

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, JULY 7TH, 1923.

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British Medical Association.

CURRENT NOTES.

Handbook for Recently Qualified Medical Practitioners.

THE British Medical Association *Handbook for Recently Qualified Medical Practitioners* has just been published. It is an outcome of the conference called by the Council of the Association in December, 1921, to which there were invited representative members of the Association closely in touch with the final-year medical students at the various teaching centres. Among other things the book contains information as to registration and the privileges of medical practitioners; their duties, including a special section on their legal obligations by Dr. W. A. Brend, Lecturer on Forensic Medicine, Charing Cross Hospital; the main careers open to them; post-graduate study and special diplomas; notes by Sir William Macewen, Sir David Drummond, and Sir Clifford Allbutt, President and Past-Presidents of the Association; information as to the constitution, scope, and work of the Association; individual medical defence; national health insurance; and the medical insurance agency. Appendices to the book include the warnings issued by the General Medical Council to the profession; the Dangerous Drugs Regulations; and information as to the research scholarships, grants, and prizes awarded yearly by the British Medical Association. The volume contains a full index. Under the arrangements made by the Council a copy of the book will ordinarily be presented to each newly qualified practitioner attending the social meeting of welcome given by the Division or Branch to the local graduates or diplomates. The book is also on sale at 2s. 6d. a copy (post free 2s. 7½d.), and is obtainable on application accompanied by remittance to the Financial Secretary and Business Manager, British Medical Association, 429, Strand, London, W.C.2.

Organization of Rural Practitioners.

A Conference of Representatives of Rural Practitioners will be held at the Offices of the Association on Thursday, July 12th, at 11.30 a.m. Each Standing Joint Committee of each group of Local Medical and Panel Committees in England is being asked to nominate two or three representatives, but in no case less than two. As regards Wales; where there is no Joint Committee, the Panel Committees of North Wales and the Panel Committees of South Wales are being asked each to nominate two representatives. The members of the Rural Practitioners' Subcommittee will attend the Conference, and the Scottish Rural Practitioners' Subcommittee has also been

invited to send representatives. The principal matters for discussion are (1) the question of extra remuneration for rural practitioners, and (2) the question of organization of rural districts in view of a possible dispute and the possibility of organizing in connexion therewith a Public Medical Service Scheme.

With regard to the question of extra remuneration for rural practitioners, the Insurance Acts Committee at its last meeting adopted the following two resolutions, which will be submitted to the Conference:

(a) That the Committee is of opinion that efforts should be made to obtain for rural practitioners extra remuneration over and above that paid to urban practitioners, by means of an increase of the mileage grant to be distributed by means of the machinery of the Mileage Distribution Committee, or alternatively, securing that the Mileage Distribution Committee shall take into consideration other financial disadvantages of the rural practitioner with a view to increasing the amount allowed for mileage.

(b) That the Committee is of opinion that efforts should be made to obtain for rural practitioners in necessitous cases extra remuneration, to be distributed somewhat upon the lines of the arrangements obtaining in Scotland in respect of the Lowlands Necessitous Districts Grant, as described in the memorandum of the Scottish Medical Secretary herewith enclosed. In addition to the qualifications for a grant mentioned in that document, the Rural Practitioners' Subcommittee suggest that provision of locumtenents for holidays should be made.

Medical Politics and Organization at Portsmouth.

The Annual Representative Meeting of the British Medical Association begins on Friday, July 20th, in the Municipal College, Portsmouth. The final agenda and other papers will be posted to Representatives and members of Council on or about July 12th. The Conference of Honorary Secretaries will be held in the Municipal College on Wednesday, July 25th, at 2.30 p.m. It is hoped that honorary secretaries will, as soon as possible, send the Medical Secretary notice of any questions they would like discussed; if received in time these will be included in the agenda to be circulated later. Arrangements have been made with the various railway companies whereby the latter will issue railway tickets to members of the Association at single fare and one-third for the double journey. These tickets will only be issued at the railway booking offices on presentation of a special voucher, which can be obtained from the Financial Secretary and Business Manager, 429, Strand, W.C.2. The Secretaries' Dinner, in connexion with the Secretaries' Conference, will be held at 6.30 p.m. on the same day at the Corner House, Portsmouth. Ladies will be welcomed. Secretaries who intend to be present at the dinner must obtain tickets (price 8s. 6d.) beforehand. These are obtainable from the Head Office in London up to Wednesday, July 18th, and

from that date to 10 a.m. on Wednesday, July 25th, from the Annual Representative Meeting Inquiry Office, Municipal College, Portsmouth. Applications for tickets must be accompanied by a remittance.

Windward Isles Medical Service.

An important notice regarding the Windward Isles Medical Service appeared for the first time in the advertisement pages of last week's JOURNAL. It is hoped that all those who contemplate entering this Service will first of all communicate with the Medical Secretary for further information regarding the conditions and terms of service in this particular branch of the Colonial Medical Service. A leading article on this subject appeared in last week's JOURNAL (page 1102).

Lending Library.

The Librarian will be glad to assist members of the Association in the selection of works to be sent them by post, in accordance with the arrangements for borrowing books that are notified each week on the last page of the SUPPLEMENT.

British Medical Association.

NOTICE OF EXTRAORDINARY GENERAL MEETINGS.

NOTICE IS HEREBY GIVEN by the Council that an Extraordinary General Meeting of the above named Association will be held in the Municipal College, Portsmouth, in the County of Hants, on Friday, the 20th day of July, 1923, at 4.45 o'clock in the afternoon, when the subjoined Resolution for altering the Articles of Association will be proposed as an Extraordinary Resolution.

THAT Article 31 be altered so as to read as follows:—

"31. Subject to the provisions of any Statute, the general control and direction of the policy and affairs of the Association shall be vested in a body of Representatives styled 'the Representative Body' and composed of (i) the Chairman and the Immediate Past-Chairman of the Representative Body *ex officio*, (ii) the Members of the Council for the time being in office or elected to take office, and (iii) Members of the Association elected in the manner prescribed by the By-laws by the Divisions and by such other groups or classes of Members (if any) as may from time to time be so prescribed."

Should the above Resolution be passed by the requisite majority the same will be submitted for confirmation as a Special Resolution to a further Extraordinary General Meeting, and such Meeting will be held at the Head Office of the Association, No. 429, Strand, London, on Tuesday, the 7th day of August, 1923, at 2.30 o'clock in the afternoon for the purpose of considering and if thought fit confirming as a Special Resolution the above Resolution set forth.

Dated this first day of July, 1923.

By Order of the Council,

L. FERRIS-SCOTT,

Financial Secretary and Business Manager.

429, Strand, London, W.C.2.

NOTICE OF ANNUAL GENERAL MEETING.

NOTICE IS HEREBY GIVEN that the Annual General Meeting of the Association will be held in the Municipal College, Portsmouth, on Tuesday, July 24th, at 2 p.m. Business: (1) Minutes of last Meeting; (2) Appointment of Auditors; (3) Report of Election of President for 1924-1925.

ALFRED COX,

Medical Secretary.

L. FERRIS-SCOTT,

Financial Secretary and Business Manager.

ANNUAL MEETING, PORTSMOUTH, 1923.

NOTICES OF MOTION BY DIVISIONS FOR THE ANNUAL REPRESENTATIVE MEETING, PORTSMOUTH, 1923.

Treatment of School Children, and Maternity and Child Welfare Centre Fees.

By SOUTH ESSEX:

(1) That the recommendation contained in para. 140 of the Annual Report of Council be amended by the deletion of subpara. 3; and (2) that the present policy with regard to fees for tonsil and adenoid operations be maintained—namely:

That a fee of not less than one and a half guineas per case (including anaesthetist's fee) be paid for adenoid and tonsil operations involving a general anaesthetic (Min. 100 of Annual Representative Meeting, 1920).

Hospital Policy: Medical Staff Funds.

By REIGATE:

That, in the absence of any great body of opinion to show that the members of the Association, and more particularly members of the medical staffs of hospitals, are in favour of the policy laid down in para. 32 (new para. 33) of the Hospital Report, the further consideration of the policy proposed be postponed until next Annual Representative Meeting; and the Council be instructed to inquire in the meanwhile of all staffs of hospitals with thirty beds and over, which of the various sources of income, if any, of a hospital should be required to make a contribution towards a staff fund, and to report to the Divisions the result, together with the statistics asked for in Minute 327, Annual Representative Meeting, 1922, if possible not later than the end of March, 1924.

By GUILDFORD:

That until the Council carries out the directions of the Annual Representative Meeting, Glasgow (Min. 327), by supplying statistics of hospitals in which a staff fund has been established, the Representative Body considers any further attempt to force the medical profession to accept the formation of staff funds (as outlined in the second and third recommendations of para. 193 of Report of Council, 1922-23) is undesirable.

Fees for Medical Examination of Emigrants.

By NORTH-EAST ESSEX:

That the fees chargeable by Medical Referees appointed by the Dominions of the Empire to examine proposed emigrants shall be left to the discretion of the Referee, except that in no case shall the fee for the examination of one person exceed 10s. 6d.

Scale of Minimum Commencing Salaries for Public Health Medical Officers.

By NORTH-EAST ESSEX:

That it be an instruction to the Council to take the necessary steps to ensure that in cases of appointments of medical officer of health to urban or rural districts combined with the post of assistant medical officer of health for the county, or with that of medical officer employed in one or more of the medical departments of the county, such combined appointments shall be construed as being those of whole-time medical officers of health, and that the total salary for such appointments shall be not less than the minimum commencing salary set out in the section of the scale of salaries contained in para. 258 of the Annual Report of Council, 1922-23, which deals with whole-time medical officers of health.

Terms of Service of Insurance Practitioners for 1924 Onwards.

By LEICESTER AND RUTLAND:

That in view of the probable prejudicial effect of the inclusion of paras. 2 and 3 in Schedule A, upon the practices of surgeons, and upon the work of general hospitals, the Council be instructed to transfer these paragraphs to Schedule B.

TIME-TABLE OF ANNUAL MEETING.

FRIDAY, JULY 20TH.

- 10 a.m.—Representative Meeting, Examination Hall, Municipal College, Portsmouth.
- 7.15 p.m.—Representatives' Dinner, Mayor's Banqueting Room, Town Hall.

SATURDAY, JULY 21ST.

- 9.30 a.m.—Representative Meeting, Examination Hall.
- 1 p.m.—Official Photograph of Representative Body.
- 9 p.m.—Smoking Concert, the Mayor's Banqueting Room, Town Hall.

SUNDAY, JULY 22ND.

- 8, 9, 10, and 11 a.m.—Masses in St. John's Cathedral.
- 10 a.m.—Whole-day trip to Southampton and visit to Liners.
- 11 a.m.—Services in St. Thomas's Church, Portsmouth, and in the Baptist Church, Elm Grove, Southsea.
- 2.30 p.m.—Meeting of Portsmouth Brotherhood, Wesleyan Church.

MONDAY, JULY 23RD.

- 9 a.m.—Council Meeting, Municipal College.
- 9.30 a.m.—Representative Meeting, Examination Hall.
- 1 p.m.—Reception Room open for Registration.
- 9 p.m.—Gala Performance, King's Theatre.

TUESDAY, JULY 24TH.

- 10 a.m.—Representative Meeting, Municipal College.
- 2 p.m.—Annual General Meeting (Short Session), Municipal College, followed immediately by Representative Meeting.
- *4.30 p.m.—Official Religious Service in St. Thomas's Church.
- *8 p.m.—Adjourned General Meeting and President's Address, Main Hall, Town Hall.
- 9.45 p.m.—President's Reception, Queen's Hotel, Southsea.

