

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

LONDON: SATURDAY, NOVEMBER 17th, 1934

CONTENTS

	PAGE		PAGE
BRITISH MEDICAL ASSOCIATION		CORRESPONDENCE:	
Proceedings of Council	249	SIGHT-TESTING OPTICIANS	256
INSURANCE MEDICAL SERVICE WEEK BY WEEK	254	HOSPITAL OR HOME?	257
MEETINGS OF BRANCHES AND DIVISIONS	255	STAFFING OF COLONIES FOR MENTAL DEFECTIVES... ..	257
NAVAL AND MILITARY APPOINTMENTS	258	ASSOCIATION INTELLIGENCE AND DIARY	259
ASSOCIATION NOTICES:		DIARY OF SOCIETIES AND LECTURES	259
BRANCH AND DIVISION MEETINGS TO BE HELD	258	VACANCIES AND APPOINTMENTS	260
POST-GRADUATE COURSES AND LECTURES	259	BIRTHS, MARRIAGES, AND DEATHS	260

British Medical Association

PROCEEDINGS OF COUNCIL

WEDNESDAY, NOVEMBER 7th

A meeting of the Council of the British Medical Association was held at headquarters, Tavistock Square, on November 7th. Dr. E. Kaye Le Fleming (Chairman of Council) presided, and the other members present were:

Dr. S. Watson Smith (President), Mr. H. S. Souttar (Chairman, Representative Body), Mr. N. Bishop Harman (Treasurer), Professor T. G. Moorhead (Past-President), Sir H. B. Brackenbury (Immediate Past-Chairman of Council), Dr. H. Guy Dain (Deputy Chairman of Representative Body), Mr. J. Armstrong, Professor R. J. A. Berry, Professor J. W. Bigger, Sir Robert Bolam, Dr. J. W. Bone, Dr. E. E. Brierley, Professor A. H. Burgess, Dr. J. D. Comrie, Lieut.-Colonel J. M. H. Conway, Sir Thomas Dunhill, Mr. W. McAdam Eccles, Sir Crisp English, Dr. C. E. S. Flemming, Dr. E. R. Fothergill, Dr. P. L. Giuseppi, Dr. F. W. Goodbody, Dr. L. G. Glover, Dr. R. G. Gordon, Dr. C. O. Hawthorne, Dr. J. Henderson, Dr. J. Hudson, Dr. H. C. Jonas, Dr. R. Langdon-Down, Mr. E. Lewis Lilley, Dr. J. Livingstone Loudon, Dr. J. C. Loughridge, Dr. A. Lyndon, Dr. P. Macdonald, Sir Ewen Maclean, Dr. O. Marriott, Mr. E. W. G. Masterman, Dr. J. C. Matthews, Dr. G. W. Miller, Dr. J. B. Miller, Dr. H. J. Milligan, Sir Richard Needham, Dr. R. L. Newell, Lieut.-Colonel F. O'Kinealy, Dr. L. A. Parry, Dr. W. Paterson, Dr. R. C. Peacocke, Professor R. M. F. Picken, Dr. H. W. Pooler, Dr. J. R. Prytherch, Dr. F. A. Roper, Dr. E. H. Snell, Dr. P. B. Spurgin, Dr. W. Stobie, Surgeon Rear-Admiral A. R. Thomas, Dr. G. C. Trotter, Wing Commander H. M. Stanley Turner, Dr. N. E. Waterfield, Dr. W. Watkins-Pitchford, Dr. W. N. West-Watson, Dr. W. G. Willoughby.

Apologies for absence had been received from the President-Elect, Dr. J. Mills, and Dr. T. Fraser.

PRELIMINARY BUSINESS

The deaths were reported of Dr. F. E. Apthorpe Webb of Cambridge, member of Council 1906-9, and of Professor Santiago Ramón y Cajal of Madrid, Foreign Corresponding Member. A resolution of condolence was passed.

The Chairman was authorized to transmit to all who had contributed to the success of the Bournemouth

Meeting the cordial thanks of the Association. Arising out of a remark in a detailed report by the honorary local general secretary of the Meeting (Dr. O. C. Carter), Dr. Stobie urged the more adequate reporting, either in the *Journal* or in a special volume, of the Sections at Annual Meetings. Dr. Gordon, Chairman of the Journal Committee, said that this matter had been discussed on more than one occasion, and the general impression of his committee was that the present plan—an immediate summary of the proceedings, and the later publication of a selected number of papers—gave general satisfaction. The Treasurer reminded the Council that after the Cambridge Meeting of 1920 a large volume containing the sectional proceedings was separately published, but failed to find any wide sale. Sir Robert Bolam said that in these Sectional discussions there was a good deal of valuable material, but much chaff with the wheat. A motion by Dr. Stobie on the subject was lost.

Certain arrangements with regard to Sectional meetings and other events at the Melbourne Meeting were approved. A letter was received with pleasure by the Council from the American Medical Association, stating that it was hoped to have an official representative of that body to greet the party at New York, and to have the active co-operation of members of the constituent and component societies in New York as well as in other cities of the Eastern States in making arrangements whereby the "members of your group will be able to see what they want to see and to do what they most wish to do."

The Council unanimously resolved to recommend to the Representative Body that Professor Moorhead be elected a Vice-President of the Association in recognition of his services as President during the year of the Dublin Meeting.

The representation of the Association on various outside bodies on which the period of appointment was terminating was considered by the Council, and in all cases except one (where the representative desired to resign,

and a fresh appointment was made) the present representative was reappointed for a further term of three years. Intimation had been received from the New Zealand Branch that it would welcome visitors from the Home Country at its annual conference to be held in Dunedin next February, and it was decided to ask Dr. Bernard Myers, who it was understood would be in New Zealand at that time, to attend as delegate from the parent Association.

A report was made on the position with regard to the formation of the Consultants and Specialists Group and the elections from the different regions to the committee of that Group. The result of the elections has already been given in the *Supplement*. The Council approved a proposal to take no action towards putting the scheme into operation in Ireland, in view of the negotiations proceeding with regard to the organization of the profession in Southern Ireland, and particularly the relation of the British Medical Association to the Irish Medical Association and other medical bodies. It was felt that the setting up of a Consultants and Specialists Group, with its committee, which would cover Northern Ireland as well as the Free State, would complicate the situation. With regard to the Consultants Board, which has to deal with the Association's list of consultants in the metropolitan area, it was agreed to appoint Dr. J. Duncan White as a member of the Board to represent physical medicine, including radiology, in place of the late Dr. Stanley Melville.

PLACE OF ANNUAL MEETING, 1937

The Council proceeded to consider three invitations for the Annual Meeting, 1937. One of these was from the Bristol Division, and was endorsed by the Bristol, Bath, and Somerset Branch Council, for a meeting at Bristol; another was from the Gloucestershire Branch to hold the meeting in Cheltenham; and the third was from the Northern Ireland Branch for a meeting in Belfast, though it was understood that Belfast was prepared to substitute another date if desired.

Dr. Wright and Dr. Middleton Martin attended in support of the invitations from Bristol and Cheltenham respectively. Dr. Wright said that it was forty years since the Association had met in Bristol, and the city had made great progress in the meantime. It was also the home of a vigorous university, whose authorities endorsed the invitation. Dr. Middleton Martin spoke of the amenities of Cheltenham and its accommodation for visitors. The Gloucestershire County Council had expressed its pleasure on learning of the invitation. The Chairman thanked the deputations, and said that the Council had evidently an *embarras de richesse*. The Medical Secretary and the Financial Secretary reported as to their visits to all three towns, and the hotel accommodation and provision for the meetings and exhibition. In discussion on the invitations it was pointed out that Cheltenham was very near to Oxford, which would have been visited in 1936; also that a visit to either Cheltenham or Bristol would add another to the rather long sequence of meetings in southern England since 1931.

Dr. Armstrong, representing constituencies in Northern Ireland, said that although Belfast did not limit its invitation to 1937 it would be very glad to welcome the Association in that year. Since the Association last met in Belfast in 1909 there had been great developments in the city and in the university. Belfast had now a number of up-to-date hospitals, and a feature peculiar to Northern Ireland was the district hospitals for country patients. As for scenery and amenities, he believed the coast road of County Antrim to be the most beautiful in the world.

The Council, by a majority, decided to recommend to the Annual Representative Meeting that the Association should visit Belfast in 1937. The Bristol Division and the Gloucestershire Branch Council were thanked for their invitations, which it was hoped they would renew for some later occasion.

THE BRITISH MEDICAL BUREAU

The Council resumed the discussion, begun at the Annual Representative Meeting, on the British Medical Bureau. At that meeting a motion was carried "regret-

ting" that the practice of the Bureau in relation to advertisements in the lay press and to the payment to the Bureau by practitioners of a proportion of fees received from patients remained without modification. This led to a long discussion at the subsequent Council meeting, when the consideration of the matter was postponed until November, but the fullest confidence was expressed by resolution in the directors of the Bureau, who were asked in the meantime to continue the present policy and to furnish the Council in November with a report upon the whole matter. The members of the Board of Directors nominated by the Association—namely, Sir Humphry Rolleston, Sir Robert Bolam, Mr. Bishop Harman, Dr. J. W. Bone, and Dr. J. T. D'Ewart—now stated that they felt there was little to add to a very full report made to the Council in April last. The whole matter had been considered afresh by them in the light of the expression of "regret," and they could only reiterate their conclusion that the advertisement in the lay press of the register of doctors receiving resident patients was essential for the carrying on of that particular section of the Bureau's work. They had made further inquiries from doctors who had taken advantage of the register, and there was a consensus of opinion that it served a distinctly useful purpose, with no obviously satisfactory alternative method of meeting the needs of the patients, of the patients' medical attendants, and of the doctors receiving such patients. Medical men receiving resident patients, so far as could be ascertained, regarded the method of payment for the services of the Bureau at present in vogue as that most convenient to them. The members of the Board desired to suggest again that it was not possible for any medical agency to carry on the more important sections of its work in regard to the sale of practices and negotiations for assistantships without in fact receiving from practitioners a proportion of the fees received from patients.

