

## Medical Notes in Parliament

### PAY DIFFERENCES AT A SMALLPOX HOSPITAL [FROM OUR PARLIAMENTARY CORRESPONDENT]

Some of the pay anomalies that can arise between medical, nursing, and domestic staff working in emergency conditions in the same hospital were brought to light by Dr. A. D. D. BROUGHTON (Batley and Morley, Lab.) on February 26.

#### Oakwell Hospital, Birstall

He was talking about Oakwell Hospital, Birstall, where the Yorkshire smallpox cases were isolated and treated. It was managed, he said, by the Dewsbury, Batley, and Mirfield Management Committee, under the Leeds Regional Board. As a consequence of the decline in infectious diseases it had been used for geriatric cases (there were 99 beds), and there was a small section of 16 beds set apart for smallpox cases. When the smallpox outbreak occurred the geriatric patients were transferred to other hospitals, a volunteer staff was recruited, and the smallpox cases from Bradford were treated there. The whole staff numbered 31, and they were all volunteers.

To a tribute to the whole staff for their courage, patience, and skill Dr. Broughton added a word of gratitude for what had amounted to imprisonment for weeks in a small hospital on the top of a bleak hill. Thinking that thanks alone were not enough he had asked the Minister of Health whether any additional remuneration would be forthcoming, and was informed that there would be additional pay for the nursing and ancillary staff. Why not, he now asked, for the medical staff—the one doctor, the one who carried the heaviest burden of responsibility? Why, out of the 31, must one only be content with his normal pay? Surely this was an injustice. What was the explanation of this discrimination? Why pick on the one member of the medical profession? This doctor, whose grade in the Service was that of senior hospital medical officer, appeared to have been singled out for ingratitude and injustice.

#### Matron and Doctor Probably Got Less Than Ancillary Staff

Pursuing his inquiries, Dr. Broughton ascertained that a matron received about £20 a week, a ward sister about £15, and at the other end of the scale a pupil nurse about £6. The normal weekly rates of ancillary staff ranged from just under £7 for a cleaner to just over £11 for a head cook. The Minister had informed him also that all grades except the senior hospital medical officer received a 50% addition to pay while on smallpox duties, and the ancillary grades were also eligible for other additions to pay—e.g., overtime. So the matron, Dr. Broughton calculated, would be receiving £30 a week, a ward sister about £20, and a pupil nurse probably less than £9. He wanted to know what the "other additions" for the ancillary grades amounted to, and was told by the MINISTER that the gross weekly pay of the ancillary grades had ranged from £30 15s. 5d. to £51 1s. 6d.

This, Dr. BROUGHTON commented, revealed a strange and disturbing state of affairs. Probably all the ancillary grades received more than the matron, which was ridiculous. Unless the doctor had risen to the highest level of pay in his grade some of the ancillaries drew more than he did, which was preposterous. The nursing staff must know that the ancillary grades received more pay than they did. What were their feelings? He asked the Parliamentary Secretary to undertake to look into this unfair wages policy. It was ridiculous and disgraceful, and urgently needed alteration.

#### 84 Hours a Week

The Parliamentary Secretary, Miss EDITH PITT, described the speed and efficiency with which the hospital was brought into use, and said that during the outbreak it had treated

18 patients, 11 of whom were confirmed as smallpox cases. At first the resident staff consisted of a senior hospital medical officer, a nursing staff of seven, and nine domestic staff. At the end of the month these had been increased to 17 nursing staff (including two ward orderlies) and 14 domestic staff. From the beginning of February 1 staff began to be reduced.

For the first two weeks the hours of work for nursing and domestic staff alike were 84 a week. Thereafter it had been 44 hours a week. The domestic staff worked 12-hour shifts seven days a week. This had to be a self-supporting hospital with rigid security. She agreed that the earnings figures for domestic staff were somewhat startling, but they were due to the wholly exceptional circumstances in which normal conditions of employment had to be applied. It had been the rule since 1948 that nursing and domestic staff isolated to look after smallpox patients should receive a 50% increase in pay while they were so engaged. What gave rise to the different results was the determination of the pay on which this 50% was calculated.

#### Professional People

Nurses, as professional people, were not subject to any enhancement on account of the number of hours they worked, or for week-end work. But they had a progressive salary scale, longer paid holidays, better sick-pay conditions than domestic staff, and provision for compensatory time off for long hours in an emergency period. Such arrangements had been made for the nurses at Oakwell. Domestic staff were employed on industrial type conditions; they were entitled to various additions according to the number of hours worked, and the way they were worked. In the exceptional conditions at Oakwell these operated to magnify the results to large proportions. They were working twice the normal hours, and on Saturday and Sunday and the normal rest day. The effect of enhanced payments for overtime must have been to produce earnings equivalent to at least 120 hours at plain time rate for those on the day shift, and more for those on the night shift—probably in all, with other enhancements, at least three times the basic rate. They would have drawn the same earnings if they had worked the same number of hours in the same way in an ordinary hospital. The agreed 50% addition had to be made to the total.

