British Medical Journal Supplement

LONDON SATURDAY MARCH 3 1962

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British Medical Association

PROCEEDINGS OF COUNCIL

A meeting of the Council was held on February 21, with Dr. I. D. GRANT in the chair.

The CHAIRMAN referred with regret to the death of Dr. D. F. Hutchinson, Salisbury, a member of Council from 1949 to 1956.

Sheffield

On the motion of the CHAIRMAN, the Council unanimously agreed that the following message be conveyed to the Lord Mayor of Sheffield:

The British Medical Association, remembering with gratitude the kindly welcome extended to its members on its visit of last year, extends its deepest sympathy to all of your citizens who have been bereaved or have lost their homes in the recent disaster.

European Economic Community

The CHAIRMAN recalled that the Council had instructed him to find out what were the Ministry of Health's views on the medical aspects of the European Economic Community. A meeting had been held at the Ministry, and the following letter was subsequently received from the Permanent Secretary:

I was glad to have the opportunity on Wednesday last to discuss frankly with you and your colleagues some of the problems which may arise in relation to the medical profession as a result of the application of the United Kingdom to join the European Economic Community.

As you are aware from the published statement made by the Lord Privy Seal at the opening of the present negotiations, the Government has not sought to make any formal reservation on the subject of the Articles of the Treaty of Rome which you mentioned in your letter of December 12, 1961, concerning mainly the questions of "establishment and services." At the same time these were mentioned as questions which would require discussion at the proper stage, and for which this country might need additional time to bring our law and practice into line with the community's programme.

From the profession's point of view, the most important Article of the Treaty, to which you particularly referred, is Article 57 which aims at the mutual recognition of qualifications as part of the removal of restrictions on practising in other countries which are members of the Community. The Article includes special voting safeguards for the medical and allied professions which would ensure that if it joined the Community this country's views would carry full weight. According to our information the present consideration of this subject by the Community is by no means far advanced though proposals stemming from the Commission and the Council of Ministers are under consideration both by the Economic and Social Committee and by a committee of legal experts. The aim of these proposals is to achieve by 1967 a measure of agreement concerning the recognition of diplomas and the co-ordination of legislation.

The present position is therefore that there are no decisions or regulation of the Community on this point which could properly form the subject of discussion with the Community in advance of joining it. If, however, the United Kingdom becomes a party to the Treaty of Rome it is likely to do so well before 1967, and representatives of the Government would then be able to take part in the discussion of the proposals for action. In doing so the Government would naturally consult the British Medical Association, the General Medical Council and the other associations and registering bodies which are concerned with the recognition of qualifications within the medical, para-medical and pharmaceutical professions, and would take full account of their views. At the same time the Commission would, we understand, also be likely to be in direct touch with representatives of the medical profession through the liaison committee which I was glad to learn you have already been invited to join as observers.

It can therefore be assumed that there will be both time and full opportunity for the special problems and viewpoint of the United Kingdom to be taken into account in considering action under Article 57 of the Treaty should we join the Community. Beyond that it is not possible to be more definite at this stage; but I agree that we should keep in close touch, and propose that we should meet again as soon as it is clear that there are practical steps for us to take.

Dr. J. S. NOBLE congratulated the Chairman on his approach to the Ministry, and said that the Council had a duty to keep the whole profession as fully informed as possible on the implications of entering the Common Market.

Dr. S. WAND reminded Council that at a previous meeting he had raised the matter as one that was likely to be of the greatest interest to the medical profession, and he was not happy about the statement which the Chairman had just made. In the discussions which took place before entry it would be possible to bring forward certain views. He understood that in medicine there was no agreement in the Common Market even now on all the points at issue. It was important that

not only the profession in this country was informed on the matter but that the public should know that the profession was anxious about the medical and social problems which might arise if Britain entered the Common Market.

Dr. D. P. STEVENSON, Secretary, pointed out that the press had been informed of the profession's fears and reservations about the Common Market, but Dr. WAND thought that there should be a continuing process of informing the public.

Dr. W. N. LEAK supported Dr. Wand, but suggested it was important that people should not get the idea that the profession was trying to protect itself. The public must be informed of what it meant to them as well.

Mr. G. MOLONEY said that the Council had not yet debated from the medical point of view the question of Britain's entry into the Common Market. From the point of view of medicine it was, in his view, bad for Europe to endeavour to combine prematurely together in the manner proposed.

The CHAIRMAN said that the merits or demerits of entry into the Common Market was essentially a matter for the Government to decide. Dr. A. N. MATHIAS said that if the climate of opinion in political circles were such that the profession might possibly be used as a pawn in the matter it might be as well for the Chairman together with the Presidents of the Royal Colleges and Corporations to ask to see the Prime Minister. The CHAIRMAN replied that all the points which had been made were being borne in mind, but at present there was nothing more that could be done.

Dr. A. BEAUCHAMP suggested that the Ministry of Health were as anxious as the profession to maintain and to preserve the standard of medical education in this country, and the CHAIRMAN said he gained that impression from the Ministry.

The SECRETARY added that on the assumption that Britain entered the Common Market in 1963 there would then be four years of discussion before any agreement could be reached on reciprocity. The time was approaching when the Association must have close liaison with the Ministry of Health and the General Medical Council.

The Council agreed that the steps which had been taken by the Chairman and Secretary constituted the only useful action which could be taken at present.

Review Body

The CHAIRMAN reported that, together with Dr. A. B. Davies, Chairman of the General Medical Services Committee, Mr. H. H. Langston, Chairman of the Central Consultants and Specialists Committee, and the Secretary, he had met representatives of the Joint Consultants Committee to discuss informally the questions of the profession's approach to the Review Body and negotiating machinery.

The meeting decided that, in the initial stages at all events, a small committee was desirable which would speak with a united voice to the Review Body. It was thought that the committee should consist of two members of the Joint Consultants Committee and two members of the B.M.A. Council, with Dr. Stevenson as secretary. The Chairman said he understood that the Joint Consultants Committee had appointed Mr. T. Holmes Sellors and Dr. Kenneth Robson as its representatives, and he felt sure that Council would want Dr. A. B. Davies to be one of its representatives.

Dr. J. A. L. VAUGHAN JONES said he was concerned about the composition of the committee. The Joint Consultants Committee appeared to represent the consultants, and the suggestion seemed to be that the B.M.A. representatives were to represent general practitioners. That might be expedient but in his view it was wrong. The Association did not represent only general practitioners. The Association's representatives should number three, and there should be hospital representation from the Association as well as from the Joint Consultants Committee.

The CHAIRMAN said that Mr. Langston was satisfied that the consultants' points of view would be adequately represented by Mr. Holmes Sellors, and Mr. Langston had no wish to press for any further consultant representation.

Dr. I. M. JONES said that the Association represented *all* doctors and must be clearly seen to represent all doctors in any negotiations in which it took part. Unless there were to be a reversion to the days of a split camp, it was absolutely essential that the Chairman of the Central Consultants and Specialists Committee should be present *ex officio* at the talks with the Review Body.