The discussion was reopened by Professor Bigger, who said that the most distressing feature of the controversy was that it appeared to place the Representative Body and the Council in antagonism. The Representative Body had previously referred it to the Council to consider certain aspects of the activities of the Bureau, and at Bournemouth had passed the motion of "regret." In the various discussions a certain amount of feeling had been created which might be adverse to the Bureau from the business point of view, and, what was more important, was likely to strain the relations between the Representative Body and the Council. He himself regarded with some misgiving the activities of the Bureau of which complaint was made, but he did not claim to be infallible, and he knew that the majority of the Council disagreed with him, and that many of those who disagreed were more experienced than himself. The Representative Body would be satisfied with certain alterations in the conduct of the Bureau, and, although such alterations might at first result in loss of business, he believed that they would eventually be to its advantage, and the present discontent would be removed. The Council could, if it chose, continue to ignore the evident feeling of the Representative Body, but, because it was in a strong position, he asked it to put aside any *amour-propre* and agree to the following resolution:

That the Council endorses the opinion previously recorded that there has been nothing unethical in the conduct of the Bureau, and expresses its continued confidence in the directors representing the Association, but in order to avoid friction and to preserve good feeling between the Representative Body and the Council the Council requests its representatives on the Board of Directors of the Bureau to secure that in future the register of medical men wishing to receive resident patients be advertised only in the medical press and sent only to medical practitioners, and that a fixed sum be charged for the introduction of resident patients through the Bureau.

Sir Henry Brackenbury reminded the Council that at the last meeting he moved a resolution, which, not having been determined, still held the field. In this resolution, which he again proposed, and to which Professor Bigger's might be taken as an amendment, the Council noted the minute of the Representative Body, endorsed the

opinion previously recorded that there had been nothing unethical in the conduct of business by the British Medical Bureau, and expressed its continued confidence in the directors representing the Association. Like Professor Bigger, they were all anxious to bring this controversy to an end, though he thought the word "controversy," so far as concerned the difference between the Representative Body and the Council, was an exaggeration of the position. Certain individual members in the Representative Body had taken up this matter very strongly, but until this year they had never succeeded in getting a resolution passed other than a reference to the Council to consider. The resolution passed at Bournemouth was not a very explicit and definite statement of the situation; it regretted that certain modifications had not been made in the business of the Bureau, but it did not say that without those modifications the conduct of the Bureau was to be considered unethical. Eight years ago the Council, knowing all the circumstances of how the Bureau had been conducted for many years, undertook on the part of the Association a partnership, ultimately to become a predominant partnership, and agreed not to interfere with the long-existing business methods of the Bureau unless they conflicted with Association policy. It was true that ethical standards varied in the course of time, but he hardly thought they could vary to this extent in a few short years. Last year the Council, by an overwhelming majority, expressed the view that the proceedings of the Bureau were not contrary to the ethics of the Association, nor did the Representative Body say they were unethical. In his view the Council was bound to stand by its bargain.

Dr. Parry agreed that there had been nothing unethical, but he desired to move as a recommendation to the Representative Body that the necessary steps be taken to sever the connexion with the Bureau. He did this purely on business grounds. It was said that the Association had entered into a partnership; but surely partnerships were not expected to last for all time. The business was really quite outside the Association's province. It was even seriously discussed at the time by the Solicitor to the Association whether legally it was possible to enter into such an arrangement. The Representative Body could not be ignored by the Council, and whatever else it had done it had expressed a definite dissatisfaction with the conduct of the Bureau as an Association concern.

Dr. Bone seconded Dr. Parry's amendment formally in order that it might go to a vote. Dr. Matthews said that the Bureau was of great practical value to members of the profession, and in the prospective scheme for helping younger members to purchase practices under proper financial auspices it would play a useful part. Dr. Flewelling also testified to the value of the Bureau. Dr. Parry replied that his objection was only to association in business matters, which led to squabbles and dissensions. All that Dr. Matthews wanted could be done by any agency.

Dr. Parry's hand was the only one held up in support of the amendment.

Professor Bigger's amendment was next taken, being formally seconded by Professor Moorhead. Sir Henry Brackenbury said that the amendment was contradictory. It expressed confidence in the directors, and then requested them to act in a way they had said was not in the interests of the Bureau. Dr. Hawthorne supported the amendment, though, as a matter of constitutional procedure, he thought a report should have been made from the appropriate committee or from the Chairman of Council and of the Representative Body on the actual motion carried at Bournemouth. Sir Henry Brackenbury had suggested that the Representative Body did not know what it was doing. Sir Henry Brackenbury explained that all he had asserted was that certain members of the Representative Body did not seem to realize the implications of what they were passing. Dr. Hawthorne went on to say that he had no desire to prolong the controversy, and he associated himself fully with the spirit of the remarks of Professor Bigger. But he was disappointed to find in the fresh report of the directors no

evidence of a conciliatory spirit. The Bureau, of course, had no obligation to the Representative Body, but the Council had; and it was for the Council to see that due regard was paid to its wishes. The report from the Bureau simply urged that this was a business proceeding, and it seemed to be irrelevant to speak of a professional point of view. The justification of the directors, put at its highest, was that the procedure was "not unethical."

Wing Commander Turner said that if the Representative Body had really any strong feeling on the subject it would have included in its resolution a definite instruction to Council. Until the Council had such instruction it could scarcely avoid a reference back to the Representative Body. Mr. Bishop Harman said that this was a question of how far they should justify the queasy consciences of tender brethren when to do so would be to inflict hardship on a certain number of people who wanted their relatives carefully looked after, preferably in a doctor's house, and on a certain number of general practitioners who, having houses too large for them, desired to take in resident patients. Dr. Bone said that Professor Bigger was asking the Bureau to scrap certain business methods of long standing for the sake of peace and quietness. This would bring not peace but war, because if these activities of the Bureau were upset for insufficient reasons, it would mean that all the activities of the Bureau were upset. He had taken steps to find out what some of the people who voted for the resolution in the Representative Body had in their minds, and letters he had received showed that the ideas behind the vote were miscellaneous and, in not a few cases, confused. He also read letters from practitioners testifying to the usefulness of the Bureau. On the main question, this register had been running for many years without challenge, advertisements had been put in the Press without challenge, and commissions in this particular way paid without challenge. It was the usual procedure of agencies, with regard to locumtenencies, assistantships, and sales of practices.

Professor Bigger said that he had every confidence in the representatives of the Association on the directorate, and he hoped they would continue to serve even if his amendment was carried. But here was a dispute between the Representative Body and the Council. It was true that the Representative Body had never crystallized its opinions very definitely, but it would be well to stop the dispute before it reached that stage.

Professor Bigger's amendment was lost, twelve voting in favour and thirty-one against. Sir Henry Brackenbury's resolution was then taken—

That the Council, having noted the minute of the Representative Body and considered the report of the directors thereon, endorses the opinion previously recorded, that there has been nothing unethical in the conduct of business by the British Medical Bureau, and expresses continued confidence in the directors representing the Association.

This was carried by thirty-eight votes to four.

MILK DESIGNATIONS AND PROVISION FOR SCHOOL CHILDREN

The recommendations of the Public Health Committee on the designations of graded milks and on the provision of milk for school children (see *Supplement*, November 10th) were brought forward by Professor Picken.

Some fault was found by Dr. Willoughby and others with the proposed designation "Certified T.T.," because it was pointed out that the mere fact that the milk was tuberculin-tested proved nothing; the important thing was the result of the test. Dr. Waterfield wanted a grade of milk which was tubercle-free and had also been pasteurized, so that it was free from other contaminations. Dr. Hawthorne, the representative of the Association on the People's League of Health, said that the milk question was surprisingly controversial. Those who took part in its discussion were soon entangled in the most violent disputes—agricultural, economic, social, and medical. There was, nevertheless, a duty incumbent on members of the medical profession to educate the public on this matter of graded milks. Some of the designations gave rise to much misunderstanding. He instanced the school-boy who was asked the meaning of certified milk and

replied that it was milk delivered to the inmates of lunatic asylums! It fell to the medical officers of health in each locality to decide what was the character and quality of the milk to be given to school children. In the discharge of this responsibility they might easily meet with opposition, especially from agricultural interests, where it was maintained that the milk-marketing arrangements were economically unjust, others declaring that pasteurization was not practicable for the whole country, and some that pasteurization altered the nutritive values of milk. It was necessary to bear in mind that now and then an epidemic of septic sore throat or scarlet fever could be traced to milk. Even if the milk were from tubercle-free cows it might not be free from other infections, though he thought the conditions in respect of such herds diminished the risk of other infections also. Members of the profession generally should support medical officers of health in their insistence that milk should be not only clean but safe.

Dr. Dain considered that the important thing was not the herd but the milk. It was less satisfactory to say that the herd was tubercle-free than to say that the milk had that character. It should be an offence to sell milk that was not tubercle-free, irrespective of the herd. He thought the recommendation started at the wrong end. Professor Picken, however, said that it was impossible to do as Dr. Dain suggested; there were practical limitations to the sampling and testing of milk.

The Council approved the designations proposed by the Committee on Cattle Diseases of the Economic Advisory Council as amended in respect of "certified" milk by the People's League of Health—namely, "Certified T.T.," "Pasteurized," "Sterilized," and "Milk uncertified"—with the further provision that the existing embargo upon the pasteurization of "Certified T.T." milk should be removed; also that local authorities should be enabled, after a reasonable period of notice, to prohibit the sale in their areas of milk not from tubercle-free herds and which had not been submitted to approved treatment to render it bacteriologically safe.

Further recommendations on the provision of milk for school children were then considered. One of these urged that the onus should not be placed upon a medical officer of determining in every case that a scholar was presenting evidence of subnormal nutrition before free milk or meals were provided. Mr. Bishop Harman asked who was to determine the evidence of subnormal nutrition if not the doctor. Was it to be the relieving officer? Sir Henry Brackenbury said that there had lately been a recrudescence of the argument as to the respective functions of the school teacher and the school medical officer, and the National Union of Teachers had asked the Association to circulate again to school medical officers a resolution arrived at by a joint conference some fifteen years ago. Clearly it would lie, not with the relieving officer, but as between the teacher and the school medical officer, as to which children should be given free milk. As citizens they might have the opinion either that no child should be given free milk if his parents could afford to pay for it, or, on the other hand, that the exclusion of the children of such parents from the provision was not worth while on economic grounds in view of the great benefit of a general milk supply to school children. But it should not be the school medical officer alone on whom the onus was placed with regard to a particular child. The teacher, by his constant observation of the child, was in many cases better qualified to decide such a point than the school medical officer, with his periodical or occasional inspection. If a doctor had to be called in to certify that a particular child was suffering from malnutrition before that child could have milk, the national object would be very imperfectly secured.

Dr. Langdon-Down said that if the free milk was to be given not as an economic but as a medical measure, the decision must rest primarily with the doctor. Dr. Parry said that this matter had lately come before his own education authority, to which he had made a report. He saw every school child in his area—some 3,500 in number—and picked out a large number to whom he considered milk should be given. Of those selected more than 150 were not in fact having milk. He recommended that in

all these cases an inquiry should be made by the school attendance officers into the circumstances of the children, and that the parents should be persuaded to pay if they could afford it; but, if not, the children should have a free provision. There was no difficulty. Professor Picken said that it was all very well to look over 3,000 children and say that certain of them should have milk, but for the medical officer to ascertain, as the Board of Education circular implied, the premonitory signs of malnutrition in a given child would be a difficult, if not impossible, task.