#### Earnings Not Reflection of Value

It would be most unfortunate if the result in terms of earnings was thought in any way to reflect the value placed on the services of domestic staff compared with that of the nurses. Nothing could be further from reality. There was no discrimination against the doctor; but his conditions of service permitted no salary enhancement whatever. Far from being singled out for ingratitude and injustice he—like the public health medical officers—worked in the highest traditions of the profession. Pay and conditions of service of hospital staff were all governed by Whitley agreements. It was impossible for her to say that any changes would or should be made in the circumstances of what had happened at Oakwell. But she accepted that they must seek to learn what lessons they could from that experience, and the Minister of Health would be looking into the position generally to see whether there was any guidance or advice he ought to give to hospital authorities faced with a similar situation.

#### RENT INCREASE FOR SCOTTISH HOSPITAL HOUSES

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Dr. J. DICKSON MABON (Greenock, Lab.) complained to the Scottish Ministers on February 27 of rent increases being levied on staff who live in hospital houses in Scotland. Many of them, he said, lived in these houses as a direct consequence of their conditions of service. They were remote and inconvenient, and this should be taken into

account. The Whitley Council had informed them that day that the result of the wage application lodged last August was to be an increase of no more than 6d. in the £, in accordance with Government policy. But the rents they were being asked to pay had not increased by only 6d in the £, nor had the rates. He contended that rents and rates for hospital houses should be subject to negotiation by Whitley Council machinery. The Government had imposed these increases not because of any antipathy to hospital staff but because they were engaged in a wider manœuvre against local authority tenants. The Secretary of State, in proposing these increases as from last November, had decided to charge rents in accordance with the valuations made by the Treasury Valuer, so that he could say to local councils, "You ought to charge the same (the gross annual value) in respect of all council-house tenants. That was shocking.

In many cases there was a discrepancy between the assessment of the Treasury Valuer and that made by the county valuer. It should be the duty of the Scottish Office in all cases in which boards of management had appealed against the Treasury Valuer to look carefully at the assessment and appeal against it if it was outside the local valuer's assessment. It was also for the Scottish Office to prove their argument that hospital employees in Scotland got greater benefit than their English and Welsh colleagues. The Scottish Office ought to realize that the rents were part of the conditions of service—that these were tied houses—and that they should be considered in the light of all the disadvantages that arose from that.

#### 2,000 Hospital Staff Houses

Mr. T. G. D. GALBRAITH, the Under-Secretary primarily concerned with health administration, said there were about 2,000 hospital staff houses, most of them taken over in 1948. From the beginning of the Health Service the conception of a cheap house forming part of the remuneration was abandoned in favour of national rates of pay adequate in themselves. In 1950 the first steps were taken to rationalize rents and bring them into line with those of comparable local houses. But they still remained very low, and a sample survey in 1959 showed the average rent of hospital houses to be less than £16 a year—some were as low as £2 13s., £3 18s., and £4 6s. The Treasury Valuer had kept in touch with the local assessor and applied the same general principles; for both the basis of gross valuation had been the rent at which the houses might be expected to be let. Because it was recognized that an immediate increase to the new valuation might be considerable the new arrangements were brought into effect in stages related to the incomes of the tenants. In addition, where tenants had to live in particular hospital houses as a condition of service boards of management were given discretion to allow rent reductions up to 15% as compensation.

#### Staff Side Informed

The staff side were informed, and wanted the rents left on the old basis. The scheme was introduced on November 11, 1961. Some tenants considered the valuation of the house too high, and made representations to the Treasury Valuer. So far 517 had done this; 251 cases had been dealt with, and in 194 reductions were made.

Dr. MABON: "Will you undertake to instruct all boards of management to review hospital houses in their area with a view to appealing if they think it wise against the Treasury Valuer's assessment?" Mr. GALBRAITH: "I will certainly consider that."

#### Second Increase Postponed

Since there were 266 cases outstanding, he continued, and the time for appeals against the valuation of ordinary property had been extended to Whitsun, the Secretary of State had decided to postpone the second stage of increase in rent, which had been intended to take place in spring,

until November 11 next. The average level for hospital house rents in England was about £47 a year; the Scottish figure would be little more than £40. This was relevant because staff in the hospital service were on common rates of pay throughout Great Britain, and he could not see why the staff in Scotland should have substantially lower rents than their colleagues in England and Wales.

