SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
LONDON SATURDAY JANUARY 18 1958

CONTENTS

Annual Meeting: Provisional Programme - - 19
Darbishire House Health Centre - - - - 20
World Medical Association. By T. Clarence Routley, C.B.E., LL.D., M.D., D.Sc., F.R.C.P.C. - - 21
World Medical Association: British Supporting Group - - - - - - - - 22
Correspondence - - - - - - - - 23
Diary of Central Meetings - - - - - 26
Branch and Division Meetings - - - - - 26

British Medical Association

ANNUAL MEETING—BIRMINGHAM, JULY 10-18, 1958

President-Elect: Professor A. P. THOMSON, *M.C.*, M.D., F.R.C.P.
Local General Secretary: J. W. BROWN, T.D., B.Sc., M.B., B.M.A. Regional Office, 36, Harborne Road, Edgbaston, Birmingham, 15.
Science Secretary: A. GOUREVITCH, *M.C.*, F.R.C.S., 89, Harborne Road, Edgbaston, Birmingham, 15.
Executive Officer: Miss B. E. MIDDLEMISS, B.M.A. House, Tavistock Square, London, W.C.1.

PROVISIONAL PROGRAMME

The 126th Annual Meeting of the British Medical Association will be held in Birmingham from Thursday, July 10, to Friday, July 18, inclusive.

The Annual Representative Meeting will be held in the Great Hall of the University. It will begin on Thursday, July 10, and will continue on Friday, Saturday, and Monday, July 11, 12, and 14.

On the evening of Wednesday, July 9, there will be a Cocktail Party for Representatives and their Ladies, arranged by the Midland Branch, to be held in the Grand Hotel.

A combined Dinner for Representatives and their Ladies will take place at the Grand Hotel on Thursday, July 10, followed by a Dance.

The Overseas Luncheon has been arranged for Friday, July 11, at 1 p.m., at the Edgbaston Golf Club.

On Sunday, July 13, there will be an all-day tour to Warwick Castle and Stratford-on-Avon. In addition, it is hoped to arrange an afternoon excursion. In the evening a Symphony Concert, sponsored by Ciba Laboratories, Ltd., will be given in the Town Hall.

The Adjourned Annual General Meeting and President's Address will take place in the Great Hall of the University on the evening of Monday, July 14; and the President's Reception, which follows, will be held in Nuffield House, Queen Elizabeth Hospital.

The Annual Scientific Meeting and associated functions occupy the period from Monday, July 14, to the evening of Friday, July 18.

The Official Religious Service will be held in St. Philip's Cathedral on the afternoon of Tuesday, July 15. The address will be given by the Right Reverend the Lord Bishop of Birmingham.

There will be a Roman Catholic Service on the morning of July 13 in St. Chad's Cathedral and a Jewish Service on the morning of July 12 at the Synagogue, Singers Hill.

The Annual Dinner of the Association will be held in the Grand Hotel on Tuesday, July 15.

There is to be a full social programme, including a Civic Reception on Wednesday evening, July 16.

The Annual Breakfast of the Christian Medical Fellowship will be held on Tuesday, July 15, at 8.15 a.m.

Several special visits and excursions are being arranged for ladies accompanying members.

The usual Golf Competitions will take place on July 16 and 17. The Ladies' Golf Competition will take place on July 11.

The Overseas Conference will be held on the afternoon of Wednesday, July 16.

The Reception Bureau for Registration will be open in the Entrance Hall of the University on Monday, July 14, at 9.15 a.m.

Each day of the Scientific Meeting there will be a programme of surgical operations and clinical demonstrations from the Queen Elizabeth Hospital, shown by colour television on a closed circuit. The technical arrangements will be sponsored by Smith, Kline, and French Laboratories, Ltd.

Two Plenary Scientific Sessions have been arranged as follows: Wednesday, July 16, at 10.30 a.m., subject "Rehabilitation"; Thursday, July 17, at 2.30 p.m., subject "Chemotherapy of Infections."

In addition, Round-Table Conferences will be held concurrently on Wednesday, July 16, from 9.15 to 10.15 a.m., or during Section meetings.

Nineteen Scientific Sections will hold meetings as follows:

Medicine	July 14 (p.m.), July 15 (a.m.) July 16* (p.m.)
Surgery	July 14 (p.m.), July 15 (a.m.) July 16* (p.m.), July 17* (a.m.)
Obstetrics and Gynaecology	July 14* (p.m.), July 15* (a.m.) July 16 (a.m.), July 16 (p.m.)
Accident Surgery ..	July 17* (a.m.), July 18 (p.m.)
Anaesthetics	July 16 (p.m.), July 17 (a.m.)

*Combined Session.

[*Continued*

Anatomy and Physiology	July 14 (p.m.), July 15 (a.m.)
Cardiology	July 15* (a.m.), July 16 (p.m.)
Child Health	July 15* (a.m.), July 16* (a.m.) July 17 (a.m.), July 18* (p.m.)
Dermatology	July 18 (a.m. and p.m.)
Gastro-enterology	July 16* (p.m.), July 17 (a.m.) July 18 (a.m.)
General Practice	July 14* (p.m.), July 15* (a.m.) July 16 (p.m.), July 18* (p.m.)
Geriatrics	July 18* (a.m.), July 18 (p.m.)
Neurology and Neurosurgery	July 16 (p.m.), July 17 (a.m.)
Occupational Health	July 16 (p.m.)
Orthopaedics	July 17* (a.m.), July 18 (a.m.)
Pathology	July 18 (a.m. and p.m.)
Preventive and Social Medicine	July 16* (p.m.), July 17 (a.m.)
Psychiatry	July 16* (p.m.), July 17 (a.m.) July 18* (a.m.)
Thoracic Medicine and Surgery	July 14 (p.m.), July 15* (a.m.)

*Combined Session.

Individual programmes for these Sections will be published in a later issue of the *Journal*.

Both the Scientific Exhibition and the Annual Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications will be held in a marquee to be erected in the University Forecourt, and will be open daily from 9.15 a.m. to 6 p.m. from July 14 to 18. Further details will be published later.

The Ladies' Club will be situated at Winterbourne, Edgbaston Park Road, and will be open throughout the Meeting.