The Council agreed to recommendations welcoming the proposals for improving the nutrition of school children by the provision of daily rations of milk at modified prices, but affirming that, while it was desirable that all children receiving milk or meals free of charge should be under medical supervision, and children found to be of subnormal nutrition should be eligible for free milk or meals on medical recommendation if the parents were unable to defray the cost, the onus should not be on the medical officer of determining in every case that a child was presenting evidence of subnormal nutrition before such provision was made. It was also agreed to draw the Board of Education's attention to the implication in its circular that the selection of children, unable by lack of food to take full advantage of the education provided for them, for free meals was at present undertaken by the medical officers of local authorities. According to the information available to the Association, this method of selection was not generally in operation.

THE COUNCIL'S STANDING ORDERS

The Council devoted two hours to a consideration of its own standing orders and resolutions relative to business and procedure. These had been revised by a small committee over which the Chairman of Council had presided, and the several emendations were now placed before the members. It is some years since the Council's procedure was overhauled, and it was felt that certain alterations had been shown to be desirable in the light of experience. The principal alterations concerned the rules of debate—such as the right of the mover of an amendment as well as of a motion to reply, or the propriety of a member making a speech and at the end of it moving that the question be now put—the procedure for the nomination of members of special committees, and the election of Chairman of Council, the new orders providing that when there was more than one candidate the election should be by ballot. In the detailed discussion—of which no long report can be usefully given—no principle was challenged, but a number of suggestions were made, and the Chairman promised that they should have consideration. A little liveliness crept into a technical discussion when the question arose as to the order in which reports of committees—of which there are sometimes as many as twenty at a meeting of the Council—should be considered. The standing orders leave this in the absolute discretion of the Chairman. It was claimed on the one hand that the Finance Committee ought always to take precedence, since if there were no finance there would be no Association; on the other hand, it was claimed by those who objected to the invariable priority of the Finance Committee that if there was no good work done by the other committees there would be no finance.

The proposals were generally approved, and Dr. Le Fleming and his colleagues, Mr. Souttar, Sir Henry Brackenbury, and Dr. Hawthorne, were complimented on a useful piece of work.

CERTIFICATION OF BLINDNESS

In bringing forward the report of the Ophthalmic Committee, Mr. Bishop Harman said that the committee had been considering the question of the fee for which ophthalmic surgeons should be advised to ask in respect of the examination and certification of blind persons on a sessional basis. For part-time ophthalmic work, including refractions, at school clinics the fee laid down was 10s. 6d. per case, or two and a half guineas per session of not more than two hours, with a limitation of the average number of new cases to be seen in each

session. The examination of persons in order to ascertain the degree of blindness, however, with the completion of a fairly lengthy report, was relatively more onerous than the ophthalmic examination of school children, and the committee thought that the fee should be three guineas per session of two hours. At present the certification might be done by almost anybody, even lay persons, if the authority cared to accept their certificates; but it was pointed out that the authorities themselves were the gainers if the certification was on a proper basis, especially when the large amount of money involved in the care of blind persons was considered. The committee felt that this should be distinguished from school clinic work.

The committee's recommendation was agreed to.

GENERAL PRACTITIONER COURSES AT THE BRITISH POST-GRADUATE MEDICAL SCHOOL

Mr. Souttar, chairman of the Science Committee, stated that a request had been received from the British Post-Graduate Medical School for a memorandum from the Association setting out in some detail the scope and duration of classes such as would, in the opinion of the Association, provide the instruction which general practitioners would welcome, and in brief the views of the Association as to those aspects of medicine and surgery that the School should emphasize in any arrangements it might make for the convenience and benefit of general practitioners.

The post-graduate education of the general practitioner would form a very important part of the work of the School, and, of course, the Association could advise those concerned as no other body could do. He thought it showed great foresight on the part of the governing body of the School that the Association should at this stage have been asked as to what it regarded as the essential requirements of a post-graduate course for general practitioners. A memorandum was in course of preparation by the Post-Graduate Subcommittee, and an inquiry was being issued to the Divisions and to Panel Committees. If possible the memorandum would be submitted to the Council before it went forward, but as the matter was rather urgent, the School opening in April next, it might be that the memorandum would have to be sent in before it could receive the Council's endorsement.

The Council gave the necessary authority.

THE LLANELLY DISPUTE

The Council devoted a considerable time to the consideration of the continuing dispute at Llanelly between the local profession and the workmen's committee, and listened to the reading of much correspondence which has taken place between the acting secretary for the local doctors and the head office. The matter was introduced by Dr. Bone, chairman of the Medico-Political Committee, who said that, after prolonged discussion, that committee had felt it was desirable that some body of persons from headquarters should go down to Llanelly charged with the duty of making the fullest possible local inquiries, not only into the position in the town of Llanelly itself, but in the whole area affected, and that these persons should consist of the chairman of the Medico-Political Committee, the chairman of the Insurance Acts Committee (or, failing him, Sir Henry Brackenbury), Dr. Pooler, and the Medical Secretary. The Association had agreed to give—and had already given to some extent—financial support to the local profession in this struggle, but it was extraordinarily difficult without being on the spot to obtain a full grasp of the situation. There were a number of questions which it did not seem possible to clear up so long as the people conferring were separated by the distance between London and South Wales.

Sir Ewen Maclean, as chairman of the Contract Practice Committee for South Wales, fully agreed as to the difficulties of the situation. The method of providing for medical attendance and treatment at Llanelly was different from that which obtained in other parts of the South Wales area. In the main South Wales coalfield the payment of doctors for dependants and others was by

the poundage system, and the amount was deducted from the wages and payment made directly to the doctors. There was a factor of variety introduced in the position at Llanelly which, he appreciated, made it difficult for those at a distance to get a clear and concise view. Mr. Souttar said that Sir Ewen Maclean's help in this proposed visit to South Wales would be of great assistance, and it was agreed by the Council that Sir Ewen Maclean's services should be availed of if those charged with making the inquiries found it difficult, even on the spot, to obtain the Welsh point of view. Dr. Pooler said that he believed the plan proposed would immensely strengthen the hands of the local doctors.

The proposal was agreed to, with the addition of the words "subject to the consent of the local representatives," which were at once accepted by Dr. Bone, who said that, of course, any such investigation without their consent would be quite futile.

In further discussion as to what should follow when the authorized persons had returned and reported, it was agreed, on Dr. Hawthorne's suggestion, that the report should be made to the Chairman of Council, who would take the advice of a committee or of such of his colleagues as he deemed desirable, and initiate the action which seemed to him appropriate.

ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL

Dr. Bone brought forward the results of the consideration by the Medico-Political Committee on the scheme under which the Association's nominees were at present selected for candidature for the General Medical Council. The discussion in the Medico-Political Committee on this subject was briefly summarized in the *Supplement* of November 3rd. The committee found no reason to modify the present scheme.

Dr. Hawthorne said that the committee's negative conclusion did not satisfy him. He referred in particular to the unsatisfactory method of deciding on nominations at general meetings, with no statutory chairman or returning officer, and no verification of the credentials of voters. The method had led to no strong protest simply because the machine, such as it was, had hitherto resulted in the return of admirable representatives.

Dr. Dain was sorry that the committee had not recommended the omission from the scheme of the requirement to call meetings of the whole profession in the area. Such a provision opened them to the charge of camouflage. There was no possible way of avoiding the choosing and backing of candidates by the British Medical Association, and he thought it should be frankly acknowledged. To pretend that the meeting summoned was one of the whole profession and afterwards to make the persons chosen B.M.A. candidates seemed to him anomalous.

Sir Henry Brackenbury pointed out that in the ordinary course of events four years must elapse before there was another election of direct representatives for England and Wales, and this would give the committee leisure to consider again the details of the scheme.

Dr. Bone consented on behalf of his committee to give further consideration to the scheme—not, indeed, to a proposal which had been made to abandon B.M.A. intervention in the election altogether, but to certain details in the existing practice for obtaining Association candidatures.

OTHER BUSINESS

The reports of the Finance Committee and of the Journal Committee, both otherwise concerned with routine business, announced the resignation of Sir Robert Bolam from the membership of the one and the chairmanship of the other. Both committees had placed on record their very high appreciation of services rendered by Sir Robert Bolam in these capacities, and the appreciation was warmly endorsed by the Council.

The Organization Committee's report was concerned with the grouping of constituencies for the election of the Representative Body and of the Council. For the Representative Body separate representation is to be given to the Guernsey and Alderney and the Jersey Divisions, also

to the Inverness, Islands, and Ross and Cromarty Divisions.

The Chairman of Council was authorized to forward suitable letters to eight honorary secretaries of Branches or Divisions who have relinquished office, and whose services were considered by the Council to be deserving of special recognition. The list included the name of the chairman of the Organization Committee, Dr. J. C. Matthews, who had relinquished the chairmanship of the Lancashire and Cheshire Branch, also of another member of Council, Dr. P. B. Spurgin, lately secretary of the Metropolitan Counties Branch.

The reports of the Insurance Acts Committee and of the Hospitals Committee were of a routine nature. The Council agreed to a recommendation from the former endorsing an opinion of the Consulting Pathologists Group Committee, that the failure to provide laboratory facilities for insured patients suffering from anaemia was responsible for much wastage, and calling for such laboratory service in recognized centres, both for initial differential diagnosis and for the periodical examinations necessary to ensure the maintenance of a sound state of health.

It was announced that preliminary consideration had been given to its reference by the committee appointed to revise the memorandum on the theory, technique, and practice of osteopathy, and that the committee hoped to submit a full report to the January meeting of Council.

Dr. J. B. Miller, for the Scottish Committee, reported that evidence on the various sections of the Association's memorandum had been submitted to the Departmental Committee on Scottish Health Services on four recent dates. He also stated that a committee had been appointed by the Secretary of State for Scotland to inquire into the training and system of registration of nurses, and the committee had desired the assistance of the Association by way of a written statement and, perhaps, oral evidence. A subcommittee had been appointed to prepare a memorandum on the subject.

On the motion of Dr. Goodbody, chairman of the Naval and Military Committee, it was agreed to recommend to the Representative Body that the committee should have power to co-opt an additional member for each of the four Services—namely the Royal Naval Medical Service, the Royal Army Medical Corps, the Royal Air Force Medical Service, and the Indian Medical Service.

