

British Medical Journal Supplement

LONDON SATURDAY APRIL 13 1963

CONTENTS

B.M.A. Committees and Their Chairmen—20	-	-	107	Maternity Record Cards. C. F. STOTT, M.B., and A. L. HODGSON, M.B.	-	-	-	111
Proceedings of Council	-	-	108	Executive Council Chairmen. LENNOX JOHNSTON, M.B., Ch.B.	-	-	-	111
Venereologists Group	-	-	110	Consultants' Mileage Allowance. W. FOWLER, M.D.	-	-	-	112
Hospitality	-	-	111	Oxford and Cambridge Graduates Dinner. W. F. DE C. VEALE, B.M.	-	-	-	112
Correspondence	-	-	111	Locums in General Practice. T. M. GIBSON, M.B.	-	-	-	112
Remuneration Structure in General Practice. J. E. MORRISON, L.R.C.P.Ed.	-	-	111	Diary of Central Meetings	-	-	-	112
The Pool. S. W. V. DAVIES, M.B.	-	-	111	Branch and Division Meetings to be Held	-	-	-	112

B.M.A. COMMITTEES AND THEIR CHAIRMEN—20

This is one of a series of short articles introducing to members the officers of the B.M.A. and the chairmen of the Association's standing committees for 1962-3

THE REPRESENTATIVE BODY

DEPUTY CHAIRMAN

Dr. Ronald Gibson, a family doctor in Winchester, is deputy chairman of the Representative Body.

Dr. Gibson was educated at Mill Hill School; St. John's College, Cambridge; and St. Bartholomew's Hospital, London, from which he qualified in 1937. He was a casualty officer at Bart's and was appointed house physician to the children's department (though he did not take up the post) before going into general practice in Winchester. He joined the R.A.M.C. in 1940, and after a year in England served for four years in Kenya and Somaliland, where he was A.D.M.S., before returning to his practice in 1945. He was awarded the O.B.E. in 1961 in the New Year Honours List.

His recreations are cricket, music, and gardening.

Dr. Gibson has published papers and lectures on a variety of subjects, including venereal disease in African women, services for the elderly in Denmark, the growing pains of the adolescent, and the ethics and management of the hopeless case, particularly of cancer, while his essay on the care of the elderly in general practice gained him the College of General Practitioners' Butterworth Gold Medal in 1956. This subject is one of his particular interests.

Dr. Gibson is a member of the Hampshire Executive Council and of its finance and general purposes and administrative committees. He is also a member of the Hampshire Local Medical Committee and of the Health Committee of Hampshire County Council. Since 1962 he has been the general practitioner representative on the Council of the Royal College of Surgeons of England, and was the first provost of the South-East England Faculty of the College of General Practitioners.

A member of the B.M.A. for 21 years, Dr. Gibson was honorary secretary of the Winchester Division from 1946 to 1950 and its chairman in 1952-3. He was honorary secretary of the Southern Branch in 1958-9, and of the Wessex Branch from 1959 to May, 1960. He became the president of the Wessex Branch in 1962. He has been a member of Council since 1950 and has

served on many committees and subcommittees. In 1953 he became a member of the Organization Committee and was its chairman from 1956 to 1962. He chaired the B.M.A.'s Committee on Homosexuality and Prostitution in 1954-5, and that on Recruitment to the Medical Profession from 1960 to 1962. He was elected deputy chairman of the Representative Body in 1962.

Among the other committees of which he is or has been a member are the Central Medical Recruitment, Constitution, Amending Acts, Finance, International Relations, General Purposes, and the "Subject of the Year" Committees.

Dr. Gibson was largely responsible for instituting the B.M.A. Subject of the Year scheme and also the annual Junior Members' Forum, held in B.M.A. House. He was also a leading spirit in the institution of the Winchester Address. The first address was given in 1953 by Dr. H. Guy Dain (as he then was), who spoke on "John Citizen and his Doctor—Where Do We Go From Here?" The address has been delivered every year since to an invited audience consisting mainly of members of the medical profession. Such distinguished laymen as the late Lord Beveridge, Sir John Wolfenden, Mr. Enoch Powell, and Sir William Haley have contributed their views on some aspect of medicine in its relation to society. The Junior Members' Forum met first in 1958 and has been gathering momentum ever since. Not a policy-making body, it gives the Association's younger members a chance to discuss their problems and put forward their views.