HOTEL ACCOMMODATION

The following is a preliminary list of *hotel* accommodation available in Birmingham and district. Members wishing to reserve accommodation are asked to write direct to the hotel, *stating that they are attending the B.M.A. Meeting. The Association cannot accept responsibility for any of the prices stated below.* These are the tariffs ruling at the moment and are subject to alteration without notice. Applicants should therefore verify the tariffs when making their reservations. Early application for accommodation is recommended.

For University hostel accommodation (Manor House or University House) requests should be made to the Executive Officer, B.M.A. House, Tavistock Square, London, W.C.1, and *not* direct to the hostel.

Name and Address of Hotel	Tel. No.	No. of Beds	Miles from University	Tariff B/B
Hotels in Birmingham Area				
* Arden Hotel, New Street, Birmingham, 5	MIDland 1029	50	3	23/6
Binton Barn Hotel, 127, Portland Road, Edgbaston, Birmingham, 16	EDGbaston 4079	10	1½	22/–
* Cobden Hotel, Cherry St, Birmingham, 2	CENtral 5307	50	3	21/–
Imperial Hotel, Temple Street, Birmingham, 2	MIDland 6751	50	3	From 27/6
Midland Hotel, New Street, Birmingham, 2	MIDland 2601	70	3	From 39/6
New Victoria Hotel, Corporation Street, Birmingham, 2	MIDland 5313	30	3	26/–
Norfolk Hotel, 263/267, Hagley Road, Birmingham, 16	EDGbaston 0870	50	2	From 22/6
Queens Hotel, Stephenson Street, Birmingham, 2	MIDland 4433	134	3	45/–
Shirley Park Hotel, Creynolds Lane, Monkspath, Shirley, Nr. Birmingham	SHIrley 1011	12	4½	25/6
Royal Hotel, Sutton Coldfield	Sutton 1177	16	7½	From 25/–
Airport Hotel, Elmdon, Nr. Birmingham	SHEldon 2476	22	7½	25/6
University Halls of Residence				
* The Manor House, Bristol Road, Northfield, Birmingham, 31. (*Men only*)		64 S.	2	25/–
* University House, Edgbaston Park Road, Birmingham, 15. (*Men or women*)		35 S. 19 D.		21/–
Hotels Outside Birmingham Area				
Chadwick Manor Hotel, Knowle, Warwicks	Knowle 2821	10	10	35/– 50/–
Station Hotel, Birmingham Road, Dudley	Dudley 3418	30	10	From 27/6
Victoria Hotel, Lichfield Street, Wolverhampton	Wolverhampton 20641	50	13	From 28/6
Stewponey Hotel, Stourton, Stourbridge, Worcs	Kinver 35	10	15	From 25/–
Leofric Hotel, Coventry	Coventry 41371	80	18	From 37/6
Chateau Impney Hotel, Droitwich Spa	Droitwich 2361	48	19	32/6–50/–
Raven Hotel, St. Andrews Street, Droitwich Spa	Droitwich 2224	20	20	From 31/6
Swan Hotel, Alcester	Alcester 11	12	20	From 35/–
Crown Hotel, Coventry Road, Warwick	Warwick 187	18	21	From 20/–
Alveston Manor Hotel, Stratford-on-Avon	Stratford 2418	80	23	From 23/6
Avonside Hotel, Stratford-on-Avon	Stratford 334011	40	23	From 20/–
Manor House Hotel, Avenue Road, Leamington Spa	Leamington 8302	30	23	27/6–45/–
New Place Hotel, Stratford-on-Avon	Stratford 2018	18	23	From 15/6
Oaks Hotel, Warwick Place, Leamington Spa	Leamington 8869	24	23	From 22/6
Red Horse Hotel, Stratford-on-Avon	Stratford 3211	10	23	27/6–43/–
Regent Hotel, The Parade, Leamington Spa	Leamington 1702	20	23	From 30/–
Spa Hotel, Holly Walk, Leamington Spa	Leamington 656	30	23	From 22/6
Swan House Hotel, Wilmcote, Stratford-on-Avon	Stratford 2030	15	23	From 15/6
Swan's Nest Hotel, Bridgefoot, Stratford-on Avon	Stratford 2654	20	23	From 25/–

* Unlicensed. S.=Single. D.=Double.

DARBISHIRE HOUSE HEALTH CENTRE

The third year's work of Darbishire House, Manchester, has been reported on by its four-man general-practitioner staff, Drs. H. W. Ashworth, H. M. Davie, H. Goldie, and J. Lenten, and the social worker at the centre, Miss M. Dongray. Dr. R. F. L. Logan, the liaison officer between the centre and the University of Manchester, of which the centre is a part, also comments on its student teaching activities. Fifty-eight final-year students each spent two weeks with one of the general practitioners in Darbishire House and saw with him about 300 cases in the surgery and 100 domiciliary cases. The students took part in case discussions. It is planned that 80 students should attend next year.

Mixed Blessing

The members of the staff comment particularly on the advantages of ancillary aids. The laboratory and *x*-ray facilities relieve out-patient loads and lessen admissions to hospital. Their advantages in raising the standard of general practice are obvious, the report states, but "they have in fact been a mixed blessing because there is obviously an increase in the units of service and an overall increase in the total load of work." The employment of an assistant has been necessary. This leads the reporters to the conclusion that it might well be that 2,000 patients is the optimum number per doctor. The number on each doctor's list is not recorded, but the daily average of surgery attendances per doctor was 18 and visits 13.

The advantages of simple physiotherapy as carried out at the centre are remarked on, and also it is stated that holding of the local authority clinics there "means a return to the treatment of families as a whole," and the co-operation with the local authority is welcomed.

WORLD MEDICAL ASSOCIATION

AN ADDRESS IN WASHINGTON

BY

T. CLARENCE ROUTLEY, C.B.E., LL.D., M.D., D.Sc. F.R.C.P.(C.)

The Medical Society of the District of Columbia in October, 1957, held a meeting in nonour of the World Medical Association, at which Dr. T. Clarence Routley gave an address on the theme "One World in Medicine." An abridgement of this is printed below.