Dr. ARNOLD BROWN, Chairman of the Public Health Committee, said that although the B.M.A. was said to represent all sections of the profession there was no mention of public health doctors when discussing membership of the small negotiating committee. He asked Council to consider the possibility of public health doctors being represented on it.

The CHAIRMAN said it had been emphasized very strongly at the meeting with the Joint Consultants Committee's representatives that the committee should not number more than four members. Furthermore, since public health doctors were not at present involved with the Review Body it would be premature to have public health representation on the committee.

Speak for Profession

Mr. J. R. NICHOLSON-LAILEY said that when the matter was discussed at the Joint Consultants Committee Sir Arthur Porritt and he had made it clear that it was desirable to have a small committee which could speak in the name of the whole profession and not represent sectional interests as such. That was approved by the Joint Consultants Committee. The Central Consultants and Specialists Committee was happy that there should be two representatives of the Joint Consultants Committee and two representatives of the Association to form the small negotiating committee.

When the Chairman of Council was elected it was not expected that he would represent any sectional interest. He spoke for the whole profession, and the C.C. and S. Committee was prepared to leave its interests in his keeping. It was also felt that just as the Chairman of Council represented consultants so would Dr. Davies, Chairman of the G.M.S. Committee, because it was difficult to believe that the interests of general practitioners and consultants were so far apart that they did not affect one another. The C.C. and S. Committee did not wish to add to the small committee. If it did then it could be expected that the Joint Consultants Committee would wish for another representative and other sectional interests would also ask for representation. Before long there would be a large committee which did not know its own mind.

Dr. A. B. DAVIES agreed that in the initial stages the committee should be composed of a small number of

men determined to speak for the interests of doctors as a whole. He had raised the question of the public health medical officers and their position was recognized. Much thought had been given to the need for sectional interests to be represented in the various committees which would prepare cases for the profession's representatives to put to the Review Body.

Dr. C. P. WALLACE said he was glad to be a member of a Council whose major policy, to which he subscribed whole-heartedly, was to bring about greater unification of the profession. He suggested that representations might be made to the Joint Consultants Committee to the effect that Council would like to see as the Joint Consultants Committee's representatives two doctors who were in more active association with the work of the Council.

Dr. R. G. GIBSON agreed that the committee should be as small as possible, and that the Chairman of Council should be one of the Association's representatives. Although he would like to see Dr. Davies as the second B.M.A. representative, if he were there would be many who would think that the B.M.A. represented general practitioners and that consultants and public health medical officers were excluded. If Dr. Davies were to be a member of the Committee then Mr. Langston and Dr. A. Brown should also be members. Alternatively, if there were to be only two representatives Dr. Gibson suggested that they should be the Chairman of Council and a member of Council who, in the eyes of the profession, was neutral and not attached to any particular section of the profession.

Dr. LEAK pointed out that it was most important to have members of the committee who knew what had gone before and who were fully *au fait* with the matters under review.

Dr. J. G. M. HAMILTON suggested that Council was losing sight of what it was trying to do. The object was to provide as fine a nozzle as possible for the hose-pipe, and it was necessary to appoint representatives who were knowledgeable in the affairs of the Association and of the profession. He firmly believed that the committee should be small, and the four people whose names had been suggested met his wishes entirely. He accordingly moved that the Chairman of Council and Dr. A. B. Davies be appointed the Association's representatives.

The motion, seconded in several places, was carried.

The SECRETARY said that though at the moment public health doctors were excluded from the remit of the Review Body, at the appropriate time representations would be made to the Review Body to have them included. When that happened representatives of the public health doctors would be asked to help to put their case.

Professor D. E. C. MEKIE suggested that the wording of the motion might read that the representatives of the British Medical Association be the "Chairman of the G.M.S. Committee and the Chairman of the Council of the British Medical Association."

The Council agreed to this change in wording.

Royal Commission Report

On the motion of Dr. A. BARKER, seconded by Dr. J. G. M. HAMILTON, the following resolution of the West Sussex Division was received:

This Division has no confidence in the members of the Council of the B.M.A. who recommended acceptance of the Government's offer to accept the (Pilkington) Royal Commission's recommendations as a whole, and views with concern the policies advocated and the statements now being made by our representatives in London.

It was pointed out by Dr. BEAUCHAMP that the motion had nothing whatever to do with the Council at all. It was a matter for the Representative Body.

General Medical Services Committee

Dr. A. B. DAVIES presented the report of the General Medical Services Committee.

Maternity Medical Services

Dr. Davies said that at its previous meeting the Council supported by an overwhelming majority the Committee's recommendation that representations be made to the Ministry (*a*) for the removal of details of attendance from the terms of service, and (*b*) that the principle of payment of fees should be on an item-of-service basis within agreed stages, reaching the maximum when all the specified items had been completed.

A deputation had gone to the Ministry on February 14 and reported to the G.M.S. Committee the next day (*Supplement*, February 24, p. 51). Legal advice had been taken and it was that in order fully to implement the recommendation and to place the issues entirely beyond doubt it would also be necessary for all reference to the memorandum of advice to be removed from the terms of service. The deputation, Dr. Davies said, consisted of Drs. A. Talbot Rogers, J. C. Arthur, R. B. L. Ridge, W. Hedgcock, Deputy Secretary, the Association's Solicitor, and himself. He could report that although agreement had not been reached very substantial progress was made.

There was an initial impasse on the question of the removal of all reference to the memorandum from the terms of service, but on that the deputation remained adamant. The meeting then proceeded to other matters. The Ministry's representatives were willing to remove all references to numerical requirements of attendance in paragraph 6 (2) so long as there was a requirement to attend in an emergency on behalf of the patient or at the request of the midwife. Dr. Davies said he had accepted that. Subject to there being some reference to the memorandum of advice, the Ministry officials agreed in principle to payment being contingent only on a statement that all proper and necessary treatment had been completed in the period. There would have to be consequential alterations for payments for partial care, both in the schedule of payments and in the regulations which, of course, the Committee would consider in detail before approval. It had been agreed that the requirement of a signature in Note 12 in the claim form was no longer necessary.

Once the numerical requirements were removed from the terms of service and the basis of payment simplified the claim form E.C. 24 and E.C. 24A would be considerably simplified. The issue was now a much narrower one. The deputation had insisted that all reference to the memorandum must be outside the terms of service. The Ministry required the retention of some reference to standards. The deputation had adhered to its determination that no reference should remain within paragraph 6 (2) of the terms of service to items which could possibly be construed as either directly or indirectly referring to clinical direction. The Ministry were fully aware of the deputation's

determination, but had been unable at that moment to give a direct answer committing the Minister.