For his services to the B.M.A. Dr. Gibson was made a Fellow of the Association in 1961.



British Medical Association

PROCEEDINGS OF COUNCIL

(Continued)

The Council of the Association met on March 27 with Mr. J. R. NICHOLSON-LAILEY in the chair. The first part of the proceedings was reported in last week's *Supplement* (p. 100).

Non-Medical Auxiliaries in General Practice

Council had before it two memoranda dealing with the training and employment of non-medical auxiliaries, one presented by Dr. R. G. GIBSON, Chairman of the Association's Committee on Recruitment to the Medical Profession, and the other by Dr. A. B. DAVIES on behalf of the G.M.S. Committee.

The CHAIRMAN pointed out that the memoranda were broadly in agreement, though there was a difference in presentation, and he suggested that the chairmen of both committees be asked to look at the memoranda and see whether they could not agree on a common document embodying all the points, to be presented at the next meeting of the Council. The Council agreed with this suggestion.

Education in Obstetrics

In the absence of the Chairman of the Committee on Education in Obstetrics, Mr. H. I. McClure, Dr. A. B. DAVIES presented its report. He drew particular attention to a recommendation that the interim report of the committee together with the following recommendations in it be approved:

(A) That the Council seeks reaffirmation from the Representative Body of its basic policy: (1) The training of medical students in obstetrics and neonatal care should be directed towards achieving an ability to conduct normal antenatal, intranatal, and postnatal care; to recognize abnormalities; to treat minor abnormalities; and to render emergency treatment where necessary; and to undertake the care of the newborn child. (2) The possession of such ability should be sufficient qualification to practise obstetrics in general practice.

(B) That, with this support, the Council instructs this committee to pursue an even stronger campaign to impress this policy on all the authorities concerned.

(C) That this committee be continued with widened terms of reference to include all the objectives it has listed in its interim report.

Professor D. E. C. MEKIE said it was right to emphasize that a doctor when he was registered should be competent to practise, but it should be pointed out that academic training, with which the deans were particularly concerned, did not aim at producing fully qualified doctors in the words of the old Medical Act. The pre-registration year was added by the General Medical Council, and there were many questionings whether that year was adequate and whether it was properly spent. It was necessary to do more than accept a proposition to the effect that deans must pack more into the undergraduate curriculum. The matter should be studied by the Association's Committee on Medical Science, Education, and Research. At the moment the tendency was to say six months should be spent in medicine and six months in surgery, obstetrics being excluded. That suited a man who wanted to take up surgery or medicine. There was a reduction in other subjects which were also of great importance to general practice—otorhinolaryngology, dermatology, paediatrics, and gynaecology. Professor Mekie suggested that there was a real challenge facing the Association to consider, from the point of view of training, whether something should be done in the period between graduation and registration.

Unsound Premise

Dr. J. W. WIGG said that in his view the interim report was pathetic, and was based on the fundamentally unsound

premise that one sort of doctor could be trained to deal with normal midwifery and that gradually he would graduate to a more elevated position when he could deal with more complicated cases. There was no such category as normal midwifery, said Dr. Wigg. It was impossible for a newly qualified student after three months of midwifery to go into practice without supervision. Neither the Porritt Committee nor the Committee on Education in Obstetrics seemed to pay any attention to what the students felt about the addition to the curriculum. Students were fed up with all the additional stuff being crammed into the curriculum. Within the first six months of arrival at hospital 25% of students did not want to be doctors any more, asserted Dr. Wigg.

Dr. G. S. R. LITTLE referred to recommendation (2), and said he hoped that before doing obstetrics in general practice doctors would have done a six-months hospital job in obstetrics.

Dr. WALLACE said he wanted to refute a kind of tacit acceptance that the young qualified man to-day was badly qualified and a wholly inexperienced, dithering funk. Nothing was further from the truth. There was no doubt that many of those young men needed a word of support or even assistance from time to time, but they should not be hamstrung and be subjected to further periods of pre-registration training.

Dr. I. M. JONES said that every member of the Committee on Education in Obstetrics recognized that at the time of qualification, or even at the end of the pre-registration year, no doctor was completely educated and fully competent to do everything. Education for all went on throughout life. All that the report recommended was that it might be just as practicable for a young man who had completed his pre-registration year to receive such further instruction and guidance as he might need in obstetrics, as in any other branch of medical practice, equally well from an experienced general practitioner.