Dr. Gordon reported on a conference which had taken place between representatives of the Association and of the Royal Medico-Psychological Association. This conference arose out of a resolution of the council of the latter body stating that the policy of the British Medical Association in regard to the treatment of mental disease was not in the best interests of the patient and psychiatry. The representatives of the Royal Medico-Psychological Association complained of paragraph 52 (iii) in the Association's report on the Relationship of the Private Practitioner to the Treatment of Mental Disability, which laid it down that if and when a sufficiency of adequately qualified consultants in mental disability were available whole-time salaried medical officers should be precluded from undertaking private consulting work. It was thought that this anticipated a diminution of the powers at present possessed by local authorities under the Mental Treatment Act, as at present most whole-time salaried officers are permitted to undertake private consulting work. After discussion it was agreed that the position would be met if the paragraph were more clearly linked with the proposals in paragraph 45 as to the future staffing of mental hospitals. In any fresh publication of the pamphlet, therefore, a new paragraph will take the place of the one complained of, and will state that "if and when the suggestions contained in paragraph 45 are operative and in consequence a sufficiency of adequately qualified consultants in mental disability are available, it will be unnecessary for whole-time salaried officers to undertake private consulting work." There will be a consequential amendment in another paragraph.

On a motion by Dr. Hawthorne, chairman of the Central Ethical Committee, certain new rules were approved regarding the publication in newspapers of notices concerning vacant appointments. In two particulars the previously existing rules have proved inappro-

priate to present conditions, and it was desired to strengthen and facilitate the action which could be taken by the office in this respect.

The Council agreed to set up a special committee to advise it upon the terms and conditions of employment of the officials of the Association.

Two recent gifts to the Association were mentioned in the report of the Office Committee—one from Mr. J. Banks, chairman of Worcester Royal Infirmary, of a printed copy of the inaugural address delivered by Sir Charles Hastings at the first meeting of the Provincial Medical and Surgical Association (now the British Medical Association) in 1832; and the other from Mr. C. Wontner Smith, architect of the Extension to the Association House, of the drawing of the extension which was exhibited in the Royal Academy.

The Council concluded its business at 7.15 p.m.

THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Insurance Prescriptions for a Private Patient

A case is reported by the Surrey Insurance Committee dealing with an insurance practitioner who rendered an account for fees for the treatment of a patient who, during the early stages of the illness, represented that she was an insured person; the case was allowed to be settled on the basis of the withdrawal of the account. In the course of the hearing it transpired that the practitioner, while treating the insured person as a private patient, had issued prescriptions on insurance forms, and the practitioner explained that this was done in order to save the insured person expense. The same argument has been put forward in other cases, and it may be presumed that the practitioner considered that, in issuing insurance forms to an insured person, he was not doing anything which would constitute an infringement of the regulations. Indeed, if he had referred to the Terms of Service (Clause 9 (10)) he would have read that a practitioner is required to order on the official form such drugs, etc., as are requisite for the treatment of "any patient," and the doctor might be forgiven for overlooking the fact that "any patient" means "patient" as defined in the earlier part of the Terms of Service. Clause 5 (1) defines "the persons for whose treatment the practitioner is responsible (hereinafter called his 'patients')" and the definition obviously does not include any insured person for whose treatment the practitioner is not responsible—such as, for example, one who is on the list of another doctor and is receiving treatment which is not emergency treatment. In the case of certificates there is an express provision in Rule 2 of the medical certification rules that the official forms of certificate "shall not be used for any patient other than one whom the practitioner is attending as an insured person." It is suggested that the opportunity afforded at the present time, when draft consolidated regulations are in course of preparation, might be taken to amend the rule with regard to prescriptions so as to bring it into line with the rule in regard to certificates. This would merely be for greater clearness, as it is obvious that the same set of conditions must apply both to prescriptions and to certificates.

Charging Fees to Insured Persons—A Surrey Memorandum

The Surrey Insurance Committee has been receiving so many applications from insured persons who have been sent private accounts from insurance practitioners that the Committee has thought it desirable to issue to all doctors in the area a memorandum on the question of the payment of fees. It is not thought necessary to reproduce this memorandum in these notes, although it doubtless serves a useful purpose as a reminder to practitioners in the area of their obligations under the Terms of Service. The position is fully explained in the book, *Medical*

Insurance Practice, issued by the British Medical Association, and it is believed that the number of insurance doctors not in possession of a copy of this book is by now rapidly assuming very small proportions. The Surrey memorandum sets out the cases in which a doctor may make a charge, whether finally or by way of deposit, the cases in which a patient is treated as a private patient until his name is registered on the doctor's list, and the cases in which the patient has not disclosed that he is an insured person. There is a reminder that the action which a practitioner should take in a case in which a patient claims to be an insured person, or mentions anything likely to suggest to the doctor's mind that he is an insured person, is to issue on Form G.P.4 a receipt for a "deposit." The practitioner may make a charge or he may not, as he desires. The effect of the use of Form G.P.4 is to stimulate the insured person to make inquiries from the Insurance Committee with a view to his establishment of title to benefit.

With regard to those cases in which the patient has not disclosed that he is an insured person, the following extract from the memorandum is of general interest:

"Many cases come within this category—that is, where the patient has not represented himself to be an insured person—perhaps by reason of the acuteness of the illness, or his friends have omitted to inform the doctor, or it may be for other reasons. In connexion with these cases it should be stated that there is no onus placed upon either doctor or patient to disclose to each other the position as to insurance. A doctor can demand that the patient should produce his medical card. Doctors have argued that some patients resent being asked if they are insured; the suggestion appears to be a twofold one—namely, that there is a certain amount of resentment among patients in being asked such a question, and secondly, that patients consider that they will receive better treatment, both personally and clinically, if they are treated as private patients.

"As to the doctor ascertaining whether the patient is an insured person the Committee understands that ordinarily a practitioner makes inquiries of the patient as to his work, and therefore in conversation with the patient it would appear that the practitioner can obtain information on which to form an opinion, which by a question or two can be easily confirmed, that the patient is insured—especially in view of the fact that a large proportion of the population who are working are insured persons.

"Regarding the question of different treatment, it should be the aim of every insurance practitioner to do whatever lies in his power to eliminate from the mind of the insured population that there is any difference, either personally or clinically, in the treatment afforded to insured persons as compared with private patients. The Committee hopes that practitioners will co-operate with it by establishing in the mind of the insured population in Surrey that any such opinion is unfounded."

As regards married women, doctors are reminded that, in common with any other insured person, a married woman remains entitled to medical benefit so long as the doctor has not been notified otherwise by the Committee, and notwithstanding the fact that the record bears the maiden name of the patient. It frequently happens that a married woman recommences work and becomes entitled to benefit. The doctor's position in this class of case is the same as in any other class of insured persons: when there is any doubt or when the patient claims to be entitled to be an insured person Form G.P.4 should be used.

In conclusion, practitioners are reminded in the Surrey memorandum that it is a breach of the Terms of Service, and can be made the subject of disciplinary action, to render an account to an insured person for treatment which is within the doctor's obligations under the Terms of Service. The Committee has not taken the view that every case where an account is rendered should be referred to the Medical Service Subcommittee, but it takes a serious view of certain aspects of this phase of its work. A special subcommittee has been appointed to consider cases in which fees have been charged and to report from time to time as to those cases in which it appears to be desirable to refer to the Medical Service Subcommittee for formal investigation. In this connexion it may be observed that there was a motion before the recent Annual Conference of Panel Committees:

That all claims submitted under Clause 7 (3) of the Terms of Service shall be decided by the Medical Service Subcommittee of the Insurance Committee, and not, as at present, by the Medical Benefit Subcommittee.

The motion was, with the consent of the Conference, withdrawn, the Chairman of the Insurance Acts Committee giving an undertaking that the Committee would consider and report to the next Annual Conference upon the suggestion that a practitioner be given a right to say whether he will have any case under Clause 7 (3) dealt with by a subcommittee of the Insurance Committee, and if so, which particular subcommittee.

Meetings of Branches and Divisions

ABERDEEN BRANCH: ABERDEEN AND KINCARDINE COUNTIES DIVISION

The third annual joint meeting of the Aberdeen and Kincardine Counties Division and the Buchan Medical Society was held at Maud on October 24th, when the chairman of the Division, Dr. JOHN FINDLAY, presided over an attendance of over twenty members.

Dr. JOHN CRAIG delivered an address, illustrated by lantern slides, on "Some Recent Medical Advances." Dr. Craig, who was enthusiastically received, dealt first with the recent modifications of infant feeding—the good results obtained from acid milks, and the gastric upset associated with infections—and nervous unrest and the lesser degrees of anaemia in infants. Pink disease, of which he had recently seen several cases from West Aberdeenshire, was described in detail, the photographic slides showing typical features. Other subjects to which Dr. Craig referred were the treatment of sciatica by epidural injection of saline, the amelioration of oedema by the newer mercuric diuretics, and the more recent methods of cerebral localization by cephalography and ventriculography and their unexpected effect in certain cases of old-standing epilepsy. It was a most varied and useful lecture for rural practitioners, and a keen discussion followed.

After tea the question of the future of the Buchan Medical Society, which dates back to 1862, was discussed, and it was decided that the society should extend its activities, both clinically and socially, under the presidency of Dr. A. Baxter, with Dr. A. G. Reid and Dr. D. G. Gordon as joint secretaries.

Dr. BRUCE (Cults) reported on the more recent meetings of the Medical Services Subcommittee with the representatives of the Aberdeen County Council. The salary increases for those practitioners acting as medical officers of infectious diseases hospitals were gratifying, but it was essential that each doctor should keep a record of his attendances on the sick poor, to provide statistics for use in future negotiations.

BIRMINGHAM BRANCH: WEST BROMWICH AND SMETHWICK DIVISION

The annual meeting of the West Bromwich and Smethwick Division was held at the West Bromwich and District General Hospital on October 25th. The following officers were elected for 1934-5:

Chairman, Dr. L. C. S. Broughton. *Deputy Chairman*, Dr. T. H. Sansome. *Honorary Secretary and Representative in Representative Body*, Dr. J. M. Mitchell.

It was announced that Dr. C. Hill, Assistant Medical Secretary, would address the Division at a special meeting on December 13th. In response to a letter from Epsom College asking for the appointment of a local secretary, Dr. Yule agreed to act *pro tem*. The British Social Hygiene Council's offer of a lecturer to give a clinical address, with the newest methods of treatment and hints on the avoidance of complications and sequelae, was gratefully accepted, and the secretary was instructed to arrange for the lecturer to attend the Division meeting in January, 1935.