One World in Medicine

What are some of the major problems facing man to-day? Half the world is bond, half free. One-third of the world is sick and has an expectation of life of 30 years. One-third of the peoples of the world have a per caput income of less than $50 a year. All humanity yearns for happiness, security, and freedom from pain. It is no longer speculative that devastating diseases such as malaria, tuberculosis, and yaws, to mention but three, could be eradicated from the world if present knowledge and proved measures were fully marshalled in the fight. Surely all sobering and tremendously challenging facts for mankind's devoted servant, the doctor. Dr. Raymond B. Allen, Chancellor of the University of California in Los Angeles and President Elect of the second World Conference on Medical Education which is to be held in Chicago in September of 1959 under the auspices of the World Medical Association, said while addressing the Council of the World Medical Association in Istanbul in October last year, and I quote, "If the doctors of the world cannot co-operate, who can?" And how right he is. There is no profession or trade or occupation known to man which has such a universal common denominator as is found in medicine.

During the past 10 years it has been my privilege to visit the medical profession in a great many countries of the free world. I have seen the doctors at work in leper clinics in India; in tuberculosis clinics in native Africa; in malaria centres in the Middle East. I have travelled upwards of half a million miles by air and flown the Atlantic 56 times. You will not be surprised, then, when I say that "World Medicine" has become very much a part of me. But to-night we are changing that title around a bit. We propose to focus attention for a brief period upon "One World in Medicine." When I first heard of this title I thought the words had been wrongly transposed and that I was really being asked to speak on "Medicine in One World." But when I put this point to your secretary he assured me that I was wrong and that the title of this talk was chosen with great care and deliberation. The title in fact was not just one of those routine headings for a talk which, with variations that might or might not be elegant, would follow well-worn paths of platitudes and philosophizing. No. The title crystallized a new thought. It throws out a new challenge. I shall try to meet it as best I may.

May I begin by looking at the implications of the title which we rejected, "Medicine in One World"? This would have carried with it a familiar and apparently irrefutable implication—namely, that there *is* one world. It is true there is a planet called "Earth." Not so long ago one might have assumed that this stable object would pursue its faithful and graceful course round the sun except for those deviations that astronomers would predict with a fair degree of confidence. It is true that these learned gentlemen have foretold an ultimate cooling of the earth that would discourage the continuance on it of life as we know it at present. This was, however, so many thousands of years in the future that very few of us spent sleepless nights meditating upon this threat to the eternal existence of man as a species. But within the short space of 20 years our reasonable assurances—not to mention some of our most cherished illusions—have been brutally destroyed by the scientific genius and ingenuity of man himself. The atomic age is *here*, with us to-day, with its unbelievably great promise for good and even greater potentialities for human tragedy and indeed ultimate destruction, even of the great globe itself. All this apart, we see to-day the world we call "Earth" inhabited by human beings whose capacity for mutual hatred and destruction is unequalled by any other mammalian species. This tendency to mutual destruction is fanned to a flame and justified by ideological conceptions often with extreme fanaticism.

The world, it seems, is now divided into two great blocs of nations, which in varying degree follow one or other of two opposing beliefs on the nature and purpose of man. This is, of course, a simplification, but one which I know will not mislead the distinguished audience I am addressing this evening. We are faced with a situation which has called forth that frightening and deadly phrase of world-wide currency, "The Iron Curtain," a phrase that might well have been the title of one of the more gruesome short stories of Edgar Allan Poe.

No Room for Complacency

So the title that *might* have been chosen would have been misleading, a falsification of what is just another smooth phrase that doubly deceives by its seeming truthfulness. In spite of sharp division of belief, bitter controversy, fratricidal strife, and the police State, we all of us still carry on our daily life buttressed by a faith that somehow or other mankind will succeed in keeping to the middle of the road, that he will avoid the humiliation of race suicide. Are we justified in assuming these things? I doubt it. There is just no room for complacency if we look at the world as it is to-day with an objective vision. Nor does the history of the vertebrate kingdom offer us any great consolation. Think of that extensive period of time when the reptilian orders ruled the earth—they swam in the waters, they flew in the air, they burrowed under the earth, and they walked on dry land. Some of them developed their bodies into instruments of efficient aggression, while others resorted, by way of response, to protective mechanisms. They were indeed heavily armoured creatures. All this was before man had appeared on the earth. To a reptile of the Mesozoic Period it must have looked as if the final goal of evolution had been reached. Then the long slow night of annihilation set in, and, failing to adapt to changes of environment, nearly all the orders of reptiles disappeared, leaving behind a few traces of their significance now found in those portentous skeletons in our museums of national science—and such living representatives as the tortoise.

It can happen again—this time to us. Now, it is not for me as a doctor to analyse the political, economic, and ideological conditions which have led to the formation of two worlds on this planet called "Earth." But as a doctor I can see that this abnormal division into two worlds will follow the natural course of abnormal division of cells that lead to cancers—unless some remedy is found. Across the boundaries of one sort and another that now separate human beings, I can, as a doctor, see what is after all quite an obvious thing to see, at least one thing we have in common besides a common humanity, and that is medicine.

The word holds within its meaning a large number of activities—the activities of doctors, of nurses, of clinics, of hospitals, of bacteriologists, of research workers in a host of laboratories, just to mention at random a few of the principal ingredients. Medicine—with a capital M—is moreover a profession. Many books have been written about the professions and many attempts made to define the term. I shall attempt my own. A profession is a corporate body of men and women specially trained to give expert and essential advice and service to the community, being directed in this by ethical principles and a high level of educational standards. Each nation—and how intensely national in spirit is the world to-day—has its own medical services. But there is no such thing as American medicine, Canadian medicine,

or European medicine. There is only one medicine, more advanced in one country, it is true, than in another, either in the field of research or in the forms and extent of its application. It is an art based upon the rational methods of scientific inquiry. Now many of the findings of science are guarded as either the secrets of manufacturers or the secrets of Government. In medicine there are no national barriers. The medical journals of the world freely publish the results of research of people in different countries. I would be so bold as to say that there are more international societies in the world of medicine than in any other field of learning. Doctors are not only willing but eager to share with each other their knowledge, their findings, and their experience. The sole aim of the doctor is to relieve the suffering and to promote the health of men, women, and children everywhere on the face of the globe—of individual human beings—but, mark you, as individuals, not, I repeat, as nationals.

A doctor treating a sick person is concerned neither with that person's race, nor his religion, nor his status in society, nor his nationality. A sick person is a sick person the world over. It was this fact that between the two world wars made the Health Organization of the League of Nations the only satisfactory mechanism in an attempt to create one world. It was this fact that made the creation of the World Health Organization such a relatively simple matter after the second world war. Upon the invitation of the British Medical Association, it was this fact that led to the creation in 1947 of the World Medical Association, an association of 53 national medical associations representing 750,000 doctors in most of the countries of the free world: an association to which all doctors may point with considerable pride and satisfaction as an attempt to extend healing around the world. There are many worlds in religion, in law, in politics and economics, yes, even in science—as shown by the fences put round the development of nuclear energy. But there is one world in medicine.