WEDNESDAY, JULY 25TH.

- 8 a.m.—Medical Missionary Breakfast.
- 8.30 a.m.—Operations at Royal Portsmouth Hospital.
- 9 a.m.—Council Meeting, Municipal College.
- 2 p.m.—Secretaries' Conference, Municipal College.
- 2 to 3 p.m.—Demonstrations, Royal Portsmouth Hospital.
- 2 p.m.—Visit to King Edward VII Sanatorium, Midhurst.
- 2.30 p.m.—Excursions to H.M.S. *Victory*, H.M. Dockyard, H.M.S. *Renown*, Whale Island, H.M. Gunwharf (H.M.S. *Vernon*).
- 2.30 p.m.—Demonstrations at R.N. School of Physical Training, R.N. Barracks.
- 6.30 p.m.—Secretaries' Dinner, The Corner House.
- *9 p.m.—Civic Reception by Mayor on South Parade Pier.

THURSDAY, JULY 26TH.

- 8 a.m.—Medical Temperance Breakfast.
- 8.30 a.m.—Operations at Royal Portsmouth and Eye and Ear Hospitals.
- *9 a.m.—High Mass in St. John's Cathedral.
- 9.30 a.m.—Excursion to Hayling Golf Links: Competition for Ulster and Childe Cups.
- 2 p.m.—Excursion to Hayling Island Sanatorium. Excursion to "Seacourt," Hayling, Hants, by invitation of Mr. Marshall; visit to Mosquito Control Station and Old English Tennis Court.
- 2.15 p.m.—Visit to R.N. Hospital, Haslar, and the Submarine Dépôt, BFort lockhouse.
- 2.30 p.m.—Demonstrations and Cases at Royal Portsmouth Hospital and Eye and Ear Hospital; Reception and Tea.
- 2.30 p.m.—Excursions to H.M.S. *Victory*, H.M. Dockyard, H.M.S. *Renown*, H.M. Yacht *Victoria and Albert*, Whale Island, H.M. Gunwharf (H.M.S. *Vernon*).
- 2.30 p.m.—Visit to Whale Island (H.M.S. *Excellent*).
- 3 p.m.—Garden Party at the White House, Emsworth, Hants.
- 7 p.m.—Annual Dinner of the Association.
- 7.30 p.m.—Gala Performance at the Theatre Royal.
- 9.30 p.m.—Reception by Portsmouth Division, British Medical Association, Clarence Pier, Southsea.

FRIDAY, JULY 27TH.

- 8 a.m.—Holy Communion at St. Thomas's Church.
- 8.30 a.m.—Operations at Royal Portsmouth and Eye and Ear Hospitals.
- 2 p.m.—Visit to Ventnor Sanatorium.
- 2.30 p.m.—Visit to Clarence Victualling Yard, Gosport.
- 2.30 p.m.—Excursions to H.M.S. *Victory*, etc.
- 2.30 p.m.—Visit to Whale Island, H.M.S. *Excellent*.
- 3.30 to 6.30 p.m.—Garden Party at "Craneswater," Southsea.
- 7.30 p.m.—Popular Lecture by Captain W. E. Elliot, M.C., M.P.
- 9 p.m.—Ball at the Town Hall, Portsmouth.
- 9 p.m.—Dance at the Esplanade Assembly Rooms.
- 9.30 p.m.—Gala Performance at the Hippodrome.

SATURDAY, JULY 28TH.

- 9 a.m.—Excursions to Winchester, Brighton, Bournemouth, Salisbury, Farnham and Hindhead, Lord Mayor Treloar Cripples' Home, Alton, and to the Isle of Wight.

* Academic dress or uniform, with decorations, will be worn on these occasions.

THE SECTIONS.

The scientific sections, whose officers and programme of work were announced in the SUPPLEMENT of June 30th (p. 285), will meet in the Municipal College, Portsmouth, on Wednesday, Thursday, and Friday, July 25th, 26th, and 27th, from 9.45 a.m. to 12.45 p.m. Demonstrations and operations will be conducted at the times shown in the outline programme printed above.

EXHIBITIONS.

The *Pathological Museum* will be open from July 24th to 27th inclusive; it will be housed in the Municipal College, Portsmouth. On July 24th it is open from 11 a.m. to 5 p.m.; on each of the other days from 9 a.m. to 5 p.m.

The *Annual Exhibition* of surgical instruments, electrical appliances, drugs, foods, and books will be opened by the President-elect on Tuesday, July 24th, at 9.30 a.m., and will remain open till 6 p.m.; on the three following days it is open from 9 a.m. to 6 p.m. It is housed in the Gymnasium, R.N. Barracks, Portsmouth.

MASONIC MEETING.

An emergency meeting of the Phoenix Lodge, No. 257, will be held on Friday, July 27th, at 5 p.m. Brethren wishing to be present are requested to communicate with the Secretary of the Lodge, 110, High Street, Portsmouth, before July 16th, and invitations will be sent to as many as the Lodge rooms will accommodate. In consequence of the number of other social engagements there will not be the customary banquet after the meeting.

Honorary Local General Secretary:

C. A. SCOTT RIDOUT, M.S., F.R.C.S., St. Elmo, Clarendon Road, Southsea.

Assistant Honorary General Secretary:

E. J. DAVIS TAYLOR, M.B., B.Ch., 20, Clarence Parade, Southsea.

Association Notices.

CHANGE OF AREAS.

Formation of "Finchley" and "Hendon" Divisions.

SUBJECT to the requirements of Article 11 (3), as to adoption of rules of organization and of procedure in ethical matters, being complied with by the respective new bodies, the Council has made the following changes, provisionally to take effect from the date of publication of this notice:

That the Finchley and Hendon Division of the Metropolitan Counties Branch be discontinued, and that there be substituted therefor two Divisions of the Branch as follows:

Finchley Division.—Comprising the Urban Districts of Finchley and Friern Barnet.

Hendon Division.—Comprising the Urban District of Hendon.

TABLE OF DATES.

Nomination papers available at Head Office for election of 12 Members of Council by grouped Home Representatives; for election of 8 Members of Council by Representatives; and for election of Members of Standing Committees.

- July 6, Fri. Amendments and Riders for Annual Representative Meeting Agenda to be received at Head Office by this date.
- July 20, Fri. Annual Representative Meeting, Portsmouth.
- July 20, Fri. Nominations for election of 12 Members of Council by grouped Representatives to be received (at A.R.M., Portsmouth) by this date.
- July 21, Sat. Annual Representative Meeting, Portsmouth.
- July 23, Mon. Council Meeting, Portsmouth.
- July 23, Mon. Annual Representative Meeting, Portsmouth.
- July 23, Mon. Election Returns Committee, Portsmouth.
- July 24, Tues. Annual Representative Meeting. Annual General Meeting, Portsmouth, President's Address.
- July 24, Tues. Election Returns Committee, Portsmouth.
- July 25, Wed. Council Meeting, Portsmouth. Conference of Honorary Secretaries, Portsmouth.
- July 25, Wed. Meetings of Sections, etc., Portsmouth.
- July 26, Thurs. Meetings of Sections, etc., Portsmouth.
- July 27, Fri. Meetings of Sections, etc., Portsmouth.

ALFRED COX,
Medical Secretary.

ELECTION OF DIRECT REPRESENTATIVES ON THE
SCOTTISH COMMITTEE.

THE following have been elected members of the Scottish Committee of the British Medical Association for the ensuing session:

Group I: Aberdeen; Orkney; Shetland; Banff, Moray, and Nairn; Caithness and Sutherland; Inverness; Islands; Ross and Cromarty.—Dr. FRED. K. SMITH, 1, Queen's Cross, Aberdeen; Dr. J. MUNRO MOIR, 18, Ness Bank, Inverness.

Group II: Dundee; Fife; Perth; Stirling.—Dr. G. W. MILLER, D.S.O., 6, Westfield Place, Dundee; Dr. D. ELLIOT DICKSON, Hillcrest, Lochgelly.

Group III: Edinburgh; Lothians; South-Eastern Counties, Dumfries and Galloway.—Dr. C. M. PEARSON, 14, Manor Place, Edinburgh; Dr. J. D. COMRIE, 25, Manor Place, Edinburgh; Dr. J. HUNTER, Charlotte Street, Dumfries.

Group IV: Glasgow Central, Eastern, North-Western, and Southern.—Dr. J. PATRICK, 9, Newton Place, Glasgow; Dr. J. RITCHIE, 12, Belmont Street, Glasgow; Dr. D. MCKAIL, 2, Morris Place, Glasgow.

Group V: Argyllshire; Ayrshire; Dumbartonshire; Lanarkshire; Renfrew and Bute.—Dr. W. DOUGLAS FREW, Walmer, Kilmarnock; Dr. J. B. MILLER, Brownwood, Bishopbriggs; Dr. J. LAURIE, 38, Ardgowan Street, W., Greenock.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION.—The annual meeting of the Nuneaton and Tamworth Division will be held at Dr. Fisher's residence, Melbourne House, Atherstone, on Thursday, July 12th, at 3.15 p.m. As one of the chief items of the agenda is the instruction of the Division's Representative in the Representative Body, members are requested to study the SUPPLEMENTS of the JOURNAL of April 28th, May 19th, June 16th, and June 23rd, and to bring copies with them. Agenda: Election of Officers and Committee; Instructions to the Division's Representative in the Representative Body; Report of Representatives of Divisional area on the Warwickshire Panel Committee; other business.

ESSEX BRANCH: NORTH-EAST ESSEX DIVISION.—A meeting of the North-East Essex Division will be held at the Health Department, Trinity Street, Colchester, on Monday, July 9th, at 3 p.m. Agenda: Report of the Executive Committee as to the question of the appointment of Medical Officer of Health and Assistant County Medical Officer for Halstead and Belchamp Rural Districts in the County of Essex. To discuss and vote upon the following resolution:

That in the opinion of the North-East Essex Division no medical practitioner within the area of the Division should apply for or hold the appointment of Medical Officer of Health and Assistant County Medical Officer for Halstead and Belchamp Rural Districts, in the County of Essex, at a lower rate of remuneration than £700 per annum, the local authority undertaking to pay all travelling and other official expenses in addition.

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION.—A meeting of the Mid-Cheshire Division will be held in the Board Room of the Altrincham General Hospital on Sunday, July 8th, at 4 p.m. Tea will be served at 3.45 p.m. Agenda: To instruct Representative for the forthcoming Annual Representative Meeting at Portsmouth. Dr. T. W. H. Garstang, the Representative, will be present and will address the Division on various aspects of Association affairs. The attendance of members at the meeting is of vital importance.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—A special meeting of the Willesden Division will be held at the offices of Community Service, Ltd., 1, Montague Street, W.C.1. (beside the British Museum), on Sunday, July 15th, at 10.45 a.m. The National Council for Combating Venereal Diseases has arranged to show its interesting series of kinema films to the Willesden Medical Advisory Committee before it advises the Willesden Urban District Council as to a campaign in Willesden. Members of the Division are invited to this unique show of the whole series, and each may bring a medical friend. There will be an interval for lunch about 1.30, and for tea if desired. *N.B.*—The meeting arranged for July 18th is cancelled as the Willesden Urban District Council has agreed to the British Medical Association terms.

NORTH WALES BRANCH.—The annual meeting of the North Wales Branch will be held at the Belle Vue Rooms on Tuesday, July 10th, at 2.15 p.m. The President will deliver his address on the Value of Post-Graduate Courses to the General Practitioner. Mr. Howell Evans (London) will show coloured drawings of tumours, and Drs. Croly and Pierce Jones will read a paper on a case of tetanus. The Branch Council will meet at the Corsygedol Hotel at 12.15 p.m.