The Council approved the report of the Committee on Education in Obstetrics for submission to the Annual Representative Meeting.

Armed Forces Committee

Air Vice-Marshal R. H. STANBRIDGE, chairman of the Armed Forces Committee, in presenting its report referred to recruitment and career prospects in the Royal Navy. A letter had been sent to the First Lord of the Admiralty expressing concern over the career prospects of medical officers in the Royal Navy. In reply, Lord Carrington had said that, in spite of the recent reduction in the number of medical appointments of flag rank, present career prospects in the Naval medical services were now only slightly inferior to those in the Army and R.A.F. medical services. Because of the smaller size of the Naval service it was not possible to increase the number of surgeon rear-admirals without causing difficulties with flag officers generally. Lord Carrington had expressed the hope that the introduction of consultant status in the medical service would go some way to compensate for his inability to provide flag appointments for medical officers engaged on specialist work.

A further letter had been sent to the First Lord reiterating the Committee's opinion that it constituted a disadvantage from the recruiting point of view that the highest rank attainable by clinical specialists in the Royal Navy was that of surgeon captain. The Committee remained of the opinion, however, that the main deterrent to recruitment for the Royal Navy was lack of married quarters, and the Committee decided that further representations should be made on that subject.

Sir ALEXANDER DRUMMOND said there was a lack of married quarters, but this was not in his view the main deterrent to recruitment in the Royal Navy. At its last meeting the Armed Forces Committee had been informed that a number of officers in the Royal Naval Medical Service had their own houses, and that others, particularly those abroad with their wives, lived in private accommodation. An advertisement in the *B.M.J.* had stated, "The Royal Navy Offers You More." Was it suggested that consultant status in the rank of surgeon captain, the highest rank obtainable at present, compensated for the rank of major-general and its equivalent in the R.A.F.? On the clinical aspect of the matter, had the Royal Navy done anything about the recommendation of the Waverley Committee that all their general-duty officers should be encouraged to obtain the D.P.H. or an equivalent diploma? asked Sir Alexander Drummond.

More Clinical Work

Rear-Admiral D. F. WALSH said that the advertisement referred to by Sir Alexander Drummond was strictly true in that the Royal Navy offered more now than it did before. Clinical work was being extended and more being done in the way of gynaecology. On the question of married quarters, representations had been made requesting that urgent attention be given to the supply of quarters to all married medical officers.

Dr. J. B. WRATHALL ROWE said that it was the Association's duty to do the best it could for all doctors, and if there were ranks in the Army and R.A.F. which could not be reached by medical officers in the Royal Navy thought should be given to the advisability of there being such ranks.

Dr. H. D. CHALKE supported Sir Alexander Drummond's remarks. The naval authorities should be approached, he said, with a view to getting back the senior appointments.

Air Vice-Marshal STANBRIDGE reminded the Council that it delegated the Committee to bring matters of specific importance before Council, and after a great deal of work the Committee had put forward comprehensive proposals for recruitment some time ago. The Minister of Defence as a result requested that the Armed Forces Committee should be represented on one of his permanent committees. Air Vice-Marshal Stanbridge said he therefore considered that his committee was quite capable of bringing before Council at an appropriate time further comprehensive suggestions based upon what had been learnt since the previous proposals were adopted. There was no necessity, he suggested, for Council to be stampeded into a decision immediately. Awards were constantly being made which were retrospective, and the Armed Forces Committee would prefer to wait for a comprehensive case to be put to the Minister rather than to go to him with an intermittent series of claims which would dissipate the valuable liaison which was at present enjoyed.

Dr. CHALKE asked whether, in the new review of salaries of those with consultant status, approved consultants in Army health would receive specialist pay comparable with that of consultants in other specialties.

Air Vice-Marshal STANBRIDGE replied that he saw no reason to the contrary.

The Council approved the report of the Armed Forces Committee.

Committee on Overseas Affairs

Professor MEKIE presented the report of the Committee on Overseas Affairs.

World Medical Association

Professor MEKIE recalled that Council at its previous meeting had before it a recommendation from the Committee "That Council do continue to support the World Medical Association." Council had also received a written report from the Secretary on the XVIth General Assembly of the W.M.A., held in November, 1962, and oral reports. After a full debate, from which it had been evident that

there was some disquiet among members of Council as to the value to the Association of membership of the W.M.A. relative to its cost, the Committee's recommendation had been withdrawn on the understanding that a report would be submitted to the next meeting of Council on the constitution, objects, and achievements of the W.M.A. and its membership, indicating which Associations had paid their full contribution and which had not, together with the cost to the B.M.A. of membership of the W.M.A. That report was now before Council, said Professor Mekie, and the Committee on Overseas Affairs adhered to the view that Council should continue its membership of the W.M.A.