What Can Be Done?

And so, having examined the implications of your carefully chosen title, Mr. Chairman, I conclude that you have, by a brilliant stroke of intuition or shrewd medical judgment, divined what is a fact, and have given us a slogan of overwhelming significance to the people of the world. What can this "One World in Medicine" do? Is it possible for it to do something to bring together a world torn asunder? Am I making an arrogant assumption that medicine could or should attempt such a Herculean task? I do not think so. I am not claiming that medicine has in its store of drugs a panacea for the present grave ills of mankind. But I believe it is capable of doing something. I have already mentioned the World Health Organization as a specialized agency of the United Nations with which the World Medical Association is glad to be affiliated. It does a great work, functioning, as you know, as an intergovernmental organization. That is inevitable and natural. Its contacts, therefore, are mostly at the official level. I took some part in the planning stage in setting up W.H.O. and have a wholesome regard for what it has done and is doing. The World Medical Association, on the other hand, rejoices to think, as I have already mentioned, that it represents more than 750,000 individual doctors—a group which unquestionably enjoys tremendous influence with the peoples of the world, as the ones who care for them in their times of physical stress and mental disturbance.

The W.M.A., with which I am happy to say I have been associated throughout its entire existence, meets twice a year in different countries of the world. And for what purpose? The Association is committed to three outstanding ideals: (1) To assist in the establishment and maintenance of the highest standard of medical care. (2) To do all in its power to assist all mankind to attain to the highest possible level of health. (3) To promote world peace.

Having enjoyed mingling with doctors in every continent of the world, I say with confidence that the unity of medicine is something so profound in its significance, and so deeply rooted in the consciousness of doctors of whatever race or creed, that there are practically no barriers between mutual understanding in our profession. More than that—so real is our sense of belonging to a world-wide brotherhood that friendships which are firm and cordial are readily formed. There already exists, through the W.M.A., a world-wide fraternity of medical men and women.

One World in Medicine? Yes, I repeat, it already exists. It is doing a great deal to cement relationship among the doctors of the world. In medical education, medical ethics, promotion of research, surveys, and studies, it is providing practical help and leadership to all sections of the free world—more particularly to the less favoured and more underdeveloped countries—and by so doing is, we believe, promoting world peace.

I hope that I have given you the irrefutable proof that there is one world in medicine. If we can demonstrate to other professional groups that we have succeeded in making this a reality, then they may see fit to follow suit. And if they do, they will find that human beings *are* human beings—and not a collection of foreigners. I know I speak for many more doctors than myself when I say I believe in the brotherhood of man, I believe in the "One World of Medicine." I have found by direct observation and experience that this is true. Perhaps this experience may become, in time, universal.

WORLD MEDICAL ASSOCIATION

BRITISH SUPPORTING GROUP

The first annual meeting of the British Supporting Group of the World Medical Association was held at B.M.A. House on January 9. Dr. J. A. PRIDHAM, chairman of the steering committee set up at the inaugural meeting of the group in 1957 (*Supplement*, February 9, 1957, p. 60) to carry out the preliminary organization, presented the report of that committee, together with a proposed constitution for the group.

Mouthpiece of Doctors

Dr. PRIDHAM explained that the objects of the British Supporting Group were to support the World Medical Association by encouraging and stimulating interest in it and by spreading knowledge of it, and to lend it financial support. The World Medical Association itself was an association of national medical associations, comprising something like 52 in number. The inaugural committee was elected at B.M.A. House in 1946, and the British Medical Association had always taken a very keen interest in it and had given it full financial support. The World Medical Association was the only medical organization that was recognized by various international bodies, such as the United Nations and the World Health Organization, as the mouthpiece of the doctors of the world, and in its short life of 10 years it had built up a position of authority.

It was important not to confuse the World Medical Association with the World Health Organization, continued Dr. Pridham. They worked in harmony, but the World Health Organization represented the various ministries of health, whereas the World Medical Association took on the function of, say, the British Medical Association in international affairs.

It was well known that all over the world Governments were taking a great interest in the medical profession's affairs, and were endeavouring to harness medicine to the affairs of state; therefore doctors had to present their own views to the State. The World Medical Association assisted in that. It had laid down principles on which all member associations should work in their contacts with Governments. The World Medical Association also held a watching brief,

as it were, with regard to what was going on in the various international bodies. It had a permanent observer at Geneva.

It might be said that the World Medical Association was of particular importance as a political body, but it was also important academically, because anything which affected doctors affected academic standards, and affiliated to the World Medical Association were a number of academic organizations connected with medicine. Also, anything which affected doctors as a whole affected ancillary professions. The interest of pharmaceutical firms, too, was bound up with the fortunes of the medical profession, and the W.M.A. had always maintained liaison with outside bodies.

The association had produced an International Code of Ethics. It had also taken an active interest in medical education, and sponsored the first, and highly successful, international conference on medical education in 1953. It was sponsoring a second conference to be held in Chicago in 1959.

At the present time the association's finances were entirely inadequate for what it tried to do, and it had not yet reached financial security, concluded Dr. Pridham.

Dr. R. L. LUFFINGHAM, a member of the steering committee, attended the general assembly of the World Medical Association in Istanbul in October, 1957, as an observer, and at his suggestion the committee had made inquiries about the feasibility of arranging for a party of members of the group to attend, as observers, the next general assembly of the association to be held in Copenhagen from August 15 to 20.

Membership and Subscriptions

The constitution of the group, which was adopted by the meeting, provides for three categories of membership (not confined to medical practitioners)—namely, ordinary members (annual subscription £2 10s.); associate members (10s.); corporate members: universities, learned societies, and similar bodies (£10), other bodies (£25). Ordinary members will have the right to attend the General Assembly of the W.M.A. as observers, to attend any meeting of the British Supporting Group, and to receive the *World Medical Journal*, which is published six times a year, and periodical information on the work of the W.M.A. Associate members will be entitled to attend any meeting of the British Supporting Group and to receive periodical information on the work of the W.M.A. Corporate members will have the right to send three observers to the General Assembly of the W.M.A. and three representatives to any meeting of the British Supporting Group, and to receive three copies of the *World Medical Journal* and periodical information on the work of the W.M.A.; organizations desiring to join the group may apply for membership to the executive committee.

