

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

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British Medical Association.

PROCEEDINGS OF COUNCIL.

Wednesday, December 14th, 1927.

A MEETING of the Council was held at the House of the Association, Tavistock Square, London, on Wednesday, December 14th. In the absence of Dr. Brackenbury, Chairman of Council, Dr. C. O. HAWTHORNE, Chairman of the Representative Body, presided. Dr. Hawthorne stated that Dr. Brackenbury was making a satisfactory convalescence after his operation, and hoped soon to be restored to his full work in the Association. The Council signified its desire that a message should be sent to Dr. Brackenbury conveying good wishes.

In addition to Dr. Hawthorne the following members were present:

Mr. N. Bishop Harman (Treasurer), Sir Ewen Maclean (President-Elect), Dr. A. Lyndon (Deputy-Chairman of Representative Body), Sir Robert Bolam (Immediate Past-Chairman of Council), Dr. J. Barcroft Anderson, Dr. J. Armstrong, Dr. F. J. Baildon, Sir Percy Bassett-Smith, Dr. J. W. Bone, Dr. H. C. Bristowe, Dr. G. F. Buchan, Dr. H. Guy Dain, Dr. C. E. Douglas, Mr. T. P. Dunhill, Mr. W. McAdam Eccles, Dr. D. E. Finlay, Dr. T. Fraser, Dr. F. J. Gomez, Dr. F. W. Goodbody, Dr. R. Wallace Henry, Dr. J. Hudson, Dr. I. W. Johnson, Dr. R. Langdon-Down, Dr. E. K. Le Fleming, Dr. R. W. Leslie, Dr. J. Livingstone Loudon, Sir Richard Luce, M.P., Dr. S. Morton Mackenzie, Dr. O. Marriott, Dr. J. C. Matthews, Dr. G. W. Miller, Dr. Christine Murrell, Lieut.-Colonel F. O'Kinealy, Dr. W. Paterson, Mr. J. Patrick, Dr. R. C. Peacocke, Dr. J. R. Prytherch, Dr. F. Radcliffe, Dr. E. H. Snell, Mr. H. S. Souttar, Dr. E. A. Starling, Lieut.-Colonel Ashton Street, Dr. W. E. Thomas, Dr. G. Clark Trotter, Mr. E. B. Turner, Dr. J. F. Walker, and Mr. A. M. Webber.

Apologies for absence were read from the President (Sir Robert Philip), the Past-President (Mr. Hogarth), Sir Alfred Blenkinsop, Dr. G. B. Hillman, Dr. E. Lewys-Lloyd, Dr. J. G. McCutcheon, Dr. J. A. Macdonald, Dr. A. Manknell, Mr. A. W. Nuthall, Group Captain N. J. Roche, Dr. E. W. Lockhart Stephens, Dr. J. Stevens, Sir Jenner Verrall, Sir W. Wheeler, and Dr. W. E. A. Worley. The Medical Secretary stated that several of these absences were due to illness.

The Chairman said that since the last meeting of the Council the deaths had occurred of Sir William Macpherson and Dr. J. S. Darling. The former had attained a very distinguished position in his branch of the profession, and he had also given most valuable service to the Association as a member of Council and in other respects. Dr. Darling had been also a very useful member of Council, taking part seldom in debate, but always impressing his colleagues by his sincerity, and exercising in his own area a helpful personal influence for the benefit of the Association and of the profession as a whole. The Council, by a standing vote, authorized appropriate letters to be sent to the relatives of the deceased members.

Appointment of Delegates and Representatives.

The Chairman said that the Council would learn with satisfaction that Dr. Brackenbury had seen his way to accept the Council's invitation to attend as the Association's delegate at

the South African Medical Congress, to be held in Bloemfontein in March next. (Applause.) In addition, it had been found that three members of the Association from this country intended to be in South Africa at the time of the Congress—namely, Sir Frank Colyer, well known for his work in odontology; Dr. H. B. Densham of Stockton-on-Tees, formerly president of the North of England Branch; and Dr. C. D. Hatrick of New Barnet, honorary secretary of the East Hertfordshire Division. He proposed that these three gentlemen also be appointed official delegates, and this was agreed to.

In response to a communication from the Minister of Health relative to the constitution of the General Nursing Council the following names were forwarded for the Minister's consideration—namely: Lady Barrett, Dr. A. H. G. Burton (medical officer of health for Ilford), Sir Ewen Maclean, Dr. Christine Murrell, and Mr. A. M. Webber (Nottingham).

The President (Sir Robert Philip) was appointed to represent the Association at the celebration in London in May next by the Royal College of Physicians of the tercentenary of the publication of Harvey's *De Motu Cordis*.

Mr. Bishop Harman was appointed one of the two representatives of the Association on the council of the Smoke Abatement League for the remainder of the term for which the late Dr. Ridley Bailey was elected; the other representative is Dr. Clark Trotter. Dr. Hawthorne and Dr. Lyndon were appointed representatives on the Joint Tuberculosis Council; Mr. McAdam Eccles, for three years, on the Central Council for the Care of Cripples; and Dr. Matheson Mackay, chairman of the East Yorkshire Division, as representative of the Association on the governing body of University College, Hull.

International Medical Organization.

The Medical Secretary submitted a full and interesting report on the annual congress of the Association Professionnelle Internationale des Médecins, held in Paris at the end of September, which he attended as an observer. It appeared that the medical organizations of thirteen European countries were represented at the congress. The only two countries which have declined to join are Finland and Russia, the latter for the reason that the other groups are not composed entirely of State medical servants. The work and scope of the international organization was discussed at the congress, and in particular its relations with the International Labour Office.

The Chairman said that the practical issue which arose out of the report was the adherence or the non-adherence of the British Medical Association. One of the considerations which had helped to determine the Council's previous attitude towards this matter was the statement that the annual expenditure consequent upon joining would be some £300, but it was now

stated by the Medical Secretary that the annual commitment would be no more than £125.

Dr. Wallace Henry asked whether, if the Association allied itself with this organization, it would be committed to the support of any scheme which was decided on by the congress from time to time. The Medical Secretary replied that the constitution resembled that of the League of Nations in this respect—that nothing could go forward which was not unanimous.

Dr. Starling said that the Council would agree that it must be beneficial to be associated with professional colleagues on the Continent, though in the exchange of experience it seemed likely that the profession in other countries would benefit rather than the profession in these islands. He did not wish to trespass on the prerogative of the Treasurer, but on reading the interesting and able report of the Medical Secretary he was struck by the remark that the expenditure to the Association, if it came in, would be £125 a year. This figure, however, was conditional upon the keeping down of expenses by an economical secretary. Other conditions might arise whereby the expenditure would be largely increased. The Council had a duty to the Association that money should be spent first for the benefit of the Association's membership and for the advancement of scientific knowledge.

An amendment by Dr. Barcroft Anderson to refer the question to a committee of present and past officers was lost.

Sir Robert Bolam admitted that while, at first, he could not see the utility of this organization, later, and in part owing to the present report of the Medical Secretary, he had come to believe that the Council would act wisely in adhering to this international body. If, in time, it was found that the activities of the organization were not congenial it would be an easy matter for the Association to withdraw.