SOUTH MIDLAND BRANCH: BEDFORDSHIRE DIVISION.—The annual meeting of the Bedfordshire Division will be held at the Swan Hotel, Bedford, on Wednesday, July 11th, at 3 p.m. The Chairman invites the members to luncheon at the Swan Hotel at 1.15. Members proposing to accept the Chairman's invitation are asked to notify their intention by Saturday, July 7th. Agenda: Annual Report; Election of Officers. Mr. Leonard Gamgee, F.R.C.S., Professor of Surgery at Birmingham University, Surgeon to the Birmingham General Hospital, will give an address, entitled "Considerations on some of the Clinical Aspects of Diseases of the Gall Bladder." After the meeting, tea will be provided at the Swan Hotel. An Executive Committee meeting will be held previous to the annual meeting.

Meetings of Branches and Divisions.

ASSAM BRANCH.

THE annual general meeting of the Assam Branch of the British Medical Association was held at Haflong on January 7th, with Dr. WINCHESTER in the chair, in the absence of the President, Dr. C. E. P. Forsyth. Dr. Hugh Smith was elected President, and Dr. G. C. Ramsay honorary secretary for the ensuing year; and Drs. Forsyth, Winchester, McCombie, and Foster, from the Assam Valley Division, and Drs. Terrell, Meek, and Murphy, from the Surma Valley Division, were elected members of Council.

Dr. E. T. JAMESON read an address by the outgoing president, Dr. FORSYTH, on the present position of the Branch and the work done during the year. There had been a notable increase of membership, and it was hoped that in a short time every practitioner in the area who was eligible would be included in the list of members. The question of the general introduction of a conservancy system on tea-gardens was discussed during the year, and a memorandum approved by the Branch was submitted to the Indian Tea Association as the considered opinion of the medical profession in Assam on that important subject, and was received by the Tea Association in a cordial and appreciative manner. The Council of the Branch had been in communication with the Medical Secretary in London in regard to providing information to intending applicants at home of conditions prevailing in tea-garden practice.

BATH AND BRISTOL BRANCH.

THE annual meeting of the Bath and Bristol Branch was held in the Medical Library, University of Bristol, on June 27th.

Dr. G. S. POLLARD resigned the chair to the new President, Dr. NEWMAN NEILD, who delivered the President's address for the year 1923, the subject being "The Mechanical Effects of Enlargement of the Pulmonary Glands."

The annual report of the Branch Council was read and adopted, as was also the financial statement. The report stated that the work of the Branch during the past session had been confined to scientific meetings, which had been well attended both by members and guests. The annual debate held at Bath in February was opened by Sir Thomas Horder, who gave a lucid account of viscerotoposis, and showed a fine series of skiagrams of barium-meal examinations. The address was followed by a full discussion. There was an increase in the membership of the Branch. Mention was also made of the very successful efforts of Dr. J. O. Symes in extending the membership in the Bristol area.

The following officers were elected for 1924:

President-elect, Dr. J. R. Charles. *Treasurer*, Dr. J. O. Symes, vice Dr. Parker, resigned. *Joint Secretaries*, Dr. C. E. Herapath, M.C., and Mr. W. G. Mumford, the former taking the place of Dr. Newman Neild, now holding the presidential chair.

BATH AND BRISTOL BRANCH: BATH DIVISION.

THE annual meeting of the Bath Division was held on June 23rd, at Bailbrook House, Bath, when Dr. N. LAVERS was in the chair. The report of the Executive Committee and financial statement for 1922 were read and approved.

The following officers were elected for 1923-24:

Chairman, Dr. R. Waterhouse. *Vice-Chairman*, Dr. N. Lavers. *Secretary and Treasurer*, Mr. W. G. Mumford.

The annual report of the Central Council to the Divisions and recommendations to the Annual Representative Meeting (vide SUPPLEMENTS, BRITISH MEDICAL JOURNAL, April 28th and May 5th, 1923) were considered and approved, and the Representative of the Division was instructed accordingly. Model rules of organization, modified as required by local conditions, were unanimously adopted.

A vote of thanks was accorded by acclamation to Dr. Lavers, the retiring Chairman, for his valued services to the Division during his year of office. During the afternoon Dr. and Mrs. Lavers entertained a large gathering of members and their wives at a garden party held in the grounds of Bailbrook House, a most enjoyable afternoon being spent.

ESSEX BRANCH: NORTH-EAST ESSEX DIVISION.

A MEETING of the North-East Essex Division was held at the Red Lion Hotel, Colchester, on June 29th, when Dr. S. W. CURL was in the chair.

The reports of the Executive Committee on the Annual Report of the Council, and on the action taken with regard to the appointment of Medical Officer of Health for Halstead Urban and Rural and Belchamp Rural Districts and Assistant County Medical Officer of Health for Essex were approved (see Current Note, SUPPLEMENT, June 30th, 1923, p. 281). It was resolved to adopt the Annual Report of the Council, and the Representative was instructed to vote for the provisions contained therein, with certain exceptions and additions.

LANCASHIRE AND CHESHIRE BRANCH: HYDE DIVISION.

THE annual meeting of the Hyde Division was held at the Hyde Town Hall on June 7th. The following officers were elected for the year:

Chairman, Dr. F. G. Ralphs. *Vice-Chairman*, Dr. J. Kerr. *Secretary and Treasurer*, Dr. J. R. Robertson.

Much appreciation was expressed for the great service rendered to the Division by Dr. Kerr during the years of his tenure of the office of Secretary.

METROPOLITAN COUNTIES BRANCH.

THE seventy-first annual general meeting of the Metropolitan Counties Branch was held at 429, Strand, W.C., on June 22nd, when Mr. N. BISHOP HARMAN, President, was in the chair.

The following officers were declared elected for the ensuing session 1923-24:

President, Dr. Chas. Sanders. *President-elect*, Dr. Charles Buttar. *Past-President*, Mr. N. Bishop Harman. *Vice-Presidents*, Mr. T. P. Beddoes, Dr. C. W. Cunningham. *Honorary Treasurer*, Mr. Comyns Berkeley. *Honorary Secretaries*, Dr. W. E. A. Worley, Mr. Howard M. Stratford.

The PRESIDENT reported that the Central Council, with a view to interesting medical students, especially final-year students, in the work of the Association, and in order to encourage clinical study, had decided to offer prizes for essays. The subject of the essay was "The Diagnosis and Treatment of Jaundice arising from Obstruction of the Larger Bile Ducts." Each prize consisted of £10 and a parchment certificate. The Chairman thereupon presented a parchment certificate to the following prize winners: N. G. HARRIS, E. F. HEWLITT, Georges KLIENSKY, Miss Helen LUKIS, C. E. NEWMAN.

The annual report and financial statement for the year 1922-23, which had been circulated, was adopted without discussion.

On the motion of Dr. BEADLES, seconded by Mr. E. B. TURNER, the report of the four representatives of the Branch on the Central Council for the year 1922-23, which had been circulated, was received.

The CHAIRMAN, in introducing his successor, said that Dr. Chas. Sanders was a very well known and popular member of the Branch. He had associated himself amongst the Branch members a great deal, and had always shown his capacity for fair dealing and straightforwardness, which faculty was a great asset for any man.

Dr. CHAS. SANDERS then took the chair. Dr. CHRISTINE MURRELL moved a hearty vote of thanks to Mr. Bishop Harman for his services in the chair during the past year, and stated that though she had had the privilege of sitting under several presidents, each of whom had outstanding qualities, she thought in the case of the outgoing president his zeal and stimulus to the Branch should not be forgotten. Dr. LANGDON-DOWN seconded the vote, which was cordially agreed to.

Mr. E. B. TURNER moved a hearty vote of thanks to Dr. Goodbody, the retiring honorary secretary, and accentuated the energy he had displayed in all his work during his tenure of office. This was seconded by Dr. HAWTHORNE and carried unanimously.

Dr. CHAS. SANDERS then delivered his presidential address, entitled "Some Sanitary Advantages of Social Amenities." A vote of thanks was moved by Dr. ROXBURGH, seconded by Dr. C. F. T. SCOTT, and cordially agreed to; and Dr. SANDERS returned thanks.

METROPOLITAN COUNTIES BRANCH: EALING DIVISION.

A MEETING of the Ealing Division was held at St. Paul's Tea Rooms, Ealing Broadway, on June 14th. Mr. W. Sampson Handley, F.R.C.S., gave a most interesting address on "The Diagnosis of Breast Cancer." During the subsequent discussion of business matters it was decided, as Ealing supplied less than half the members of the Division, to change the name of the Division to "West Middlesex Division," in the hope that members resident in Acton and Chiswick may be induced to take more interest in the work. Rules of Organization and the revised Ethical Rules were adopted. The following officers were elected:

Chairman, Dr. J. Bell. *Vice-Chairman*, Dr. N. Ruck. *Secretary*, Dr. Agnes Dunnitt. *Representative in Representative Body*, Dr. Madeline Parker.

It was decided to hold a dinner in October, and the Executive Committee was instructed to arrange an autumn programme.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.

A CLINICAL meeting of the Kensington Division was held on June 27th at St. Mary Abbott's Hospital, Marloes Road, W., by kind invitation of Dr. Julius Burnford, visiting physician, and Dr. Remington Hobbs, medical superintendent. Many most interesting cases were shown and demonstrated by Drs. BURNFORD, HOBBS, MORRIS, O'BRIEN, and COOK.

The cases included: (1) Tabes, with bilateral Charcot hips, x rays showing marked atrophic changes in track of femora, which ride on iliac bones, the patient walking with a waddling gait, like congenital dislocation; Wassermann reaction strongly positive. (2) Coeliac disease, which had much improved under treatment consisting of bile salts by the mouth and fat-free diet. (3) Adams-Stokes disease, with heart-block, 2:1 rhythm, Wassermann reaction positive, convulsions. (4) A man aged 45. X rays showed large aneurysm involving both arch and ascending aorta. Complained of pain in chest and back. Brassy cough and paralysis of left vocal cord. Left pulse smaller than right. Diastolic bruit second right costal cartilage. Denied syphilis, but the Wassermann reaction was strongly positive. (5) A case of cerebral tumour (cystic glioma) involving left temporal and parietal regions; optic neuritis well marked, and right-sided hemiplegia and motor aphasia. Prior to operation vomiting was a prominent symptom; bradycardia well marked.

Subsequently Dr. HOBBS gave a short description of his method of intrauterine drainage in septic conditions of the uterus, and demonstrated his methods on a case. Briefly, the first step was rendering the vulva and vagina aseptic from below up; manipulating the cervix into a central position by manipulator

introduced into anterior fornix obliquely, slowly introducing a terminal-eyed catheter to the fundus of uterus, and introducing by means of 10 c.cm. Record syringe a small quantity of pure glycerin. The catheter is removed in six hours. The patient is kept in the semi-Fowler position, to aid drainage of the uterus, which takes place around the catheter (Nos. 4 to 8). The catheter also mildly stimulates the uterus to contract. Complete unloading of the rectum was specially dwelt on, as by pressure on the posterior vaginal wall escape of secretions from the uterus was completely blocked.

A hearty vote of thanks to Dr. Burnford, Dr. Hobbs, and the assistant staff was proposed by the Chairman, Dr. Fry, and carried with acclamation. On the conclusion of the meeting Dr. and Mrs. Hobbs hospitably entertained all the members at their house.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A MEETING of the Lewisham Division was held on June 19th at the Parish Room, St. Laurence Vicarage, Catford, when Dr. JAMES GILCHRIST occupied the chair. The annual report of the Council was considered, and the Representative was instructed to raise the question of the abuse of London hospitals, especially in regard to out-patient departments.