### COMMONS QUESTIONS

#### Women Doctors

Dr. J. DICKSON MABON (Greenock, Lab.) asked the Minister of Health on March 3 what steps were being taken, in view of the present shortage of medical practitioners, to encourage married women doctors available for part-time work to enter the employment of the Health Service. Mr. E. POWELL: "I have recently brought this source of recruitment to the attention of hospital boards. Local health authorities are also aware of it." Dr. MABON asked that, since a serious error was made in endorsing the Willink Report, which meant that the shortage of doctors would be even more severe in seven or eight years' time, the Minister should look at this again and see whether it was possible to integrate some of these women into general practice as well as into the hospital service and elsewhere. Mr. POWELL told him that there was no reason why a married woman should not be taken on as an assistant or partner in general practice, or, apart from the restricted areas, set up single-handed in certain areas. He agreed that married women doctors would be a welcome addition to our total doctor force.

#### Common Market and the N.H.S.

Mr. L. PAVITT (Willesden, West, Lab.) asked what consideration had been given to the effects on the Health Service if Great Britain joins the Common Market. Mr. POWELL replied that nothing in the Treaty of Rome would involve alteration of our Health Service.

Mr. PAVITT pointed out that in the six countries concerned their health system operated on an insurance basis, and in many cases on a part payment at the time of service. It was different from our Service here. There was a school of thought in this country anxious to convert our Health Service to an insurance basis rather than the present system. Would the Minister make representations to the Lord Privy Seal to ensure that we retained the Health Service on its present principles? Mr. POWELL said that all that was concerned in this question was that our joining the Common Market would not involve any decision one way or the other by this country about the future of the Health Service.

Mr. P. WALKER (Worcester, Con.) asked if the Minister had been in consultation with the British Medical Association and the British Dental Association as to their anxieties that joining the Treaty of Rome would have an effect on professional standards in this country and might also affect the Health Service standards? Mr. POWELL said he had had consultations with those two bodies and he would have them in future, but there were specific safeguards in the Treaty.

#### Hospital Staff Redundancy

Mr. K. ROBINSON (St. Pancras, North, Lab.) asked the Minister what negotiations he had had with representatives of Health Service staff on the subject of redundancy agreements in the event of staff becoming redundant through the closure of hospitals, and what had been the result. Mr. POWELL said that measures to deal with any staff redundancy had been discussed with staff representatives and would shortly be notified to hospital authorities. Mr. ROBINSON agreed that the redundancy would be very small, but said there was some anxiety among staffs following publication of the Hospital Plan. Would any arrangements that were published have been reached by agreement with representatives of the staffs? Mr. POWELL: "Yes, the arrange-

ments have been thoroughly discussed with representatives of staffs and there was no substantial disagreement. I expect them to be published in the next few days."

### Venereal Diseases

Mr. H. KING (Southampton, Itchen, Lab.) asked the Minister what measures he proposed to introduce to deal with the recent increase in venereal diseases, as shown in the *Annual Report* of the Chief Medical Officer. Mr. POWELL stated that the inquiries now proceeding had not yet indicated any new measure which could usefully be taken. Mr. KING said the increase in 1960 was about 10%, and particularly for the 19-year-old age group was alarming. It seemed almost certain that similar figures would obtain for 1961. Would the Minister consult with the Minister of Education, he asked, with a view to some joint endeavour, because this required to be dealt with both medically and educationally? A contribution might also be made by compulsory notification. Mr. POWELL replied that notification was a separate question. But he agreed that this was largely educational, and on both educational and health sides an effort was being made. No new proposals had come out of current investigations.

### Human Bones for Decoration

Mr. JOHN HYND (Sheffield, Attercliffe, Lab.) asked if the Minister's attention had been drawn to the practice prevalent at Nottingham General Hospital of human bones removed in operations being given to nurses to wear as ear-rings; and what disciplinary steps he had taken or proposed to take. Miss EDITH PITT, Parliamentary Secretary, said that no such practice existed. Mr. HYND asked how the Parliamentary Secretary explained that one of the surgeons in the operating theatre admitted that this practice existed, that one of the nurses in the theatre has said this is a common practice, and that other members of the staff have freely admitted this to the press? These statements were all on the record. Would she make further inquiry to see that any other barbaric practices of the kind were stopped? Miss PITT answered that both the nurses and the surgeon had strenuously denied making such statements, and 220 nurses connected with E.N.T. work in any way had all been interviewed and all denied that such a practice could have existed. The bone itself was 3 mm., and she did not believe it could make an ear-ring. She was glad the question had been asked, because it enabled her to nail this lie.

Dr. BARNETT STROSS (Stoke-on-Trent, Central, Lab.) asked how it was possible to call this barbaric? Even if it were true, these were only bone fragments no longer required which were taken out, just as gall-stones were taken from the gall-bladder. Would the Parliamentary Secretary not agree that even gall-stones could be very attractive when polished and threaded and made into a necklace? Miss PITT: "This story is not true, and I do not feel called upon to comment further."