Dr. WALLACE, speaking, he said, on behalf of those who had perhaps made themselves "a bit of a nuisance" over the matter, though on a strong point of principle, thanked Dr. Davies and the deputation for their efforts. A memorandum of advice would not be acceptable to any other section of the profession. It was difficult to believe, for example, that any surgeon would accept a memorandum dictating to him what examinations he should conduct and how they should be done before he undertook a major surgical operation. Dr. Wallace also saw in it a great risk from the medico-legal point of view. In the event of an action for negligence it would be very damaging to the doctor if counsel were able to pick up a memorandum and say, "This is what is laid down. Did you do it?"

Mr. NICHOLSON-LAILEY said that what Dr. Davies had spoken about also affected consultants to a certain extent. Certain cases for antenatal care were shared between general practitioners and consultants, and it was necessary to ensure that the interests of general practitioners who took a share in that antenatal care were properly looked after.

Dr. BEAUCHAMP referred to the memorandum of advice and recalled that in the discussions before the Health Service began the profession had insisted that the Minister should take the advice of the Central Health Services Council except when it affected the public interest. The memorandum of advice emanated from that body. It should be no more than that. It was advice, just as a textbook was advice, and it was difficult to see how the profession could go back on what it had insisted on in 1946.

Dr. W. WOOLLEY, referring to Note 12, which required that the general practitioner should get a statement from the hospital or send in a supporting letter from the consultant, said he assumed that eventually neither of those things would be necessary. Dr. DAVIES replied that the obligation to obtain a signature under Note 12 had never held the terrors which people had thought. It applied merely in those few cases when a hospital agreed that the general practitioner should do the whole of the antenatal care and the hospital none. But because, apparently, it had caused considerable irritation he had asked that it be removed and, provided the remaining difficulty could be solved, it would be removed.

Now that it seemed likely that threats of direct or indirect clinical direction would be removed Dr. Davies hoped that there would be more good will in the profession towards the Council of the Association, towards the G.M.S. Committee, and towards the Ministry of Health for all the concentrated and tireless work which had been done to try and improve the maternity medical services.

A vote of thanks to Dr. Davies and to the deputation, proposed by the CHAIRMAN, was carried by acclamation.

Domiciliary Consultations

Dr. DAVIES said that the G.M.S. Committee had further considered the question of attendance of general practitioners at domiciliary consultations and took the view that it was essential that wherever possible a domiciliary consultation should be a clinical consultation with general practitioner, patient, and consultant all present at the same time. The G.M.S. Committee endorsed the suggestion that the Central Ethical Committee should reconsider the wording of the statement on the subject in the *Year Book* and the not unrelated question of the direct acceptance of patients by consultants.

Private Practice Committee

Dr. I. M. JONES presented the report of the Committee.

Advertisement of Public Medical Appointments

Dr. Jones drew the Council's attention to the Committee's recommendation that the Representative Body be informed that, although as a general principle all public medical appointments, whether whole- or part-time, should be advertised, it was inevitable that there would be special circumstances in which the advertising of such vacancies would not be in the best interests of the profession.

Mr. MOLONEY proposed that the words "or public" should be added at the end of the recommendation. From the point of view of the armed Forces it would not, he said, be in the interests of the public to have the vacancies advertised.

Air Vice-Marshal R. H. STANBRIDGE supported the proposal.

Dr. H. ALEXANDER, Chairman of the Occupational Health Committee, recalled that at the Council meeting held on October 25, 1961, he had submitted a recommendation to the effect that in the event of the establishment of an Occupational Health Service provision should be made for the absorption of medical officers whose posts in private industry ceased to exist for reasons beyond their control. That had met with strong opposition from Dr. Jones on the ground that all public appointments must be advertised, and any doctor finding himself redundant would have to take his place in the queue. "The recommendation was rejected on that occasion," said Dr. Alexander, "and I should now like to congratulate Dr. Jones on having seen the light."

Dr. JONES accepted the proposal to add the words "or public" to the recommendation. With regard to Dr. Alexander's point, he said there had been no change of view on the part of the Private Practice Committee. Dr. Alexander's original proposal sought to establish that in all such cases there should be some automatic right, and the Private Practice Committee had not conceded that. The Committee had conceded that there would be special circumstances, which was different.

The recommendation, as amended, was adopted.

Patients Unfit to Drive

Dr. JONES told the Council that at the request of the Ministry of Transport the Committee had agreed to urge upon members the desirability of ensuring, so far as they were able, that any of their patients who suffered from diseases which would make them dangerous in charge of a motor vehicle did not drive. The Committee accepted the Ministry's offer to provide information on the specific diseases mentioned in the appropriate regulations.

Dr. HAMILTON asked for an assurance that the Private Practice Committee was not being pushed into a situation of having to accept that doctors were obliged to inform the authorities in respect of clinical matters concerning their patients.

Dr. JONES replied that he was happy to give that assurance.

Public Health Committee

Dr. ARNOLD BROWN presented the report of the Committee.

London Local Government

Dr. Brown referred to the Government's proposals for the reorganization of London local government and said that his Committee realized that any action it could take to protect the interests of public health medical officers was likely to be more effective if co-ordinated with the action of other professional organizations which had members in the local government service in Greater London. It proposed, therefore, to approach certain of those bodies with a view to some co-ordinated action being taken.

Dr. H. H. D. SUTHERLAND drew attention to the following resolution passed by the London Local Medical Committee:

That the London Local Medical Committee calls on the Council of the British Medical Association to take immediate steps to ensure that Members of Parliament are informed of the views of the profession with regard to the reorganization of local government in Greater London.

He said that the local medical committee was deeply concerned about the question of the personal health service for patients. There was also the problem of the number and size of executive councils under the new proposals.

Dr. H. D. CHALKE asked what sections of the personal health service it was thought might be in jeopardy, and Dr. Sutherland replied that a number of services to the public were at present arranged very competently by the London County Council and other Councils outside London, and because those services would to a certain extent fall upon rating authorities under the proposed new distribution adequate care might vary from one borough to another and lead to difficulty. Dr. CHALKE suggested that those were not the accepted views of the Association. They were the views of one section of the profession, and he disagreed with them.

The SECRETARY pointed out that two committees had studied the problem. One committee, under the chairmanship of Dr. M. Sorsby, had reviewed the situation and reported to Council. Council resolved that the committee's views should be forwarded to the Minister of Housing and Local Government and to the Minister of Health. That was all that Council was required to do. The other committee was a subcommittee of the G.M.S. Committee which had reached very much the same conclusions as Dr. Sorsby's committee. At a meeting of the G.M.S. Committee it was proposed that Members of Parliament should immediately be circularized, but he had pointed out that the time might not be appropriate.

The Council agreed that a number of selected Members of Parliament should be sent the Association's views at the appropriate time, probably when the Bill was published.

Armed Forces Committee

Air Vice-Marshal R. H. STANBRIDGE presented the Committee's report.