NORTH OF ENGLAND BRANCH.

THE annual meeting of the North of England Branch was held at the Richard Murray Hospital, Blackhill, on June 21st. There was a large attendance, and in the unavoidable absence of Dr. MacLagan, the President, Mr. MORISON (Sunderland) was voted to the chair.

The following officers were elected for the ensuing year:

President, Dr. J. Charles. *President-elect*, Dr. D. F. Todd. *Vice-Presidents*, Dr. G. R. Harland, Mr. R. J. Willan. *Honorary Scientific Secretary*, Mr. T. A. Hindmarsh. *Honorary Secretary and Treasurer*, Dr. James Don. *Assistant Honorary Secretary and Treasurer*, Mr. N. Hodgson.

The members present were entertained to an excellent luncheon by Mr. J. A. Murray of Amphill, and afterwards the new President, Dr. CHARLES, delivered his presidential address on "Reminiscences of a Divisional Secretary." Dr. Charles's well known and long and valuable experiences in this respect proved an admirable source of information, and he drew upon these in such an attractive and entertaining way as to secure the rapt attention of his hearers. Dr. EUSTACE HILL, on behalf of the members present, thanked Dr. Charles for his interesting and instructive address. Dr. KEMM, the resident medical officer, showed the visitors over the hospital, and all were impressed not only by the excellence of the general arrangements, but more especially by the detailed and up-to-date nature of the equipment. By the courtesy of the Blackhill Golf Club a most enjoyable match was played on their course.

As an indication of the increased interest that is being taken in the annual meeting, it may be mentioned that some of the members came over fifty miles in order to be present, and as the weather was very favourable it was generally agreed that the meeting was an unqualified success.

SOUTHERN BRANCH.

THE fiftieth annual meeting of the Southern Branch was held at Winchester on June 28th. It was preceded by a meeting of the Branch Council, when Mr. CHARLES P. CHILDE (President-elect of the Association) was in the chair, in the absence of Lieut.-Colonel A. C. Stamberg. The members of the Council were subsequently entertained at lunch by the President-elect of the Branch, Dr. G. Fuller England, when the Mayor of Winchester, Councillor H. P. VACHER, J.P., was present, and in a brief speech expressed his appreciation of the work of the Association.

The annual meeting followed, when Lieut.-Colonel A. C. STAMBERG presided.

The appointment of the following officers nominated by the Branch Council were confirmed:

Vice-Presidents, Dr. J. W. Pridmore (Ryde), Dr. C. d'A. Collings (Guernsey). *Honorary Secretary and Treasurer*, Dr. Lockhart Stephens.

The report of the Branch Council and the financial statement were adopted on the motion of Dr. SHEAHAN, seconded by Dr. LYSTER.

Colonel Stamberg, having vacated the chair, was succeeded by Dr. Fuller England, and a cordial vote of thanks was accorded to the retiring president.

Dr. FULLER ENGLAND then delivered his address, entitled "Nova et Vetera: the General Practitioner of Thirty Years Ago and To-day," which was described by those who were privileged to hear it as most interesting and illuminating.

With regard to future arrangements, it was decided to hold four meetings, at two of which local speakers should be selected from members of the Branch, and at the other two British Medical Association lecturers or other distinguished men should be asked to address the members.

After the business had been transacted those present were entertained at tea by the Mayor and Mayoress of Winchester at their official residence, The Abbey House.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.

THE annual meeting of the South-West Wales Division was held at Carmarthen on June 20th, when Dr. T. MORGAN was in the chair. The meeting was preceded by a luncheon given by Dr. Morgan to the members of the Executive Committee.

The following members were elected to office for the ensuing year :

Chairman, Dr. L. T. A. Rowland (Lampeter). *Chairman-elect*, Dr. J. Phillips (St. Clears). *Honorary Secretary and Treasurer*, Dr. A. H. D. Smith. *Representative to Welsh Committee*, Dr. D. R. Price.

Drs. E. Evans, J. J. Healy, and Owen Williams were re-elected members of the Contract Practice Committee.

Dr. T. MORGAN gave a short address on his experiences as a rural practitioner, which was much appreciated. On the motion of Colonel LLOYD JONES a very hearty vote of thanks was accorded to Dr. Morgan, who suitably responded and asked that clinical meetings should be arranged during the coming year.

Dr. L. T. A. ROWLAND, having been inducted as Chairman for the ensuing year, presided.

The SECRETARY read the resolution passed at a meeting of the Executive Committee held on May 23rd, 1923, concerning the appointment of a chief school medical officer for the Carmarthenshire Education Committee :

"That in the opinion of the South-West Wales Division, no medical practitioner within the area of the Division shall apply for or hold the appointment of Chief School Medical Officer under the Carmarthenshire Education Committee at a lower rate of remuneration than £700 per annum, the Education Committee undertaking to pay all travelling and other official expenses in addition or allow him £200 a year for expenses."

The adoption of the motion having been proposed and seconded by Dr. D. R. PRICE and Dr. R. HOPKINS respectively, it was put to the meeting and carried without dissent.

The Secretary was instructed to write to all members holding infant welfare appointments to ask them if they had resigned their appointments as requested at the last general meeting.

SUFFOLK BRANCH : WEST SUFFOLK DIVISION.

A MEETING of the West Suffolk Division was held at the West Suffolk General Hospital, Bury St. Edmunds, on June 19th. The annual report of the Council was considered. It was agreed to support the recommendations of the Council on the question of co-operation with the Society of Medical Officers of Health and in the matter of the report on the ethics of consultation. The Division also approved the recommendations of the Council under the heading of Medico-Political and Parliamentary. The hospital policy was debated at some length, and the Division expressed its adherence to its previous opinion—namely, that the payment of honorary staffs of hospitals in any form should not be established. It was decided to hold a further meeting to discuss the Supplementary Report of Council and to instruct the Representative on the final agenda of the Annual Representative Meeting.

SURREY BRANCH : GUILDFORD DIVISION.

THE annual meeting of the Guildford Division was held at the Royal Surrey County Hospital on June 29th, when Dr. N. F. KENDALL was in the chair.

The following officers were elected for 1923-24 :

Chairman, Dr. Frederick E. Pearce. *Joint Honorary Secretaries*, Dr. F. T. Holloway Davies and Dr. Arnold Lyndon.

The Annual Report of the Council was discussed, and the Representative instructed to move the following resolution at the Annual Representative Meeting, Portsmouth :

"That until the Council carries out the directions of the Annual Representative Meeting, Glasgow (Min. 327), by supplying statistics of hospitals in which a staff fund has been established, the Representative Body considers any further attempt to force the medical profession to accept the formation of staff funds (as outlined in the second and third recommendations of para. 193 of Report of Council, 1922-23) is undesirable."

SUSSEX BRANCH : BRIGHTON DIVISION.

THE last of the series of clinical meetings arranged by the Brighton Division at the various hospitals in the town was held at the Royal Sussex County Hospital, when Dr. WALTER BROADBENT, Chairman of the Division, presided. Cases were shown by the CHAIRMAN, and MESSRS. HALL, TURTON, BATE, HUTCHISON, IONIDES, and HUNT. A hearty vote of thanks was accorded to the staff for the interesting and instructive meetings held at the hospital and also for the kind hospitality shown to the visitors in providing tea at the meetings. The Honorary Secretary of the Division, Dr. L. A. Parry, was presented with an address signed by over seventy of his colleagues, and worded as follows :

BRITISH MEDICAL ASSOCIATION, 1923 : BRIGHTON DIVISION.

To Dr. L. A. Parry.

Dear Dr. Parry,—It is with much pleasure that we ask your acceptance of this address as an expression of our sincere appreciation of your services to the Brighton Division of the British Medical Association. We feel that the success, both as regards the activities in the Division and their wider influence upon the medical profession in the district, is largely due to your indefatigable zeal and work. We desire, therefore, to record our sense of gratitude for your unremitting effort, and that, blessed with health and strength, you may long continue to be among us is the sincere wish of [here follow the names of seventy-four medical men].

The address was illuminated and prepared by Dr. Alder, a member of the Division, and was accompanied by a silver cigarette box, with a cheque enclosed. Dr. PARRY expressed his heartfelt thanks to the members for their kind thought, and said he should always treasure the expression of esteem from his colleagues.

National Insurance.

THE REVISION OF TERMS OF SERVICE.

Conference between Insurance Acts Committee and Representatives of Ministry of Health.

ON June 26th the Insurance Acts Committee met representatives of the Ministry of Health to submit the resolutions of the recent Special Conference of Local Medical and Panel Committees and to discuss certain other matters, including the date of the forthcoming statement on remuneration.

The Ministry's representatives included Sir Arthur Robinson, K.C.B., C.B.E. (First Secretary), Mr. L. G. Brock, C.B. (Assistant Secretary), Sir W. S. Kinnear, K.B.E. (Controller, Insurance Department), Dr. J. Smith Whitaker (Senior Medical Officer), and Mr. E. J. Maude (Assistant Solicitor, Legal Branch); Sir Leslie Mackenzie (Scottish Board of Health) and Mr. John Jeffrey (Secretary Scottish Board of Health) were also present.

The chief spokesman for the Insurance Acts Committee was Dr. H. B. Brackenbury (Chairman), who was accompanied by Dr. H. G. Dain (Chairman of Panel Conference), and by most of the members of the Committee, together with Dr. A. Cox (Medical Secretary), Dr. G. C. Anderson (Deputy Medical Secretary), and Dr. J. R. Drever (Scottish Medical Secretary).

Dr. BRACKENBURY said that the Committee had to bring forward from the Conference, in the first place, its resolutions with regard to alterations in what might be called practice conditions, both those which had been suggested from the practitioners' side and those which had been submitted to them from other quarters. The proposals might be considered in four categories. The first were minor alterations as to surgery accommodation and so forth, as to which there was no difference of opinion. The second was the principle of absolute free choice of doctor at any time. The profession was desirous that this should be secured, provided, of course, that there was a corresponding right of repudiation (if that word might be used) on the part of the doctor, with proper safeguards in the case of illness of the insured person. The possibility of canvassing, which this new arrangement might encourage, would require to be carefully watched, but it would be diminished by the action of the Ministry in dealing with approved society officials on the one hand, and the action of the General Medical Council in dealing with any doctor who might lend himself to the practice on the other. The Committee felt that the principle of free choice at any time should apply only to changes from doctor to doctor, and not to changes from an individual doctor to an approved institution or the reverse; in these latter cases due notice should be given. The third question was with regard to limitation of lists. While agreeing to a reduction from a maximum of 3,000 to one of 2,500, his Committee had put in a proviso, which was accepted by the Conference, that in proved exceptional cases it should still be within the power of the Ministry to permit the higher number. The fourth question was the re-statement of the range of service. This matter came forward in three divisions which stood or fell together: (1) a re-statement of the range according to schedules of services within and without the contract; (2) an increased latitude for the Insurance Committee, which should have the option not only of agreeing or disagreeing with the finding of the Local Medical Committee with regard to a particular service, but also of referring the matter to the Ministry for determination without expressing either agreement or disagreement; (3) a revision of the requirements to be satisfied by practitioners who claimed to accept a fee. One difficulty was to express the responsibility—as to which they were all agreed—of an insurance practitioner, who might not possess any specialist skill, for performing in an emergency, to the best of his ability, services which really ought to be specialist services. It was suggested that in the schedule of services within the contract the words might be added "Such other services as the practitioner may, in the best interests of his patient, perform in a case of urgent necessity," with the proviso either "that such a statement shall not prejudice the right of a practitioner to claim remuneration as provided for in Section IV," or that for the words "the practitioner" should be substituted "a practitioner who does not satisfy the criteria of Section III."