Dr. BROUGHTON, the newly appointed chairman, read a paper on "Maternal Mortality." The most important factors in the prevention of maternal mortality were, he said, proper ante-natal care and supervision, and prevention of sepsis. He considered that eclampsia was almost entirely preventable. He concluded a most interesting paper by urging the need for more thorough training of students in obstetrics.

Dr. YULE moved a hearty vote of thanks to Dr. Broughton for his address, the vote being seconded by Dr. SANSOME and carried with acclamation.

By arrangement with Petrolagar Laboratories, Mr. Cocks showed a remarkable film entitled "The Science and Art of Obstetrics," which was prepared by Professor DeLee of

Chicago, and which showed the physiological processes in all stages of labour. The film was interesting and instructive, and at the conclusion Petrolagar Laboratories, through Mr. Cocks, was heartily thanked by the chairman and members.

BORDER COUNTIES BRANCH: CUMBERLAND DIVISION

A general meeting of the Cumberland Division, open to non-members, was held at Cockermouth on October 18th, by the kind invitation of the Cumberland, Westmorland, and Carlisle Joint Mental Deficiency Committee. Several members of the committee and other non-medical guests were present. A most interesting and illuminating paper was read by Miss I. M. LAIRD, and was followed by questions and some discussion. The chairman, Mr. A. J. CAIRD, proposed a vote of thanks to Miss Laird for her address; to Mr. T. B. Harston, clerk of the joint committee, and Miss Mocleir, organizing secretary for the Cumberland, Westmorland, and Carlisle Voluntary Mental Welfare Association, for their help in arranging the meeting; and to the matron for so kindly providing tea. This was seconded by Dr. H. J. M. MILBANK-SMITH.

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION

A meeting of the West Dorset Division was held at the Yeatman Hospital, Sherborne, on October 23rd, when some interesting x-ray photographs were demonstrated.

Dr. H. CHALKE read a paper on "Modern Methods of Diagnosis in Cases of Pulmonary Tuberculosis," and Mr. J. WHITTINGDALE one on "Problems of the Climacteric." Both papers were well received.

Dr. W. R. Thrower was elected assistant secretary of the Division.

EAST YORKSHIRE BRANCH

A meeting of the East Yorkshire Branch was held at Hull on November 2nd, when Dr. L. LAVINE was in the chair and forty-five members were present. Dr. JOHN MORRISON read a paper on "Mental Deficiency, Heredity, and Sterilization." He said that the freedom of higher-grade mental defectives to propagate their kind was enhanced by their lack of a sense of any responsibility. The legal position of eugenics and of therapeutic sterilization was highly uncertain, even with the consent of the individual. Before sterilization of the higher-grade mental defective could be considered the liability of such persons to produce a high proportion of mentally defective children would need to be incontrovertibly demonstrated. The simple Mendelian theory might be complicated by the effect of environmental factors upon germinal peculiarities. Dr. Morrison then summarized the report of the investigations carried out by the Brock Committee, and outlined the pedigrees of cases well known to him.

Professor T. E. JESSOP stressed the difficulties in the way of assessing the various influences at work upon the mind of the individual. Environment, he said, was the only circumstance open to scientific investigation. While biology considered only reaction to the present stimulus, psychology had to consider how the mind reacted to the present as influenced by past experience and future expectation. Mrs. STACEY CLEMINSON described the objections to sterilization raised by lay persons at the congress of the National Federation of Women. There was a strong feeling, she said, that any action in this matter should await complete agreement by the medical profession, based upon further research. Dr. J. S. ANDERSON considered from his experience that patients suffering from forms of relapsing mental disease who were admitted to institutions from time to time and were likely to reproduce during their uncertifiable intervals demanded sterilization. Dr. J. DIVINE outlined the present legislation for the care of mental defectives in the interests of the public. Dr. M. JACOBS compared the present position of psychology with that of physiology in the time of Harvey. He believed that voluntary sterilization could not succeed, and that all efforts towards compulsory sterilization by law should be encouraged. It was suggested that the meeting should vote upon a resolution as to sterilization, but after further discussion it was agreed by a large majority that no action should be taken at the present time.

On the motion of Dr. R. GRIEVE, seconded by Dr. LEETE, a vote of thanks was accorded Dr. Morrison for his address.

ESSEX BRANCH: MID-ESSEX DIVISION

A general meeting of the Mid-Essex Division was held at Black Notley Sanatorium on November 1st, when sixteen members and guests were present. Dr. W. BURTON WOOD read a paper, illustrated by x-ray films, on "The Early Diagnosis of Pulmonary Tuberculosis." The address was followed by a discussion and questions.

GIBRALTAR BRANCH

The annual general meeting of the Gibraltar Branch was held in the Branch room on November 1st, when Dr. JAMES A. DURANTE was in the chair and eleven members were present.

The annual report of the Council for 1933-4 was adopted, and the following officers were elected for 1934-5:

President, Major J. C. A. Dowse, M.C., R.A.M.C. *Vice-President*, Dr. James E. Deale. *Honorary Secretary and Treasurer*, Dr. James A. Durante.

After arrangements had been made for the annual dinner and the next clinical meeting, the proceedings terminated with a unanimous vote of thanks to Dr. A. A. Russo, the retiring honorary secretary.

GLASGOW AND WEST OF SCOTLAND BRANCH

The Glasgow and West of Scotland Branch held a reception at the Students' Union, Glasgow, on October 19th, to welcome medical graduands, of whom about sixty attended. After tea the president, Dr. JOHN HENDERSON, gave a short survey of the growth of the British Medical Association from its inception in 1832. Professor RALPH STOCKMAN emphasized the advantages of membership of the Association, while Dr. CARSTAIRS DOUGLAS advised the graduands to join one of the medical defence unions.

It is pleasing to record that forty-three of those present have filled in forms of application for membership of the British Medical Association.

LANCASHIRE AND CHESHIRE BRANCH: BLACKBURN DIVISION

A meeting of the Blackburn Division was held at Blackburn on October 31st, when Professor D. DOUGAL delivered a British Medical Association Lecture entitled "The Occipitoposterior and the Breech: Diagnosis and Management." The lecture was followed by a discussion, in which eight members took part. A hearty vote of thanks to Professor Dougal for his address terminated the meeting.

WILTSHIRE BRANCH: SWINDON DIVISION

A meeting of the Swindon Division was held at Swindon on October 31st, when, by arrangement with the National Council for Social Hygiene, Dr. T. ANWYL DAVIES gave a talk on "Venereal Disease." Dr. Davies's remarks about the diagnosis of gonorrhoea and the application of the complement-fixation test aroused great interest. The Whitechapel practice of giving two injections per week is based on Dr. Davies's observations that spirochaetes treated with arsenized serum regain much of their vitality after five days. The lecture was illustrated by many slides of much clinical value, and the members detained the lecturer until a late hour with their questions.

Correspondence

SIGHT-TESTING OPTICIANS

SIR,—I am disappointed to see in the report of the Annual Panel Conference (*Supplement*, October 27th, p. 222) that the resolution brought forward by Dr. Jamieson of Plymouth, on the subject of ophthalmic benefit, was not carried. The amendment which took its place is just a pious resolution, and will have no practical effect. If the resolution had been carried it might have had the effect of getting the Ophthalmic Committee to approach the Government again, and to insist that harm was being done to insured persons by sending them to eye-testing opticians. It is still a fact that by far the larger percentage of patients needing attention for their eyes are sent by their societies to eye-testers, and it is no wonder that the insurance doctors wish to be relieved of the responsibility for this.

Would it be a feasible plan for the Ophthalmic Committee to send a circular letter to ophthalmic surgeons asking them to quote specific cases, covering a stated period, where definite harm has been done by the ignorance of the opticians? I could start my list with a recent case where a man with failing vision due to double optic neuritis was provided with two different pairs of glasses within six months, and was then found to have a pituitary tumour; the delay nearly cost him his life. I should like to say, in conclusion, that I was in no way responsible for the resolution from Plymouth, and the first I knew of it was from what I read in the *Journal*.—I am, etc.,

Plymouth, Nov. 7th.

Cecil B. F. Tivy.

HOSPITAL OR HOME?

SIR,—It is true, as Dr. C. E. S. Flemming states in his letter in the *Supplement* of November 10th (p. 245), that the community needs a greater proportion of "general practitioner beds." This need is likely to increase. But local competing general practitioners serving on the staff of such institutions should make a stand in favour of other general practitioners who express a desire to continue their medical attendance being permitted to do so. The spirit of fairness and good will should certainly secure this remedy for a very widespread grievance; and, as Dr. H. R. Kenwood suggests (*Journal*, November 10th, p. 883), it is to be hoped that the B.M.A. will be active in bringing about this remedy.

Already we have been looking on for too long; the prohibition we resent should have been nipped in the bud, and now no time is to be lost. Otherwise it must harm exceedingly both public and medical interests by leading many medical practitioners to advise many patients to manage without the valuable advantages and conveniences which these institutions provide.—I am, etc.,

London, Nov. 10th.

A FAMILY DOCTOR.

STAFFING OF COLONIES FOR MENTAL DEFECTIVES

SIR,—It is my experience that local authorities are anxious to carry out their duties under the Mental Deficiency Acts by the provision of colonies for the training of mental defectives in their areas. Many of them, however, and especially the smaller authorities, are somewhat diffident or unable to undertake the considerable initial expenditure entailed in building, equipping, and staffing a complete colony for defectives in accordance with the justifiable requirements of the Board of Control. In some cases estates have been bought and the old hall acquired therewith has been altered for the reception of patients and a modest beginning effected. The important question of staff has still to be faced, and the tendency is to install a matron or a lay superintendent to undertake the duties of development. The Board of Control is placated by the promise that when the new colony has grown to 500 beds or so a medical superintendent will be engaged. This is certainly a regrettable state of affairs, but, one must admit, a very understandable one, and it behoves the medical profession to find a way out, for obviously the ideal should be that every such colony should have a medical man in charge from its inception.

The usual commencing salary of a matron-superintendent is about £200 to £300 a year, and that of a lay superintendent (male) about £300 to £400 a year. In the latter instance a matron also has to be appointed; she often is the wife of the lay superintendent, and their conjoint salary may be not more than £400 a year. (In all these cases, and in the salaries and scales stated below, the figures given do not include the value of the usual emoluments attached to these appointments.) In order to attract a medical officer of one of the larger colonies or mental hospitals it will be necessary to offer a commencing salary of £700 to £800 a year. This local authorities are often unable to afford, and so a matron or lay superintendent is appointed, with a visiting medical practitioner to examine patients on admission, attend them during illness, and to prepare in each case the medical certificates that may be required from time to time by the Board of Control. In certain areas the visiting physician may be the school medical officer. Young colonies often begin with only sixty or seventy beds, quickly rise to 100 and, more gradually, to 300. Local authorities feel—and who will blame them?—that during the years of development it is waste of money to pay £800 when the work can be done for £400 a year, or less.