After defraying the expenses of the group, including the expense of supplying the *World Medical Journal* to members of the group, the funds collected will be used in support of the W.M.A. in such ways as the group may determine.

President

The meeting unanimously elected Dr. A. H. Hall, Past-President of the British Medical Association, president of the British Supporting Group for the ensuing year.

The meeting concluded with a vote of thanks to Dr. Pridham and the steering committee for the work which they had done during the past year.

National Insurance benefits under the National Insurance (No. 2) Act, 1957, are to be increased at the end of January and beginning of February. From February 6, sickness benefit for men, single women, and widows, will be 50s. a week; for married women, 34s.; and boys and girls under 18, 28s. 6d. From February 3, the maternity grant will be £12 10s., home confinement grant £5, and maternity allowance 50s. Additions for dependants are also increased.

Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Secrecy of Merit Awards

SIR,—The incapacity of the medical profession in the courts of law is widely recognized. Inability to marshal facts coupled with an ignorance of the elementary rules of evidence amount to a substantial handicap. It is of special interest, therefore, that the profession should now have the opportunity to observe its accredited negotiators giving public evidence before the Royal Commission. Their performance is highly inexpert. Their past failures are now more readily understood. Although supposedly presenting the formal views of the bodies they represent, much time is wasted in the expression of irrelevant personal opinions unsupported by a shred of serious evidence.

It is not unusual when bankrupt of more convincing argument to impugn the motives of those who hold different opinions from one's own. Dr. Rowland Hill considers that those opposed to the present system of merit awards are actuated by covetousness and envy. This is a reflection of his own personal outlook. It is worth recording that one of the earliest and most forthright condemnations of this method came from the late Lord Horder. It is too much to expect Dr. Hill to appreciate that the majority of the medical profession view with profound disgust a system which enables large sums of public money to be dispensed in patronage without accountability to unspecified nominees —an "imaginative" scheme maintained by an extensive network of secret informers.

It was Lecky who said that the art of the politician was to listen not only to those who talk but to those who keep silent. It is to be hoped that the Royal Commission will make some attempt to assess the opinion of the great bulk of the profession, whose clinical commitments are sufficiently heavy to keep them out of medical politics.—I am, etc.,

Sudbury, Suffolk. H. BATHURST NORMAN.

SIR,—It is odd that Lord Moran, who as Churchill's doctor is immortal, should favour this sinister secret merit award. To suggest sordid socialist envy in others is to find it in oneself. It is inevitable that some awards are misplaced. You may belittle Fleming by a title and make another a figure of fun, but by and large "Let your light so shine before men" has meaning even in this godless age. When the Horders and Duke-Elders of the future count less than the hospital secretary a merit award should be a hallmark, useful to me, a practitioner, seeking good advice; to my patient, whose confidence is strengthened in my choice. The award is meaningless unless it is known to all; and to the recipient it would bring a deeper satisfaction than the odd shilling in the pound; the delight of his friends; and perhaps the respect—who knows?—even of the management committee.—I am, etc.,

London, S.E.3. GUY NEELY.

Senior Registrars and Consultant Appointments

SIR,—In the *Supplement* of December 1, 1956 (p. 204), you published a letter on the subject of senior registrars in which I pointed out the critical stage at which this particular problem had developed. It is perhaps disappointing that the warning in this letter and numerous other ones has apparently been ignored. This is evident by the fact that no apparent effective action has been taken during the past year. One might consider that the only change in the situation of senior registrars since that date is that the salaries of junior hospital staff were increased by 10%, and this appears to have been done by direct Government action.

It is apparent that the absorption of senior registrars into consultant practice depends on three factors: (1) expected

retirement vacancies, (2) unexpected retirement and death vacancies, and (3) new appointments. It is obvious that one can only consider appointments resulting from (1) and (3). It is appreciated that 1958 sees the end of the first 10-year period of the National Health Service, and it is possible that there may be additional retirements not expected on the normal age of retirement basis. From an analysis of statistics quoted in "Consultants and Other Specialist Staff Engaged in National Health Service Hospitals" (*Supplement*, May 4, 1957, p. 240) I have endeavoured to determine the situation at this moment. The number of expected retirements in 1958 is demonstrated, and by averaging the number of new appointments during the past few years it is possible to arrive at, with reasonable accuracy, the likely number of promotions from senior registrar to consultant during this coming year.

	A	B	C	D	E			
	No. of Senior Registrars Fourth and More Years	No. of Consultants Reaching Retiring Age in 1958	No. of Excess of A over B	Average No. of New Consultant Posts Created per Annum Over last Four Years	Likely No. of Senior Registrars Appointed to Consultant Posts in 1958 (B + D)	Excess Senior Registrars (A+) in 1958	Anticipated Shortage of Senior Registrars (A−)	Percentage Excess
General surgery	92	23	69	½	23½	68½		75%
Obstetrics and gynaecology	43	6	37	5	11	32		74%
General medicine	95	25	70	10	35	60		63%
Paediatrics ..	17	3	14	4	7	10		60%
Orthopaedics ..	17	1	16	8	9	8		47%
E.N.T. ..	12	6	6	2	8	4		33%
Mental health ..	21	6	15	21	27		6	
Radiology ..	11	11	0	13	24		13	
Anaesthetics ..	10	11	−1	25	36		26	

This table refers to senior registrars in the fourth or more years. It demonstrates quite clearly the most chaotic situation. The Health Service has now been in operation for nearly 10 years and it would seem incredible that in so important a matter as training of specialists there is no evidence of planning. In the nine major specialties considered above it will be seen that, in some, approximately three-quarters of the fourth-year and over senior registrars will be redundant, and in others—e.g., anaesthetics—it is likely that there will be a gross shortage of adequately trained senior registrars. It will be seen that in no specialty does the wastage even approximate to the 10% wastage factor previously suggested. An analysis of the age at which the recent consultants were appointed appears to confirm the above findings. It will be seen that in the specialties of anaesthesia and mental health between 4% and 5% of the total consulting staff are aged 34 and less, while in general surgery, anaesthetics, and gynaecology less than a quarter of 1% of the total consulting staff are aged less than 34, and in orthopaedic surgery none. It would appear, therefore, that there is no cause for concern for the senior registrars in the specialties of mental health, radiology, and anaesthetics, as their promotion to consultant status in this coming year is extremely likely. This does not apply to the other specialties, and action is imperative.