Sir ARTHUR ROBINSON said that so far as the first three points were concerned—namely, detailed arrangements of doctors' premises, absolute free choice of doctor, and limitation of lists—he thought they were substantially in agreement at both ends of the table, though of course the Consultative Council had to be consulted before a final decision was taken. The question of range of service might be discussed a little further that day.

Range of Service.

Mr. MAUDE (Solicitor to the Ministry) raised some questions relating to drafting. The difficulty of attempting to define services both positively under Schedule "A" and negatively under Schedule "B" was that the two might overlap, or—the converse vice—that certain services might fall between the two. From the draftsman's point of view a simpler and more satisfactory form was one which required the doctor to render all services except certain specified services. It might be said that any difficulty was avoided by the last paragraphs of each schedule, relating to such other services as might be declared by the proper tribunal to be within or without the contract, but these were mere machinery clauses, and offered no criterion for the tribunal which had to determine the matter.

Dr. BRACKENBURY said that the criterion was the same as now. He added that the Committee accepted the implication—and would be quite prepared to alter the wording of the schedules to make it clear—that services not set out in Schedule "B" were *prima facie* within the contract.

Mr. MAUDE pointed out that Schedule "A" started with the main definition, which was substantially as in the existing regulation, and then Schedule "B" specified certain services, possibly not exhaustively, which were outside the contract, subject, however, to the proviso that in special circumstances even these might be within the contract. He imagined that urgency was one such circumstance. He was not quite clear why the word "ordinary" was left out ("practitioner of ordinary competence and skill").

Dr. BRACKENBURY said that the word "ordinary" was left out because it was thought to narrow the service, but he agreed with Mr. Maude's suggestion that if the word "ordinary" were left out the words "of competence and skill" might be left out also. Mr. MAUDE suggested the sentence "such services as can in the best interests of the patient be performed by general practitioners as a class," and Dr. BRACKENBURY thought that the Committee would be prepared to accept that.

With regard to the second paragraph of Schedule "A," which dealt with the liability under certain conditions of an anaesthetic, Dr. BRACKENBURY said, in reply to Mr. MAUDE's question, that many surgeons claimed to control the anaesthetist, and therefore it was necessary to provide that a surgeon should not be compelled to accept the services of the insurance practitioner of the patient if he did not wish to do so.

Mr. MAUDE said that the rights in the matter were surely the patient's. He did not see how such an exception was going to be put into the regulations. The patient must be given the right to call upon his insurance practitioner to administer the anaesthetic.

Dr. BRACKENBURY said that the wording of the Schedule was open to amendment, but there must be no implication that if the surgeon required an anaesthetist of his choice, and the patient waived his right to have his own doctor, the patient's doctor should be called upon to pay the anaesthetist's fee.

Sir A. ROBINSON said that the department would look into the matter very carefully and let the Committee have a form of words.

Mr. MAUDE also raised some questions with regard to the stipulated requirements to be satisfied by the practitioner who claimed to accept a fee. He said that the tendency in all such documents was to insert words, which had no legal effect, with the object of making the position clearer, and very often the additional words had the opposite result.

Dr. BRACKENBURY said that the form of words had a good deal of experience behind it. It was first arrived at in a combined conference in which the Committee, the Ministry, and consultants were all represented, and in practice it had been found satisfactory.

Mr. BROCK asked what advantage there was in the proposal that the Insurance Committee might refer the question of a particular service to the Ministry without expressing agreement or disagreement with the finding of the Local Medical Committee.

Dr. BRACKENBURY said that the object was to get over the objection to the Consultative Council's proposals to have medical assessors. The proposed arrangement satisfied the representatives of Insurance Committees and of approved societies in the discussions which had taken place as a result of the Guildhall Conference.

Mr. BROCK said that this matter would be looked into.

Certification.

Dr. BRACKENBURY said that the Committee proposed to send to the Ministry of Health within a day or two a memorandum embodying its suggestions with regard to certification. Two or three alternative suggestions would be put forward for the

reduction of forms, and the Committee would indicate which it preferred. One point upon which the Committee must insist was the removal of the obligation to give certificates of incapacity to patients who were no longer under the treatment of the practitioner to whom the application was made. Often a patient who, without the practitioner's knowledge or consent, had gone to another practitioner, or to a hospital, or to someone who was not a medical practitioner at all, continued to come for a certificate, and at present there was an obligation on the practitioner to give such certificate. This position was quite intolerable. In reply to Dr. Whitaker, he said that the matter had been discussed with approved society representatives and others, who approved the Committee's suggestion. He added that in an official document the Ministry had proposed that there should be two additional forms of certificate, but the Committee felt it could not accept any additions to the obligations with regard to certification unless at the same time there was a general simplification of the system.

Title to Benefit.

Dr. BRACKENBURY brought forward the question of the wrongful use of medical cards and the non-notification of suspensions from medical benefit which had been discussed at previous conferences with the Ministry.

Mr. BROCK said that he was afraid he could see no solution, because ultimately the difficulty went back to the failure of the individual insured person. Insurance Act administration had to do with millions of people, some of whom were very careless, and some of very migratory habit; moreover, a number of the approved societies were so large that it was impracticable for them to maintain touch with all their members. He did not see, therefore, how a certain percentage of error could be avoided. If it could be shown that any particular society or Insurance Committee was conspicuously at fault the Ministry would bring pressure to bear, but the result of its investigation of the evidence sent in by the Committee was to suggest that the error was evenly distributed. It was the failure of the insured person to send his card to the right place at the right time which was at the root of the trouble, and this had been aggravated by the extent to which insured persons lately had migrated in search of work. He could only ask practitioners to take a broad view of the matter, and to regard the disadvantage as being set off by the fact that a large proportion of insured persons who were entitled to medical attendance during their free year did not know this or avail themselves of it. He believed the error complained of was fairly uniform, and, in relation to the total number of insured persons, not of grave dimensions.

Dr. BRACKENBURY referred to the circular on the subject (C.I.C. 1) which mentioned that such cases formed a large proportion, and stated that "hundreds of thousands" of insured persons were in a position to obtain benefit when in fact they were not entitled to receive it.

Mr. BROCK asked what was the authority for the figure "hundreds of thousands"; and Dr. BRACKENBURY pointed out that the actual figures were given in the document issued by the Central Index Committee.

Sir A. ROBINSON thought it a matter for discussion with approved societies.

Dr. WHITAKER suggested that the disadvantage was balanced by the fact, which now emerged unexpectedly, that there were a great many insured persons for whom, by actuarial calculation, practitioners received payment although the practitioners had no effective liability in respect to them.

Dr. DAIN pointed out that if a practitioner had a patient's name on his list he was responsible for giving him treatment on production of the man's record card. The liability was therefore always present, and there were penalties on the doctor for avoiding it.

Sir WALTER KINNEAR said that the issue of the circular from which Dr. Brackenbury had quoted was evidence of the fact that the Ministry was taking the matter up with approved societies. The Manchester area had been frequently cited in this connexion, but Manchester was an area by itself, inasmuch as in that area the doctors had not their own lists, and thus entire reliance had to be placed upon the sending in of his card by the insured person.

Dr. ANDERSON said that the considerable volume of specific instances of failure which had been obtained and forwarded to the Ministry related to Birmingham, Leicester, and many other areas besides Manchester.

Sir W. KINNEAR said that the Ministry was taking action wherever possible, and was intending to adopt punitive measures against societies which were markedly deficient in this respect. Therefore any further information with regard to societies would be very carefully considered.

Dr. BRACKENBURY: We will once more accept your assurance.

Complaints against Practitioners.

Dr. BRACKENBURY said that the Panel Conference had agreed with the suggestion that cases in which practitioners were repeatedly committing minor offences, not one of which was in itself very heinous, should be reviewed and brought under discipline, and an appropriate procedure adopted. The Medical Service Subcommittee should be at liberty to call for the records of any previous cases affecting a practitioner against whom there was some allegation. It was also desired that Panel Committees should be given more power of initiative. Another thing which it was desired to see was the removal from the category of specific complaints cases in which a fee had been charged when the practitioner really did not know that the patient was an insured person. It was the view of the Conference that the time limit within which complaints might be brought forward should be very strictly observed, and that complaints should be precisely formulated. In reply to Mr. MAUDE, he said that he thought it legitimate for the clerk of an Insurance Committee to assist an insured person to put his complaint in proper form, although, of course, he must not instigate him to make a complaint.

Mr. MAUDE thought that the suggestion to require definitely formulated charges citing the provisions of the Acts or Regulations said to have been infringed was rather a dangerous one from the practitioner's point of view. It would be difficult for a clerk of an Insurance Committee to take up a complaint and put it into definite form without identifying himself with it to some extent.

Dr. BRACKENBURY thought that the clerks of Insurance Committees in most areas were judicious, but often they received a letter from an insured person, which was not intended by the writer to be a formal complaint, but only a means of relieving his feelings, and the clerks were in doubt as to whether the insured person desired to formulate a complaint to go forward for investigation.

Dr. WHITAKER said that if an insured person merely stated that a doctor was not treating him properly any Insurance Committee clerk would ask for something more specific. But that was a different thing from requiring that the specific regulation said to have been infringed should be stated.

Mr. MAUDE said that it was also very difficult to make hard and fast regulations with regard to time. He was afraid of putting a time limit into regulations because almost inevitably it had to be extended in certain special cases, and this meant more complicated machinery.

Sir A. ROBINSON said that he was quite prepared to consider whether it would be possible to assist the practitioner by giving him more formal and earlier notice of the subject matter of the complaint, without necessarily specifying the regulation said to have been infringed. This would at least enable him to appreciate what the complaint was.

With regard to the proposal to give more initiative to Panel Committees, Dr. CARDALE gave an illustration of the kind of case in which it might be useful for the secretary of a Panel Committee to make it plain that his Committee was empowered, should a practitioner prove recalcitrant to persuasion, to initiate a complaint, in the same way as an insured person or an approved society.

Dr. WHITAKER asked whether the Panel Committee would be prepared to accept the rôle of prosecutor before the Medical Service Subcommittee. Dr. CARDALE thought that Committees should be prepared to accept that rôle.

Sir A. ROBINSON said that this was a matter which the Ministry would have to consider further.

Inquiries into Alleged Excessive Prescribing.

Dr. BRACKENBURY said that the Conference was of opinion that where the existing system of inquiry into alleged excessive prescribing was being properly carried out it should not be altered.

Dr. WHITAKER said that the proposal would probably have to take the form of giving power to the Ministry to allow the existing arrangement to continue if it thought fit.

Sir A. ROBINSON said that he thought the Ministry would be quite prepared to undertake that.

Extension of Service.

Dr. BRACKENBURY brought forward the resolution of the Conference pressing for the extension of the medical service to matters beyond general practitioner range, and pointed out the disadvantage of a system whereby additional benefits were made available only for some insured persons and not for others. Any extension of the service ought to be on a national basis, not a localized or partial provision under the auspices of certain of the approved societies.

Sir A. ROBINSON said that the Committee would recognize the practical difficulties inherent in such a proposal; accordingly all that he could do was to note the resolution which had been put forward.

Rural Practitioners.

Dr. WILLIAMS-FREEMAN stated the case for special consideration of the rural practitioner, pointing out how hardly certain matters bore upon him, in distinction from his colleague in the towns. His insurance list had necessarily to be much smaller, and with it his income, while his practice expenses were as great or greater, and his domestic expenses, if the education of his children were included, certainly higher. The proportion of visits to surgery attendances was much larger in the country, and a longer time elapsed before the admission of a certain class of cases to hospital. He asked the Ministry to revise the reference to the Mileage Committee, and to take into consideration the extra expenses of travelling within the two-mile limit.