Mr. H. H. LANGSTON said he had read the Committee's report and in his view it did not give anything like the information that was required. He accepted that the B.M.A. should continue to support the W.M.A., but suggested that the way in which it was supported and the degree to which it was supported needed further examination. Out of the 30 or so member countries listed in the report, only four paid anything like the amount which the B.M.A. paid, and only five paid anything more than one-third of what the B.M.A. was expected to pay.

It was necessary to support the ideals of the W.M.A., continued Mr. Langston, but in his view members would be appalled if they realized that the B.M.A. was paying out something like £6,000 a year and had little knowledge of how the money was being used or control over how it was being spent. He therefore moved the following rider: "That the degree of financial support be further reviewed at a future meeting in the light of a full financial report on the activities of the World Medical Association."

The Editor, *B.M.J.*, said that one or two smaller countries paid more per doctor than the B.M.A. did.

Dr. A. V. RUSSELL seconded Mr. Langston's proposition.

Dr. WALLACE said that while he agreed with most of what had been said—namely, that concrete achievement had fallen short of the high aims of the W.M.A.—he did not think that the B.M.A. should consider reducing its subscription at the present stage.

Dr. J. S. NOBLE pointed out that the object of the B.M.A. was to promote the medical and allied sciences, and in his view it was questionable whether the W.M.A. was doing that.

Professor MEKIE reminded Council that the B.M.A. was a founder-member of the W.M.A. The World Medical Association was officially recognized by the World Health Organization, which carried with it the weight and authority of the Governments of the United Nations. The W.M.A.'s two conferences on medical education constituted a solid achievement.

Professor Mekie suggested that any idea of cutting down the subscription was wrong. Either the B.M.A. was in the W.M.A., taking a proper share of its obligations, or it was out of it altogether. There was no half way. He agreed that the question of membership should be reviewed from time to time, and if there were any things which appeared to be fundamentally wrong the B.M.A. should withdraw at once.

Mr. LANGSTON said he was careful in moving his rider not to suggest a reduction in subscription. What he asked for was a great deal more information on the finances of the W.M.A.

The rider proposed by Mr. Langston was carried.

An amendment moved by Mr. Langston, seconded by Dr. Noble, to reduce the number of B.M.A. delegates to attend the XVIIth General Assembly of the W.M.A. from three to two was defeated.

Private Practice Committee

Dr. I. M. JONES, chairman of the Private Practice Committee, presented the Committee's report.

B.M.A. Mutual Households Scheme

Dr. Jones said that the Committee had completed its discussions with the Mutual Households Association

(M.H.A.) arising out of the following resolutions of the A.R.M.:

That this Meeting recommends Council, in view of the growing number of elderly practitioners and the increasingly difficult living conditions, to make contact with the Mutual Households Association or some similar body with a view to negotiating for accommodation to be made available for retired members of the profession who may require or desire such accommodation.

That Council be instructed to consider appropriate measures designed for the provision of residential accommodation for retired members of the Association and their dependants.

The M.H.A., said Dr. Jones, was a non-profit-making co-operative venture registered under the Industrial and Provident Societies Act, 1893, and it operated under the rules formulated by the National Federation of Housing Societies and was approved by the Registrar of Friendly Societies. Its aims were to save country houses from demolition and to create in them homes for independent retired and semi-retired people. It now had six houses (another two had yet to be converted), and each had a staff for cooking, cleaning, gardening, etc., under the management of a house secretary. Residents were thus relieved of the anxiety of maintaining their own homes, possibly without household help, on a retirement income. The residents were people of similar background, and each had his own private apartment. However, there were, in addition, dining- and drawing-rooms, sitting-rooms, and libraries for communal use.

The charges paid by the residents were based upon the nature of the accommodation and included rent, rates, light, heat, food, cleaning, etc. In some houses there was a limited amount of shared accommodation which might cost as little as six guineas a week per person. In the more expensive accommodation there was a wide choice from a bed-sitting room with bath to a suite of rooms.

