 (p. 192) will have learned that the recommendations of the Ophthalmic Committee of the Association for its own extinction and for the formation of a new Ophthalmic Group Committee have been accepted by the Council, subject to future revision in the light of experience, and will speedily be put into force.

Past and Future

For the past fourteen years the Ophthalmic Committee has carried out its work with one end in view—the public interest. I can say without risk of contradiction that it has done much to ensure that modern measures for the prevention or treatment of defects or diseases of the eye should be available to the public generally on terms that are fair both to them and to the members of the profession providing those facilities.

At first the work of the Ophthalmic Committee seemed to make but little appeal to the members of the profession who were engaged in ophthalmic work, but the enthusiasm of men like Wallace Henry was infectious. There is now no lack of interest, and it is because of that spread of interest from the few to the many that the change in the ophthalmic representation on the B.M.A. has been brought about. In earlier days those of us who were interested were constantly on the look out for others who also showed interest and who would join in the work of organization. Now all members of the Association who are engaged in ophthalmic work will have the opportunity and indeed the duty of selecting from their number those who will represent them upon the Ophthalmic Group Committee.

The largest representation on that Group Committee, as is natural, will be from ophthalmic surgeons or those engaged predominantly in ophthalmic practice. The areas of the constituencies have been planned as nearly as possible upon the distribution of the clinical ophthalmic societies, so that meetings of members of the constituencies might fit in with clinical meetings; and also because it is likely that such an arrangement will allow the voters to have some personal knowledge of those who seek their suffrages. There will also be some representation of those who are on the B.M.A. Ophthalmic List and are members of the Association but do other work besides ophthalmology.

An Appeal to all Members

To this statement of fact I want to add my personal appeal. I am convinced that the best interests of ophthalmology, from the point of view of both the public and the profession, can only be attained by unity among the members of the profession who do this work. The profession as a whole has developed an instrument of effective organization in the B.M.A. which is of the highest value. The B.M.A. in the past has shown great interest in the advancement of ophthalmology. Many doubted the wisdom of the Council's generosity in advancing money to assist in the establishment of the National Eye Service, but it has been amply justified, and the doubters have acknowledged this.

I appeal, therefore, to all members of the Association to stand together in this new effort, and to drop what looks like faction fights. There are certain separatist tendencies, but they are, I have reason to believe, of small weight; nevertheless they give the impression of disunity. We are all of one mind as to the necessity of our work and as to our ultimate aim. Is it not better, then, that we should pull together rather than dissipate some of our effective energies by applying them at tangents to the main line?

There is no autocracy, no hierarchy, in the B.M.A. Each member has the means of exercising his influence. But there is one other need for the successful working of a democratic institution: that each member should agree to stand in with the general view as constitutionally expressed. Without that agreement there can be no effective action. I hope, therefore, that every member of the Association who is eligible to vote for the new Ophthalmic Group will without fail exercise his right and register his vote, and so give the new committee a good start.

I make my personal appeal, first, to my ophthalmic colleagues who are members of the Association to unite in making this new Ophthalmic Group in the B.M.A. a success; and secondly, to non-members who are interested in ophthalmology to join the Association, so that their weight may be added to the effective influence of the new group.

Correspondence

PREVENTIVE TREATMENT UNDER THE GENERAL PRACTITIONER

SIR,—While I hesitate to intrude on your space again, I feel that, in the interests of the general practitioner, the remarks of Dr. Harry Roberts in the *Supplement* of April 9 call for comment. He talks of the diminution and disappearance of the great epidemic scourges, the fall in the infantile death rate and in the incidence of tuberculosis and the death rate from that disease, and says the general practitioner has had "no particular share in these successes." When one considers that the above scourges were, and are, largely the result of national social shortcomings which required the resources of the national purse, the general practitioner can surely not be blamed for being unable to deal with them.