May I submit that local authorities be advised that it really is not necessary always to appoint a senior medical officer of the mental hospital services to take charge of a new and developing colony. In the majority of cases a newly qualified man, still within his twenties, should prove to be quite suitable if he has held previously the usual medical and surgical appointments in a general hospital. Such a young man, if he is ambitious, would be glad to embark on an interesting career with definite prospects of advancement towards an assured goal. But the goal must be assured and the advancement regular. In order to effect this may I submit that these young medical superintendents be appointed at a minimum salary of £400 a year for a colony of 300 beds and under,

rising by annual increments of £50 to £600 a year, or, if there is a steady increase in the size of the colony, by increments of £1 per bed increase a year to £700 for a colony of 600 beds, and then by £2 per bed increase a year to a maximum of £1,100 a year for a colony of 800 beds, which to-day is the recognized maximum number of beds for a complete colony for all types of defectives. (As already stated, these figures do not include the value of emoluments.) This scale should prove to be no more expensive to a local authority than the current system of appointing a lay superintendent plus a matron plus a visiting medical practitioner—a combination which in practice is not so cheap as it pretends to be. A similar scheme could be adopted for the supply of matrons. Newly qualified sisters could be appointed as matrons at a minimum salary of £125 a year for a colony of 300 beds and under, rising by annual increments of £15 to £185 a year, or, if there is a steady increase in the size of the colony, by increments of 5s. per bed increase a year to £200 a year for a colony of 600 beds, and then by 10s. per bed increase a year to a maximum of £300 a year for a colony of 800 beds. Graduated schemes such as these would ensure, without undue expense, proper medical and nursing attention for the developing colony from its inception.

It may be pointed out that the salary scale herein suggested does not correspond with that as specified for medical superintendents of institutions in Section IV of the Memorandum of Recommendations with regard to the salaries of whole-time public health medical officers agreed to by the British Medical Association in 1929. This is so, but with the coming of the new type of colony for mental defectives in the past three to five years a new set of conditions governing the office of medical superintendent has appeared. These conditions did not exist in 1929, when the memorandum on salaries was prepared and agreed to by the Association; consequently, this memorandum has not provided for such conditions (even the colonies themselves had not appeared at that date), and, accordingly, the terms of this document cannot be held to be applicable to them. What, then, are these new conditions? They are those that are due to the fact that the majority of these new colonies are embryonic structures and not completed units. As embryonic structures they have, of course, a definite potentiality for development, but they can only attain to completion after a period of years and according to their rate of growth. In their embryonic stage they do not need the care of senior men of experience for whom the salary scale in Section IV of the memorandum was arranged, such men as are essential as medical superintendents for even the smallest of the completed units provided for in that section. A new type of whole-time officer is required for these immature developing institutions, and in this letter it is suggested that such officers should be chosen from among young medical men, still in their twenties, who will grow up with the colonies they will learn to direct and control. As already intimated, this suggested type of whole-time medical officer is not provided for by any of the sections specified in the 1929 memorandum, simply because his appointment was not contemplated when that document was being negotiated.

There is, however, a serious objection to the appointment of such young medical superintendents. These newly qualified men may not possess sufficient administrative experience to cope with the many problems arising in connexion with colony development. This objection could be met by the central authority, the Board of Control, delegating one of its commissioners to act in an advisory capacity to the new colonies. He should be one who has had experience of the difficulties of institutional organization and control, and has been through the mill himself of opening and developing a colony. If it should be necessary to make a new appointment, such should carry with it the status and salary of a senior medical commissioner in order to merit the co-operative attention of local authorities. It may be contended that there is already on the Board a senior medical commissioner with institutional experience in mental deficiency. This is so, but this officer's time is so overburdened with matters of routine arising out of questions of policy affecting the general welfare of defectives throughout the country that it would be quite impossible for him to undertake these additional duties, which are of immediate urgency and which will increase as more and more of these colonies for mental defectives appear.—I am, etc.,

November 8th.

A LOCAL AUTHORITY OFFICER.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant Commander C. T. Hyatt to the *Pembroke*, for Royal Naval Barracks, temporarily, November 3rd, and to the *Shropshire*, November 29th.

Surgeon Lieutenant T. F. Davies to the *Lowestoft*.

ROYAL NAVAL VOLUNTEER RESERVE

The resignation of Surgeon Lieutenant C. G. Batty-Smith has been accepted.

Surgeon Lieutenant R. Pedlow to the *Victory*, for Royal Naval Barracks.

M. D. Edwards has entered as Probationary Surgeon Sub-lieutenant, and is attached to List 2 of the Ulster Division.

ROYAL ARMY MEDICAL CORPS

Lieutenant (on probation) K. H. Clark is restored to the establishment.

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leader J. Parry-Evans to the Central Medical Establishment for duty as Medical Officer.

Flight Lieutenant P. H. Perkins to Headquarters, R.A.F., Middle East, Cairo.

ROYAL AIR FORCE RESERVE: MEDICAL BRANCH

Flight Lieutenant G. T. O'Brien relinquishes his commission on completion of service.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. A. S. Littlejohns, D.S.O., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Captain C. W. Healey, M.C., to be Major.
Captain A. A. Finnigan, M.C., ceases to hold a commission in the Territorial Army.

Lieutenant M. S. Good, from 4th Battalion Oxford and Bucks Light Infantry, to be Lieutenant, seniority November 28th, 1933.

H. F. Apthorpe-Webb and E. D. Fitzpatrick to be Lieutenants.
G. G. Farrington, late Officer Cadet, University of London Contingent, Medical Unit, Senior Division, O.T.C., to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Captain R. Woodside, from Active List, to be Captain.

Association Notices

BRANCH AND DIVISION MEETINGS TO BE HELD

BERKS, BUCKS, AND OXFORD BRANCH: OXFORD DIVISION.—At Radcliffe Infirmary, Oxford, Wednesday, November 21st, 2.30 p.m. Annual meeting.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—At Burlington Hotel, Bournemouth, Wednesday, November 21st, 7.45 p.m. Annual dinner.

EAST YORKSHIRE BRANCH.—At Powolny's Restaurant, Hull, Tuesday, December 18th, 8.30 p.m. Supper-dance.

KENT BRANCH: BROMLEY DIVISION.—At Railway Hotel, Beckenham, Thursday, November 22nd, 7.45 p.m., supper; 8.45 p.m., Lord Horder: "Misleading Symptoms and Signs."

KENT BRANCH: DARTFORD DIVISION.—At Crayford Town Hall, Thursday, November 22nd, 8 p.m. Annual dinner.

KENT BRANCH: ISLE OF THANET DIVISION.—Thursday, November 29th, 7.30 p.m. Dinner, followed by a meeting of the profession. Dr. G. C. Anderson (Medical Secretary): "The British Medical Association's Policy."

LANCASHIRE AND CHESHIRE BRANCH: PRESTON DIVISION.—Joint meeting with Preston Medico-Ethical Society at Preston Royal Infirmary, Tuesday, November 20th, 8.30 p.m. Discussion: "Watertight Compartments in Medicine." To be opened by Dr. G. C. Wray. At Overseers' Buildings, Lancaster Road, Preston, Monday, November 26th, 4.30 p.m. General meeting of Division to consider adoption of binding resolution *re* Memorandum of Recommendations on Salaries of Whole-time Public Health Medical Officers.

LANCASHIRE AND CHESHIRE BRANCH: SOUTHPORT DIVISION.—At 52, Houghton Street, Southport, Friday, November 23rd, 8.30 p.m. Meeting *re* appointments to staff of Southport Infirmary.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—At Constance Road Institution, East Dulwich, S.E., Tuesday, November 20th. Dr. C. F. T. East: "Modern Treatment of Heart Disease."

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Friday, November 16th, 4.30 p.m. Dr. Philip Hamill: Medical cases.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—At Princess Louise Hospital, St. Quintin Avenue, W., Friday, November 23rd, 8.45 p.m. Mr. Somerville Hastings: "A Socialized Medical Service."

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—At Catford Town Hall, Tuesday, November 20th, 8.45 p.m. Mr. C. Lambrinudi: "Injuries and Diseases of the Knee-joint."

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.—At Leyton Town Hall, Thursday, November 22nd, 8 p.m. Annual reception and dance in aid of B.M.A. Charities Fund.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At Gas Light and Coke Company's Offices, Broadway, Ilford, Tuesday, November 20th, 9.15 p.m. Mr. J. Sophian: "Functional Disorders of Menstruation."

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—At Willesden General Hospital, Wednesday, November 21st, 9 p.m. Mr. R. Christie Brown: "Obstetrical Haemorrhages." At May Fair Hotel, Thursday, December 13th, 8 p.m. Annual dinner-dance.

NORTH OF ENGLAND BRANCH: MORPETH DIVISION.—Friday, December 14th. Lecture by Dr. George Hall.

NORTH OF ENGLAND BRANCH: SUNDERLAND DIVISION.—At Sunderland Royal Infirmary, Thursday, November 22nd, 3.30 p.m. Address by Mr. Henry Wade: "Diagnosis of Renal and Vesical Disease in General Practice." Visitors welcome. 7.30 p.m., at Palatine Hotel, annual dinner.

NORTHERN COUNTIES OF SCOTLAND BRANCH: INVERNESS DIVISION.—At Station Hotel, Inverness, Wednesday, December 12th, 9 p.m. Dance in aid of Royal Medical Benevolent Fund.

NORTHERN IRELAND BRANCH.—At Whitla Medical Institute, College Square North, Belfast, Thursday, November 22nd, 4.30 p.m. Presidential address by Professor P. T. Crymble: "Abdominal Surgery of Children."

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—Thursday, November 22nd. Dr. Ian Skottowe: "Clinical Types of Psychiatric Cases." Thursday, December 6th. Dr. G. C. Anderson (Medical Secretary) will address the meeting.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—At Royal Portsmouth Hospital, Thursday, November 29th, 3 p.m. Clinical meeting.

SOUTH-WESTERN BRANCH: TORQUAY DIVISION.—At Torbay Hospital, Friday, November 23rd, 8.30 p.m. B.M.A. Lecture by Professor Millais Culpin: "The Handling of Some Psychogenic Disorders in General Practice." Non-members are invited to attend. Preceded by informal dinner at 7 p.m. at Grand Hotel, Torquay.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.—Sunday, November 18th, 11 a.m., medical clinic. At West Suffolk General Hospital, Bury St. Edmunds, Saturday, November 24th, 8.45 p.m. Dr. H. A. Lucas: "The Anaemias."