The Treasurer pointed out that while £125 per annum might seem a small sum, capitalized it was very considerable. There had also to be taken into account the travelling expenses of the Medical Secretary when attending these congresses, the additional clerical work thrown upon the office, possibly necessitating the appointment of another official, and the fact that all such bodies had a tendency to widen their sphere of operation and consequently to increase their expenditure. Moreover, once the Association was within the organization it would not be an easy matter to retire. No doubt the Association could help the international body by advice and information, but there was little that it could learn, for the medical organizations in many of the other countries were "babes and sucklings" compared with the British Medical Association. The Association might admit some missionary vocation, but it could not regard itself as having the world for its parish. He moved that the Finance Committee be first asked for its opinion with regard to the probable cost of the proposal.

Mr. Turner, in seconding, said that for his own part he did not think that membership would be worth the expenditure. At such congresses there was, in his experience, a great deal of "froth" and nothing was done.

It was agreed to refer the matter to the Finance Committee.

Proposed Appointment of Whole-time Officer for Public Health and Poor Law Work in Rural District.

A long discussion took place on a report by the Medical Secretary upon a proposed appointment combining, in a whole-time post, the offices of medical officer of health and Poor Law medical officer and public vaccinator in a rural district. It appeared that in the past the Godstone (Surrey) guardians had employed a part-time practitioner as district medical officer and for the work of the Poor Law institution; the same medical man was also part-time medical officer of health to the rural district council, and was in private practice. On his recent retirement the authorities decided that the time was opportune to rearrange the duties and obtain a whole-time medical officer of health who should combine the health work and the Poor Law work. When the advertisement of the appointment was offered, the Medical Secretary wrote to the clerk of the guardians pointing out that the new appointment constituted a departure from the almost universal custom by which domiciliary Poor Law work was done by part-time practitioners. In a few large urban areas whole-time officers had been appointed to do the Poor Law (including domiciliary) work, but the introduction of such a system into a country area appeared to be entirely

unknown. The advertisement was not accepted for the JOURNAL. A deputation from the Reigate Division met the local authorities, who, however, adhered to their decision.

The Chairman said that on this matter an appeal was made to the Council for guidance, and the Council might consider whether the principle involved was such as to warrant the insertion of an Important Notice.

Dr. Snell said that he held no brief for the appointment by local authorities of whole-time men, but he thought it rather a Rip Van Winkle sort of attitude for the British Medical Association to discuss such a matter at this late day. There was nothing incompatible between the work of a medical officer of health and a Poor Law medical officer. The Birmingham board of guardians thirty years ago created whole-time district medical officers, and to-day there were many scores of medical men who combined the post of district Poor Law officer with that of medical officer of health. The only difference between these cases and the Godstone case was that these other men were also in private practice. If at Godstone the terms of the appointment had been such as to allow the officer to do private practice in addition probably not a word would have been said.

Dr. Morton Mackenzie, who was spokesman for the deputation which met the authorities, pointed out the peculiar difficulties of members of the Division if such an appointment were made, and said that they were very anxious for some guidance.

Dr. Christine Murrell thought that the grounds on which the Council proceeded, supposing it frowned upon the appointment, should be very clearly stated. Was the objection on the ground that the man appointed was not to do private practice as well, or was it that the combination of offices was undesirable?

Dr. Lyndon, who, as chairman of the Ethical Committee, had agreed to an "Important Notice" (which had not yet, however, been issued), pointed out that while in urban areas whole-time officers had been appointed to do the Poor Law (including domiciliary) work, this was something entirely new in rural areas. That was one ground of objection. It was another inroad upon the privileges of general practitioners in holding such part-time appointments.

Dr. Hudson said this was a new encroachment on the domain of private practice, and Dr. Thomas favoured the insertion of an Important Notice.

Sir Robert Bolam said that the situation was admittedly very difficult, but he did not see how an Important Notice could be justified. A local authority was making a new departure which was against the prevailing practice of the country. Whether a principle was at stake on which the Council should make a declaration was a matter to be considered, but he could not see at the moment that, because an authority in a rural area was doing the kind of thing which had not really been objected to in other areas of a different character, it was ground for the issue of an Important Notice. He suggested that the Medico-Political and Public Health Committees should get together and consider the point. Certainly the advertisement should be refused pending such consideration, but the insertion of an Important Notice was a different thing, and ought not to be the result of a "snap" decision. At the same time, the Council generally would feel that this was another encroachment upon private practice.

Dr. Douglas did not think that what was proposed to be done by this local authority was at all a new departure; it would be more correct to describe it as a retrograde step. It was by no means a new idea for the offices of medical officer of health and Poor Law medical officer to be combined. Only as the duties of medical officer of health became more difficult and specialized was it realized to be not a good thing for the two offices to be held in that manner.

Dr. Dain thought the Council might rightly consider this proposed appointment a retrograde step for the reason that the medical officer of health tended to become to an increasing extent an administrative officer, whereas the Poor Law officer was required to be a practitioner treating patients. It was not in the interests of such patients that their treatment should be in the hands of an individual whose training and experience had been mainly in the administrative field. Where the two posts had been held by someone who was also in private practice this difficulty obviously did not arise.

Dr. Langdon-Down thought that the main question should be considered by the Public Health Committee and perhaps by

the Medico-Political Committee also. The insertion of an Important Notice merely meant that any candidate, before applying for a post, was requested to communicate with the Medical Secretary or the secretary for the Division, and the reply that would be given in the present case would be simply that the matter was under consideration and that the principle had not been settled. Incidentally, it would have the result that many men would not be disposed to apply for the post, but it should be clearly understood that, pending the decision of the Council after due consideration by the committees concerned, no further steps should be taken on the Important Notice. In this particular instance, therefore, he was in favour of referring it to the appropriate committee and inserting an Important Notice.

Dr. Murrell pointed out that this would create an awkward position for a candidate. She thought the Council ought to hesitate before sanctioning an Important Notice at this stage.

Dr. Wallace Henry said that his difficulty in supporting the Important Notice had been increased by the speeches in its favour. It was said that what was proposed at Godstone was not a novel thing, but, on the contrary, a retrograde step. How, then, could the chairman of the Ethical Committee condemn it on the ground that it was an entirely new departure? If this was such an important question the Ethical Committee must have been negligent in the past to allow it to be followed in certain places. The whole matter ought to have been considered by some responsible committee before this position arose. If this was not a new departure he thought it was wrong to insert an Important Notice until the policy had been decided.

The Medical Secretary said that he had felt that if something was not done in this case the Council might be accused at the Annual Representative Meeting of permitting a further encroachment on the work of general practitioners. It was a new principle that a whole-time medical officer of health should do, as a side-line, domiciliary Poor Law work.

Dr. Snell said that there was at least one instance where a whole-time resident medical officer to a Poor Law institution was also medical officer of health of the district, and did nothing else.

Dr. Morton Mackenzie again pointed out the difficult position in which local members of the Association were placed. Here it was proposed to bring into the area a medical man whose principal qualification was his knowledge and ability as an administrative officer, but he was also to be required to undertake Poor Law duties consisting of medical officership to the isolation hospital and institution and the work of public vaccinator to a district of the union. He was required to live within two miles of the Poor Law institution, he would have to see outdoor Poor Law patients at his house, and he would be in charge of the 150 inmates of the institution and 40 mental defectives. Incidentally the work hitherto done by a private practitioner would be swept away. The Reigate Division felt it to be a serious inroad upon private practice.

Dr. Walker thought that the arguments of Dr. Dain and Dr. Mackenzie gave good grounds on which quite properly, in the interests of the patients themselves, the Council could complain of such an appointment.