Sir A. ROBINSON said that he recognized that there was a case deserving of consideration, and he would like to hear some definite suggestions, possibly through a small joint committee. Dr. BRACKENBURY undertook, after a conference of representative rural practitioners about to be held, to put forward concrete proposals.

Part-time Regional Medical Officers.

Dr. BRACKENBURY drew attention to the resolution of the Conference asking the Committee to arrange with the Ministry that no part-time medical officer should referee on cases of any neighbouring practitioner. Sir A. ROBINSON said that the Ministry agreed with this view, and instructions had already been issued that such references should be avoided as far as possible.

Voluntary Levies.

Dr. BRACKENBURY drew attention to the action of the Treasury auditor in ordering the clerks to the Northumberland and Newcastle-on-Tyne Insurance Committees to cease making deductions for voluntary levies on behalf of Panel Committees.

Sir A. ROBINSON asked what was the purpose of the levy, and whether it referred to the Defence Fund.

Dr. BRACKENBURY said that it might or might not. In the majority of cases the instruction given to the clerk was perfectly general. There was no mention of any particular defence fund on the form of authorization.

Sir A. ROBINSON said that the auditor had the right to question expenditure of any kind. In reply to Dr. Cardale, he said that his question with regard to the defence fund simply meant that he desired to get the facts in this particular case, which he promised to look into.

Clinical Notes.

In reference to paragraph 15 (iv) of Document M.48 Dr. WHITAKER said that it had been suggested to the Ministry that the object in view might be met by providing that whenever a regional officer in his report criticized adversely the clinical notes and statements as to diagnosis his report should be referred to the Panel Committee for its observations before any action was based upon it. Dr. BRACKENBURY said that he would like the Insurance Acts Committee to consider that proposal.

Other Matters.

Dr. BRACKENBURY said that the Committee would send to the Ministry within a few days its proposals for some modification of the model form of notice to an insured person on the withdrawal or death of a practitioner. Another point related to the question of part-time assistants, to whose employment some Insurance Committees had taken exception. The Committee desired the Ministry to take into consideration the general question of part-time assistants as distinct from whole-time assistants, but particularly with regard to doctors in partnership who wished as a partnership to employ an assistant. Sir A. ROBINSON replied that this matter involved some new points which would have to be considered by the Ministry.

*REMUNERATION.**Date of Ministry's Statement.*

Sir A. ROBINSON, on the question as to when the Ministry's statement with regard to remuneration might be expected, said that it was necessary first to conclude, subject to final approval, the matters which had been under discussion that day. He hoped that the revision of terms of service would be settled by the end of July, though possibly not to the extent of a complete final draft of the actual regulations. After this it would be necessary to enter upon the subject of remuneration, and he fully agreed that this statement ought to be made as soon as possible. It was advantageous to everybody that the statement should be forthcoming at the earliest possible moment, but there was a considerable amount of work to be done, and Ministerial and departmental holidays had to be taken into account. He believed, however, that he would be able to let the Committee have a formal state-

ment of the Ministry's views on the subject of remuneration by the middle of October—ten weeks before the expiry of the contract.

Dr. BRACKENBURY said that that would not suit the Committee at all, nor did he think it quite fair to the Committee. If the statement could be made a clear month earlier the Committee would just be able to make the arrangements fit in. Should the terms not be acceptable, three months' notice of the decision not to accept the terms had to be given. The proposal now made would be acceptable if, coupled with it, an undertaking was given that the existing arrangement should continue for the first two or three months of 1924, making April 1st of that year, and not January 1st, the governing date. What the Committee desired was to have some semi-final word from the Ministry a month or five weeks before the Annual Conference, which was held not later than the middle of October. That Conference would have to say whether the terms should be accepted or rejected or whether other proposals should be made. Even the month or five weeks just indicated allowed only one week—a short enough time—for the Insurance Acts Committee to consider the proposals and to send out the statement of the case and its recommendations to the Panel Committees, which would then have to meet and instruct their representatives for the Conference. If the Conference were held in the middle of October it would give ten weeks before the end of the year, and the Committee was prepared to accept such an arrangement as that, even though the three months' notice would overlap the 1st of January. But in order to get the decision of the Conference by the middle of October the Committee would have to receive the Ministry's proposals not later than the second week of September.

Sir A. ROBINSON said that there would be formidable difficulties about that.

Dr. BRACKENBURY said that in that event he must ask that the existing conditions be continued for a corresponding period into next year.

Dr. COX asked what had happened to throw this business a month back. There had been several informal talks about this matter between representatives of the Ministry and of the Committee, and as one who had taken part in them it came as a perfect thunderbolt to him that it would not be possible for the statement to be forthcoming by the middle of September. He had not gathered from the informal talks that there would be any difficulty about the Conference in the middle of October being in a position to arrive at a decision.

Dr. WHITAKER said that his personal recollection was that on his side it was stated that they must, of course, be bound by the engagements of Ministers—(Dr. COX: That is always understood)—and that they could not promise for a date which would enable the Conference in the middle of October to decide the question, and he remembered himself saying that the Committee would be unwise to arrange the Conference for a definite date.

Dr. COX said that he was sorry there had been a misunderstanding; but he had gathered, evidently erroneously, that, subject to unforeseen circumstances, in all probability the Committee would be able to have the information which they could send out to Panel Committees by the middle of September.

Dr. BRACKENBURY said that the ten weeks mentioned by Sir Arthur Robinson was the period from the beginning of which the Committee had to ask the representatives of insurance practitioners all over the country to consider the proposals. On this time-table it would not be until the end of November that a decision could be arrived at as to whether the terms were acceptable or not. If they were acceptable, well and good, but if they were not acceptable, then the three months' notice must date from December 1st, which would make it necessary, in the contingency contemplated, for practitioners to serve for two months under conditions of which they did not approve. The only thing to do in all fairness was to extend the existing conditions for two months—or perhaps more conveniently for the first quarter of the new year.

Sir A. ROBINSON asked whether Dr. Brackenbury was approaching this as a legal question or as a question of equity. Dr. BRACKENBURY replied that he was thinking simply of common fairness.

Sir A. ROBINSON said that he had mentioned the middle of October as the very latest date at which the terms could be forthcoming. The actual date might be earlier, but he did not wish to give a date and afterwards find it necessary to make a postponement.

Dr. BRACKENBURY said that if his Committee was authorized to do exactly as it liked there would be no difficulty about the proposed time schedule. But it was compelled to gather the opinions of Panel Committees, and this occupied five or six weeks. The Committee was asking little enough in

pressing for a six weeks' interval between the issue of the Ministry's statement and the date of the Conference when an authoritative reply could be given.

Sir A. ROBINSON supposed that the information to be given by the Ministry would be disseminated among the profession pretty generally in the columns of the BRITISH MEDICAL JOURNAL, and he would have thought that the Committee would be in a position quite quickly to gather the opinion of the profession.

Dr. BRACKENBURY said that surely what the Ministry wanted was the collective opinion of insurance practitioners, not the opinion of independent individuals.

Dr. WHITAKER said that he gathered the Committee was not basing its contention on the notices required under the regulations to be given by the insurance practitioner, but on the general question of the notice to be given to the profession. The point about the three months' notice to be given by the insurance practitioner before he could get out of the burden of a contract he did not like was a false point. He was not required to give three months' notice, and the Insurance Committee could release him sooner. He was required to give two months' notice, and he might give even less than that under an understanding with the Insurance Committee. It would be quite possible to arrange things so that no doctor was required to go on under conditions he disliked after December 31st. Matters could be so arranged that even though the statement of terms was not forthcoming until the middle of October no doctor would in fact be compelled to go on under the new terms after December 31st.

Dr. BRACKENBURY: If you say that you could arrange that notices given in on December 31st should take effect on January 1st I have nothing further to say.

Dr. WHITAKER: It depends on the discretion of the Insurance Committee.

Dr. DAIN pointed out that this statement by Dr. Whitaker did not really meet the case. It was hardly fair to say, "Well, here are our terms. If you don't like them we will release you at once."

Dr. WHITAKER said that he appreciated that point. But the point had been put forward on the other side of the table that the practitioner was obliged to give three months' notice, and he submitted that that was a false point. In that discussion they wanted to get to the substantial issues.

Dr. DAIN said that while it might be possible to release a man it was not fair to him to be given no opportunity to make his arrangements for reorganizing his practice.

Sir A. ROBINSON said that if it was generally known at some date not later than the middle of October what the terms were, surely practitioners would at once begin to consider their position.

Dr. BRACKENBURY said that the natural inclination of practitioners would be to await the decision of the Conference. The individual's acceptance or rejection of the terms would depend upon what the Conference decided, and there was something not unreasonable in the practitioner delaying any active measures on his own part until he knew what the general body of the profession, as expressed through the Conference, intended to do.

Sir A. ROBINSON said that surely the Committee did not need to refer back to its constituency at all stages.

Dr. BRACKENBURY said that it did not want to do that, but the Committee was bound by the discretion given to it by the Conference. The last Conference could have given it plenipotentiary powers, but it did not, nor did the Committee ask it to do so.

Dr. COX said that they were being gradually driven into a very unfortunate position. He thought that after they had had the matter out with the late Sir Robert Morant they would never again be placed in the position of having to force their men into a corner and ask them to accept something in a hurry. The three months' notice seemed to provide an adequate safeguard, to which they could in all cases look forward. The members of the profession, and of the public too, would be of opinion that this matter might have been arranged on a more equitable time-table.

Sir A. ROBINSON said that his recollection was that the last contract was agreed to some time quite late in the October of 1921.

Dr. BRACKENBURY said that the Conference that year was held in the middle of October, and represented the final stage of the negotiations. The semi-final proposals of the Government were available five weeks before that October Conference. It was true that the Committee met the Minister on the very evening of the Conference, but it was commissioned by the Conference to go directly to the Minister and say that certain proposals could not be accepted, but some modifications might be consented to, and then to return to the Conference which gave a final decision on the Minister's reply.

Sir A. ROBINSON said that the delay this time had been due to the protracted discussion of terms of service and so on. He was not convinced in his own mind of the unfairness of the arrangement he had proposed.

Dr. BRACKENBURY said that the Committee had supposed that it had a very definite assurance from the Ministry that there would be no question of driving practitioners into a position in which they had less than three months to determine their arrangements after the final stage had been reached—that is to say, after the decision of the Conference, which could accept or reject the proposals or suggest some modification.

Sir A. ROBINSON said that as he understood it there was a promise that the Ministry would try to give three months' notice to the Insurance Acts Committee. Under the schedule he had laid down the Committee would get ten or eleven weeks' notice, and the complaint could only relate to the difference between that and three months.

Dr. COX thought the Ministry had agreed to the principle of collective bargaining, which meant that the Ministry would deal with a responsible body of men who came fully primed with the views of their constituents. It had been found by experience that a certain length of time—not less than six weeks—was needed from the date of the Ministry's proposals to the date of the Conference in order that the Committee could be sure it knew what its constituents wanted. Any arrangement which would shorten that time, or make it appear that the Committee was rushing its constituents, would have a very bad effect upon the Committee's influence and upon the progress of the negotiations.

Dr. WHITAKER said that frankly he thought that the arrangement Sir Robert Morant came to with the Committee was very much what Dr. Cox had stated. There had been up to that time a good deal of trouble about notices as affecting the individual practitioner, and the Minister pointed out that collective bargaining must to some extent take the place of notice to the individual practitioner; at all events that there was not such injustice to the individual practitioner if reasonable notice—not less than three months—were given to the negotiating body for the profession before the new terms came into operation.