Conditions of Membership

The M.H.A. needed a steadily increasing membership not only of those who joined with a view to obtaining accommodation on retirement but also of those interested in its aims and prepared to help by paying an annual subscription.

The M.H.A. had offered the following concessions to B.M.A. members if a scheme could be arranged by the B.M.A. with the M.H.A.:

- (1) One subscription of a minimum of £1 a year to cover the member and his parents or the member and his wife.
- (2) Residence charges to be reduced by 10%.
- (3) 10% of apartments in all newly acquired houses to be reserved for members of the scheme for two months—i.e., only members of the scheme will be notified of these apartments until two months have elapsed.
- (4) 10% of apartments falling vacant to be reserved for two weeks for members of the scheme.

B.M.A. members would be invited to make their annual subscriptions under a seven-year covenant. Payments would be made in the first instance to the B.M.A. office, and the work of handling the covenant forms, the annual payments, and the income-tax claims would be carried out in the office. Members would be able to pay the M.H.A. subscription with their B.M.A. subscription.

In the view of the Committee, said Dr. Jones, this scheme not only met the requests made in the A.R.M. resolutions, but it also provided substantial concessions to those who joined the scheme and who subsequently obtained accommodation in a M.H.A. house.

The Council approved the Committee's recommendation that the Representative Body be recommended to approve the introduction of a B.M.A. Mutual Households Scheme along the above lines.

Other Committees

The reports of the following committees were also considered and adopted without debate: Amending Acts Committee, Central Consultants and Specialists Committee, Central Ethical Committee, Charities Committee, Committee on Medical Science, Education, and Research, Com-

mittee on the Increase of Venereal Disease, particularly Among Young People, Finance Committee, General Purposes Committee, Joint Committee of the B.M.A. and Royal College of Nursing, Joint Formulary Committee, Joint B.M.A. and T.U.C. Committee, Journal Committee, Organization Committee, and Public Health Committee.

Dr. F. A. Roper

It was reported that Dr. F. A. ROPER, Newquay, had recently completed fifty years' continuous service as a member of the South-western Branch Council, and Council unanimously agreed that the Chairman of Council should send a letter of thanks and congratulation to Dr. Roper.

Candidates for Election

On the motion of the CHAIRMAN, a number of candidates were elected members of the Association, and the meeting terminated at 7 p.m.

VENERELOGISTS GROUP

A meeting of the Association's Venereologists Group was held at B.M.A. House on March 29. Dr. F. J. G. JEFFERISS was in the chair.

Report of Group Committee

The CHAIRMAN presented the report of the Group Committee, which showed that the present membership was 129. The Committee, he said, had reappointed Dr. R. R. Willcox as its representative on the C.C. and S. Committee, with Dr. Jefferiss as deputy. Dr. Ambrose King had been reappointed as the representative of venereology on the Central Medical Recruitment Committee.

The Group Committee was continuing to keep a watch on the consultant and S.H.M.O. establishment in the specialty where vacancies due to retirement were scheduled to occur. A map showing the hospital regions and the distribution of sessions in venereology was on display at the meeting.

A further approach had been made to the National Advisory Committee on Distinction Awards asking for the publication of a full breakdown of the figures for the number of awards in each specialty. Dr. S. J. HADFIELD, under-secretary, said there was no further news on this matter. There were difficulties when a consultant was in two specialties, and there was need for further discussion.

The CHAIRMAN reported that consideration had been given to the employment of general practitioners in special treatment centres, especially in places where difficulties were encountered in keeping the establishment up to strength. This was a matter on which different people had various experiences. Members of the Committee who had had experience of general-practitioner clinical assistants considered it was essential that their work should not have to be set aside because of any practice commitment or emergency. It was suggested that a houseman might sometimes assist and thereby be encouraged to take up venereology.

Discussion

Dr. A. GRIMBLE said there had recently been a very interesting article in the *Guardian*, in which the writer had referred to some aspects of venereology which could be quite well undertaken by general practitioners. Much of the work in venereology was not of a fully specialist and consultative nature. Some of it was more or less emergency work, but there was consultative work tied in with this. Dr. Grimble said his experience covered a teaching hospital in London and a tiny clinic in a rural area. There was a big difference.