However, I state without fear of contradiction that the general practitioner has contributed more than any other class of the community to the mitigation of these scourges. When it is considered that the removal of each of these infective cases to public health hospitals entails the loss of fees which the general practitioner attending would otherwise get, the unseen contribution of the general practitioner becomes at once evident. I put the loss to the general practitioner in the neighbourhood of two million pounds per annum. I know of no other class of the community which has been content year after year not only to pay taxes for these services in common with the other taxpayers but to contribute this immense sum in addition. *It has been so quietly done that it has escaped Dr. Roberts's notice.*

Dr. Roberts quotes from a speech delivered by Mr. Lloyd George in 1911, and comments that it is discreditable in us as panel doctors to have failed to try to realize the glowing vision of that gifted statesman. Mr. Lloyd George pictures us as going into the homes of the people pointing out to them their faulty habits, and sending nightly detailed reports of our patients' environmental and personal shortcomings to keen, appreciative, and sympathetic medical officers of health.

To come down from the heights of rhetoric to practical facts, this is what we are expected to do. We go into the patient's house, push open his window on grounds of fresh air, tell him to wash himself properly, to stop drinking and gambling, and so be in a better position to buy himself proper food and clothing; tell his wife that because she is expert with a tin opener it does not follow she is a cook; tell her to learn to cook, and wash and keep her house clean, and spend less time in the pictures and in gossip with her neighbour; tell them to get to bed at a reasonable time of night and get up at a reasonable time in the morning; and so on and so forth. Having finished a strenuous day, made additionally strenuous by the multitude of forms and certificates already demanded from us under national health insurance, we then start into a mass of lengthy reports to the medical officer of health. The postage we should have to defray like so much else out of our nine shillings a year. Be it remembered we depend upon the sufferance of our individual patients for our livelihood, and I would ask how long the average man's practice would last.

This is the life we must lead after a course of training, "the longest, the most costly, and the most elaborate in the world." So long as it has to come out of the skin of the general practitioner there can never be too much demanded. But when it is a matter of payment for the people's medicine then authority demands that it be as cheap as possible. It may be a caddish thing to ask for a fair day's wage for a fair day's work, but we are not getting even that at present under the panel. Once secure us that and I shall be content on the hillside with Dr. Roberts to listen to the "Welsh Wizard" piping and to view the vision of Mirza.—I am, etc.,

Glasgow, April 11. JAMES COOK.

"WHAT MR. LLOYD GEORGE SAID"

SIR,—In the *Supplement* of April 9 (p. 182) Dr. Harry Roberts quotes a statement alleged to have been made by Mr. Lloyd George in 1911, forecasting that tens of thousands of medical men would be visiting almost every home and sending faithful reports to the local health committees. A touching picture! Dr. Harry Roberts's comment on this statement is that it was not to the credit of the panel doctors that they had let this promise slide easily into oblivion. Dr. Roberts knows as well as anyone that no panel doctor has any right to report upon what he may find in a patient's home to any person unless the circumstances are those to which the Notification of Diseases [or similar] Regulations apply. Let us improve ourselves by all means, but at least let us talk sense!—I am, etc.,

Wallasey, Cheshire, April 11. SEYMOUR W. DAVIES.

EUGENICS AND MENTAL HEALTH

SIR,—In his Sir Charles Hastings Lecture in the *Supplement* of April 16 (p. 189) Dr. H. Crichton-Miller drew attention to the great importance of eugenics, and rightly indicated that the outlook for our population is ominous unless the above-average accept the onus of fertility and the below-average face the necessity for limitation. But he is surely wrong in suggesting that the individual to-day has "complete freedom" in the matter. An over-burdened mother may not legally have an abortion performed unless she is seriously diseased, and her husband cannot get a vasectomy. Every advocate of birth control ought at all events to support the plea which Lord Dawson made in the House of Lords on November 10, 1936, that the ancient law of maiming should not be construed as prohibiting doctors from performing sterilizations except on purely medical grounds.—I am, etc.,

London, S.W.15, April 16. B. DUNLOP.