Sir A. ROBINSON said that it was of no use for him to mention a date earlier than the exigencies of the situation warranted.

Dr. BRACKENBURY said that his view was that they could not undertake negotiations at all on those terms, unless, of course, the existing arrangement was prolonged over the end of the year for a corresponding period. The Committee could not go to its constituents and say, "You have one month." He thought the Committee would decline to go. He certainly would. (The members of the Committee indicated assent.) If the dates were such as to necessitate the postponement of the announcement of the terms until the middle of October, the Committee asked definitely that the arrangements should continue for two months or three months into the new year.

Sir A. ROBINSON said that he thought that the maximum claim which could be considered after what had passed would be three months after the notice—not after the date of the Conference.

Dr. BRACKENBURY: No, after the Conference. Practitioners do not know what their final position is until after the Conference.

Sir A. ROBINSON: Surely, as soon as we have notified the Insurance Acts Committee of the offer, the profession must become aware what the offer is.

Dr. BRACKENBURY: If the thing comes to this at a certain stage, "You must take it or leave it," we do not want to be driven to that position until the whole profession has had a full opportunity of considering what it would like to say.

Sir A. ROBINSON: What I am talking of is the statement of terms proposed by the Government, which you shall have not later than the middle of October.

Dr. BRACKENBURY: And we say that we cannot possibly gather the opinions of the profession until six weeks after that date.

Dr. WHITAKER said that he understood Dr. Brackenbury to have stated that if the notice from the Ministry was forthcoming by the middle of September it would be possible for the new terms to come into operation by January 1st. A delay of one month in the issue of terms could not make a difference of two or three months.

Dr. BRACKENBURY said that he got into trouble at the Conference by suggesting that practitioners might have to go on for one month on terms of which they did not approve. The Conference accommodated itself to the circumstances of the case on the understanding that the time should not be longer than one month, if indeed there was any such period at all.

Sir A. ROBINSON said that the situation was rather difficult; he could not see his way at present to alter the date he had given.

Dr. COX asked how it came about that there was this addition of a month to the time previously suggested.

Sir A. ROBINSON said that there were various reasons, chiefly the discussion on the range of service, which had taken longer than he personally anticipated, and brought matters to the eve of the holiday season. So far as he could foresee the situation, September would be the month in which the Ministry would have to go into the whole question of remuneration and come to a conclusion.

Dr. COX: I think I can produce evidence in writing or in print as regards this arrangement about time, which will convince you that we are not being fairly treated.

Sir A. ROBINSON: I want to be perfectly fair; if you can produce such evidence nobody will be readier than I to admit it.

This concluded the discussion with the representatives of the Ministry, who then left the room, and the Committee remained to discuss the situation which had arisen in consequence of Sir A. Robinson's statement.

LOCAL MEDICAL AND PANEL COMMITTEES.

LONDON.

THE Panel Committee for the County of London held its monthly meeting on June 26th, Dr. H. J. Cardale presiding.

Dr. BATESON, speaking as the representative of the Panel Committee upon the Medical Service Subcommittee, reported that there had been before the Subcommittee the case of a practitioner who charged a fee to an insured patient who had attended periodically at the practitioner's house as well as at his surgery. The defence was that although the practitioner had attended the patient for two years at his surgery, when she went to his private house he did not recognize her as the same person. The fee charged was somewhat high, and the Committee decided that the charge was substantiated. There were two cases in which practitioners had been somewhat heavily fined. A practitioner who had attended a tuberculosis patient for over a year without using a stethoscope during the whole of that period was fined £100; a practitioner who had charged patients who wished to go in by the "early door" 1s. per week was fined £150, and another practitioner who had failed to keep records was fined £25.

Postage on Medical Records.

It was reported that the Insurance Acts Committee was in entire agreement with the views of the Committee on the question of payment in bulk to the Committee of the amounts incurred in the return of medical records to the Insurance Committee; and that the Insurance Acts Committee was directing the attention of the Ministry to what appeared to be a refusal to honour the bargain made between that Committee, as representing insurance practitioners as a whole, and the Ministry.

Annual Conference Dinner.

Drs. Allman, Cardale, and Welply were appointed to act upon the Committee of Management for the dinner to be held in connexion with the Annual Conference of Local Medical and Panel Committees, and a subscription of two guineas per representative at the Conference was agreed to.

Payment of Expenses of Medical Members.

The Panel Service Subcommittee reported that the London Insurance Committee would pay third-class rail fare incurred by the medical members of the Medical Service Subcommittee in attending meetings of that Subcommittee, and that such payment would be retrospective to January 1st, 1923.

Use of Methylated Spirit.

Arising out of a memorandum from the Ministry of Health, from which it appeared that where mineralized methylated spirits were used by registered chemists and druggists solely for the purpose of preparing lotions, etc., for external use when prescribed by a duly qualified medical practitioner, the spirits could not be used in the preparation of any article capable of being used wholly or partially as a beverage or internally as a medicine, the Committee unanimously agreed to the following recommendations:

(a) That the prescriptions included in the London Insurance Pharmacopoeia which contain methylated spirit be submitted to the Commissioners of Customs and Excise for their opinion as to their legality, and that the Pharmaceutical Committee for the County of London be informed of this action.

(b) That it be a recommendation to the Pharmacy Subcommittee to consider at an early date a revision of the London Insurance Pharmacopoeia.

Supply of Saccharin Tablets.

* It was reported that in one instance the Ministry of Health had ruled that saccharin should not be supplied at the expense of the Drug Fund in connexion with the treatment of cases of diabetes. The Pharmacy Subcommittee had been informed that the Pricing Bureau had instructions to disallow the price of saccharin tablets when ordered for insured persons, and that in a case where saccharin tablets had been supplied on the prescription of a practitioner, payment had been disallowed. It seemed somewhat unfair that in such a case a chemist should be unable to obtain payment. One member stated that the chemist had now been paid for supplying saccharin tablets he himself had ordered for an insured patient. The Secretary thought that if saccharin tablets were

again ordered before this matter had been settled the chemist would not be paid. The argument in regard to saccharin had been that the practitioner wished the patient to take certain foods, and that he could not take them unless sweetened. It was unanimously agreed that the question as to the admissibility of the ordering of saccharin tablets in the case of diabetes occurring in an insured person should be submitted to the Insurance Acts Committee for its opinion.

CHESHIRE.

The County Palatine of Chester Local Medical and Panel Committee adopted the following resolution at its recent meeting:

"Resolved: That the certification for the purposes of the Mental Deficiency Bill should be as for cases of lunacy—namely, certification by any two practitioners, and not, as proposed, by a practitioner and a specially appointed official."

Insurance Correspondence.

The Association and Insurance Practice.

SIR,—In the BRITISH MEDICAL JOURNAL SUPPLEMENT of June 9th a writer complained that many people say that the British Medical Association is a pro-panel association, and he asked if anything could be done to correct this widespread misunderstanding.

Anyone who follows the record of work done by the British Medical Association must know that great work is done by the Association on behalf of the medical profession. While so much work has been done for many sections of the profession, one looks in vain for the record of any effective steps taken on behalf of the non-panel general practitioner.

It is to be hoped that the recently re-formed Non-Panel Committee will soon give evidence that it recognizes the magnitude of its task and that it will make the most of its opportunity.

How many are the general practitioners whose interests it is formed to forward and protect? The number of registered practitioners is 46,477. If 14,000 medical men are on the panel, it is a very moderate estimate to say that 7,000 general practitioners are non-panel. If the Committee will obtain the number of the non-panel men and then multiply it by the many hundreds of patients who rightly belong to or would prefer to come under the care of each of these practitioners, the magnitude of the problem to be solved will begin to appear.

Every week non-panel practitioners are in contact with those who wish to be treated by them, and many of these insurance members are prevented from exercising their choice because of the expense. A scheme should be formulated to enable insurance members to contract out, or to ensure that their contributions be made available to form a fund to be used towards the medical expenses of those desiring to be treated off the panel.

I am informed that a large percentage in some houses of business wish to be able to choose medical men not on the panel. Further, all members under the Insurance Act need to be informed that they may obtain from any medical man a certificate which entitles them to their sick pay. This is by no means generally known, and the Committee should see that it becomes common knowledge to insurance members. An old patient who came to me was astonished to find that he could get his sick pay when under my care.

I have no doubt many suggestions will reach the Committee when once it gets to work, but there is no time to lose.

To obtain a real freedom of choice of doctor for all insurance members who wish to come under the care of non-panel general practitioners, and to work out a scheme which will be fair to all concerned, will need much thought and labour and far-seeing statesmanship. It would greatly increase the prestige and influence of the British Medical Association and make it really representative of all sections of the profession. At present the interests of non-panel general practitioners and those who desire to become their patients have been strangely overlooked.—I am, etc.,

London, S.E., June 22nd.

W. ADAMS CLARK.

Remuneration of Insurance Practitioners: Suggested Fundamental Principles.

SIR,—The Chief Medical Officer to the Ministry of Health stated in 1919

That the time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease; and that preventive medicine stands at the gate of the future.

That the foundation of a medical service is the general medical practitioner. He is the pivot; its anchor; its instrument.

The individual medical practitioner is more and more being brought into closer relationship with allied social problems, and is expected, and should be able, to take his part in their consideration and solution. The "family doctor" is becoming "the communal doctor."

Certain industrial problems are in their general aspects closely akin to those which affect the insurance practitioner in his life and habit. It is impossible to distinguish many of the problems involved in an efficient medical service from those affecting an efficient industry. For instance, the recognition of the justice of giving representation to the employees on the board of management of an industry was obtained for the profession so far back as 1912, when statutory representation on Insurance Committees was secured, and the desirability of workmen's councils was recognized in the formation of statutory Panel Committees.

With regard to industry, two other fundamental principles in addition to the two just named are being recognized as essential if that industry is to prove a success. They are (a) that the first charge on an industry is the minimum wage of the employees; and (b) that the profits of an industry should be divided between the employers (shareholders), the employees, and the industry for its further development. The benefits to be realized by the adoption of these further principles include stabilizing of a minimum wage; the hearty co-operation of the employees in the success of the industry; a contented service and a healthy community dependent on that industry.

How do these principles apply in the case of the insurance medical service? Here the employees are represented by the insurance practitioners; the employer by the State; and the industry by the insured population. This being so, the employees should demand that the first charge on the National Insurance Fund should be the minimum capitation payment; and that the surplus at the quinquennial valuation should be divided in pre-agreed proportions between the three. The State would use its proportion to improve the service, and the insured population in securing for itself additional benefits. The determination of what constitutes "the surplus" would have to be most carefully considered by those competent to give the special opinion required. In making the apportionment it should be recognized that this surplus has been secured almost entirely by means of the preventive and curative medical services rendered. The employees would quickly appreciate that the environment of their patients in the home and around should become their main consideration, and that any undue pressure on an individual insured person to return to work—a suicidal move if intended to reduce medical attendance on that patient, and one more likely to rebound disastrously on the doctor himself—would defeat the ends in view. In fact, preventive medicine would be the chief aim rather than curative medicine.

The financial position of the insurance practitioner under such proposals would be somewhat as follows:

1. For a period of ten or fifteen years (say) he would receive an annual minimum capitation fee.
2. At the end of each five years that portion of the surplus determined by the quinquennial valuation as due to the profession would be transferred to a practitioners' fund.
3. This sum would be distributed amongst the insurance areas in proportion to the average annual insured population of each area.
4. The amount received in an area would be distributed amongst the insurance practitioners, taking into consideration (a) the number of years out of the five each practitioner had been on the panel; and (b) the average annual number of insured persons on the respective lists.