Dr. S. M. LAIRD pointed out that many years ago the Committee had agreed that there could be doctors below the rank of consultant working in clinics but that there should be a consultant in charge. That view had been accepted by the C.C. and S. Committee. What the junior

staff would be would depend upon the circumstances. The question of employing a houseman had arisen. There might be areas where no general practitioners were interested, and it was a good thing to get a young man interested in the specialty.

The CHAIRMAN said the matter would be discussed further by the Group Committee.

It was announced by the Chairman that items under present consideration by the Group Committee included plans for building new special treatment clinics. A draft building note for clinics at non-teaching general hospitals had been prepared by Dr. R. J. Morton and Dr. R. M. Warren. Members were invited to send in their views by the end of April, so that the draft plan could be amended if necessary before being sent to the Ministry.

HOSPITALITY

An Austrian doctor, living in Vienna, would like his 14-year-old daughter and 19-year-old son to visit England on an exchange basis this summer.

A German doctor, living in the Black Forest, would like his 15-year-old son to correspond with an English boy, followed by an exchange in the summer holidays.

A German doctor, living near Bremen, would like to arrange an exchange for his 18-year-old daughter between July 1 and August 20.

A German doctor, living in Munich, would like his 13-year-old son to spend August in this country and will offer similar hospitality to a British boy at a mutually convenient time.

Many foreign doctors' daughters wish to spend their summer vacation with British families on an "au pair" basis, either teaching languages or helping with children and light household duties.

A German doctor living in the Saarland region would like his 18-year-old daughter to spend the month of August in this country on an exchange basis.

A German doctor would like his 19-year-old son to spend about five months in England from May 1, either as a paying guest or on an *au pair* basis, helping in the garden, teaching German, etc.

A German doctor, living near Frankfurt, would like his 16-year-old daughter to visit England on an exchange basis this summer.

A German doctor, living near Munich, would like a British girl to stay with his family on an *au pair* basis for six months from June to help with light household duties and his two young children.

Would anyone who is interested please get in touch with Dr. R. A. Pallister, Medical Director, International Medical Advisory Bureau, B.M.A. House, Tavistock Square, London W.C.1.

Correspondence

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

Remuneration Structure in General Practice

SIR,—In your account of the debate in the G.M.S. Committee on the structure of remuneration in general practice (March 9, p. 66) you report Dr. R. B. L. Ridge as saying that he believed the majority of general practitioners in this country paid first regard to their vocation and second regard to the financial reward which the practice of their profession brought. I share Dr. Ridge's belief. I have heard the same statement made many times in my professional life. It applies not only to medicine but to all the great liberal professions. It is, in fact, the fundamental difference between a profession and a trade. Unfortunately, Sir, successive Governments and H.M. Treasury have also

realized this fact since the days of Lloyd George's first National Health Insurance Act, and have taken the fullest possible advantage of the position. However high-minded we may in all sincerity be about this matter it does not alter the extent to which our sense of professional vocation is being exploited, to the end that we are grossly under-rewarded financially for, and because of, our dedication.—I am, etc.,

Stirling.

J. E. MORRISON.

The Pool

SIR,—There is time to consider the best distribution of the award. If the central pool is increased by this overall amount, and all services payment deducted as at present, then, granted each separate item is raised by 14%, the total should be $100 + 14 = 114$. Deduction from the pool of such things as the maternity payment need have no bearing on the matter. There is no case for altering the present £12 12s. maternity fee; its recent acceptance by all suggests that it is satisfactory. If there has been, as many affirm, a continued reduction in private practice (G.P.) then the amount deducted for this, as compensation, from the pool will have gone down, and the wholly N.H.S. practitioners will be so much the gainers.

It seems clear that if every payment item (capitation, loading, dispensing, mileage, inducement is separately raised by a factor of 14% satisfactory distribution will result. Any jockeying for preferential redistribution will cause resentment. The opportunity to adjust any group's relative income at this time is to be deprecated.

I have been interested in the views of informed opinion that there is no ground for assuming that the award will be distributed without a great deal of discussion by committees appointed for such purpose. Perhaps Lord Montgomery should be called in to remove the underwood from the trees. He always simplified problems before attempting solution. Failing the Viscount, we should call upon Professor Parkinson. Dys-economia only needs common-sense treatment.

We need the money this year, not as back pay next year.—I am, etc.,

Camborne, Cornwall.