Medical Officers in the Armed Forces

Air Vice-Marshal Stanbridge reported that the Chairman of Council and representatives of the Armed Forces Committee met the Minister of Defence and the three Service Ministers on December 20, 1961. The deputation was very well received. The Minister had said he would like time to consider the points raised and that he would see the deputation again. Word had just been received that the Minister would see the Association's representatives again on March 7. While the proceedings were confidential, Air Vice-Marshal Stanbridge said he thought he should follow up the points made at the Council meeting before last.

With regard to the recruitment of medical officers, to improve domestic stability a married quarter should be provided for station medical officers. To improve clinical practice Service medical officers should be responsible for the care of all Service wives and families at home and abroad. To relate medical officers in the armed Forces to the National Health Service the armed Forces should offer not only parity with the National Health Service but in addition a plus factor to compensate for the many disadvantages of Service life, such as frequent moves, overseas service, and education problems. That a full career up to the age of 65 should be offered by providing retired pay appointments up to that age, with or without raising present retirement ages. That the retired pay rules should be amended to enable a medical officer to qualify for a full pension.

It was pointed out that there would be special professional and personal hardships to young doctors liable to retention or recall by the extension of National Service, and the proposals to mitigate the hardships were: The option of signing on retrospectively for a three years' short-service commission, giving an additional six months' service and the financial advantages of a short-service commission. There should be a substantial gratuity to a National Service medical officer retained or recalled. Any appeal machinery established should be competent to deal with the special problems of doctors. The Government to ensure that civilian employing authorities such as hospital boards and local executive councils should see that any doctor compulsorily retained was not thereby handicapped on return to civil life, nor should they discriminate against an applicant because he had a National Service liability to recall.

Dr. I. M. JONES said he felt sure that every member of Council would support Air Vice-Marshal Stanbridge in his efforts to improve the conditions of service and career prospects of doctors in the armed Forces and would approve the general tenor of his recommendations, but Dr. Jones said he could never subscribe to the proposal that Forces medical officers should be responsible for the care of all Service wives and families. Not only was there a free choice of doctor by the patient but there was a free choice of patient by the doctor, and the proposal that a Forces medical officer should be responsible for the care of all Service wives and families was going too far. If Air Vice-Marshal Stanbridge would accept an amendment to the wording to the effect that Service medical officers should be given the opportunity of undertaking responsibility for the care of Service wives and families Dr. Jones said he would support it.

Air Vice-Marshal STANBRIDGE said he would accept the suggested amendment to the wording.

Sir ALEXANDER DRUMMOND said that the object of the proposal was to give medical officers a wider outlook in respect of their clinical material. It was a fact that no dependant of Service men need see a Service doctor.

Dr. J. S. NOBLE said that the Association should acknowledge the need for doctors in the Forces to have the opportunity of gaining experience in general

medicine. Indeed, with the present shortage of doctors within the community there was no reason why, with co-operation, it should not be achieved in the broadest way provided the mandatory condition which cut across the National Health Service Act was excluded. The Association should give every encouragement to a two-way flow of patients, and possibly doctors, between the Services and the community.

Central Consultants and Specialists Committee

The report was presented by Mr. NICHOLSON-LAILEY, Deputy Chairman of the Committee.

Hospital Building

Mr. Nicholson-Lailey directed the Council's attention to a recommendation that the Committee be authorized to appoint a small subcommittee to provide guidance on the requirements of general medical and general surgical departments in hospital planning. He pointed out that it had not so far proved possible to obtain the views of physicians and surgeons on the needs of general medicine and general surgery, and it was thought that the best way of doing so was to appoint an *ad hoc* subcommittee consisting of a small number of general physicians and general surgeons.

Dr. WAND said he was anxious about the recommendation as it stood. It referred to a small number of general physicians and general surgeons, and he asked whether the point had not been reached when urgent consideration ought to be given to the question of general-practitioner beds in hospitals. There was a risk that the general practitioner might miss the boat if he did not get in fairly quickly.

He asked Mr. Nicholson-Lailey whether the recommendation envisaged the absence of general-practitioner representation and, if so, how the general practitioners' views would be brought before the main committee and any other committees in such a way that they would receive the fullest consideration by them and the Ministry. The hospital and general practitioner must be brought more closely together, and one way of doing that was by hospital beds. The hospital building programme was not a matter for the C.C. and S. Committee. It was a matter for the Council.

Dr. R. PROSPER LISTON asked whether the Council was to be given an opportunity to discuss the Government white paper, *A Hospital Plan for England and Wales*.

Dr. WALLACE said it was important that the white paper should be discussed at every level. It was in certain ways a response to the Association's representations that not enough had been done to improve hospital buildings. On the other hand, it was a sweeping plan, and there was a feeling in the profession that there was every possibility of it being accepted by the B.M.A., as though the profession approved of it, without adequate examination.

Dr. BARKER said there was considerable concern about the hospital plan in Kent, mainly in the change of use of some of the smaller hospitals. He agreed that the matter should be fully discussed. Dr. LEAK, supporting the suggestion that the subject be fully discussed, said the value of small hospitals seemed to have been overlooked completely. General practitioners as well as local authorities were concerned about the matter.

Dr. J. B. S. MORGAN said that the hospital plan had its repercussions throughout the whole of the profession. Health authorities had to deal with the problem as well, as community care was regarded as complementary to the hospital plan. The whole profession should have a look at it.

Mr. NICHOLSON-LAILEY said he was sure there was general agreement with the misgivings which had been expressed about the hospital plan produced by the Government. He was worried about the impact of the plan upon the relationship between the general practitioner and consultant. He recalled that two years ago the Association produced a report by Mr. W. S. Lewin and Mr. A. Lawrence Abel on the state of the hospitals of this country. That report made considerable impact on the Ministry. The C.C. and S. Committee had obtained the views of specialist groups and other bodies on the requirements of their particular departments in the matter of hospital planning. It had not, however, so far proved possible to obtain the views of physicians and surgeons on the requirements of general medicine and general surgery. The Committee had been asked to provide such guidance and thought that the best way of doing so was to appoint a small *ad hoc* subcommittee of general physicians and general surgeons. So far as general-practitioner beds were concerned, the C.C. and S. Committee thought that general practitioners themselves should advise the Ministry on how their units were to be set up. The suggested small subcommittee had no sinister implications at all.

Dr. WAND said that after this explanation he took no exception to the recommendation. However, when it came to the question of advising the Ministry surely the body to do so should be the Council with a concerted hospital plan. Dr. Wand suggested that some time should be set aside for a full discussion of the matter.

The Council agreed to set aside time for a special debate on hospital planning.

General Purposes Committee

Gold Medal of the Association

The Council adopted a recommendation of the General Purposes Committee that the Gold Medal of the Association for Distinguished Merit be awarded to the Treasurer, Mr. L. Dougal Callander, in recognition of his outstanding services to the Association in the conduct of the Association's finances and the management of its properties.