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—At Bentall's Restaurant, Wednesday, November 28th, 8 p.m. Annual dinner and dance. The guests will include His Worship the Mayor of Kingston, Dr. and Mrs. G. C. Anderson, and many others. Dance music will be provided by the St. Dunstan's Band of War-blinded Musicians until 1.30 a.m. All profits will be devoted to medical charities, and members are invited to bring as many guests as possible. Tickets price 10s. 6d.

WILTSHIRE BRANCH: SWINDON DIVISION.—At 7, The Mall, Swindon, Wednesday, November 28th, 9 p.m. Dr. H. L. Marriott: "Minor Medicine."

YORKSHIRE BRANCH: BRADFORD DIVISION.—Thursday, November 29th, 8.30 p.m. Dr. C. Hill (Assistant Medical Secretary): "The Effect of Recent Legislation on Medical Practice."

YORKSHIRE BRANCH: DEWSBURY, GOOLE AND SELBY, AND WAKEFIELD, PONTEFRAC, AND CASTLEFORD DIVISIONS.—Joint meeting at Strafford Arms Hotel, Wakefield, Friday, November 30th, 8 p.m. Dr. C. Hill (Assistant Medical Secretary): "The Effect of Recent Legislation on Medical Practice."

YORKSHIRE BRANCH: GOOLE AND SELBY DIVISION.—At Lonesborough Arms Hotel, Selby, Tuesday, November 20th, 7.45 p.m., supper; 8.30 p.m., Mr. R. Broomhead (Leeds): "The Manipulations of Joints."

YORKSHIRE BRANCH: HALIFAX DIVISION.—At White Swan Hotel, Halifax, Tuesday, November 20th, 8.30 p.m. Annual B.M.A. Lecture by Professor Arthur Hall (Sheffield): "The Parkinsonian's Progress."

YORKSHIRE BRANCH: ROTHERHAM DIVISION.—At Davy's Café, Rotherham, Thursday, December 13th, 7.30 p.m. Annual dinner.

POST-GRADUATE COURSES AND LECTURES

DECEMBER, 1934, AND JANUARY, 1935

The following post-graduate courses and lectures to be held in London during December, 1934, and January, 1935, have been notified to the British Medical Association. Further particulars may be obtained direct from the hospital concerned, or, in the case of arrangements made by the Fellowship of Medicine (F.M.), from the Secretary of the Fellowship at 1, Wimpole Street, W.1.

Subject	Date	Place of Meeting	Nature of Instruction
Anaesthetics	From Dec. 1	West London Hosp. Post-Grad. College, Hammersmith Rd., W.6	Course
"	Dec. 12	South-West London Medical Society, Bolingbroke Hosp., Wandsworth Common, S.W.	Lectures
Cardiology	Dec. 8	National Temperance Hospital, Hampstead Road, N.W.1	F.M. lecture-demonstration
Dermatology	Dec. 13	King's College Hospital Medical School, Denmark Hill, S.E.5	Lecture on dermatology in general practice
Dietetics ...	Dec. 5 and 12	Medical Society of London, 11, Chandos Street, W.1	F.M. lectures
Medicine ...	Dec. 4	"	Lecture-demonstration on glycosuria
"	Dec. 11	"	Ditto on ketosis
"	Dec. 18	"	Ditto on low blood pressure
Nose, Ear, and Throat	Dec. 1-2	Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1	Course for general practitioners
"	Dec. 3-8	"	Course
"	Dec. 7, 14, 21	"	Lectures
Rheumatism	Dec. 4 and 6	British Red Cross Clinic, Peto Place, Marylebone Road, N.W.1	F.M. lectures
Surgery ...	Dec. 6	King's College Hospital Medical School, Denmark Hill, S.E.5	Lecture on nasal sinusitis
"	Dec. 12	Hampstead General and North-West London Hosp., Haverstock Hill, N.W.3	Lecture on intestinal obstruction
Tuberculosis	Dec. 5	"	Lecture on types of pulmonary tuberculosis
Anaesthetics	From Jan. 1	West London Hosp. Post-Grad. Coll., Hammersmith Rd., W.6	Course
Cancer ...	Jan. 3, 10, 17, 24, 31	Cancer (Free) Hospital, Fulham Road, S.W.3	Lectures
Homoeopathy	Jan. 10-14	London Homoeopathic Hospital, Great Ormond Street, W.C.1	Course
Medicine ...	Jan. 17	King's College Hospital Medical School, Denmark Hill, S.E.5	Lecture on treatment of B. coli infections
"	Jan. 31	"	Lecture on diseases of the hair
Neurology	Jan. 28-29	National Hospital, Queen Square, W.C.1	Course
Nose, Ear, and Throat	Jan. 4, 11, 18, 25	Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1	Lectures
Orthopaedics	Jan. 9	South-West London Medical Society, Bolingbroke Hosp., Wandsworth Common, S.W.	Lecture on orthopaedic cases in general practice
Surgery ...	Jan. 10	King's College Hospital Medical School, Denmark Hill, S.E.5	Lecture on diseases of the colon
"	Jan. 24	"	Lecture on "Some Interesting Misdiagnoses"

Courses in general hospital practice may be begun at any time, and may be taken for any period, at the West London Hospital Post-Graduate College, Hammersmith Road, W.6.

In addition to the above courses the following for the higher qualifications have been arranged.

Subject	Date	Place of Meeting	Degree or Diploma
Ophthalmology	From Dec. 10	Royal Eye Hospital, St. George's Circus, S.E.1	M.R.C.P.
Psychological Medicine	Jan.-May	Maudsley Hospital, Denmark Hill, S.E.5	D.P.M.

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: Medisecra Westcent, London). EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitology Westcent, London). Telephone numbers of British Medical Association and British Medical Journal, Euston 2111 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.) IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

NOVEMBER

20 Tues. Provident Scheme Advisory Committee, 2.30 p.m.
23 Fri. Consultants and Specialists Group Committee, 2.30 p.m.
27 Tues. Central Ethical Committee, 2.15 p.m.
30 Fri. Public Medical Services Subcommittee, 2.30 p.m.

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows, Tues., 5.30 p.m. Ballot for Election to the Fellowship.
Section of Pathology.—Tues., 8.30 p.m. Laboratory Meeting at Royal Free Hospital, Gray's Inn Road, W.C. (Eastman Dental Clinic entrance). Demonstrations.
Section of Urology.—Thurs., 8.30 p.m. Clinico-pathological Meeting. Cases and Specimens will be shown.
Section of Disease in Children.—Fri., 5 p.m. (Cases at 4.30 p.m.)
Sections of Epidemiology and State Medicine, and Obstetrics and Gynaecology.—Fri., 8 p.m. Special Discussion: How can the Results of Ante-natal Care be Improved? Openers, Dr. Isabella Cameron, Dr. T. H. Hollins, Professor F. J. Browne, and Mr. G. F. Gibberd.

BRITISH INSTITUTE OF PHILOSOPHY, University Hall, 14, Gordon Square, W.C.—Thurs., 5 p.m. Dr. H. Crichton-Miller: Belief and Adaptation.

CHELSEA CLINICAL SOCIETY.—At Hotel Rembrandt, Thurloe Place, S.W., Tues., 8.30 p.m. Discussion on Slimming, to be opened by Dr. A. H. Douthwaite. Dinner at 7.30 p.m.

EUGENICS SOCIETY.—At Linnean Society's Rooms, Burlington House, Piccadilly, W., Tues., 5.15 p.m. Dr. Stella Churchill: Health Certificates Before Marriage.

HUNTERIAN SOCIETY.—At Cutlers' Hall, Warwick Lane, E.C., Mon., 9 p.m. Discussion: That the Lay Cult of Health has Become Injurious.

INSTITUTE OF MEDICAL PSYCHOLOGY, Malet Place, W.C.—Tues., 6 p.m., Professor J. C. Flugel, Psychological Aspects of Marriage and the Family. Tues. and Fri., 8.30 p.m., Dr. Leonhard Seif, Principles and Practice of Individual Psychology.

NORTH-WEST LONDON MEDICAL SOCIETY.—At Regal Rooms, Regal Cinema, Finchley Road, N.W., Tues., 9 p.m. Clinical Address by Dr. Leonard Findlay: Alkalosis and Acidosis in Children.

ROYAL INSTITUTE OF PUBLIC HEALTH AND INSTITUTE OF HYGIENE.—At 28, Portland Place, W., Wed., 3.30 p.m. Mr. Michael J. Smyth: Cancer in Relation to Dyspepsia.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 1, Upper Montague Street, W.C.—Fri., 5 p.m. Discussion: The Organization of the Domiciliary Medical Service. To be opened by Dr. J. A. Charles.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—Medical Society of London, 11, Chandos Street, W.: Tues., 2.30 p.m., Lecture-Demonstration on Obesity by Dr. Clark-Kennedy; Wed., 8.30 p.m., Lecture on Diet for Convalescents and Aged by Dr. C. Bull. St. Mark's Hospital, City Road, E.C.: Post-Graduate Course in Proctology. Royal Waterloo Hospital, Waterloo Road, S.E.: Course in Medicine, Surgery, and Gynaecology. London Lock Hospital, Dean Street, W.: Afternoon Course in Venereal Disease. British Red Cross Clinic, Peto Place, N.W.: Tues. and Thurs., 8.30 p.m., Course in Rheumatism. Panel of Teachers: Individual clinics in various branches of medicine and surgery are available daily. Courses, etc., are open only to members and associates of the Fellowship.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—Fri., 4 p.m., Mr. W. A. Mill, Earache in the Normal Ear.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—Sun., 10.30 a.m., Dr. Gordon Holmes, Paraplegia; 11.45 a.m., Mr. C. Jennings Marshall, Treatment of Urinary Infections.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL.—Wed., 4 p.m., Mr. Sidney Boyd, Late Complications of Gastro-jejunoscopy.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale, W.—Thurs., 3 p.m., Demonstration by Dr. W. Russell Brain.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.—Thurs., 9 p.m., Mr. A. C. Palmer, Sterility in Women.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, 49, Leicester Square, W.C.—Tues., 5 p.m., Dr. Hugh Gordon, Cutaneous Affections Due to Sunlight. Thurs., 5 p.m., Dr. W. N. Goldsmith, Infantile Eczema and Papular Urticaria.