The responsibility for this chaos must be laid squarely at the feet of the various committees and individuals who have completely failed in their apparent attempts to deal with this problem, despite the repeated platitudes we have received over the past few years. The solution is, however, easy. All that is required is that a certain percentage, varying with each specialty, of the present senior registrar posts be replaced by consultant posts, and this should particularly apply to non-teaching centres. If there is work for a trained senior registrar in a peripheral centre then that work in future must be done at consultant grade. The argument that further consultant appointments would require further registrars is untenable; furthermore, there is adequate evidence to prove that the amount of work being performed in National Health hospitals has risen greatly in excess of the 30% rise in the overall number of consultants in the scheme since its commencement.

It has been suggested that there are two main objections to this solution—firstly, the increased cost, and, secondly, from the present consulting staff, who fear a reduction in the number of their individual hospital beds. Both these apparent snags could, however, be easily overcome with a little good will and reorganization, and it would be a small price to pay for the removal of one of the grossest injustices at present in the National Health Service.—I am, etc.,

Oxford. T. H. MORGAN.

Medical Manpower

SIR,—It is surprising that there has not been more comment in the medical press on the suggestion that the intake into the medical schools in Great Britain should be decreased by about 10%. It is doubtless true, as stated by Dr. J. R. Andrews (*Supplement*, November 30, p. 184), that applicants for general practice vacancies average nearly 40 a vacancy, and it is certainly true of the applicants for consultant posts in the hospital service. When one looks at the junior hospital posts, however, the converse is the case, and, as the Regional Hospitals' Consultants and Specialists Association stated in its evidence before the Royal Commission, these vacancies can only be filled by employing from other countries. By reducing the number of graduates from British medical schools and universities this position will become still more marked, and my association regards this as highly undesirable from every point of view. The need is for more posts at the top and not for fewer posts at the bottom.

If there is to be a reduction of 10% on entry of students into British universities and medical schools, we feel that there should be an equivalent quota placed upon the entry of graduates from southern Ireland (and other countries) to this country. We also feel that the entry of postgraduates from medical schools in the Dominions and Eire, and the possibility of settling here, has been overlooked. There is much to be said for the view of the B.M.A. Scottish Committee (*Supplement*, November 16, p. 153), that a decision should be postponed for five years. At least we hope that the Government will take the advice of the *Lancet* (November 23, p. 1044), and leave the profession full responsibility for acting or not acting on the recommendations before it.—I am, etc.,

London, W.C.2. V. COTTON-CORNWALL,
Joint Hon. Secretary,
Regional Hospitals' Consultants and Specialists Association.

SIR,—No one who has read the memorandum submitted by the B.M.A. to the Royal Commission on Doctors' and Dentists' Remuneration (*Supplement*, November 23, 1957, p. 157) can deny the justice of the present claim. However, the settling of this claim would not remove much of the dissatisfaction with the Health Service felt by both doctors and patients. Attention has been drawn to its many defects in your columns during the last year.

Many of the frustrations of the Health Service arise from two factors. At present within the hospital service large numbers of highly qualified specialists are being produced who will never get the jobs for which they have been trained. On the other hand, most general practitioners are overworked and are unable to give to their patients the time and attention that they would wish. They are prevented from reducing their lists by economic considerations. Surely the answer to all these problems must lie in a redistribution of medical manpower. The general practitioner must be adequately paid for the work he does and financially encouraged to do better medicine for fewer patients. The number of senior registrar posts should be correlated with the consultant vacancies, thereby ensuring promotion for successful candidates for the former.

The newly qualified doctor to-day is faced with a choice between an attempt to specialize against heavy odds, with unemployment as the penalty for failure, or attempted entry

into general practice, which is equally difficult. Redistribution of doctors as suggested would make the latter easier, and the young doctor could take registrar appointments with the knowledge that, even if he failed to obtain a senior registrar post, he could still enter general practice, where his extra knowledge would be of use. In any case he would become securely established at an earlier age than is possible under present circumstances.—I am, etc.,

Rawcliffe, Yorks. L. V. H. MARTIN.

SIR,—In his letter (*Supplement*, November 30, 1957, p. 184) Dr. J. R. Andrews suggests that he believes the medical profession in Britain is overcrowded. It would be possible to agree with this, provided one could accept that the present size of the general practitioner's list, pressed on him by the current system and rate of remuneration, is anything like reasonable. But it seems that now a list of 3,500 is considered desirable, even necessary, to provide the general practitioner with sufficient income to live comfortably and afford some leisure time for mental and physical recreation.

A marked contrast to this figure is given by the population deemed sufficient to support a family doctor in Canada. Here a community of 1,000 will provide a doctor with a busy practice, and his income from treating patients derived from this group will grant him and his family a more than comfortable living. Some of this discrepancy in size of list can be credited to the small amount of surgery which the general practitioner undertakes, and to his obstetric cases, which he delivers himself, but it is unlikely that this extra source of income can be completely equated with the large difference represented by 2,500 people.

By referring to the apparent overcrowding alone we are fastening attention on a symptom, and would do better to point deeper, to the cause. Were it made economically possible for the family doctor to face a decrease in his list to bring this down to 2,000, the resulting vacancies for principals would very soon gobble up the 150 applicants who appear for each practice advertised at present. However, such a remedy is unlikely to find favour in the eyes of the Government, as they have already demonstrated by their response to the recent request for the implementation of Spens. But this does not mean that the remedy is necessarily a wrong one. Is it possible that the optimum size of list is decided not on considerations of medical satisfaction but on questions of financial convenience ? If so, the long-term outlook for patients and family doctors would appear to be dim.—I am, etc.,

Vancouver, Canada. D. M. STIBBS.

Socialist Medical Association

SIR,—Dr. A. Piney (*Supplement*, January 4, p. 11) is as ill-informed about the political function of the Socialist Medical Association as he is about the natural functions of its members. The association attempts, among its many activities, to represent the views of the consumers of the National Health Service, believing that the financial interests of doctors and others who work in the Service are well represented by other organizations. In fulfilling our purpose, we are supported by the formal association with our work of organizations comprising over three and a half million members. If the number of doctors who formulate, guide, and support our policies is small in comparison with this figure, or with the numbers on the General Medical Council's *Register*, their paucity is compensated several times over by the unstinting part they play in our work all over the country, often in circumstances demanding personal sacrifice and professional obloquy, of which Dr. Piney's letter is a high-spirited, if unconstructive, sample.