POSTGRADUATE COURSES FOR INSURANCE PRACTITIONERS

A fortnight's refresher course at the Edinburgh Medical School has just been completed by twenty-one Scottish insurance practitioners, and a similar course is in progress at Glasgow. These are the first of twelve postgraduate courses for insurance practitioners which the Department of Health, after consultation with the medical profession and with the co-operation of the medical schools, has arranged for 1938. Edinburgh and Glasgow are each giving three other courses in the summer vacation. Two courses have been arranged at Aberdeen, the first of which has already started, and the second will begin on September 19. Two courses will be held at Dundee in June and September.

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Diary of Central Meetings

APRIL

22 Fri. Journal Board, 2 p.m.
Public Medical Services Subcommittee, 2 p.m.
25 Mon. Joint Subcommittee on Matrimonial Causes Act, 3 p.m.
26 Tues. Medical Students and Newly Qualified Practitioners Subcommittee, 3.30 p.m.
27 Wed. Seamen's Insurance Subcommittee, 2.15 p.m.
28 Thurs. Charities Committee, 2 p.m.
Rural Practitioners' Subcommittee, 2.30 p.m.
Archives of Disease in Childhood Editorial Committee, 5.30 p.m.
29 Fri. Propaganda Committee, 2.15 p.m.
Grants Subcommittee, 2.30 p.m.

MAY

3 Tues. Workmen's Compensation Subcommittee, 2.15 p.m.
4 Wed. Hospitals Committee, 2 p.m.
Subcommittee on Retired Pay, 2 p.m.
5 Thurs. Insurance Acts Committee, 11.30 a.m.
6 Fri. Journal Committee, 2 p.m.
11 Wed. B.M.A. Members of Advisory Committee, 10 a.m.
13 Fri. Public Health Committee, 2 p.m.

Branch and Division Meetings to be Held

BATH, BRISTOL, AND SOMERSET BRANCH.—At Wells, Wednesday, April 27, 8.30 p.m. Branch meeting.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—At Boscombe Hospital, Wednesday, April 27, 8.15 p.m. Annual meeting. Friday, April 29, 8.15 p.m. Election of Officers. Sir Kaye Le Fleming (Chairman of Council, B.M.A.): "The Work of the Association during the Past Year."

LANCASHIRE AND CHESHIRE BRANCH: WIGAN DIVISION.—At Rendezvous Café, Standishgate, Wigan, Tuesday, April 26, 8.30 p.m. Election of Officers. Dr. W. E. Cooke: "Interesting Cases during the Last Year."

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.—At Harrow Hospital, Tuesday, April 26, 8.30 p.m. Mr. Christie Brown: "Significance of Early Rupture of the Membranes."

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—At St. Mary Abbots Hospital, Marloes Road, Kensington, W., Friday, April 29, 8.45 p.m. Annual meeting.

METROPOLITAN COUNTIES BRANCH: MARYLEBONE DIVISION.—At B.M.A. House, Tavistock Square, W.C., Wednesday, April 27, 8.30 p.m. Film by Dr. J. U. Human: "Signs of Anaesthesia."

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At King George Hospital, Ilford, Friday, April 22, 3 p.m. Clinical meeting. At Barking Fever Hospital, Tuesday, April 26, 9.15 p.m. Mr. George Neligan: "Common Urinary Disorders."

SOUTHERN BRANCH.—At Aldershot Town Hall, Monday, April 25, 3 p.m. Air raid precautions lecture. At Basingstoke Town Hall, Tuesday, April 26, 3.30 p.m. Air raid precautions lecture. Both lectures will be given by Dr. E. Mountjoy Pearse, Home Office Lecturer for the Salisbury Centre.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—At Queen's Hotel, Southsea, Thursday, April 28, 8 p.m. Annual dinner.

SOUTH-WESTERN BRANCH: TORQUAY DIVISION.—At Torbay Hospital, Wednesday, April 27, 3.50 p.m. Annual general meeting. To consider Annual Report of Council, election of officers, etc.

WILTSHIRE BRANCH: TROWBRIDGE DIVISION.—At County Offices, Trowbridge, Wednesday, April 27, 2.30 p.m. Annual meeting.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—At Royal Infirmary, Worcester, Thursday, April 28, 3.15 p.m. Air raid precautions lecture by Colonel H. R. Bateman, Home Office Lecturer for the York Centre.