Vice-presidents

Council also adopted proposals that it be recommended to the Representative Body that Dr. O. C. Carter, Dr. A. Beauchamp, and Professor G. I. Strachan be elected Vice-presidents of the Association in recognition of their outstanding services to the Association.

Committee on Medical Science, Education, and Research

Mr. A. LAWRENCE ABEL presented the report of the Committee.

Referring to a resolution of the A.R.M., 1961, instructing Council to implement the recommendations in the Association's report on "The Adolescent," with particular reference to (*a*) the causation and treatment of acne, (*b*) foot health, and (*c*) the school dental service,

Mr. Abel drew attention to certain recommendations of the Committee. The first was that a conference be held between the representatives of the Winchester and South Beds Divisions, who submitted the resolution, dermatologists, and an expert on epidemiological inquiries with a view to undertaking a sample survey among selected general practitioners on the incidence and method of treatment of acne.

With regard to foot health, the Committee was asking orthopaedic surgeons and shoe manufacturers for their views on (1) the need to emphasize the accuracy of shoe-fitting; (2) the avoidance of exaggerations of fashion; (3) how research on foot health might be undertaken.

Thirdly, the Committee recommended that the Council should support any representation made by the British Dental Association for improved facilities for treatment in the school dental service.

Dr. CATHERINE HARROWER, referring to foot health, said that the shoe shops were imposing fashion in footwear. "Silly little girls are buying cheap shoes which only last for two or three weeks," she added. "When they buy shoes they think they are buying the kind of shoes they want, but they are not. The shoes are being chosen for them."

The Committee's recommendations were adopted.

Journal Committee

Dr. J. G. M. HAMILTON presented the report of the Committee.

Professor MEKIE, referring to an appointment to the staff of *Abstracts of World Medicine*, suggested that Council should be entirely satisfied that its policy would be to continue with the publication as a permanent future activity of the Association before making a staff appointment.

Dr. HAMILTON reminded Professor Mekie that at the 1961 Annual Representative Meeting a motion to cease publication of *Abstracts of World Medicine* was rejected. That decision having been made, it was necessary for the Journal Committee to make arrangements for the work to be done.

Dr. PROSPER LISTON said that in view of the fact that *Abstracts* had cost a good deal of money over many years a decision might have to be reached next year or perhaps the year following whether it should be continued.

Dr. HAMILTON said that some form of abstracts would have to be continued in any event.

Locum-tenents in Vacant Practices

Dr. NOBLE moved that the advisability of the introduction of rules of conduct for locum-tenents in vacant practices be referred to the General Medical Services Committee. He said that a doctor acting as locum-tenent in a neighbouring practice had a moral obligation to keep the practice intact for the successor when he was appointed. Otherwise the incoming doctor took over a much depleted list and his interests suffered.

Dr. S. NOY SCOTT said that the ethical position with regard to locum-tenents was quite clear and was set out in the *Year Book*. The ethical obligation of a doctor was not to damage the practice of a colleague, and Dr. Noy Scott suggested that there would be nothing further to gain by the General Medical Services Committee, which had gone into the matter in the past, looking at it again.

The motion was carried.

Other Committee Reports

Council also considered the reports of the Occupational Health Committee, the Committee on Overseas Affairs, the Finance Committee, the Committee on Education in Obstetrics, and the Joint Formulary Committee.

On the motion of the CHAIRMAN, a number of candidates were elected as members of the Association.

HEALTH SERVICE PLAN FOR SASKATCHEWAN

We publish below the "Summary of Major Recommendations" of the Advisory Planning Committee on Medical Care to the Government of Saskatchewan in its interim report[1] published in September, 1961. Under the Saskatchewan Medical Insurance Act passed last autumn the Minister of Public Health has appointed a Commisssion of six members and a chairman to administer the plan.

SUMMARY OF MAJOR RECOMMENDATIONS

1. That a medical care insurance programme be established which would include the following seven basic elements:

(*a*) Universal coverage of all residents of the province, except persons now eligible to receive direct medical (i.e., physicians') services under certain programmes operated by the federal government.

(*b*) A comprehensive range of medical service benefits, excluding services now provided under certain provincial programmes.

(*c*) Eligibility for benefits based on residence, registration and proof of payment of a medical care insurance premium.

(*d*) A personal premium which should be at a level which can be met by all self-supporting persons, with additional financial support to be provided from the general revenues of the province.

(*e*) Limited "utilization fees" on physicians' home and office calls, charged to insured patients at the time of service.

(*f*) Payment for medical services to be, in general, on a fee-per-item-of-service basis, but with provision for special methods of payment in specific situations.

(*g*) Administration by a public commission, responsible to the Government, through the Minister of Public Health.

2. That, in its financial planning, the Government take into consideration the necessity for expansion and improvement in certain other programmes of health care, concerning which the Committee's preliminary observations are recorded in Chapter VI. These are concerned with: (*a*) home care, (*b*) rehabilitation, (*c*) mental health, (*d*) pharmaceutical services, (*e*) dental services, (*f*) continuing medical education, (*g*) medical research.

(See leading article on p. 620)

[1] *Interim Report of the Advisory Planning Committee on Medical Care to the Government of Saskatchewan*, 1961, chapter II, p. 12. Regina, Saskatchewan, printed by Lawrence Amon, Printer to the Queen's Most Excellent Majesty.

Correspondence

Maternity Service Regulations

SIR,—There must be satisfaction amongst general practitioners that the differences over the maternity service regulations are being resolved in a way which does not affront the dignity of either party and at the same time ensures that the doctor is able to act according to his own judgment and conscience in the light of the circumstances prevailing in any given case.

The penultimate paragraph of your leading article on the subject (February 24, p. 535) contains a very significant statement in its last sentence: "The G.M.S. Committee is now in no doubt of what the majority of general practitioners want done and last week it was unanimous in resolving that it should be done." That the G.M.S. Committee should have been in any doubt suggests either that our democratic systems within the B.M.A. and the Conference of Local Medical Committees are defective or that the G.M.S. Committee is deaf to the opinions expressed in the Representative Body and at the Conference, or that both these factors have contributed to the situation.

My own impression of the Representative Body has been that the members of Council and of central committees are too anxious to do the talking and not sufficiently interested in the views sent up from the constituencies. They clearly see themselves as the moulders of opinion within the profession and by their eloquence and influence are inclined to sway the vote, only to find later that they have not really grasped the feeling within the rank and file.

At the same time the systems whereby they consult those whom they represent only once each year leave too much responsibility in the hands of a few. Proposed changes in the N.H.S. regulations and in the distribution of the Central Pool are both too important to be left entirely in the hands of a committee, and the reports of the proceedings of the committees given in the *Supplement* are scarcely adequate to enable those on the periphery to keep abreast of developments. Surely we are entitled to know what is being negotiated and accepted on our behalf, and I would suggest that following future talks with the Ministry on these specified points agreement should be provisional, an agreed joint statement should be issued embodying the terms of the proposed agreement, and ratification should be delayed for a month until Divisions and local medical committees have had an opportunity to express their views. —I am, etc.,

Sheffield 10. H. H. PILLING.