The Chairman, in reply to a question as to the exact nature of an Important Notice, said that in his view there were no grades or degrees in Important Notices. If an Important Notice was issued anyone acting in contravention of that Notice subjected himself to the risk of ethical penalty.

Dr. Paterson thought that this was the kind of appointment to which all members of the Council might rightly object. There were, all over the country, public vaccinators and Poor Law officers who were also private practitioners. If such part-time appointments were taken away it would be impossible for them in many cases to remain in practice in the area. He was perfectly certain that it would be the feeling of general practitioners in this case that an Important Notice should be put in.

Sir Richard Luce thought it a dangerous procedure to insert an Important Notice, which would practically condemn any man taking up the appointment, when such notice was not based upon the infringement of any considered policy of the Association. The policy should first be definitely settled, and then an Important Notice, if necessary, be inserted.

Dr. Morton Mackenzie moved, and Dr. Walker seconded :

That the Council, recognizing the correctness of the action taken by the chairman of the Ethical Committee in agreeing to an Important Notice, confirms the refusal of the advertisement and authorizes the insertion of an Important Notice.

To this Sir Richard Luce moved an amendment, which was seconded by Dr. Clark Trotter :

That this question be referred to the Medico-Political and Public Health Committees, and that no action concerning an Important Notice be taken until after the report from those committees has been considered.

For the amendment there voted, In favour, 18; Against, 20. Dr. Mackenzie's original motion was then put, and there voted, In favour, 23; Against, 19. The motion was, therefore, carried. It was further agreed to remit the consideration of the general question—the Important Notice meanwhile being issued—to a joint meeting of the Medico-Political and Public Health and Poor Law Committees for consideration and report.

Nursing Homes Bill: Christian Science Exemption.

Dr. Bone raised, as a matter of urgency, the question of the report of the Government's acceptance of an amendment exempting Christian Science nursing homes from inspection under the Nursing Homes Bill. Dr. Bone reminded the Council that the Association had agreed not to oppose the bill, but this reported decision by the Government created a new situation. As the bill stood there were to be no exemptions, but now it was proposed to exempt homes which should adopt and use the name of Christian Science nursing homes. It had been expected that the matter would come forward in the House of Commons the previous evening, and after a hurried consultation at headquarters it was resolved to ask Sir Richard Luce to oppose the bill if this amendment were persisted in. Any notice of objection to this amendment would automatically cause the bill to be withdrawn. The bill, however, did not come on, but it would be brought forward another day, and he proposed accordingly that the Council should pass a resolution objecting to any amendment of this kind, and declaring that if it was persisted in the further progress of the bill would be opposed; also that this resolution be sent to the Minister of Health.

Dr. Wallace Henry seconded.

Dr. Buchan hoped it would be made clear that the Council was opposing any exception whatever, not merely this particular exception.

The resolution was carried unanimously.

Reports of Committees.

The Council had before it reports from seventeen committees. Several of these, however, were of a preliminary or interim character, and contained no recommendations.

Sir Ewen Maclean, as chairman of the Committee on Causation of Puerperal Morbidity and Mortality, reported that the conference, already authorized, with representatives of other bodies, including the Ministry of Health, the Medical Research Council, the Royal Colleges, and the Central Midwives Board, would be held on January 11th, when the general position in regard to the subject in this and other countries would be discussed.

Dr. Bone, chairman of the International Medical Sea Code Committee, reported that that committee had got to work, and had decided on certain lines of investigation and on certain authorities whose opinions it proposed to consult.

The Psycho-Analysis Committee, under Dr. Langdon-Down, had decided upon the form of a questionnaire, which it had issued, and would consider replies at the next meeting. One member of the committee, Dr. H. Godwin Baynes, had prepared for it an exposition of the Jung conception of psychological therapy.

The Private Practice Committee, entrusted by the Council with the consideration of the resolutions of the last Annual Representative Meeting concerning the inroads upon private practice, had held two meetings, with Dr. Bone in the chair. All the whole-time medical officers of health in England and Wales would be asked to supply the Association with a list of the health services undertaken by their authorities and the various conditions under which such services were given. The Medical Secretary had also been asked to make detailed investigations into the health services in certain representative areas—namely, Durham, Gloucestershire, Birmingham, Bradford, Hornsey, and Willesden. Mr. McAdam Eccles was elected a member of the committee.

Finance and Building.

The principal matter brought forward by the Treasurer on the report of the Finance Committee was the establishment of a sinking fund for the redemption of the amount spent on the leasehold premises of the Association. The Council agreed that a sinking fund policy be taken out at an annual premium of £1,141 13s. 4d. in order to raise the sum of £100,000 at the end of forty years. Mr. Bishop Harman pointed out the advantages and disadvantages of such a policy, but in his view the advantages were the greater. Although in the meantime the money was in a sense locked up, it was not entirely beyond reach in the unlikely event of circumstances arising to compel the Association to liquidate its policy.

Several decisions were taken on the report of the Building Committee, presented by Sir Robert Bolam, relating to the property in Woburn Place, which has now come into the Association's possession under the terms of its ground lease from the Duke of Bedford's estate. The decisions related to the manner in which the work on the new buildings should be costed. Messrs. Ford and Walton were appointed builders of the blocks in which building can be proceeded with at the present time. The vacated premises are now in course of demolition.

Medical Charities.

Dr. Walker, in presenting the report of the Charities Committee, said that a sum of about £900 was standing to the credit of the trust fund for disposal. It included a donation of £350 from the Medical Insurance Agency, and a sum of more than £60, the proceeds of the collection at the official church service held in St. Giles's Cathedral, Edinburgh.

The Council agreed to the allocation of the £900 to medical charities in the following proportions: Royal Medical Benevolent Fund, £400; Epsom College, £300; Royal Medical Benevolent Fund Guild, £150; Royal Medical Benevolent Fund Society of Ireland, £30, and the surplus to the Sir Charles Hastings Fund. In addition to these sums over £1,400 had been distributed to these various charities since January 1st, 1927.

Dr. Walker said that the activities of the Divisions in respect to charity were increasing. It was proposed to ask each Division to report early next year what action it had taken during 1927. The organization of the work had been no easy matter, largely because there were already in existence in many areas local charities, or local branches of central charities, and to co-ordinate all the activities demanded the exercise of some patience. The economic situation was also reflected in the figures. When there was financial stringency, especially among the middle-class population, medical men were the first to feel it, and the consequence was that their benefactions had to suffer.

Science Activities.

On the motion of the Chairman of the Science Committee, Mr. Souttar, the Council decided to call a conference of medical representatives from the medical schools to consider with the committee certain objections which have been raised to the Association's scale of salaries, agreed to at the Representative Meeting, 1926, for non-professorial medical teachers and laboratory workers. Several of the bodies concerned have represented that the remuneration set out could not be realized under the existing conditions of university finance, also that there were in the academic line of work considerations other than monetary which did not obtain in other civil appointments or in private practice.

On a further recommendation of the Science Committee the Council agreed to grant a further sum of £100 to aid the prosecution of the scheme of investigation being carried out at the rheumatism supervisory centre at Paddington Green Children's Hospital, which was the subject of a report in the SUPPLEMENT of December 10th (p. 223).

With regard to the prize of 25 guineas offered by the retiring Solicitor to the Association, Mr. W. E. Hempson, the Science Committee recommended that this should be awarded for the best essay or treatise on "A study of personal experiences in the medical inspection and treatment of school children under the auspices of any elementary education authority."