Meetings of Branches and Divisions

STAFFORDSHIRE BRANCH: NORTH STAFFORDSHIRE DIVISION

At a meeting of the North Staffordshire Division, held at the North Staffordshire Royal Infirmary on March 24, with Dr. LIVINGSTON in the chair, Dame LOUISE MCILROY delivered a British Medical Association Lecture on "Preventive Measures in Ante-natal Work." Before the lecture about sixty members were entertained to tea by the chairman. The audience included about fifty students from the North Staffordshire College of Nursing.

Dame LOUISE MCILROY said that in considering ante-natal work relatively too much importance was placed on abnormal pelves and too little on the general health of the patient. She found when examining candidates that they knew all about pelvic measurements, etc., but were astounded when asked simple questions on diet. In her opinion midwives were not competent to do ante-natal work; medical knowledge was essential as the general constitution was of more importance than the pelvis. Patients were lost not on account of a difficult labour but because of physical weakness. The doctor who was going to attend the confinement should also do the ante-natal work. The family doctor was the best person as he knew the patient and was more likely to have her confidence. Dame Louise said she paid particular attention in her patients to any history of rheumatism, to the general appearance, and also to the condition of the teeth (pyorrhoea or caries showing calcium deficiency). Blood pressure was recorded at repeated intervals, and the patient's weight was taken regularly (the normal gain was three pounds per month and anything over needed watching). Repeated abortion she treated successfully with corpus luteum or thyroid and wheat germ. A discussion followed and Dame Louise McIlroy replied to questions. Proposing a vote of thanks to the lecturer for her address, Drs. RAE and ROGERS expressed the great satisfaction with which her opinions had been received by the general practitioners present, and their pleasure that they had such a champion.

Drs. BOYD and BROWN proposed and seconded a vote of thanks to the chairman for providing tea and to the matron of the infirmary for the use of the room. In the evening there was a very enjoyable dinner, Dame Louise McIlroy being among the guests.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commander J. H. B. Crosbie to the *Adventure*.

Surgeon Lieutenant Commanders P. B. Jackson to the *Barham*; H. S. Marks to the *Victory*, for Royal Naval Barracks, and to the *Excellent*.

Surgeon Lieutenant B. Ridgway to the *Pembroke*, for Royal Naval Barracks (April 11), and to the *Woolwich* (April 16).

ROYAL NAVAL VOLUNTEER RESERVE

The resignation of Surgeon Lieutenant A. V. Griffiths has been accepted.

Surgeon Lieutenant H. A. Lockhart to the *Courageous*.

ROYAL ARMY MEDICAL CORPS

Lieutenant R. D. Menzies to be Captain, with seniority February 1, 1937 (substituted for notification in the *London Gazette* of February 11, 1938).

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leaders J. Hill to Headquarters, R.A.F. Far East, Singapore, for duty as Deputy Principal Medical Officer (hygiene); G. W. McAleer to R.A.F. General Hospital, Dhibban, Iraq, for duty as Medical Officer

Flight Lieutenants J. R. Cellars to R.A.F. Station, Ismailia, Egypt; L. M. Crooks to R.A.F. General Hospital, Palestine and Transjordan, Jerusalem; C. E. G. Wickham to R.A.F. Station, Amman, Transjordan.

Flying Officers R. M. Hewat to R.A.F. Station, Mount Batten; L. L. Ingram to Medical Training Depot, Halton; D. T. Lewis to R.A.F. Station, Hucknall; V. A. F. Martin to R.A.F. Station, Cottesmore; V. T. Powell to No. 211 (Bomber) Squadron, Grantham; C. N. Young to No. 1 Air Armament School, Eastchurch.

ROYAL AIR FORCE RESERVE: MEDICAL BRANCH

Flight Lieutenant H. R. Cline has relinquished his commission on completion of service.

ROYAL AIR FORCE VOLUNTEER RESERVE

H. J. Davies to be Flying Officer.

Postgraduate News and Diary, Vacancies, etc., will be found at pp. 933 and 934 of the "Journal."