The facilities offered under the National Health Service are so widely used and highly praised—despite their many shortcomings—that no responsible political organization can propose any major diminution of the Service as part of its policy. We find no cause for apology therefore in offering to the Royal Commission evidence based on the expansion and improvement of these facilities. Throughout the country, doctors, nurses, administrators, and ancillary workers are doing a magnificent job, under conditions which are frequently and miserably unrewarding in terms both of finance and of professional pride. Equally, therefore, we offer no apology if our proposals seek to rid the doctor and patient alike of the oppression of a financial struggle fought under the banner of "free enterprise," or whatever misleading battle-cry happens to be current. We are confident that doctors generally want, first, to practise good medicine, and, only second, to engage in competitive commerce ; but, compared with Dr. Piney's trenchant realism, we must acknowledge our own sad naivety in this matter.

The S.M.A. cannot speak for Jarrow Council, any more than it can for the 86,652 practitioners who have not yet joined us. We attempt a brave word for the many who wish to enter medicine but who are prevented by a method of selection which often seems to prefer a student with a first-grade bank balance even if he has a second-grade intellect. Dr. Piney's concern over the number of doctors which might be created is partially answered by the Willink Report, which envisages a considerable increase in the number of doctors this country alone will need in the foreseeable future —and specifically excludes consideration of our special responsibility for providing doctors in under-developed areas. The implications of the report ; the report of the Guillebaud Committee ; the anomalies disclosed in a recent article comparing mortality rates in teaching and non-teaching hospitals ; and, not least, our concern to establish conditions under which the technical advances of medicine can be fully practised by the doctor and unreservedly enjoyed by the patient—all these, and other matters, engage our attention. Dr. Piney must excuse us then if time does not permit us to follow him into the mud, nor to pursue the tangled logic which confuses our observations on administrative technique with the Needlewoman of Jarrow and George Orwell's pigs. —I am, etc.,

London, S.W.1. DAVID KERR,
Hon. Secretary,
Socialist Medical Association.

Salaried Service

SIR,—My original statement (*Supplement*, December 14, 1957, p. 203) was that substantial economies could be achieved in a salaried service from the point of view of drug expenditure and sick-pay certificate expenditure. In a confused reply, full of emotional overtones, Dr. H. J. Pratap (*Supplement*, December 28, 1957, p. 218) accuses me of betrayal of my fellow practitioners, and casts aspersions on the stability of my spine and the size of my guts. The truth of my original statement still stands, and will be self-evident to any practitioner who thinks clearly. I fully agree with Dr. Pratap that ideally a practitioner should not be influenced by whether he is going to lose units or not (the same as Dr. Pratap is not influenced). In actual practice, the ideal and the practical do not invariably coincide.—I am, etc.,

Manchester. B. HIRSH.

Remuneration for Increased Effort

SIR,—The Prime Minister's assurance that "increased effort will be rewarded" is of interest to general practitioners, who still are remunerated on the 1946 pattern of general practice, but who now give a much greater volume of service. Free treatment, medical advances, improved hospital and laboratory facilities, and drug administration by daily injection, increased the scope of treatment ; while running parallel has been an increased need for treatment. The raised birth rate increased the proportion of children. The proportion of old people increased as "medicated survival" became available to all. Prescriptions for heart stimulants, diuretics, blood-pressure tablets, cough mixtures, stomach mixtures, sedatives, laxatives, tonics, etc., snowballed, as more and more aged received better and better treatment. Mechanization and labour-saving devices have produced a middle age group who seek continued treatment for

symptoms resulting from physical inactivity. Light work, transport to work, the travelling shop, the washing machine, and television have produced a need for tonics, iron, vitamins, sedatives, laxatives, "stomach" and "slimming" pills, etc. Pills are coming to be regarded as a necessary supplement to diet—as some of them are in this modern age.

Secretarial assistance became necessary while wages were rocketing, and the doctor had to add to his work the duties of his chauffeur. Without a maid, the doctor's wife no longer could hang out the washing, etc., without considering attendance at the telephone. It became customary for children of 8 years of age to take charge of the premises in the evening (it is illegal to employ children under 13 years of age). We supply, maintain, and operate a 24-hour domiciliary service, and ever-open health clinics staffed by our own families. As an estimate, I should say that we give six times the volume of service which we did in 1946. Hospital, medical, and nursing staffs have been increased, but we carry our burden of overwork unaided while our staffs have been reduced. I maintain that every practice requires, as staff, a maid and secretary, while lists of over 1,500 require a driver in addition.

Many people still are confused and ask, "How can doctors be busy when people are all so well nowadays?" "Why are so many old people active and healthy?" And "Why do doctors prescribe so much?" Apparently only doctors know that they are worn out keeping their patients on their feet, although the improved health of the population and the greater expectation of life are self-evident. The expensive drug bill is due to the increased range and price of drugs, to the increased need for treatment already discussed, and to our loyalty to our patients. Had the drug bill remained static, no doubt we would be facing a charge of giving poor service. The present drug bill is a measure of our industry, evidence of conscientious effort and proof of the enormous volume of work accomplished, and, mark well, in the face of criticism, discouragement, and deliberate obstruction. I would suggest that medical practitioners submit a claim for increased remuneration and revised conditions of service in respect of greatly increased effort and overwork.—I am, etc.,

Cardenden, Fife. R. H. GREIG.

Remuneration Claim

SIR,—May I protest against the gist of Dr. R. W. Cockshut's letter (*Supplement*, November 23, 1957, p. 175)? The snobbery implied in this letter is one of the factors which are shackling the profession in Great Britain to-day. There is no divine grace which distinguishes doctors from railwaymen or busmen. In common all are employees, and in an inflationary economy, unless the doctors press their claims in the way that the railwaymen and the busmen have learnt to do, their interests will continue to lag, and with them their prestige.—I am, etc.,

Perth, Western Australia. J. C. EDWARDS.