S. W. VIVIAN DAVIES.

Maternity Record Cards

SIR,—We have used the London County Council standard co-operation record card for many hundreds of cases, both domiciliary and hospital shared. They have proved of inestimable value. In no case have we seen anxiety or untoward effects such as Dr. G. W. Clark (March 2, p. 62) fears. The medical shorthand is quite unintelligible and a reassuring explanation or covering letter can be given if thought advisable.—We are, etc.,

Woodberry Down Health Centre,
London N.4.

C. F. STOTT.
A. L. HODGSON.

Executive Council Chairmen

SIR,—General practitioners are sometimes elected to the chairmanship of executive councils, and I wonder if this is in the public interest. The National Health Service was brought into being in 1948 for the benefit of the patients of this country—not of the doctors, except in so far as they also are patients at times. Executive councils were set up by the Minister of Health to run the general-practitioner section of the N.H.S., and their primary function is to look after the interests of patients locally, especially in their relations with general practitioners. They are predominantly lay bodies—patients' "parliaments" with medical representation—and it is clearly wrong that a general practitioner who sits on the executive council by virtue of his election to that body as a representative of the local general practitioners (and who is himself under contract with the executive council) should occupy the key position of chairman of the executive council. Matters frequently arise in council where the interests of patients and general practitioners clash, and the last word in such conflicts should

clearly go to the patients, whose interests are paramount. An example of the kind of clash I have in mind would be: a doctor with a list of 1,100 to 1,250 dies. It would be in his patients' interests that a successor be appointed, but in the local doctors' interests that the practice be closed down.—I am, etc.,

Wallasey, Cheshire.

LENNOX JOHNSTON.

Consultants Mileage Allowance

SIR,—According to the latest circular on mileage allowance (H.M.(63)2) our representatives on the Whitley Committee B have agreed that whole-time consultants should have the allowance paid for travelling between home and the main hospital reduced by up to 4½d. a mile. It is difficult to see any justification for this in view of the rising cost of running a car and the inadequacy of the present mileage allowance. I am sure this position has arisen through oversight rather than any disregard for the interests of whole-time consultants, and I hope it will be rectified speedily.—I am, etc.,

Birmingham 4.

W. FOWLER.

Oxford and Cambridge Graduates Dinner

SIR,—You published a letter from me (November 17, 1962, p. 181) suggesting a dinner for Oxford and Cambridge graduates during the B.M.A. meeting in Oxford. Unfortunately there has been very little response, and I have asked the general secretary of the meeting to delete this item from the programme unless someone else would like to take on the responsibility for organizing it. Perhaps during the meeting it will be possible to get together to organize a dinner during the Manchester meeting in 1964.—I am, etc.,

Hove 4.

W. F. DE C. VEALE.

Locums in General Practice

SIR,—How refreshing it was to read a letter from a general practitioner who seemed to understand something of the working of the Central Pool. What Dr. M. T. Wade (March 30, p. 97) has to say about the expense of paying a locum for six weeks' holiday in the year also goes for the expense of employing ancillary help in our practices (secretaries, receptionists, etc.). What we spend on these items will come back to us eventually in the expense factor of the Pool. All this talk about our wives being unpaid receptionists or secretaries is nonsense. The remedy is in our own hands.

I am not so sure about the suggestion, contained in Dr. Wade's last sentence, that partners should pay each other for standing in at the current locum rates. It would not alter the total income of the partnership, nor the total expenses of the partnership, nor the amount of work to be done by each partner. Only if additional help were brought in from outside, and paid for, would the position of the partners and of all other practitioners be improved.

The crux of the matter is that we must all employ such help in our practices as we need, whether it consists of secretary, receptionist, cleaner, or locum, and the cost will eventually be met and will not have to come out of our average £2,425 net income (now to be increased to £2,765). Again the remedy is in our own hands, and we must act together as a body. There has been much criticism of the Central Pool, but there is much, indeed very much, to be said in its favour—if only we understood it.—I am, etc.,

Shrewton, nr. Salisbury.

T. M. GIBSON.

POINTS FROM LETTERS

Who Calls the Ambulance?

Dr. O. W. NELK1 (London) writes: I had a phone call from the Welfare Visitor of the Public Health Department to say that my patient, Mrs. A., could not be delivered at home, as the midwife reported that domestic conditions were unfavourable. Mrs. A.—being too late for a booking at hospital—would have to be admitted to hospital through the Emergency Bed

Service. Would I be willing to visit the patient, when labour started, to arrange for the ambulance? When I asked if the midwife could not phone for the ambulance I was informed that midwives were instructed not to visit such emergency cases as their time was far too valuable.