Dr. Starling congratulated the committee on its timely choice of subject. Dr. Buchan thought the subject too wide, and likely to lead to essays so widely differing in matter as to render the task of the judges exceptionally difficult. Mr. Scuttar, however, pointed out that what was intended was a

personal study, and from that point of view essays would be comparable even if they dealt with lines of investigation so diverse as squint and orthopaedics.

The recommendation was agreed to.

The Pathologists' Group.

Dr. Hawthorne reported on the question of the proposed formation of a Pathologists' Group in the Association—a matter which was referred at the last meeting of Council to the Science and Organization Committees. The petition for the formation of such a group had been signed, he said, by thirty-six members of the Association, and it was obvious that so small a number could not be said to represent all the members of the Association who might be described as pathologists. Further, there was reason to believe that there were some pathologists, members of the Association, who did not wish to be included in such a group. Upon inquiry it became evident that those who wished this group to be formed were chiefly those engaged in what might be called clinical pathology, and it was felt that these members might be content to have the group described by some qualifying term. The terms "clinical pathologist," "consulting pathologist," and "pathological practitioner" were considered, and the committees were of opinion that the second was most acceptable. He therefore proposed that the formation of a Consulting Pathologists' Group be approved, such group to be composed of members of the Association (not being members of the public health service) who were working in institutional or private pathological laboratories engaged in examining and reporting on specimens for clinical purposes.

Sir Robert Bolam thought that the term used should be "clinical pathologists," the word "clinical" being more descriptive. Dr. Bone was of the same opinion, and said that a "consulting pathologist" would suggest the same relation to an ordinary pathologist as a consulting physician bore to an ordinary physician. Sir Percy Bassett-Smith also supported the term "clinical."

Mr. Bishop Harman took the opposite view. It was the wish of the pathologists concerned to have the word "consulting" or some term other than "clinical." These men represented a large proportion of pathologists, and were increasing in numbers. They were men who were working for and with practitioners all the time. It was true that they might be called "clinical" because they came to the bedside, but equally they were consulted there, and so might be termed "consultants."

An amendment to substitute the word "clinical" was lost, and the recommendation was agreed to.

Dr. Morton Mackenzie desired to raise a point on the general question of the formation of groups within the Association—namely, the position of a member of the Association who, while obviously falling into one of the group categories, did not wish to be a member of the group, and whether *ipso facto* he became a member.

The Chairman deprecated the raising of a discussion on that point at the present stage, but said that if any doubt or uncertainty arose in a particular case it would be possible to refer the matter to the appropriate committee, probably the Organization Committee.

Legal Actions.

Dr. Hawthorne, in the absence of Dr. Brackenbury, reported to the Council the result of the recent cases of the British Medical Association *v.* Parton (JOURNAL, November 19th, p. 962), and of the British Medical Association *v.* "Daily News," Limited (JOURNAL, December 3rd, p. 1056). With regard to the latter action, he said that the object of the Association was to vindicate its position and its honour; it did not desire monetary damages. It had therefore agreed to the offer by the *Star* newspaper to publish a disclaimer in the columns of that periodical, but had insisted that such disclaimer be read in open court before one of His Majesty's judges. This action had plainly announced to the press and to all concerned that the British Medical Association was not to be libelled with impunity. By the settlement on the terms stated the Association had avoided the inconvenience and the dislocation to the work of the office which would have been occasioned by a lengthy action.

Mr. Turner drew attention to what he considered to be a libellous statement against the Association in the review of a

book published in the *Daily Sketch*. It was evident that the writer was confusing once again the British Medical Association with the General Medical Council. Dr. Hawthorne said that a communication had been received from the *Daily Sketch* conveying its regret and offering to make any correction. It was left to the Legal Actions Committee to consider what course should be taken.

Lunacy Law: The Protection of Medical Men.

Dr. Langdon-Down, chairman of the Committee on Lunacy and Mental Disorder, brought forward a recommendation with regard to the protection of certifying medical practitioners. He said that since this matter was considered by the Council several things had happened—the debate in the Representative Body, the judgement of Mr. Justice McCardie in a recent case, and the announcement that legislation was imminent. Although it was not perhaps strictly logical in considering the report of the Royal Commission to take this matter first, yet, as it was first in the reference by the Council to his committee, the committee had given this its more immediate attention. The committee came to the conclusion that it was inadvisable to press for the complete immunity of the doctor on the ground that he was giving evidence before a justice. Even if it could be shown, as suggested by Mr. Justice McCardie, that the justice, and not the doctor, was responsible for the order, it would still be open for the doctor to be attacked on the ground that he had been careless or had acted in bad faith. Again, it was felt to be undesirable for the profession to rest its case on the responsibility of the justice in this matter when, in other parts of the recommendations, it was sought to eliminate the justice. No doubt, too, any such proposal would be controversial, and this would mean a hindrance to legislation, for it was hoped to have this question of protection included in an early non-controversial measure, controversial matters being left to be dealt with later. Dr. Langdon-Down here told the Council, in private, of certain conversations which had taken place with members of the Board of Control. In the proposal now brought forward the suggestion that the justice should be required in his order to put his signature under a statement that due care had been observed by the doctor had been omitted. Another departure from the previous suggestions was that instead of asking for medical assessors it should be asked that the judges might take the evidence of independent expert medical practitioners in any proceedings against the certifying medical man. The recommendation of his committee was as follows:

That the following recommendation of the Royal Commission on Lunacy and Mental Disorder—

“We recommend that for the more effective protection of medical men and others in the bona-fide discharge of their duties under the Act (*i.e.*, Lunacy Act, 1890), Section 330, should be so amended as to provide that any such person shall not be liable to civil or criminal proceedings unless he has acted in bad faith or without reasonable care; and

“That any proceedings taken against such a person shall be stayed upon a summary application to the High Court or a Judge in Chambers unless the court or judge is satisfied that there is substantial ground for alleging that such act was done in bad faith or without reasonable care.”

affords adequate and reasonable protection to the certifying medical practitioner, provided that the Judge in Chambers, or the High Court hearing a summary application, or the Court of Appeal, shall take the evidence of independent expert medical practitioners appointed for the purpose by the Government.

He took it that the law in any case would insist on retaining the final decision in its own hands, and would not place it in the hands of medical assessors. The Council had to determine whether it desired to stick to the original idea of laying the onus on the justice. That would be to render futile the inclusion of this provision in any measure which it was desired should be of a non-controversial character. On the other hand, if this recommendation were accepted, he thought it could be claimed that in substance it was non-controversial. The desire to accord reasonable and adequate protection to the medical man was now very strong, both in Parliament and among members of the public, and he thought that such protection as should, within reason, satisfy the profession was likely soon to be accorded. He added that the committee had arrived at the above recommendation without dissent.

Dr. Hawthorne said that he recognized that in the new situation created by the recommendation of the Royal Com-

mission the onus of proof would be upon the plaintiff, and not upon the defendant, and that if the profession was not content with that it would be regarded as throwing the bill now in preparation into a controversial shape. It was obvious that the official view was in favour of supplying merely the additional protection suggested by the Royal Commission. But he was bound to ask the Council how it had come about that circumstances were what they were. What was now put forward was the slightest and weakest measure of protection that had ever been envisaged by the committee. By a gradual process of dilution and attenuation the committee had passed from a robust measure of protection to the slight degree of protection afforded in the recommendation now before the Council. The first proposal was that the practitioner should have complete immunity when signing a certificate. Even in May last the committee passed a resolution that the Council should be advised to continue to press for this full measure of protection. But in June a report from this committee departed from that proposal and put forward certain others. In July, in the Representative Body, the recommendations were weakened again, and now the outcome was merely the recommendation of the Royal Commission *plus* medical assessors or expert witnesses. Dr. Hawthorne deplored the delay that had marked the proceedings of the committee and thought that the committee ought to have prepared a case for the profession, even if in the end it was necessary to withdraw from the full claim; at least the profession would have had a document to serve as a guide and an inspiration to the members of the Association.

