Medical Notes in Parliament

Service in the Colonies

Mr. JOHN TILNEY asked the Secretary of State for the Colonies on March 3 what arrangements there were for seconding doctors from the National Health Service to the service of Colonial governments; and how many were at present seconded to Nigeria and the Gold Coast respectively.

Mr. J. G. FOSTER, the Under-Secretary for Commonwealth Relations, said that hospital authorities had power to second members of their medical staffs in suitable circumstances to overseas and other posts. In addition, Health Service hospital doctors might take up employment in the Colonial Medical Service for periods up to six years, with continuing participation in Health Service superannuation. The salaries and general conditions of service of doctors so employed were similar to those for doctors on the permanent establishment. On reversion to employment in this country a gratuity was payable. One doctor was serving in Nigeria and three doctors in the Gold Coast under these latter arrangements.

Mr. TILNEY said that in Northern Nigeria there was only one doctor for every 64,000 people. He asked the Minister to discuss with the Minister of Health what might be done to make seconding better known and more popular. Mr. FOSTER agreed, and said the trouble was partly due to the recent creation of the posts and partly to reluctance to accept a new idea.

Fowl Pest Infection in Men

Mr. DENYS BULLARD asked the Minister of Health on March 4 if his attention had been drawn to the danger that four men in Norfolk might have contracted fowl pest after helping with the slaughter of chickens among which the disease had occurred. Miss PAT HORNSBY-SMITH, Parliamentary Secretary, said the Minister was advised that this disease, although in a limited sense transmissible to man, was not readily passed on among human beings. The only known clinical form of the disease in man was a mild inflammation of the eyes without constitutional disturbance. In the instance referred to the men were back at work. She added that, while it was not unreasonable to attribute the eye condition in the men concerned to contact during work with diseased fowls, laboratory tests did not confirm the association.

Consultant Service

The MINISTER OF HEALTH, having told Dr. BARNET STROSS on March 4 that all regional boards, in suitable cases, allowed transfers from whole-time to part-time medical service, was asked for his own view about this. Dr. Stross had expressed the view that the service was not best served by full-time consultants transferring to part-time. Mr. MACLEOD suggested that no such generalization could be drawn. The policy that all boards allowed transfers, subject to the needs of the service, was based on the 1948 circular, and there had been no change in that. He believed that a part-time consultant service was a very good thing, and he certainly had no evidence to show that there was any deterioration in the service provided.

Mr. A. BLENKINSOP said that some regional boards were offering the maximum number of part-time sessions, as an alternative to full-time sessions, to the greater detriment of the service. Mr. MACLEOD replied that boards might well interpret circulars, and particularly the 1948 circular, in different ways. There were different trends in different regional boards, but he had no reason to think that boards were not applying their general policy to individual cases —which was what mattered—in a reasonable manner.

Answering another question by Dr. STROSS, Mr. MACLEOD said the financial effect of such a hypothetical circumstance as the abolition of the part-time consultant service and its replacement by a full-time service could not possibly be assessed.

Dr. STROSS suggested that the saving would be considerable. Full-time consultants, he said, were not allowed any of the perquisites, such as expense allowances, of part-time service. If there could be a switchover to full-time service, would it not be possible to make the service more attractive financially? Mr. MACLEOD pointed out that matters of remuneration went back to the Spens Report. Any suggestion of abolition of the part-time service would be a breach of faith with the profession. Mr. SOMERVILLE HASTINGS said the payment for travelling time and expenses inflicted great cost on the service. The withdrawal of these facilities, which applied only to part-time officers, would save a lot of money and give the opportunity to improve the service in other ways. Mr. MACLEOD replied that he understood the point, but did not agree with it.

Mr. BLENKINSOP asked if the Minister was aware of the financial advantages enjoyed by part-time specialists employed by hospital authorities in comparison with those employed full-time, and whether he would refer the matter to the Guillebaud Committee for their consideration in view of the heavy cost of payments for travelling time and domiciliary visits charged by part-time specialists. Mr. MACLEOD replied to this that he was aware of the arrangements which were agreed in 1949. It was open to the committee to consider the point made by Mr. Blenkinsop, but it would not be appropriate for him, as Minister, to ask them to inquire into particular topics. He added in a further reply that any adjustment in terms and conditions of service was far better left to the medical Whitley Council, where it could be fully discussed.

Consultants' Salary Claim

Mrs. JEAN MANN asked the Minister of Health on March 4 what negotiations were in progress regarding salary scales to consultants, S.H.M.O.s, and registrars.

Mr. IAIN MACLEOD replied that a claim was before the Whitley Council, and the hon. Member would not expect him to make a statement while it was under consideration.