Association Notices

ELECTION OF MEMBER OF COUNCIL BY THE CAMBRIDGE AND HUNTINGDON, NORFOLK, AND SUFFOLK BRANCHES (Group 11)

Notice is hereby given that, owing to the resignation of Dr. Alexander Brown, there is a vacancy in the Council of the Association for the remainder of the session ending at the conclusion of the Annual Representative Meeting, 1958. Nominations to fill the vacancy may be made either (*a*) by a Division in Group 11, or (*b*) by not fewer than three members of a Branch in the Group. Nomination forms are available on application and must be returned to me not later than the first post, Saturday, February 15, 1958. In the event of a contest voting papers will be issued to all members of the Association in the Group.

A. MACRAE,
Secretary.

Diary of Central Meetings

JANUARY

22	Wed.	Joint Committee of the B.M.A. and the Magistrates' Association, 10 a.m.
22	Wed.	Royal Commission Evidence Committee, 11 a.m.
22	Wed.	Scientific Exhibition Subcommittee, Arrangements Committee (Birmingham, 1958), 2.30 p.m.
23	Thurs.	Medical Staffing Subcommittee, Central Consultants and Specialists Committee, 2 p.m.
23	Thurs.	Organization Committee, 2 p.m.
24	Fri.	Medical Act Committee, 2 p.m.
28	Tues.	Staff Side, Committee B, Medical Whitley Council, 10.30 a.m.
28	Tues.	Alcohol and Road Accidents Committee, 2 p.m.
29	Wed.	**Council**, 10 a.m.
30	Thurs.	Assistants and Young Practitioners Subcommittee, G.M.S. Committee, 2 p.m.
31	Fri.	Consulting Pathologists Group Committee, 2 p.m.

FEBRUARY

5	Wed.	Executive Subcommittee, Science Committee, 10.30 a.m.
5	Wed.	Private Practice Committee, 12 noon.
5	Wed.	Public Relations Committee, 2 p.m.
6	Thurs.	Central Consultants and Specialists Committee, 10.30 a.m.
6	Thurs.	Rural Practices Subcommittee, G.M.S. Committee, 2 p.m.
11	Tues.	Central Ethical Committee, 11.30 a.m.
20	Thurs.	G.M.S. Committee, 10.30 a.m.

Branch and Division Meetings to be Held

BIRKENHEAD AND WIRRAL DIVISION.—At Central Hotel, Birkenhead, Friday, January 24, 8.30 p.m., meeting. Address by Professor J. G. Wright, D.Sc., M.V.Sc., F.R.C.V.S.: "Something Related to Reproduction and Obstetrics in Animals."

BIRMINGHAM DIVISION.—At 36, Harborne Road, Tuesday, January 21, 8.30 p.m., meeting. Dr. R. D. T. Cape: "The Sixth Age."

CITY DIVISION.—At Committee Room C, B.M.A. House, Tavistock Square, W.C., Tuesday, January 21, 8.30 p.m., meeting. Debate: "Trade Unionism is Not a Professional Mistake." For: Sir Tom O'Brien, M.P., and Dr. Bruce Cardew. Against: Mr. A. Dickson Wright and A. N. Other. Members of St. Pancras Division are specially invited.

DARTFORD DIVISION.—At West Hill Hospital, Dartford, Tuesday, January 21, 8.45 p.m., meeting. B.M.A. lecture by Mr. A. M. A. Moore: "Painful Conditions of the Hand and Foot."

DUNDEE BRANCH.—At Invercarse Hotel, Ninewells, Dundee, Friday, January 24, 8 for 8.30 p.m., annual dinner and dance.

GUILDFORD DIVISION.—At Board Room, Royal Surrey County Hospital, Thursday, January 23, 8.30 p.m., meeting. Discussion to be opened by the Rt. Rev. the Lord Bishop of Guildford, Dr. Ivor Watkins: "Medicine and the Church."

HAMPSTEAD DIVISION.—At New End Hospital, Hampstead, N.W., Thursday, January 23, 8.30 p.m., meeting. B.M.A. Lecture by Mr. Patrick Back: "The Trial of Adelaide Bartlett."

HYDE DIVISION.—At Pack Horse Inn, Mottram, Wednesday, January 22, 8.30 p.m., meeting. Speaker (from Manchester Cancer Committee): "Cancer and the General Public."

METROPOLITAN COUNTIES BRANCH.—At Committee Room C, B.M.A. House, Tavistock Square, London, W.C., Tuesday, January 21, 5 p.m., meeting. Lecture for medical students and newly qualified practitioners in the London area by Dr. Desmond Curran: "Homosexuality."

NORTH MIDDLESEX DIVISION.—At Committee Room, North Middlesex Hospital, Silver Street, Edmonton, N., Tuesday, January 21, 8.30 for 8.45 p.m., meeting. Paper by Mr. D. W. C. Northfield: "Recent Developments in the Surgical Treatment of Epilepsy."

OLDHAM DIVISION.—At Albion Club, Queen Street, Oldham, Monday, January 20, 9 p.m., meeting. Professor Wilfrid Gaisford: "Changing Paediatrics."

READING DIVISION.—At Library, Royal Berkshire Hospital, Reading, Tuesday, January 21, 8.30 p.m., meeting. Lecture by Mr. G. L. Bohn: "Some Thoughts on Cancer."

SOUTH-EAST ESSEX DIVISION.—At Cliff Town Congregational Church Hall, Nelson Street, Southend-on-Sea, Tuesday, January 21, 8.30 p.m., joint meeting with Southend-on-Sea Constabulary. Address by Dr. F. E. Camps: "Drunk in Charge."

SOUTH STAFFS DIVISION.—At Victoria Hotel, Wolverhampton, Thursday, January 23, 7.30 for 8 p.m., annual dinner. Guest of honour, Dr. J. H. Sheldon. Non-medical guests are invited.

STIRLING BRANCH.—At Falkirk Royal Infirmary, Thursday, January 23, 8.30 p.m., clinical meeting. Dr. A. G. Mearns: "Human Equation in Medical Practice."

STOCKPORT DIVISION.—At White Lion Hotel, Underbank, Stockport, Tuesday, January 21, 8 p.m., hot-pot supper; 9 p.m., meeting. Address by Dr. H. P. Fay, J.P.

TUNBRIDGE WELLS DIVISION.—At Rose and Crown Hotel, Tonbridge, Thursday, January 23, 7.30 p.m., wine party.

WIGAN DIVISION.—At Lewis' Restaurant, Wallgate, Wigan, Thursday, January 23, 8 p.m., 4th meeting of session; 8.30 p.m., buffet supper; 9.15 p.m., general meeting, followed by film: "William Harvey and the Circulation of the Blood."