Dr. Langdon-Down said that he did not think he would be wise in entering into controversy; he was content to let Dr. Hawthorne's remarks stand.

Dr. Bone desired to amend the motion so that it would read “shall have the assistance of” instead of “shall take the evidence of,” and he was also anxious that, should it be found that the insistence of the profession on medical assessors or the like imperilled the bill as a non-controversial measure, this addition should not be pressed.

Dr. Langdon-Down thought that some such words as “shall take steps to secure” would leave sufficient latitude.

The recommendation was agreed to by the Council, without dissent, in the following form:

That as in the opinion of the Council the following recommendation of the Royal Commission on Lunacy and Mental Disorder [the recommendation for an amendment of Section 330 as quoted above] affords adequate and reasonable protection to the certifying medical practitioner, provided that the Judge in Chambers, or the High Court hearing a summary application, or the Court of Appeal, shall have the assistance of an independent expert medical practitioner who shall be selected from a panel of practitioners appointed for the purpose by the Government, steps be taken to secure by consent that effect be given thereto in any legislation on the matter that may be introduced into Parliament.

The differences between this and the original resolution, in which changes Dr. Langdon-Down concurred, are, apart from the recommendation at the end, the substitution of the words “shall have the assistance of an independent expert medical practitioner” for “shall take the evidence of independent expert medical practitioners.”

Other Business.

Dr. Dain, on the report of the Insurance Acts Committee, stated that the committee was now negotiating with the Government the putting into actual regulations of the disciplinary machinery, proposals with regard to which were agreed to at the recent Panel Conference.

Dr. Goodbody, chairman of the Naval and Military Committee, stated that the Association had been invited to co-operate in the management and organization of the fifth International Congress of Military Medicine and Pharmacy, to be held in London in 1929. The Council accepted the invitation, and appointed Major-General Sir Alfred Blenkinsop the Association's representative on the organizing committee of the congress.

It was also stated by Dr. Goodbody that the Naval and Military Committee was making representations to the Admiralty with regard to promotion in the Royal Naval Medical Service.

On the report of the Dominions Committee, presented by Dr. Paterson, it was recommended that the name of the committee should be made more descriptive of the scope of its work,

so that it shall become the Dominions, India, Colonies, and Dependencies Committee. The Council agreed to make this recommendation to the Representative Body.

The report of action taken by the Dominions Committee covered a wide field. Dr. Paterson specially drew attention to the serious position which had arisen in Ceylon, where a majority on a Government committee had reported in favour of Government assistance for the training of practitioners of indigenous systems of medicine. The Ceylon Branch had passed a strong resolution against this report, and the Dominions Committee was urging the Colonial Office not to approve action on the lines of the report.

The matter of free treatment at Bombay public hospitals had also been brought to the notice of the committee through the Bombay Branch, and the Branch had been informed by the committee that it was considered contrary to public policy and inequitable to private practitioners that patients whose economic position enabled them to meet the ordinary charges of private medical practice should be admitted to a public hospital without payment of fees.

Mr. McAdam Eccles presented the report of the Hospitals Committee, which contained no recommendations, but dealt, among other matters, with the new contributory scheme for hospital benefit in Birmingham, which was the subject of an article in the *JOURNAL* of October 22nd (p. 751). The committee had directed the attention of the local Branch and Division secretaries to the fact that, according to the provisions of this scheme, any and every contributor, irrespective of income, would be eligible to obtain benefit at hospitals, and that the medical staff would not receive any portion of the money received by the hospital in respect of contributors to the scheme. The local units of the Association had been urged to take the matter into immediate and earnest consideration, and the chairman of the committee and the Chairman of Council had also been asked to watch the position and to take such action as might be necessary.

The report of the Office Committee dealt with several domestic matters. One of these concerned the regulations as to the use of the members' lounge and the library at the Association's House. There is reason to believe that these are used by non-members, and therefore the Council instructed the Financial Secretary to make arrangements for persons present in those rooms to sign the Members' Book on request. It was agreed also that the lounge be in future known as the "Members' Common Room."

The Council rose at 6.30 p.m., after an eight-hour sitting.

British Medical Association.

CURRENT NOTES.

Some Committee Work at Headquarters.

On December 13th the Asylum Medical Officers' Subcommittee settled the terms of its report and recommendations on the question of the adoption of a revised scale of salaries for assistant asylum medical officers. The existing scale was adopted by the Annual Representative Meeting in 1915, and there are good grounds for the conclusion that revision is now overdue. The report will be considered by the Medico-Political Committee at its next meeting on January 18th. The Medical Officers of Public Schools Subcommittee met on December 16th to discuss questions arising in connexion with the adoption by the Annual Representative Meeting at Edinburgh of certain resolutions as to the medical service of public schools. The subcommittee will report in due course to the Medico-Political Committee.

Grievances of Assistants.

From time to time the Medical Secretary receives complaints from medical men and women who have accepted assistantships in private practice and have found the conditions to be unsatisfactory, and it is often suggested that the Association ought to take action, such as by refusing advertisements from certain doctors who are alleged to have victimized their assistants. Except in cases where there has been deliberate fraud such action is not possible. The old adage *caveat emptor* must rule the situation. It is not only the duty of principals to treat the colleagues

they employ fairly, but it is equally the duty of the assistant to see that his (or her) rights and privileges are safeguarded by a proper agreement before the duties are entered upon. The most common complaint is in reference to promises to give a partnership after a certain length of time if the assistant has been satisfactory, and almost as frequently the complaint is with reference to holidays and time off duty. Members of the Association who are contemplating taking assistantships should in all cases insist upon a written agreement in which these points and others of importance are clearly specified.

The Association's Collection of Autographs.

During the past few months the British Medical Association has begun a collection of autographs, a project which was favoured by the kindness of Mr. Muirhead Little, who consented to put the collection in order. The collection is founded on a number of autographs presented to the Association through Mr. Muirhead Little by Miss E. M. Bennett (daughter of the late Sir James Risdon Bennett, at one time President of the Royal College of Physicians of London), and the Council would welcome the gift of autographs of (a) persons who have held high official positions in the Association, (b) celebrated medical men and women, and (c) lay persons in some way connected with the medical profession or medical affairs. The collection may be inspected by members of the Association on application to the librarian.

Association Notices.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION.—The following programme of meetings for 1928 has been arranged by the Nuneaton and Tamworth Division:

- Jan. 11th. Nuneaton General Hospital. Clinical and Pathological Meeting arranged by Dr. Pracy.
- Feb. 8th. Nuneaton General Hospital. Mr. C. A. Raison: Surgical Conditions of the Biliary Tract. Arrangements for the Annual Dinner.
- Mar. 8th. Tamworth General Hospital. Dr. F. B. Gilhespy: Subject to be announced later.
- April 18th. Nuneaton General Hospital. Dr. C. F. Rudd: Paper on an ophthalmic subject.