SIR,—May I beg a little space to add a few more inches to the yards of correspondence on maternity medical services? There appear to be two main areas of controversy: the first is the clinical direction that five post-natal visits should be made in the fourteen days following delivery; the second is the imposition of financial penalties for deviations from a recommended minimum content of service.

Enough has surely been said about the five post-natal visits to convince everybody that there is a genuine difference of opinion between doctors of equal and undisputed competence and conscientiousness about the need for precisely five visits. It is hardly surprising that this difference of opinion should exist, for visiting habits vary greatly, depending on all sorts of factors, and are largely idiosyncratic to individual doctors This extends into all branches of practice. I know one doctor who visits measles daily for 7–10 days, and another who visits only once or twice in the course of the illness. I am not sure what determines their different policies, but I do know that both men are equally concerned and anxious (in the fullest sense of the word) about their patients. Most doctors would accept, in general terms, that the average lying-in woman needs about five visits, but what we cannot accept is the ruling that fewer than five visits, in an occasional case, is prima facie evidence of such inadequate attention that it warrants an arbitrary financial penalty. There must be women—indeed there are, for I have known and attended them—who, after a perfectly normal delivery and attended regularly by a trusted midwife, are so well, so sensible, and so well endowed with natural qualities of motherhood that frequent post-natal visiting becomes embarrassingly superfluous. Is it negligent if the doctor deems a fifth or even a fourth post-natal visit unnecessary in such a case? Equally, there are patients who require the utmost vigilance in the post-natal period, who require all sorts of supervision, exhortation, encouragement, and sympathy in their new and uneasy state of motherhood. We must beware in case regulations devised with the laudable intention of improving maternity services have the opposite effect in persuading doctors that they will have rendered adequate service to these needy patients as soon as they have made the bare minimum of visits to qualify for their fee. Regulations which bristle with penalty clauses are unlikely to improve the maternity services, for they breed resentment and this makes a poor task-master. (By the way, if we cannot be trusted to pursue our chosen avocation without being hedged about with regulations, how can we be trusted to fill in a claim form truthfully?)

The recommended minimum content of service in the antenatal period has provoked virtually no controversy, and this is because we all recognize that certain things need to be done to all patients at agreed times during gestation. The doctor's role in the antenatal period is active, whereas in the post-natal period it is generally passive (the midwife playing the more active role post-natally). I suggest that the different nature of the doctor's role in the two periods is the basic reason why we find clinical direction acceptable for Period I and repugnant for Period II. In the face of this genuine and sincere disagreement over the need for five post-natal visits it is the clear duty of the G.M.S. Committee to press the Ministry for more flexible regulations for Period II services. The Committee is already showing signs of second thoughts, and I hope they will be strengthened by unanimous instruction on this point from the next Annual Conference of L.M.C.s.

I believe that the present regulations derive from the misconception that general practitioners give poor attention to their maternity patients and that they are all out for the fattest fee for the leanest service. The G.M.S. Committee must accept some blame for this libel on our professional standards, for they have helped to frame regulations which are shot through with the implication that financial penalties are the only way to ensure that doctors attend their patients faithfully. In point of fact general practitioners do their obstetric work as willingly and efficiently as anything they tackle. There is ample evidence to support this view of general practice obstetrics in the correspondence you have published on maternity medical services, in the surveys and original work of very many G.P. obstetricians, and the widespread demand from general practitioners for the facilities which really will help to improve maternity services—namely, more G.P. beds, more postgraduate instruction, and better liaison between consultants and G.P. obstetricians.

Finally, I wish to offer a suggestion which I believe would help to offset some of the injustices of the present regulations in respect of Period I services. Most doctors give their maternity cases not a little more care than the minimum content of service but a great deal more care, and it is one of the shortcomings of the present regulations that while vicious financial penalties can be imposed for minor deviations from the minimum no reward is offered for the exercise of special skills and care in individual cases. It is a system where you can lose on the roundabouts but never gain on the swings. Now the fee payable for a single antenatal attendance under partial care is normally 15s. and the fee for complete Period I services is £7 7s., and this arrangement suggests that we are rarely expected to see our patients more than 9–10 times. In fact it is usually rather more (the average patient comes at week 10 and is subsequently seen at weeks 14, 18, 22, 26, 30, 32, 34, 36, 37, 38, and 39—a total of 12 attendances) and sometimes very

many more (in hyperemesis, threatened abortion, anaemia, pre-eclampsia, unstable lie, and post-maturity, for example). Without arguing over the merits of £7 7s. as a reasonable fee for complete Period I services, and I believe it is about right, I suggest that the regulations be altered to provide that where more than 10 antenatal attendances have been given the fee for Period I services shall be at the rate of 15s. for each attendance. It is a little sickening to see the recurrent phrase "over-riding maximum" throughout the regulations, and it would be refreshing to see the worth of our skills recognized by the introduction of a minimum fee for each antenatal attendance.—I am, etc.,

Haverfordwest. C. LYNN PERRY.

Shortage of Midwives

SIR,—At a recent meeting of the Maternity Liaison Committee of the North Middlesex Division of the British Medical Association great concern was expressed about the grave shortage of midwives. We are told (HM(61)5) that if every woman qualifying as a midwife then practised for at least one year the present shortage would be almost wholly met. Yet only half of those qualifying practise midwifery at all, and only half of these are still in practice three years later. Positive action is urgently required, and this Committee would like to make certain positive suggestions.

The responsibilities of the midwife are very considerable, yet the differential between the State registered nurse and the midwife is only £30 per annum. It would seem advisable to raise this at least to £50 per annum. It seems important that interchange between the hospital service and the domiciliary service should be freely possible for the midwife. With this in mind the domiciliary midwife should be paid at the same rate as the midwifery sister in hospital. The general nurse electing to take up midwifery should not suffer financial loss upon doing so, such as she is likely to experience at present. Previous seniority in general nursing should be taken into account when she starts training as a pupil midwife. It would seem desirable that the seniority of midwives should not be lost because of a break of service or in transferring from hospital to domiciliary service and vice versa.

Week-end duty and night duty might be paid extra (for example, time-and-a-half). While perhaps not customary in the past, modern conditions demand it; and part-time staff would certainly be encouraged by it to volunteer for less popular times of duty. Midwives already trained should be encouraged to undertake further study, and with this in mind we would recommend that the possession of the Midwifery Teachers Diploma should be rewarded by an extra £50 per annum on any salary whether the midwife holding it is engaged in teaching or not. We believe certain anomalies exist whereby occasionally it is possible in the service for a midwife in a particular grade to earn more than a senior colleague. These anomalies should be obviated.

These suggestions are made without prejudice to the view held by many, and subscribed to by this Committee, that the general level of remuneration received by the midwife is not commensurate with her inevitable responsibilities.—I am, etc.,

ANTHONY W. PURDIE,
Chairman, Maternity Liaison Committee,
North Middlesex Division, B.M.A.