### Smallpox in South Wales

Mr. RAYMOND GOWER (Barry, Con.) asked for a statement about the new suspected cases of smallpox reported in South Wales. Mr. POWELL said that eight cases and one suspected case had occurred in Rhondda Borough and Llantrisant Rural District. There had been two deaths. Five of the cases were traceable to a woman who died on February 9 during confinement without definite signs of smallpox. Two were traceable to a boy initially thought to have chicken-pox. It was not known how the woman and the boy were infected.

### N.H.S. Administration Costs

Commander J. S. KERANS (The Hartlepoons, Con.) asked the Minister of Health on February 26 if he would state the yearly administrative costs of the Health Service from

1948 to 1961. Mr. E. POWELL supplied the table below, giving, for England and Wales, the administrative costs of the Central Government, the Executive Councils, the Dental Estimates Board, and the central offices of the hospital authorities (including professional staff employed in the planning of capital works). The cost of administration at individual hospitals is not separately identifiable. Figures for 1948-9 are not available.

Financial Year	£ million
1949-50	9.3
1950-51	10.4
1951-52	12.2
1952-53	12.1
1953-54	12.4
1954-55	12.8
1955-56	13.8
1956-57	15.1
1957-58	15.9
1958-59	16.8
1959-60	18.8
1960-61	21.4

## Universities and Colleges

### UNIVERSITY OF OXFORD

The Theodore Williams Scholarship in Pathology for 1961 has been awarded to David Owen Cosgrove, B.A., St. Edmund Hall.

David Ezra Somekh (Burton upon Trent Grammar School) has been elected to a Theodore Williams Open Scholarship in Medicine at Pembroke College; and Thomas Michael Kemp (Denstone College) to a Nuffield Medical Scholarship at Worcester College.

### UNIVERSITY OF CAMBRIDGE

In Congregation on January 27 the following degrees were conferred:

M.D.—\*B. O. Lyndhurst Duke.  
M.B., B.CHIR.—\*P. B. Carslake, \*M. Bewick.  
M.B.—T. A. Gianville, W. S. Shand, \*W. N. Hulton, \*C. J. Dingle, R. W. Marcuson, Josephine B. Houghton, Margaret T. Morrell, \*Mrs. Margaret J. B. Ransom.

\*By proxy.

### UNIVERSITY OF GLASGOW

The following degrees were conferred on January 13:

M.D.—J. McGhie, \*R. S. Patrick, \*P. B. Pullar.  
Ph.D.—K. Ahmad, M.B., B.S., G. O. Onuaguluchi, B.Sc., F.R.F.P.S., M.R.C.P.Ed.  
M.B., Ch.B.—R. G. Alexander, A. Bottomley, R. M. Buchanan, M. O. Edalere-Lukula, G. S. Gardner, R. C. L. Howat, I. Kennedy, J. D. McGowan, J. B. Macphail, J. A. Mason, Jean M. Russell, R. P. S. Sancho, W. G. Scobie, G. K. Sikuade, Gladys H. Smith, T. G. Watson.

\*With honours.

On January 13 the degrees of M.B., Ch.B. were conferred *in absentia* by diploma upon O. K. Sikuade.

### UNIVERSITY OF EDINBURGH

At a meeting of the University Court held on January 22, the status of Honorary Assistant Lecturer in the Department of Pharmacology was conferred on Dr. S. C. Lahiri.

Dr. E. M. Chinnan has been appointed temporary Lecturer in the Department of Anatomy, and Dr. Sydney Selwyn, Lecturer in the Department of Bacteriology.

The following have resigned their appointments from the dates indicated in parentheses: Dr. W. M. Boog Watson, Honorary Senior Lecturer in the Department of Child Life and Health (January 22, 1962); Dr. J. W. B. Douglas, Reader in the Department of Public Health and Social Medicine (March 31, 1962); and Dr. S. C. Frazer, Senior Lecturer in the Department of Clinical Chemistry (June 30, 1962).

### UNIVERSITY OF LONDON

The title of Reader in Social and Preventive Medicine in the University has been conferred on Dr. R. M. Acheson, Senior Lecturer at Guy's Hospital Medical School and at the London School of Hygiene and Tropical Medicine.

The title of Professor of Morbid Anatomy has been conferred on Dr. A. D. Morgan in respect of his post at Westminster Medical School, from October 1, 1962.

The following degrees were awarded in December, 1961:

M.D.—P. J. Scheuer, D. B. Benazon, J. S. Cornes, J. M. Hinton, K. G. Wormsley, R. S. Snell.