It is hoped to hold the annual dinner in May. The annual meeting of the Division will be held in Nuneaton in June or July. Cases or specimens may be shown at any of the ordinary meetings. If possible, previous notice should be given to the secretary.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A meeting of the City Division will be held at the Metropolitan Hospital, Kingsland Road, E., on Tuesday, January 3rd, 1928, at 9.30 p.m. Dr. Philip Hamill will read a paper on bacilluria.

METROPOLITAN COUNTIES BRANCH: FINCHLEY DIVISION.—A meeting of the Finchley Division will be held at the Finchley Memorial Hospital on Tuesday, January 10th, 1928, at 8.45 p.m. Mr. W. S. Perrin will read a paper.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—A meeting of the Hampstead Division will be held at the Hampstead General Hospital on Thursday, January 12th, 1928, at 8.30 p.m. Dr. T. Izod Bennett will read a paper on the treatment of gastric ulcer.

METROPOLITAN COUNTIES BRANCH: ST. PANCRAS DIVISION.—A meeting of the St. Pancras Division will be held at the British Medical Association House, Tavistock Square, W.C.1, on Tuesday, January 10th, 1928, at 9 p.m. Sir Squire Sprigge will read a paper entitled "The middle years."

MIDLAND BRANCH: HOLLAND DIVISION.—A meeting of the Holland Division will be held at Spalding on Friday, January 6th, 1928, at 3 p.m. Sir Humphry Rolleston, Bt., Regius Professor of Physic in the University of Cambridge, will give a British Medical Association Lecture on the medical aspects of idiosyncrasies.

OXFORD AND READING BRANCH: OXFORD DIVISION.—The following programme of meetings has been arranged by the Oxford Division; they will be held in the Radcliffe Infirmary on Wednesdays at 2.30 p.m.

- Jan. 25th. Dr. T. Izod Bennett: Recent Advances in Pernicious Anaemia.
- Mar. 28th. Dr. J. Stanley White: Some Recent Aspects of Biological Therapy (with Cinematograph).
- May 23rd. Dr. F. G. Chandler: Bronchiectasis—Early Diagnosis and Treatment.
- June 27th. Clinical Meeting.
- Oct. 24th. Sir G. Lenthal Cheatle, K.C.B.: Clinical Signs of Important Changes in the Breast.
- Nov. 28th. Annual Meeting.

An extra clinical meeting will be held at the Horton Infirmary, Banbury, on Friday, April 20th, at 3 p.m.

SURREY BRANCH: GUILDFORD DIVISION.—A meeting of the Guildford Division will be held at the Royal Surrey County Hospital, Guildford, on Thursday, January 5th, 1928, at 4 p.m. Sir John Collie will give an address on "Where law and medicine meet." Tea served at 3.45 p.m.

Meetings of Branches and Divisions.

METROPOLITAN COUNTIES BRANCH: TOWER HAMLETS DIVISION.

A CLINICAL meeting was held at the East London Hospital for Children, Shadwell, E.1, on December 14th, when about thirty members were present. The following cases were shown by members of the staff: Mr. ACTON DAVIS, a case of congenital dislocation of the hip; Mr. WINSBURY WHITE, a case of dislocation of the pelvis, with separation of the pubic bones, causing incontinence; Dr. GEOFFREY BOURNE, cases of encephalitis lethargica and Gaucher's splenomegaly; Dr. GOTCH, cases of Hodgkin's disease and purpura rheumatica. A discussion followed in which the members participated.

On the motion of Dr. HASTINGS, the chairman of the Division, a vote of thanks was accorded to the staff for the arrangements made.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.

A MEETING of the North Northumberland Division was held on November 23rd in the Infirmary, Berwick-on-Tweed, when Professor LOVELL GULLAND (Edinburgh) delivered an address on the significance of heart murmurs. The address was of great interest and was much enjoyed by all present, and at the close Professor Gulland was heartily thanked. Tea was provided subsequently.

The annual dinner of the Division was held in the Plough Hotel, Alnwick, on the evening of November 17th; the guests of the Division were Dr. John Clay of Newcastle and Dr. Frank Beaton of Ashington. The toast of "The British Medical Association" was proposed by Dr. SCOTT, and responded to by Dr. BEATON. "Our Guests" was proposed by Dr. BADCOCK, and Dr. HUGH DICKIE of Morpeth replied. During the evening a musical programme was much enjoyed by all present, and the whole evening was voted at the close to have been a great success.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.

A SERIES of post-graduate lectures and clinics was held during the autumn, the course having been arranged with the assistance of the Fellowship of Medicine and the Committee of the West Suffolk General Hospital. Invitations were sent to all practitioners in the area, whether members of the Association or not, together with a programme of the course. The Saturday evening lectures were preceded by an informal dinner.

There are forty-nine men in active practice in the area. The average attendance at the lectures was twenty, and at the clinics sixteen. The course was much appreciated by those who attended, and it is hoped to hold a similar one every spring and autumn.

WILTSHIRE BRANCH: TROWBRIDGE DIVISION.

THE annual dinner of the Trowbridge Division was held at the Angel Hotel, Chippenham, on November 23rd, at which eighteen members and two guests were present.

The chair was taken by Dr. D. LEIGH SPENCE, vice-chairman, in the absence of the chairman, Dr. CROSSLEY, through illness.

Mr. E. W. HEY GROVES gave an address on damages to bones and reputations, which was greatly appreciated.

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRAC, AND CASTLEFORD DIVISION.

A MEETING of the Wakefield, Pontefract, and Castleford Division was held at the Great Bull Restaurant, Wakefield, on December 8th, when Dr. GIBSON was in the chair.

Mr. E. R. FLINT, in an interesting address on fractures, illustrated by a lantern demonstration, dealt in detail with those of the upper and lower limbs, and emphasized the importance of reducing them within the first twenty-four hours after the injury, and in the majority of cases of employing an anaesthetic and x rays before and after reduction. He considered that splints should be dispensed with in three to four weeks in upper-limb fractures, and in those of the lower limbs in about eight weeks, massage being started early and followed later by passive and active movements. Mr. Flint also dealt with the causes and treatment of delayed union in fractures.

Drs. GIBSON, BUTLER, FULLERTON, GREAVES, and HILLMAN took part in the subsequent discussion. On the motion of Dr. SCHOLEFIELD a vote of thanks was accorded to the lecturer with acclamation.

Correspondence.

Ophthalmic Clinics for Insured Persons.

SIR,—One of the correspondents in your issue of December 10th (p. 230) writes to say that if the approved societies have the best interests of their members at heart they will not be in favour of establishing ophthalmic clinics. Every ophthalmic surgeon will agree with this statement.

Approved societies can be divided into two classes—the good and the bad. From the insured person's point of view and that of our own it will be found that the good societies are those that have accepted the British Medical Association's scheme of ophthalmic benefit by private consultation at the guinea fee. The bad societies have not taken advantage of this scheme, and plead poverty as the cause for not doing so.

All societies should be able to afford the guinea fee per member. My grounds for this statement are:

1. The figures of National Health Insurance for England and Wales given by Mr. Neville Chamberlain in June, 1926, show that the accumulated funds at the end of 1925 amounted to £113,000,000.

2. What one society has done should be done by all, for equal payments should give equal benefits in a national scheme.

3. At the last Government valuation the largest women's friendly society in the United Kingdom—the United Women's, originally formed in 1912—was found to possess a surplus of £239,255. This is proof that well managed societies can afford the B.M.A. scheme, which this society has been giving to their members of twelve months' standing for many years. Their other additional benefits are also second to none; and it must be remembered that many societies only give ophthalmic benefit after five years' membership.