London N.18.

Association Notices

Election of Members of Council

Notice is hereby given that nominations of candidates for election as members of Council 1962–3 (*a*) by the following Branches and Divisions, (*b*) by public health service members, and (*c*) by women members must be forwarded in writing to reach me not later than Tuesday, April 3, 1962. Candidates must be members of the Association.

Forty Members by Branches and Divisions in Great Britain and Northern Ireland

Group	England and Wales	No. of Members of Council to be elected by Group
1.	North of England Branch; Tees-side Branch	2
2.	East Yorkshire Branch; Yorkshire Branch	3
3.	North Lancashire and Westmorland Branch	1
4.	Divisions in Cheshire: Birkenhead and Wirral; Chester; Crewe; Hyde; Macclesfield and East Cheshire; Mid-Cheshire; Stockport; Wallasey. Glossop Division ..	1
5.	Lancashire Divisions of Merseyside Branch: Liverpool; St. Helens; Southport; Warrington. Isle of Man Branch	1
6.	Lancashire Divisions of South Lancashire and East Cheshire Branch: Ashton-under-Lyne; Bolton; Bury; Leigh; Manchester; Oldham; Rochdale; Salford; Wigan ..	1
7.	Derbyshire Branch; Nottinghamshire Branch: Lincolnshire Branch; Leicestershire and Rutland Branch	2
8.	Midland Branch	1
9.	Staffordshire Branch; Worcestershire and Herefordshire Branch	1
10.	Berks, Bucks, and Oxford Branch; Northamptonshire Branch	1
11.	Cambs and Hunts Branch; Norfolk Branch; Suffolk Branch	1
12.	Middlesex Divisions of Metropolitan Counties Branch	2
13.	Marylebone Division	1
14.	City Division; South-west Essex Division; Stratford Division; Tower Hamlets Division	1
15.	Hampstead Division; St. Pancras Division; Westminster and Holborn Division	1
16.	Chelsea and Fulham Division; Kensington and Hammersmith Division; Paddington Division	1
17.	Camberwell Division: Greenwich and Deptford Division: Lambeth and Southwark Division: Lewisham Division; Wandsworth Division; Woolwich Division	1
18.	Bedfordshire Branch; Essex Branch; Hertfordshire Branch	1
19.	Surrey Branch	2
20.	Kent Branch	1
21.	Sussex Branch	1
22.	Wessex Branch	1
23.	Bath, Bristol, and Somerset Branch; Gloucestershire Branch; Wiltshire Branch ..	2
24.	South-western Branch	1
25.	North Wales Branch; Shropshire and Mid-Wales Branch	1
26.	South Wales and Monmouthshire Branch ..	1
	Scotland	
27.	Aberdeen Branch; Dundee Branch; Northern Counties of Scotland Branch; Perth Branch	1
28.	Edinburgh and South-east of Scotland Branch: Fife Branch	1
29.	Glasgow and West of Scotland Branch (Glasgow Division)	1
30.	Glasgow and West of Scotland Branch (County Divisions); Border Counties Branch; Stirling Branch	2
	Northern Ireland	
31.	Northern Ireland Branch	2

Public Health Service Members

Two members of Council are nominated and elected by members of the Association employed in the public health service as defined in By-law 1 (3). Candidates must be members of the public health service as so defined.

One Woman Member

One woman member of Council is nominated and elected by women members of the Association.

Nominations

The nominations must be on the prescribed forms, copies of which can be obtained on application to me. In the case of the 40 members to be elected by Divisions and Branches nominations may be by a Division or Branch in the Group or by not fewer than three members of any such Group.

A notice will be published in the *Supplement* to the *British Medical Journal* on April 28, 1962, of the candidates nominated. Where contests occur voting papers containing the names of duly nominated candidates will be issued on April 28, 1962, from the Head Office, British Medical Association, Tavistock Square, London W.C.1, to each member in the Group or to the public health service members or to women members. A notice will be published by the Council in the *Supplement* on May 19, 1962, giving the results of the elections where there have been contests.

Annual General Meeting

Notice is hereby given that the Annual General Meeting of the Association will be held in the Main Hall at the College of Technology, Newport, Monmouthshire, on Friday, April 13, 1962, at 10.35 a.m.

Business

1. Minutes of last Annual General Meeting.
2. Appointment of Auditors.
*3. Balance Sheet and income and expenditure account for year ended December 31, 1961.
*4. Installation of President 1962–3.

D. P. STEVENSON, *Secretary*.

Diary of Central Meetings

MARCH

7	Wed.	Central Ethical Committee, 2 p.m.
7	Wed.	Private Practice Committee, 2 p.m.
8	Thurs.	Joint Formulary Committee, 11 a.m.
8	Thurs.	Practice Accommodation Subcommittee (General Medical Services Committee), 11 a.m.
8	Thurs.	Drafting Subcommittee (Committee on Recruitment to the Medical Profession), 12 noon.
8	Thurs.	Charities Committee, 2.30 p.m.
8	Thurs	Committee on Recruitment to the Medical Profession, 2.30 p.m.
8	Thurs.	Medical War Relief Fund Committee, 3.30 p.m.
9	Fri.	Compensation and Superannuation Committee, 2 p.m.
14	Wed.	Psychological Medicine Group Committee, 2 p.m.
15	Thurs.	G.M.S. Committee, 10.30 a.m.
16	Fri.	Radiologists Group Committee, 11 a.m.

Branch and Division Meetings to be Held

ABERYSTWYTH DIVISION.—At Marine Hotel, Aberystwyth, Saturday, March 10, 8 p.m., B.M.A. Lecture by Dr. J. G. Scadding: "Use of Corticosteroids in Respiratory Disease."

BIRKENHEAD AND WIRRAL DIVISION.—At Larch House, Clatterbridge Hospital, Bebington, Friday, March 9, 8 for 8.15 p.m., Dr. T. Lloyd Hughes: "A Survey of American Hospitals."

BOLTON DIVISION.—At Gymnasium, Bolton Royal Infirmary, Tuesday, March 6, 8.30 p.m., jointly with Bolton and District Medical Society, B.M.A. Lecture by Professor R. S. Illingworth: "Some Views on Paediatric Therapeutics."

BROMLEY DIVISION.—At Beckenham Hospital, Wednesday, March 7, 8.15 for 8.30 p.m., address by Professor D. Slome. Guests are invited.

COVENTRY DIVISION.—At Physiotherapy Department, Coventry and Warwickshire Hospital, Tuesday, March 6, 8.30 p.m., films: (1) "Low Forceps Delivery Using Pudendal Block Anaesthesia"; (2) "Perineal Repair."

CROYDON DIVISION.—At Elgin Court Hotel, Elgin Road, Croydon, Tuesday, March 6, 8.30 p.m., Professor J. B. Kinmonth: "Some Aspects of Cardiovascular Surgery."