Mrs. MANN said that it had been under consideration since the Spens Report a number of years ago. General practitioners had had their pay settled under the Danckwerts award more than a year ago. Could the Minister not do something to speed this matter up, or did he enjoy the delay? Mr. MACLEOD replied that it had not been under consideration for quite as long as that, although it had been under consideration for a very long time—some 16 or 17 months, which was a very long time indeed. "I had a meeting on this subject this morning. There will be no unnecessary delay, and I think we are now nearing conclusion on the matter. . . . This is a matter of the most profound importance, which will have repercussions in many other fields."

Cotton-wool for Cushions

Five questions, concerned with the use of cotton-wool obtained under a Health Service prescription for stuffing cushions, were addressed to the Minister of Health on March 4. Mr. GEORGE JEGER, who had tabled the first three, wanted to know: (1) what action was taken against doctors who prescribed medical and surgical material without inquiring for what purpose it was required; (2) what instructions were given to doctors to ensure that they ascertained that medical supplies were necessary before they prescribed them; and (3) if he was aware that a doctor in the East Midlands had prescribed cotton-wool in large quantities, without satisfying herself of the purpose for which it was requested, and that it was afterwards used for stuffing cushions, and if he would instruct the appropriate executive committee to investigate and take action.

Mr. IAIN MACLEOD answered that a practitioner should prescribe only what was necessary for proper treatment, and if the cost of his prescribing was in excess of the amount necessary on this basis a sum might be withheld from his remuneration. "I am sure that practitioners are co-operating

in an endeavour to avoid excessive prescribing. I see no necessity for any special action in this case."

Mr. JEGER asked if the Minister would investigate this case, in which Lady Barnett, while acting as a doctor, prescribed cotton-wool in excess of the amount required; and whether any action had been taken, as she was a well-known Conservative worker, while other doctors who had prescribed cod-liver oil and malt had been fined for excessive prescribing. Mr. MACLEOD said that Mr. Jeger sought to show, on the basis of one case, that there had been abuse. What he had not said was that this happened in the autumn of 1948.

Mr. NORMAN SMITH said that this story was told by Lady Barnett a few weeks ago. Mr. HORACE KING said the Opposition had always taken the view that abuse in the Health Service could take place only with the connivance of doctors, dentists, and opticians. Was it not wrong that a Tory doctor should use her professional shortcomings as propaganda against the Health Service? Mr. MACLEOD said there was nothing in the reports he had read to justify the Opposition statements.

Dr. EDITH SUMMERSKILL asked whether the Minister did not think it would be in the interest of the Health Service for him to say that this case was unique, and that no similar case had been brought to his notice. Mr. MACLEOD said that certainly no similar case had been brought to his attention. Both he and the executive council had better things to do than inquire whether or not seven years ago a patient had or had not used appliances correctly.

Vital Statistics

Week Ending February 27

The notifications of infectious diseases in England and Wales during the week included pneumonia 869, scarlet fever 1,463, whooping-cough 2,098, diphtheria 11, measles 2,099, dysentery 910, acute poliomyelitis 24, paratyphoid fever 5, and typhoid fever 3.

Infectious Diseases

Infectious diseases were slightly more prevalent in England and Wales during the week ending February 20. The increases in the number of notifications included 183 for whooping-cough, from 1,916 to 2,099, 98 for measles, from 1,846 to 1,944, 85 for dysentery, from 669 to 754, and 62 for scarlet fever, from 1,161 to 1,223.

The largest variations in the incidence of measles were an increase of 58 in Norfolk, from 328 to 386, and a decrease in Cumberland, from 200 to 143. The largest fluctuation in the trends of whooping-cough was a fall of 47 in Kent, from 120 to 73. 19 cases of diphtheria were notified during the week, being 8 more than in the preceding week. The chief feature of the returns of diphtheria was a rise in Lancashire from 1 to 5. Only small variations were recorded in the local trends of scarlet fever.

19 cases of acute poliomyelitis were notified. These were the same number for paralytic and 2 fewer for non-paralytic cases than in the preceding week. The largest returns were Devonshire 4 and Yorkshire West Riding 3. The only administrative area with more than one case was Plymouth C.B. with 4.

The continuous rise in the incidence of dysentery during the present year has resulted in the notifications reaching a level that has not been exceeded for almost two years. The rise during the week reviewed was mainly contributed by established outbreaks, and no new outbreak of any size was reported. The largest centres of infection were Lancashire 185 (Bolton C.B. 43, Eccles M.B. 30, Preston C.B. 23, Preston R.D. 17), Yorkshire West Riding 114 (Leeds C.B. 37, Bradford C.B. 34, Keighley M.B. 19), London 90 (Islington 31, Hackney 21), Staffordshire 68 (Cannock U.D. 52, Cheadle R.D. 10), Kent 59 (Tonbridge R.D. 19, Sevenoaks R.D. 18), Middlesex 50 (Ealing M.B. 15, Enfield U.D. 14), Norfolk 32 (Norwich C.B. 29), and Essex 25 (Walthamstow M.B. 13).

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the nine years 1945–53 are shown thus - - - - - -, the figures for 1954 thus ————. Except for the curves showing notifications in 1954, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.