We cannot compel the bad societies to give ophthalmic benefit, but we can encourage those of them who are trying to improve their ways by accepting their scheme of ophthalmic benefit. The clinic system of ophthalmic benefit has been proposed by the poorer approved societies who are anxious to give their members the advantage of the services of ophthalmic surgeons. In this they are to be congratulated, for at present they refer many of their members to the ophthalmic departments of hospitals, where they are seen gratis by the surgeons. The National Insurance Benefit Society, representing some 2,000,000 insured persons in several different societies, have approached the British Medical Association because they do not find the present position satisfactory.

I take it that ophthalmic surgeons have no fault to find with the principle of the school clinic system of giving ophthalmic benefit to children. If this is the case it is rather late to object to the same principle being applied to adults at the request of approved societies. I think all will agree that it is better than their flocking to hospitals or to opticians, which was the only alternative in the past for school children, and now for adults in the poorer insurance societies.

Why should we refuse the societies' offer, provided the surgeon's capitation fee and terms of work are satisfactory? Medical men often forget that they are servants of the public. We cannot restrict, as I have seen suggested, the number of cases applying for ophthalmic benefit. The approved societies are satisfied that the clinics will pay them, for they have had experience of them for the last five years.

If the insured public do not like the clinic system they have the remedy in their own hands. They can either join a society that has accepted the B.M.A. scheme or pay the difference between the capitation fee decided upon at the clinic and the guinea fee. At present this would be 14s. 6d., but the capitation fee now paid at the clinics has not the approval of the Ophthalmic Committee. The difference between the societies' figure and that of this committee is not great, and one that will easily be settled to the mutual advantage of all concerned. The conditions of work, to my mind, are satisfactory. The present position of cases being forced to go to the opticians is wrong.

Surely the clinic system, although not ideal, is better for both patient and surgeon. The former will be seen with less delay in a clinic than at hospital, and the surgeon will be paid a fair fee for the work done. At present those who do not like the clinic scheme need not undertake the work. I remember that many of my colleagues who opposed the B.M.A. scheme are now strong supporters of it.—I am, etc.,

RICHARD BICKERTON,

A Member of the British Medical Association's
Ophthalmic Committee.

Liverpool, Dec. 13th.

Private Practice and the Public Medical Services.

SIR,—I have read with great interest Dr. Flemming's article on private practice and the public medical services, in the SUPPLEMENT of December 10th.

It has occurred to me that the general practitioner would receive great help if the school medical officers' records of children could be handed on to the panel practitioner. He would then receive valuable information instead of a blank medical record card. Doubtful cases of pulmonary tuberculosis or rheumatic heart disease would have a watchful eye kept on them instead of being suddenly "discovered" at a late stage. I should be glad to know if this is possible.—I am, etc.,

New Malden, Surrey, Dec. 14th.

NORMAN J. ENGLAND, M.B.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

Surgeon Captains J. H. Fergusson to the *Egmont* for hospital ship *Maine*; W. W. Keir, C.M.G., to the *Tamar* for R.N. Hospital, Hong-Kong. Surgeon Commanders H. M. Whelan to the *Egmont* for hospital ship *Maine*; T. Creaser to the *Hood* and as Squadron Medical Officer; G. D. Walsh to the *Revenge*; B. R. Bickford, D.S.O., to the *Iron Duke*, as Squadron Medical Officer, and as Specialist in Ophthalmology; T. W. Jeffery, O.B.E., to the *Nelson* and as Fleet Medical Officer; F. J. D. Twigg to the *Victory* for Haslar Hospital, and as Specialist in Ophthalmology; A. R. Schofield to the *Vernon*; G. H. Hayes to the *President* for six months' post-graduate course; H. H. Ormsby to the *Dartmouth*; G. A. S. Hamilton to the *Tiger*; H. E. Perkins to the *Osprey*; W. P. Hingston, C.B., to the *President* for R.N. College; W. Bradbury, D.S.O., to the *Birmingham* and as Fleet Medical Officer.

Surgeon Lieutenant Commander H. F. Stephen to be Surgeon Commander. Surgeon Lieutenant Commanders R. S. Collings to the *Nelson*; J. F. Ainley to the *Victory* for R.N. Barracks; G. E. Heath to the *President* for three months' post-graduate course. Surgeon Lieutenants J. C. Gent to the *Marlborough*; R. Schofield to the *Adamant*; L. P. Spero to the *Resolution* on commissioning; R. W. Higgins to the *Impregnable*; W. J. Moody to the *Iron Duke*; R. D. Stuart to the *Delphinium*.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel S. B. Smith, D.S.O., O.B.E., having attained the age fixed for compulsory retirement, retires on retired pay. Major J. H. Campbell, D.S.O., to be Lieutenant-Colonel vice Lieut.-Colonel S. B. Smith, D.S.O., O.B.E., to retired pay. Temporary Lieutenant A. Nicolson relinquishes his commission. D. W. Stuart to be temporary Lieutenant.

ROYAL AIR FORCE MEDICAL SERVICE.

Flight Lieutenants C. G. J. Nicolls to No. 31 Squadron, India; T. W. Wilson to No. 27 Squadron, India. Flying Officer C. W. Coffey to R.A.F. Station, Biggin Hill.

COLONIAL MEDICAL SERVICES.

Dr. E. A. Smith appointed V.D. Specialist, Malayan Medical Service. Dr. R. M. Burnie appointed Research Medical Officer, Nigeria (transferred from post of Medical Officer). Dr. R. N. Hall appointed Medical Officer, Nigeria. Drs. A. C. Freeth, C. E. Roberts, and J. J. Mitchell appointed District Medical Officers, Gulu, Entebbe, and Mulago, Uganda, respectively. Drs. H. J. O'D. Burke-Gaffney and R. Mackay are confirmed in their appointments as Medical Officers, Tanganyika. Dr. E. F. Ward promoted Senior Medical Officer, Gold Coast. Dr. J. M. O'Brien, M.B.E., promoted Medical Specialist, Gold Coast. Dr. W. D. Whamond appointed Medical Officer of Health (Sanitation Branch), Gold Coast.

VACANCIES.