Item-of-service Payment

Dr. J. D. SHAPLAND (South Brent, Devon) writes: May I submit a request that the names of those who voted against the principle of an item-of-service basis for payment (March 2, p. 62) be published in the *Journal* at an early date? This would give those of us who feel that it is time that the practice of medicine in the United Kingdom was once more established on a rational basis the opportunity of learning for whom not to vote the next time that elections are held in Branches and Divisions throughout the country.

Association Notices

Diary of Central Meetings

APRIL

- 17 Wed. Central Ethical Committee, 10.30 a.m.
- 17 Wed. General Purposes Committee, 10.30 a.m.
- 18 Thurs. General Medical Services Committee, 10.30 a.m.
- 18 Thurs. Prison Medical Service Evidence Committee, 11 a.m.
- 18 Thurs. Food Subcommittee (Public Health Committee), 2.15 p.m.
- 18 Thurs. Medical Services Review Steering Committee, 2.30 p.m.
- 19 Fri. Committee on Overseas Affairs, 2 p.m.
- 22 Mon. Remuneration Subcommittee, Staff Side, Committee C, Medical Whitley Council, 11 a.m.
- 23 Tues. Finance Committee, 2 p.m.
- 24 Wed. Subject of the Year Steering Committee, 3 p.m.
- 29 Mon. Staff Side, Committee B, Medical Whitley Council (at Royal College of Physicians and Surgeons of Glasgow), 12 noon.
- 29 Mon. Joint Consultants Committee (at Royal College of Physicians and Surgeons of Glasgow) (to follow Staff Side, Committee B).
- 30 Tues. Committee B, Medical Whitley Council (at Royal College of Physicians and Surgeons of Glasgow), 10 a.m.
- 30 Tues. Joint Formulary Committee, 10.30 a.m.

MAY

- 1 Wed. Council, 10 a.m.
- 3 Fri. Annual Conference of Honorary Secretaries, 10.30 a.m.
- 6 Mon. Psychological Medicine Group Committee, 2 p.m.
- 15 Wed. Dain Fund Trustees, 2.15 p.m.
- 16 Thurs. General Medical Services Committee, 10.30 a.m.

Branch and Division Meetings to be Held

Honorary Secretaries of Branches and Divisions are asked to send notices of meetings to the Editor at least 14 days before they are to be held.

BIRMINGHAM DIVISION.—At Birmingham Medical Institute, Tuesday, April 16, 8.30 p.m., B.M.A. Lecture by Dr. G. H. Day: "Convalescence."

CITY DIVISION.—At Committee Room "C," B.M.A. House, Tavistock Square, London W.C., Tuesday, April 16, 8 for 8.30 p.m., annual general meeting.

DARTFORD DIVISION.—At Nurses' Lecture Room, West Hill Hospital, Wednesday, April 17, 8.30 p.m., general meeting to discuss Porritt Report.

ENFIELD AND POTTERS BAR DIVISION.—At Nurses' Recreation Room, Chase Farm Hospital, Friday, April 19, 8.30 p.m., clinicopathological meeting.

KESTEVEN DIVISION.—At George Hotel, Grantham, Thursday, April 18, 7.30 for 7.45 p.m., dinner; 9.15 p.m., Mr. D. Wallace: "Bladder Tumours: From Practitioner to Post-mortem."

NORTH MIDDLESEX DIVISION.—At Committee Room, North Middlesex Hospital, Tuesday, April 16, 8.15 for 9 p.m., B.M.A. Lecture by Dr. G. F. Abercrombie: "The Appreciation of John H. Watson, M.D., General Practitioner and Biographer of Mr. Sherlock Holmes." Ladies are invited.

PADDINGTON DIVISION.—At Board Room, St. Mary's Hospital, London W., Thursday, April 18, 8.30 for 9 p.m., B.M.A. Lecture by Mr. L. P. Willis: "Human Administration." Members of neighbouring Divisions are invited.

PERTH BRANCH.—At Station Hotel, Perth, Thursday, April 18, 8.30 p.m., B.M.A. Lecture by Professor A. G. Macgregor: "Doctors, Drugs, and Disease."

RICHMOND DIVISION.—At Watney's Brewery, Friday, April 19, 8.45 p.m., Mr. G. Pask: "Cybernetics and Diagnosis."