

is the only method of distinction where names are similar, as occurs in this area.

#### MEDICAL PRACTITIONERS HANDBOOK

**Motion** by HENDON: That this meeting urges the Council to take steps for the preparation and early issue of a Newly Qualified Practitioners Handbook.

#### APATHY OF THE PROFESSION

**Motion** by BRIGHTON: That the Annual Representative Meeting views with profound regret the apparent apathy in the profession, and instructs the Council to use the editorials of the *British Medical Journal* as much as possible to rouse members of the profession to realize their responsibilities in the outcome of the present conflict.

#### MEMBER OF U.S. ARMY AIR FORCE MEDICAL CORPS

**Motion** by Metropolitan Counties Branch: That all members of the United States Army Air Force Medical Corps be elected honorary members of the Association for the term of their service in the United Kingdom.

#### PAYMENT OF MILEAGE TO MEMBERS ATTENDING MEETINGS

**Motion** by LANARKSHIRE: That it be remitted to the Council to consider the question of introducing the payment of mileage at the usually accepted rates to members attending B.M.A. committees of Divisions and Branches and also certain central committees where the payment of a mileage grant could be regarded as both appropriate and equitable.

#### HEALTH CENTRES

**Motion** by HENDON: That the Representative Body is of opinion that a doctor practising in and from a health centre should not be obliged to enter into partnership with any or all of his colleagues who may be similarly placed.

**Motion** by CITY: That this meeting whilst approving in principle the idea of health centres views with alarm the attitude of local health authorities in attempting to obtain the acquiescence of local practitioners in the establishment of such centres without definite terms of service being previously laid down and calls upon the Council to open immediate discussions with the Minister of Health.

#### OTHER MOTIONS BY DIVISIONS AND BRANCHES

**Motion** by TORQUAY: Believing that decisions backed by the Association as a whole must carry greater weight with the Minister and with the public than decisions of individual groups and with a view to maintaining the unity of the profession, an opportunity should be given to the Groups to correlate their views one with another and with the policy of the Association as a whole before any decisions on policy are made known to the Minister or the Press.

**Motion** by TORQUAY: That, in order that the Association should become a potent instrument in obtaining satisfaction, the Council should bend all their energies in the coming year to arming the Association with the necessary power to enforce their demands.

**Motion** by BRADFORD: That in the opinion of this meeting the only organization which can protect the interests of the general practitioner is one holding the certificate of the Registrar of Friendly Societies.

**Motion** by BROMLEY: That the meetings of the Representative Body should be recorded verbatim as in *Hansard*, and should be available for reference.

**Motion** by LANARKSHIRE: That in view of the introduction of the National Health Service and the possibility of war in the future, the interests of practitioners called for service with the Forces be safeguarded by the following measures:

(a) Where service pay is less than the net income, earned under the National Health Service, the difference to be made up from the total sum available for payment of practitioners under the National Health Service.

(b) That on return from service, a practitioner's income be maintained for a period of eighteen months at the gross rate earned prior to service.

#### Correction

In the form of contract for whole-time consultants or S.H.M.O.s (*Supplement*, June 11, p. 320) the Ministry mistakenly included an asterisk after the words "their temporary absence."

## PRACTICE OF ORTHOPTICS

The Council of the Faculty of Ophthalmologists has issued a memorandum on orthoptics. The report was originally drafted by the Orthoptic Board and has been modified by the Council of the Faculty. It has been sent to the Ministry of Health and the British Optical Association.

The memorandum, here slightly abridged, begins by distinguishing two classes of people doing orthoptic work.

(1) *Orthoptists*, who are medical auxiliaries and hold the Diploma of the Orthoptic Board (D.B.O.). Their training and work are under the direction of recognized medically qualified ophthalmologists.

The course of training occupies two years (full-time) and is carried out in orthoptic schools recognized by the Orthoptic Board. Holders of the diploma are entitled to practise orthoptics, but they must abide by the ethical rules of the British Orthoptic Board, which forbid those who hold the diploma to prescribe glasses or to treat cases other than those referred to them by recognized ophthalmologists. These orthoptists work in orthoptic departments of ophthalmic hospitals, in ophthalmic departments of general hospitals, at school ophthalmic clinics, or in private practice. They are mostly women. There are about 241 orthoptists holding the D.B.O. practising in this country. The examination for the diploma was started in 1935.

(2) *Ophthalmic opticians who have special knowledge of orthoptics* are for the most part those who hold the Diploma of Orthoptics (D.Orth.), which is granted by the British Optical Association (B.O.A.). Their training and work are not under the direction of the medical profession.

The examination for the D.Orth. is open to members of the B.O.A. or to holders of any qualification in refraction or optometry approved by the Council of the B.O.A. There is no prescribed course for the D.Orth., but nearly all those who take the examination study at either the Refraction "Hospital" in London or at the Manchester College of Technology. (They usually attend only once a week for a year.) These optician-orthoptists work for large firms of opticians, or on their own in which case orthoptics is usually a sideline, their main work being refraction. There are about 250 ophthalmic opticians in this country who hold this diploma. The examination for the D.Orth. started in 1939.

At present there is a shortage of orthoptists, partly because fewer were trained during the war, and partly because of the increased demand for orthoptic work. More students are now being trained. When the school ophthalmic clinics come under the Hospital Service more orthoptists will probably be required. It is estimated that some 600 orthoptists will soon be needed in the final Ophthalmic Service. The memorandum assumes that the staff of all National Health Ophthalmic Clinics will consist of one or more of the following: ophthalmic surgeon, refractionist, orthoptist, and dispensing optician.

The limited practical training available for the candidates for the D.Orth. has been considered. The amount of properly selected clinical material available for teaching is negligible compared with what is available through the orthoptic schools attached to hospitals. Optician-orthoptists are handicapped in their work by lack of opportunity of association with ophthalmic surgeons. The authors of the memorandum consider that since the ophthalmic surgeon is ultimately responsible for the patient, if holders of the D.Orth. are to be employed in the Health Service as orthoptists they should be so only after they have had the opportunity of working with ophthalmic surgeons and of undergoing a course of training in the recognized orthoptic school of a hospital.

## DOMICILIARY SPECIALIST SERVICES

A woman confined in a private maternity home may be visited by an obstetrician or her baby by a paediatrician under the domiciliary specialist service in an emergency. The Minister has decided that such cases fall within the scope of the specialist domiciliary service when specialist attention is needed and when medical considerations make it impossible for the patient to be removed to hospital.

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