NATIONAL HOSPITAL, Queen Square, W.C.—Mon. to Fri., 2 p.m., Out-patient Clinics. Mon., 3.30 p.m., Dr. C. P. Symonds, Organic Dementia, Aphasia, etc. Tues., 3.30 p.m., Dr. J. S. Collier, Epilepsy and its Variants. Wed., 3.30 p.m., Dr. J. S. Collier, Clinical Demonstration. Thurs., 3.50 p.m., Dr. G. Riddoch, The Sensory System. Fri., 3.30 p.m., Dr. S. A. Kinnier Wilson, The Motor System.

ST. PAUL'S HOSPITAL, Endell Street, W.C.—Wed., 4.30 p.m., Mr. J. K. Hasler, Low Spinal Anaesthesia in Genito-urinary Surgery.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, S.W.—Wed., 4 p.m., Dr. C. E. Lakin, Demonstration of Medical Cases.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 10 a.m., Medical Wards, Skin Clinic; 2 p.m., Surgical Wards, Eye and Gynaecological Clinics; 4.15 p.m., Lecture, Mr. Green-Armytage, Sterility. Tues., 10 a.m., Medical Wards; 11 a.m., Surgical Wards; 2 p.m., Throat Clinic; 4.15 p.m., Lecture, Dr. Scott Pinchin, Coronary Thrombosis. Wed., 10 a.m., Children's Ward and Clinic; 2 p.m., Medical Wards, Eye Clinic. Thurs., 10 a.m., Neurological and Gynaecological Clinics; 11.30 a.m., Fracture Demonstration. 2 p.m., Eye and Genito-urinary Clinics. Fri., 10 a.m., Skin Clinic; 12 noon, Lecture on Treatment; 2 p.m., Throat Clinic; 4.15 p.m., Lecture, Dr. Hugh Gordon, Baldness. Sat., 10 a.m., Medical Wards, Children's and Surgical Clinics. Daily, 2 p.m., Operations, Medical and Surgical Clinics. The lectures at 4.15 p.m. are open to all medical practitioners without fee.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Western Infirmary: Wed., 4.15 p.m., Mr. M. Logan Taylor, Surgical Cases.

LEEDS POST-GRADUATE CLINICAL DEMONSTRATIONS.—At Leeds General Infirmary: Tues., 3.30 p.m., Mr. John Foster, Demonstration of Ophthalmic Cases.

LEEDS PUBLIC DISPENSARY AND HOSPITAL POST-GRADUATE COURSE.—Wed., 4 p.m., Dr. H. G. Garland, Diagnosis and Treatment of the Psychoneuroses.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m., Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER: ANCOATS HOSPITAL.—Thurs., 4.15 p.m., Dr. G. J. Langley, Pneumonia.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE EAR, NOSE, THROAT, AND CHEST.—Wed., 4.30 p.m., Mr. V. F. Lambert, Acute Infections of the Nasal Sinuses.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Dr. F. E. Tylecote, Respiratory Antiseptics. Fri., 4.15 p.m., Mr. J. P. Buckley, Demonstration of Surgical Cases.

NEWCASTLE GENERAL HOSPITAL.—Sun., 10.30 a.m., Lecture by Mr. W. E. M. Wardill.

VACANCIES

ACCRINGTON: VICTORIA HOSPITAL.—H.S.

BARBADOS GENERAL HOSPITAL.—(1) Senior Resident S. (2) Third Resident S. Males.

BIRMINGHAM CITY.—Whole-time Resident P. at Dudley Road Hospital.

BRISTOL DISPENSARY.—Non-resident M.O.

BRISTOL UNIVERSITY.—Chair of Pathology (Full-time).

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—H.P.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.—Assistant S.

CHELSEA HOSPITAL FOR WOMEN, Arthur Street, S.W.—J.H.S. (male).

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.—(1) R.M.O. (2) H.P. Males.

DOVER: ROYAL VICTORIA HOSPITAL.—R.M.O. (male, unmarried).

DURHAM COUNTY HOSPITAL.—H.S.

EASTBOURNE: PRINCESS ALICE MEMORIAL HOSPITAL.—Two Hon. Anaesthetists.

EGYPTIAN UNIVERSITY.—Professor of Dental Surgery and Pathology and Superintendent of Studies in the Dental School.

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—Hon. Clinical Assistant (female) to Throat, Nose, and Ear Out-patient Department.

GENERAL LYING-IN HOSPITAL, York Road, S.E.—J.R.M.O. and Anaesthetist.

GLAMORGAN COUNTY COUNCIL.—A.M.O. (male).

HARROW URBAN DISTRICT COUNCIL.—(1) S. for Isolation Hospitals. (2) Gynaecologist for cases of difficult labour and puerperal pyrexia.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) H.P. (2) H.S. Males, unmarried. (3) Anaesthetist (male).

HOSPITAL FOR WOMEN, Soho Square, W.—R.M.O.

HUDDERSFIELD COUNTY BOROUGH.—R.M.O. (male, unmarried) at St. Luke's Hospital.

HUDDERSFIELD ROYAL INFIRMARY.—H.P. and Resident Anaesthetist (male).

INVERNESS ROYAL BURGH.—Assistant M.O.H. for Burgh and County of Inverness.

KENSINGTON ROYAL BOROUGH.—Whole-time Assistant M.O.H. and Tuberculosis Officer.

KING'S COLLEGE HOSPITAL, Denmark Hill, S.E.—Junior S.

LIVERPOOL HEART HOSPITAL.—Research Fellow.

LIVERPOOL ROYAL INFIRMARY.—Medical Tutor and Registrar.

LIVERPOOL: ROYAL LIVERPOOL CHILDREN'S HOSPITAL.—Clinical Tutor

LIVERPOOL: WOMEN'S HOSPITAL.—H.S.

LONDON COUNTY COUNCIL.—(1) A.M.O. (Grade I) at (a) St. Mary Abbot Hospital, Kensington, (b) St. George-in-the-East Hospital, Wapping. (2) A.M.O. (Grade II) at (a) City of London Institution, E., (b) Dulwich Hospital, (c) Holborn and Pinsbury Institution, N., (d) Queen Mary Hospital, Sidcup, (e) St. Charles's Hospital, W., (f) St. Olave's Hospital S.E., (g) Paddington Hospital.

MACCLESFIELD GENERAL INFIRMARY.—Second H.S.

MANCHESTER: ANCOATS HOSPITAL.—H.S. to Special Departments (Orthopaedic and Ear, Nose, and Throat).

MANCHESTER BABIES' HOSPITAL.—J.R.M.O.

MANCHESTER CITY.—(1) Assistant M.O.H. (Housing). (2) Assistant M.O.H. MANCHESTER CITY EDUCATION COMMITTEE.—Assistant School M.O.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—C.O. (male, unmarried).

MIDDLESEX COUNTY COUNCIL.—(1) Non-resident Assistant Pathologist at North Middlesex County Hospital, Edmonton. (2) R.A.M.O. at Redhill County Hospital, Edgware.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—(1) H.P. (2) H.S. (3) Two part-time C.O's. (4) Out-patient Officer. Males, unmarried.

NEUNTON GENERAL HOSPITAL.—H.S.

OLDHAM ROYAL INFIRMARY.—H.S. for Special Departments.

OTAGO UNIVERSITY, Dunedin, New Zealand.—Senior Assistant in Physiology Department of Medical School.

OXFORD: WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL.—R.H.S. (male).

PLYMOUTH: PRINCE OF WALES'S HOSPITAL.—(1) Hon. S. (2) Hon. Assistant S. (3) Resident Anaesthetist and H.S. (male) to Special Departments. (4) H.P. (5) H.S.

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, E.—R.M.O. (male).

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.—(1) Resident Anaesthetist. (2) Resident Anaesthetist and District M.O. (3) A.R.M.O. (male).

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) H.P. (2) C.O.

RAINHILL, LANCs: COUNTY MENTAL HOSPITAL.—A.M.O. (male).

ROTHERHAM COUNTY BOROUGH.—Full-time R.A.M.O. at Alma Road Hospital, Rotherham.

ROYAL MASONIC HOSPITAL, Ravenscourt Park, W.—(1) P. (2) S. (3) Ophthalmic S.

SOUTH SHIELDS: INGHAM INFIRMARY.—J.H.S. (male).

SOUTHAMPTON COUNTY BOROUGH.—R.M.O. (male) at Borough Isolation Hospital.

STAFFORD: COUNTY MENTAL HOSPITAL.—Temporary A.M.O. (male).

WEST BROMWICH COUNTY BOROUGH.—Surgical Registrar (male) at Hallam Hospital.

WEST LONDON HOSPITAL, Hammersmith, W.—(1) H.P. (2) Two H.S. (3) Resident Anaesthetist. Males. (4) Hon. Assistant S.

WESTMINSTER HOSPITAL, S.W.—Three Surgical Registrars.

CERTIFYING FACTORY SURGEON.—The appointment at Redditch (Worcestershire) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by November 27th.

This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings. Further unclassified vacancies will be found in the advertising pages.

APPOINTMENTS

HARVEY, Robert, M.B., Ch.B., F.R.C.S.Ed., Assistant Honorary Surgeon with Charge of Radium, Cheltenham General and Eye Hospitals.

LONDON COUNTY COUNCIL.—The following appointment has been made at the hospital indicated in parentheses. *Medical Superintendent*: G. L. Thompson, M.B., Ch.B. (Southern).

CERTIFYING FACTORY SURGEONS.—G. C. Agarwala, M.B., B.S., for the West Ham District (Essex); I. McI. MacAlister, M.B., Ch.B.Ed., for the Wallasey District (Cheshire).

MEDICAL REFEREES UNDER THE WORKMEN'S COMPENSATION ACT, 1925. W. B. Boone, M.B., B.Ch., for the Barnstaple, Bideford, South Molton, and Torrington County Court Districts (Circuit No. 57); F. K. Smith, M.B., B.Ch., for the Aberdeen, Peterhead, and Stonehaven Sheriff Court Districts (Sheriffdom of Aberdeen, Kincardine, and Banff).

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.

DEATHS

BROWN.—On November 8th, 1934, Thomas Alexander Brown, M.B., M.R.C.S., at his home in Rhos-on-Sea, aged 73 years.

DICK.—On November 5th, at Woodford Bridge, James Cowie Dick, M.B., Ch.B., aged 52 years.

HEATH.—On October 26th, 1934, suddenly, at Lynwood, Moor Park, Herts, Arthur Heath, M.D., F.R.C.S., aged 60.

STEWART.—On November 10th, 1934, at his home, 2, Park Avenue North, Northampton, Augustus Albert Stewart, M.B., B.Ch., B.A.O. (Queen's University, Belfast), in his 72nd year.