Were such principles to be adopted it could be hoped that the result would be an avoidance of the unrest caused by thoughts of possible strikes; an incentive for the development of an efficient preventive medical service, the activities of which would repercuss on to all other State medical services and would co-operate with them; a contented medical service; and a general improvement, far beyond that at present secured, in the health of the nation.

One would venture to hope that those competent and able to criticize these proposals will endeavour to see whether some scheme, as very roughly outlined here, would not be preferable to the one at present in vogue, and likely to prove more just to all concerned and a better investment for the country.—I am, etc.,

Hove, June 29th.

E. ROWLAND FOTHERGILL, M.B., B.S.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following announcements are notified by the Admiralty: Surgeon Commanders to be Surgeon Captains: W. L. Martin, O.B.E.; A. J. Hewitt. Surgeon Lieutenant Commander W. H. A. Sinclair-Loutit to the *Campbell*. Surgeon Lieutenant J. E. Clark to the *Stuart*.

ROYAL ARMY MEDICAL CORPS.

Major F. B. Dalgliesh to be acting Lieutenant-Colonel from October 17th, 1920, to November 17th, 1921.
Major A. H. Bond, from the half-pay list, is restored to the establishment, June 12th, with precedence next below G. P. A. Bracken.

Temporary Honorary Major J. L. Dickie relinquishes his commission and retains the honorary rank of Major.

Captain G. A. E. Argo, M.C., relinquishes the acting rank of Major.
Captain R. Stowers, M.C., retires, receiving a gratuity.
Captain K. Masson retires on account of ill health.
Captain H. J. Davidson, M.C., retires, receiving a gratuity.
The following Captains to be acting Majors: F. S. Gillespie, from September 4th to December 28th, 1919; W. Foot, M.C., from September 5th, 1919, to January 23rd, 1920; T. H. Sarsfield, from December 9th, 1919, to February 18th, 1920, and from April 1st, 1920, to July 30th, 1921 (substituted for the notification in the *London Gazette*, May 30th, 1922); W. K. Campbell, D.S.O., M.C., from August 14th, 1921, to March 15th, 1923 (substituted for notification in the *London Gazette*, May 30th, 1922); M. P. Power, M.C., October 31st, 1921; W. Bruce, O.B.E., November 24th, 1921.

Captain D. H. Hadden, M.C., to be temporary Major.
Temporary Captain D. S. Taylor relinquishes the acting rank of Major.
The following temporary Captains relinquish their commissions and retain the rank of Captain: T. A. Rothwell, October 11th, 1916 (substituted for notification in the *London Gazette*, November 24th, 1916); S. Herbert, on account of ill health contracted on active service; W. J. E. Stuttaford, M.C.

ROYAL AIR FORCE MEDICAL SERVICE.

Squadron Leader A. S. Glynn to be Wing Commander.
Flight Lieutenants to be Squadron Leaders: R. J. Aherne, M.C., P. H. Young, P. T. Rutherford, O.B.E.
Flight Lieutenants D. McLaren to Station Commandant, Irak; A. Briscoe to Basrah Combined Hospital, Irak; D. Le Bas to Station Commandant, Irak; W. D. Miller to Aircraft Dépôt, Irak.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.
Major Y. H. Wardle, M.C. (late R.A.M.C., T.A.), to be Captain with precedence as from April 15th, 1915, and relinquishes the rank of Major.
Captain T. S. Worboys, having attained the age limit, is retired, September 30th, 1921, and is granted the rank of Major. (Substituted for notification in the *London Gazette*, June 2nd, 1922.)

VACANCIES.

BARBADOS GENERAL HOSPITAL.—Junior Resident Surgeon. Salary, £250 per annum and temporary war bonus of 20 per cent.
BARNSTABLE: NORTH DEVON INFIRMARY.—House-Surgeon. Salary, £170 per annum.
BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.9.—Honorary Radiologist. Honorarium, £50 per annum.
BRISTOL MENTAL HOSPITAL.—Assistant Medical Officer and Pathologist. Salary, £400 per annum, rising to £450.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.2.—Physician to Out-patients.
COUNTY MENTAL HOSPITAL, Whittingham, Preston.—Locumtenent Medical Officer. Salary, £8 8s. per week.
EAST AFRICAN MEDICAL SERVICE.—Medical Officers. Salary, £600 per annum, rising to £900 with efficiency bars at £700 and £800.
EAST LANCASHIRE TUBERCULOSIS COLONY, Barrowmore Hall, Great Barrow, near Chester.—Medical Superintendent. Salary, £800 per annum.
EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.—Part-time Pathologist. Salary, £400 per annum.
EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Remuneration at the rate of £50 and £40 per annum respectively.
GUY'S HOSPITAL DENTAL SCHOOL.—Senior Dental Officer and Clinical Tutor. Salary, £300 per annum, rising to £400.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—House-Physician. Honorarium, £50 for six months.
HOVE HOSPITAL.—Resident Medical Officer. Salary, £200 per annum.
LONDON COUNTY COUNCIL.—Seventh Assistant Medical Officer for Mental Hospital Service. Salary, £300 per annum, rising to £400.
MANCHESTER ROYAL INFIRMARY.—Assistant Director of the Clinical Laboratory. Salary, £350 per annum.
NORTHAMPTON GENERAL HOSPITAL.—Two House-Surgeons. Salary, £200 per annum each.
QUEEN MARY'S HOSPITAL FOR THE EAST END, E.15.—Honorary Medical Officer in Charge of the Radio-Electro-Therapeutic Department.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Member of Court of Examiners.
RUGBY: HOSPITAL OF ST. CROSS.—Senior Lady Resident Medical Officer. Salary at the rate of £130 per annum.
SALFORD UNION INFIRMARY.—Third and Fourth Assistant Resident Medical Officers, male and female respectively. Salary, £200 per annum each.
SEAMEN'S HOSPITAL SOCIETY.—House-Physician at the Dreadnought Hospital, Greenwich. Salary at the rate of £150 per annum.
SHEFFIELD ROYAL HOSPITAL.—(1) Casualty Officer. (2) House-Surgeon to Ear, Nose, and Throat Department. (3) Assistant Casualty Officer.
SHEPHERD ORTHOPAEDIC HOSPITAL, Gobowen, near Oswestry.—Students to learn Orthopaedic work. Salary, first year £15, and £20 second year.
WEST AFRICAN MEDICAL STAFF.—Medical Officers. Salary, £600 per annum, rising to £720, and if confirmed in appointment after probation £720, rising to £920.
WREXHAM INFIRMARY.—House-Surgeon (male). Salary, £150.
This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

CORBETT, C. H., M.D., Ch.B., F.R.C.S., Honorary Assistant Surgeon, Hull Royal Infirmary.
FELDMAN, W. M., M.D.Lond., F.R.S.Edin., Physician to St. Mary's Hospital for Women and Children, Plaistow.
MANCHESTER ROYAL INFIRMARY.—Radiological Registrar: E. W. Twining, M.R.C.S., L.R.C.P., D.M.R. and E. Assistant Surgical Officer: R. L. Newell, M.D., F.R.C.S.

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.—Section of Dermatology: Thurs., 4.30 p.m., Cases.

SOCIETY FOR THE STUDY OF INEBRIETY, 11, Chandos Street, W.1.—Tues., 4 p.m., Discussion: The Influence of Alcohol and Alcoholism upon Ante-Natal and Infant Life. To be opened by Professor A. Louise McIlroy.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.1.—Wed., 5.30 p.m., Mr. H. S. Souttar: Surgery of Intracranial Tumours.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Thurs., 4 p.m., Dr. Pearson: Indigestion after Infancy.

LONDON HOSPITAL MEDICAL COLLEGE, E.—Wed., 4.15 p.m., Dr. W. M. Feldman: Ante-Natal and Post-Natal Child Physiology—the Physiology of the Infant. Fri., 4.15 p.m., Mr. H. S. Souttar: Intracranial Tumours.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Intensive Course in Cardiology, daily, 10 a.m. to 12.30 p.m., 2 to 4 p.m.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Demonstration of Clinical Cases, 3.30 p.m.: Mon., Medical, Dr. J. B. Alexander; Tues., Surgical (3 p.m.), Mr. H. Evans; Wed., Eye Cases, Mr. N. B. B. Fleming; Thurs., Surgical, Mr. H. W. Carson; Fri., Diseases of Children, Dr. C. E. Sundell.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Thurs., 5 p.m., Mr. L. C. Rivett: Stillbirth.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, Springfield Mental Hospital, S.W.—Thurs., 4.30 p.m., Dr. R. Worth: Demonstration of Mental Cases.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 3 p.m., Mr. Simson: Diseases of Women. Tues., 12 noon, Dr. Burrell: Chest Cases. Wed., 10 a.m., Dr. Saunders: Medical Diseases of Children. Thurs., 2 p.m., Dr. G. Stewart: Neurological Department. Fri., 3 p.m., Mr. Sinclair: Surgical Out-patients. Sat., 9.30 a.m., Dr. Burnford: Bacterial Therapy. Daily, 10 a.m. to 6 p.m., Sat. 10 a.m. to 1 p.m.: In- and Out-patients. Operations, Special Departments.

British Medical Association.

OFFICES AND LIBRARY, 129, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.
LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 1s. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
Telephone number for all Departments: Gerrard 2630 (3 lines).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JULY.

- 8 Sun. Mid-Cheshire Division: Board Room, Altrincham General Hospital, 4 p.m.
9 Mon. North-East Essex Division: Health Department, Trinity Street, Colchester, 3 p.m.
10 Tues. London: Standing Ethical Subcommittee, 2.15 p.m.
London: Special Committee re Venereal Diseases, 2.30 p.m.
London: Central Ethical Committee, 3.30 p.m.
North Wales Branch: Annual Meeting, Belle Vue Rooms, 2.15 p.m.; Branch Council, Corsyddol Hotel, 12.15 p.m.
11 Wed. Bedfordshire Division: Annual Meeting, Swan Hotel, Bedford, 3 p.m.; Luncheon, 1.15 p.m.
12 Thurs. Nuneaton and Tamworth Division: Annual Meeting, Melbourne House, Atherstone, 3.15 p.m.
13 Fri. London: Organization Committee, B.M.A. Guide Subcommittee, 2.30 p.m.
15 Sun. Willesden Division: Special Meeting, Offices of Community Service, Ltd., 1, Montague Street, W.C.1, 10.45 a.m.
18 Wed. Willesden Division: Willesden General Hospital, Harlesden Road, 3 p.m.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CLARK.—On June 10th, to Dr. and Mrs. W. G. Clark, of 12, Falkland Mansions, Glasgow, a son.
KERR.—On June 27th, at Baghdad, Iraq, the wife of J. Fraser Kerr, L.R.C.P. and L.R.C.S.Edin., Civil Surgeon, Hillah, Iraq, of a daughter. (By cable.)
WARBURTON.—On June 27th, at 33, Parsonage Road, Withington, Manchester, to the wife of Gilbert B. Warburton, Ch.M., F.R.C.S., a son.

MARRIAGE.

HARRISON-HALL-KILGOUR.—On Wednesday, June 27th (by the Rev. Dr. Wm. Fairweather), at St. Cuthbert's Parish Church, Edinburgh, Arthur Harrison-Hall, M.B., M.R.C.S., to Isabella Dron, daughter of Alexander Kilgour, Esq., "Craig Gowan," Kirkcaldy. At home, 88, James Street, Oxford, September 13th and 14th.

DEATH.

FURNIVALL.—On April 22nd, at South Croft, Woodbury, Devon, Henry Wallace Furnivall, senr., aged 85 years, son of the late Dr. William Furnivall of Hutton, Somerset. Interred at Hutton, April 26th.