DERBY DIVISION.—At Pathology Department, Derbyshire Royal Infirmary, Sunday, March 11, 10.30 a.m., postgraduate meeting. Subject: "Jaundice."

DONCASTER DIVISION.—At Danum Hotel, Tuesday, March 6, 7.30 for 8 p.m., jointly with Doncaster Medical Society. Mr. Norman C. Tanner: "Treatment of Post-gastrectomy Symptoms."

EAST HERTS DIVISION.—At Hertford County Hospital, Thursday, March 8, 8.15 for 8.30 p.m., B.M.A. Lecture by Professor L. P. Garrod: "Recent Developments in Antibiotic Therapy."

EAST KENT DIVISION.—At Abbott's Barton Hotel, Canterbury, Thursday, March 8, 8.45 p.m., Dr. Sheila Callender: "Anaemias in General Practice."

ENFIELD AND POTTERS BAR DIVISION.—At St. Michael's Hospital, Enfield, Thursday, March 8, 8.30 p.m., special meeting to discuss Subject of the Year: "Practical Steps in the Prevention of Chronic Disease—with Special Reference to Chronic Bronchitis."

FINCHLEY DIVISION.—At Gymnasium, Finchley Memorial Hospital, Granville Road, N. Finchley, N.12, Tuesday, March 6, 8.30 for 8 45 p.m., B.M.A. Lecture by Dr. Richard Asher: "Medical Salesmanship." Ladies and members of neighbouring Divisions are invited.

GLASGOW DIVISION.—At Nurses' Home, Victoria Infirmary, Glasgow, Thursday, March 8, 8.30 p.m., joint meeting with Glasgow Southern Medical Society. Debate: "That the personality of the doctor is more important to the patient than his scientific training and that this house prefers to treat the patient rather than the disease." For the motion: Dr. J. McGlone and Dr. W. J. Lockie; For the negative: Mr. T. Gibson and Dr. H. I. Maclean.

GLOUCESTERSHIRE BRANCH.—At Gloucestershire Royal Hospital, Thursday, March 8, 6.30 p.m., clinical meeting. Supper will follow at Fleece Hotel, "Monk's Retreat," Westgate Street, Gloucester.

GOOLE AND SELBY DIVISION.—At White Elephant Hotel, Snaith, Thursday, March 8, 7.30 p.m., dinner, followed by meeting. Dr C. W. MacKenzie: "New Drugs in Dermatology."

GREENWICH AND DEPTFORD DIVISION.—At 67 Charlton Road, London S.E., Wednesday, March 7, 8.30 p.m., informal meeting to meet Mr. Richard Marsh, M.P., and Sir Leslie Plummer, M.P. Cheese and wine provided.

GRIMSBY DIVISION.—At Banqueting Room, Yarborough Hotel, Grimsby, Tuesday, March 6, 8 for 8.30 p.m., film: "Senile Obliterative Arteritis of Legs."

HALIFAX DIVISION.—At Board Room, Royal Halifax Infirmary, Wednesday, March 7, 8 p.m., Dr. R. L. Turner: "Biological Aspects of Chemotherapy"; Mr. G. Whyte Watson: "Breast Cancer."

HARROW DIVISION.—At Whittington Hotel, Cannon Lane, Pinner, Tuesday, March 6, 8.30 for 8.45 p.m., clinical meeting. Talk by Dr. M. B. Clyne: "Night Calls"—the emotional implications of emergencies at night in general practice. Ladies are invited.

KENSINGTON AND HAMMERSMITH DIVISION.—At Nurses' Lecture Room, St. Mary Abbott's Hospital, Marloes Road, Kensington, W., Tuesday, March 6, 8.30 p.m., B.M.A. Lecture by Mr. Gavin Thurston: "Difficulties After a Death" (illustrated).

LANCASTER DIVISION.—At Grosvenor Hotel, Morecambe, Saturday, March 10, 7.30 for 8 p.m., annual dinner. Guest of honour, Professor T. Cecil Gray.

LEWISHAM DIVISION.—At Committee Rooms, Lewisham General Hospital, High Street, S.E., Wednesday, March 7, 1 p.m., luncheon: 2.15 p.m., Mr. K. L. Wilson: "Differential Diagnosis of Deafness."

MID-GLAMORGAN DIVISION.—At Jersey Beach Hotel, Friday, March 9, 7 for 7.45 p.m., meeting. Short film, followed by an informal discussion.

NORTH GLAMORGAN AND BRECKNOCK DIVISION.—At Treforest Trading Estate Restaurant, Thursday, March 8, 7.30 for 8 p.m., dinner. B.M.A. Lecture by Mr. Herbert Lloyd: "A Lawyer in the House."

NUNEATON AND TAMWORTH DIVISION.—At Red Lion Hotel, Atherstone, Tuesday, March 6, 7.45 p.m., informal supper; 8.30 p.m., Dr. J. I. Timothy: "Modern Drugs in Psychiatry."

READING DIVISION.—At Royal Berkshire Hospital (Library), Reading, Friday, March 9, 8.30 p.m., lecture by Dr. Hugh Clegg (Editor, *British Medical Journal*): "State Medicine in Ancient Egypt and Classical Greece." Ladies are invited.

REIGATE DIVISION.—At Redhill County Hospital, Tuesday, March 6, 7.30 p.m., clinical meeting.

SHEFFIELD DIVISION.—At Medical Library, Sheffield University, Tuesday, March 6, 8.30 p.m., B.M.A. Lecture by Professor E. J. Wayne: "Treatment of Some Medical Emergencies."

SOUTH BEDFORDSHIRE DIVISION.—At Luton and Dunstable Hospital, Friday, March 9, 8.30 p.m., clinical meeting.

SOUTH-WEST ESSEX DIVISION.—At Wanstead Hospital, Hermon Hill, Wanstead, E., Wednesday, March 7, 8.30 p.m., Mr. Frank Musgrove: "Obstetrical and Gynaecological Impressions on a Recent Visit to the U.S.A."

STOCKPORT DIVISION.—At Stockport Infirmary, Sunday, March 11, 10.45 a.m., clinical meeting. All medical practitioners in the area of the Division are invited.

WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.—At Pinderfields General Hospital, Wakefield, Tuesday, March 6, 7.30 p.m., meeting of Advisory Council on Occupational Health. Dr. J. A. Dick: "Industrial Dust on the Lungs."

WEST BROMWICH AND SMETHWICK DIVISION.—At Farcroft Hotel, Rookery Road, Handsworth, Friday, March 9, 8 p.m., annual dinner dance.

WEST SUSSEX DIVISION.—At Beach Hotel, Littlehampton, Thursday, March 8, 6.30 p.m., general meeting. Mr. L. C. Oliver: "Parkinsonism."

* These items will be taken at the Adjourned Annual General Meeting to be held in Belfast on Monday, July 23, 1962.