ABERDEEN ROYAL INFIRMARY.—Junior Assistant Ophthalmic Surgeon. **ARBROATH INFIRMARY.**—Resident Medical Officer (male, unmarried). Salary at the rate of £150 per annum. **ARGYLL AND BUTE DISTRICT MENTAL HOSPITAL, Lochgilphead.**—Assistant Medical Officer (unmarried). Salary £300. **BERMONDSEY BOROUGH.**—Female Assistant Medical Officer for Maternity and Child Welfare. Salary £600 per annum. **BLACKBURN AND EAST LANCASHIRE ROYAL INFIRMARY.**—Third House-Surgeon (male). Salary £150 per annum. **CHELtenham GENERAL AND EYE HOSPITALS.**—House-Surgeon (male, unmarried) at the Eye, Ear, Nose, and Throat Hospital. Salary £200 per annum. **COVENTRY AND WARWICKSHIRE HOSPITAL.**—Resident House-Surgeon (male). Salary £125 per annum. **DERBYSHIRE ROYAL INFIRMARY, Derby.**—Honorary Gynaecologist. **DURHAM COUNTY COUNCIL.**—Medical Superintendent of the Seaham Hall Sanatorium. Salary at the rate of £600 per annum. **GLASGOW EYE INFIRMARY.**—Radiologist. **GUILDFORD UNION.**—Resident Assistant Medical Officer at the Institution. Salary at the rate of £150 per annum. **HACKNEY HOSPITAL.**—Junior Assistant Medical Officer (male, unmarried). Salary £350 per annum, rising to £425. **HARROGATE INFIRMARY.**—House-Surgeon (male). Salary at the rate of £100 per annum. **HENDON UNION.**—Resident Deputy Medical Superintendent at the Redhill Hospital, Edgware. Salary £300 per annum, rising to £350. **HULL ROYAL INFIRMARY.**—Second House-Surgeon. Salary at the rate of £150 per annum. **LINCOLN: THE LAWN.**—Medical Superintendent. Salary £700 per annum. **LOWESTOFT AND NORTH SUFFOLK HOSPITAL, Lowestoft.**—House-Surgeon (male). Salary £120 per annum. **MANCHESTER ROYAL INFIRMARY.**—Junior House-Surgeon (lady) at the Central Branch. Salary at the rate of £100 per annum as Junior and Assistant for eight months, rising to £200 as Senior. **MANCHESTER UNION.**—Junior Resident Assistant Medical Officers at (1) Withington Hospitals, (2) Crumpsall Infirmary, (3) Booth Hall Infirmary for Children. Salary £275 per annum each. **MINISTRY OF PENSIONS.**—Junior Resident Surgical Officer at the Highbury Group of Hospitals, Birmingham. Salary £300 per annum. **NOTTINGHAM: GENERAL HOSPITAL.**—House-Surgeon. Salary at the rate of £150 per annum. **PORTSMOUTH PARISH.**—Third Assistant Resident Medical Officer for St. Mary's Infirmary, Institution, and Children's Home. Salary £250 per annum. **PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.15.**—Honorary Anaesthetist. Honorarium £20 per annum. **BEAMEN'S HOSPITAL SOCIETY.**—Honorary Assistant Physician at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C. **SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.**—Two Assistant House-Surgeons. Salary at the rate of £100 per annum. **SOUTHEND VICTORIA HOSPITAL.**—Junior House-Surgeon (male). Salary at the rate of £150 per annum.

WAKEFIELD: WEST RIDING MENTAL HOSPITAL.—Junior Assistant Medical Officer (male). Salary £400 per annum, rising to £500. **WILLESDEN GENERAL HOSPITAL, Harlesden Road, N.W.10.**—Resident House-Surgeon (male). Salary at the rate of £100 per annum. **WOOD GREEN URBAN DISTRICT.**—Medical Officer of Health, etc. Salary £900 per annum, rising to £1,000.

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.

EDWARDS, J. C., M.B., Ch.B. Liverp., House-Surgeon, Liverpool Maternity Hospital. **SMITH, Henry Gordon, M.D.** Lond., D.P.H. Camb., Medical Officer of Health for Bournemouth. **QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.1.**—Senior Resident Medical Officer: G. E. G. Peirce, M.B., B.S. Assistant Resident Medical Officer: George A. Ross, M.B., Ch.B.

British Medical Association.

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE,
TAVISTOCK SQUARE, W.C.1.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager, Telegrams: Articulate Westcent, London). **MEDICAL SECRETARY** (Telegrams: Medicisera Westcent, London). **EDITOR, British Medical Journal** (Telegrams: Aitiology Westcent, London). **Telephone numbers of British Medical Association and British Medical Journal**, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines). **SCOTTISH MEDICAL SECRETARY**: 6, Drumshugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.) **IRISH MEDICAL SECRETARY**: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JANUARY.

- 3 Tues. City Division: Metropolitan Hospital, Kingsland Road, E. Dr. Philip Hamill on Bacilluria, 9.30 p.m.
- 5 Thurs. Guildford Division: Royal Surrey County Hospital, Guildford. Sir John Collie on Where Law and Medicine Meet, 4 p.m.
- 6 Fri. Holland Division: Spalding, B.M.A. Lecture by Sir Humphry Rolleston on the Medical Aspects of Idiocy, 3 p.m.
- 10 Tues. Finchley Division: Finchley Memorial Hospital, 8.45 p.m. Portsmouth Division: Annual Dance, Savoy Café. St. Pancras Division: B.M.A. House, Tavistock Square, W.C.1. Sir Squire Sprigge on "The Middle Years," 9 p.m.
- 11 Wed. London: Conference on Puerperal Morbidity and Mortality, 2 p.m. Croydon Division: Croydon General Hospital. Dr. G. Lewin on Bazin's Disease, 4 p.m. Lanarkshire Division: St. Enoch Station Hotel. Dr. Douglas Guthrie on the Septic Tonsil and Discharging Ear, 3.30 p.m. Nuneaton and Tamworth Division: Clinical Meeting, Nuneaton General Hospital.
- 12 Thurs. London: Insurance Acts Committee, 12 noon. Hampstead Division: Hampstead General Hospital. Dr. T. Izod Bennett on Gastric Ulcer, 8.30 p.m. Wakefield, Pontefract, and Castleford Division: Great Bull Restaurant, Westgate, Wakefield. Dr. G. B. Hillman on the Insurance Practitioner, Supper, 7.45 p.m.
- 13 Fri. Chesterfield Division: Maternity Hospital, Chesterfield. Mr. W. W. King on Dysmenorrhoea, 8.15 p.m. Dewsbury Division: Batley Hospital. Mr. L. R. Braithwaite on Chronic Pains in the Right Iliac Fossa. Tyne-side Division Dinner.
- 17 Tues. Lewisham Division: Clinical Evening, South-Eastern Children's Hospital, Sydenham.
- 19 Thurs. London: Journal Committee, 2.30 p.m. Jersey Division: General Hospital. Dr. H. W. Maret Timms on Heredity, 8.30 p.m.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement 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.

BIRTH.

STEWART.—On December 16th, at Hillside, Umtali, South Rhodesia, to the wife of Dr. J. Lennox Stewart, D.S.O., M.C., a son.

MARRIAGES.

BULMER-WAKE.—On December 15th, at Moseley Parish Church (by the Venerable the Archdeacon of Birmingham), Ernest Bulmer, M.D., M.R.C.P.Ed., M.R.C.P.Lond., son of Mr. and Mrs. S. Bulmer of Newcastle-on-Tyne, to Eileen Mary Wake, M.B., Ch.B., elder daughter of Mr. and Mrs. G. J. Wake of School Road, Moseley. **PEARSE-MUDGE.**—On December 20th, at St. James-the-Less, Plymouth, by the Rev. J. E. Woolcombe, Joseph Steele Pearse, M.R.C.S., L.R.C.P., son of the late T. Pearse, M.D. and grandson of the late W. Pearse, M.R.C.S., L.S.A., Launceston and Plymouth, to Ada Florence, daughter of the late T. Mudge, M.R.C.S., L.S.A., Bodmin.

DEATHS.

PEARSE.—At Villefranche-sur-Mer, France, Wilfrid W. Pearse, M.D., D.P.H., late M.O.H. Hong-Kong, son of the late W. H. Pearse, M.D., M.R.C.P., and grandson of the late W. Pearse, M.R.C.S., L.S.A. (1821), Launceston and Plymouth.

GRESSWELL.—On December 14th, aged 71 years, Albert Gresswell, M.A., M.D.Oxon., St. Bart's, at Kelsey House, Louth, Lincs.