mitted to the Hospital Management Committee through him, otherwise it will be impossible for the medical superintendent to carry out his duties as chief administrative officer. It is also desirable that committees of other members of the hospital staff should be appointed and their resolutions conveyed to the Committee of Management in a similar way if relating to matters that cannot be adjusted by internal administration.

The CHAIRMAN suggested that this be referred to the Commission for consideration by its Hospitals Committee, and this course was agreed to.

Access of G.P.s to Hospitals

Dr. W. ARNOTT (Oxford) moved:

That an essential part of any comprehensive scheme of medical organization should be the provision of beds (*a*) for patients who require nursing and medical attendance within the competence of the general practitioner, but do not require specialist investigation or treatment, and (*b*) for normal confinements. The beds under (*a*) and (*b*) should be under the effective charge of the patient's own medical attendant—provision for such beds being made either in a cottage hospital, or in a sick bay related to a health centre, or in a general practitioner hospital, or in a general hospital.

He said that general practitioner beds were an essential part in the development of medical science. They were needed alike for the help and relief of the sick person and the help and relief of the nurses. Many cases of bronchopneumonia were sent into hospital on account of inadequacy of nursing at home. In the same way the maternity hospitals could be greatly relieved by the provision of beds for normal confinements. Finally, the beds would be of great help to the general practitioner in the pursuit of his work.

Dr. GEORGE MCFEAT (Lanark) said that health centres were unsuitable for country districts. Cottage hospitals would prove a useful substitute. Country doctors were isolated and unable to co-operate adequately so that their needs and desires received insufficient publicity. Their minority position in the profession and the difficulty of meeting to develop a common policy had prevented a much-needed improvement in the rural medical service. But in spite of their difficulties they maintained for the most part a high standard. They had to carry greater responsibility than their urban colleagues, who had hospital and consultant facilities at hand, and therefore they developed the initiative and self-reliance which had given to country doctors an honourable place in the medical service. To make rural practice attractive to the best type of doctor mileage allowances should be increased and many other improvements effected, one of them in particular being the establishment of cottage hospitals in country areas.

Dr. A. STAVELEY GOUGH (W. Hertfordshire) said that the time had come when the contact between general practitioners and hospitals could be implemented. The possibility of the unification of hospitals should open up extra accommodation. The present economic and domestic position was driving into hospital many patients who would normally be treated at home, and there was a danger that the average doctor would find that all his interesting cases which were reasonably within his competence would pass into a hospital. Certain hospital accommodation should now be set aside for general practitioners so that they might continue to look after their cases while in hospital, subject only to the requirement that the patient might have to be handed over for specialist treatment.

Dr. PETER MACDONALD (Deputy Chairman) said that some representatives might be aware that he had long held the view that it was desirable for general practitioners to have, wherever possible, access to patients in hospital. This had not been achieved on account of the acute shortage of hospital beds, at least in the voluntary hospitals, the number of beds being no greater than was needed by the consultant and specialist services. It was always more important that a bed should be available for a perforating appendix than for a case of bronchitis, even acute bronchitis. It was a defect in the interim report of the Commission that it was nowhere stated that a greater number of hospital beds was needed in this country, especially for general practitioner cases. Dr. Macdonald added that he had discussed this matter on previous occasions, especially in the Hospitals Committee of the Association, and he had met with opposition, mainly from consultants. The burden of the opposition was that the difficulties of allowing general practitioners to follow their cases into hospital were too great. In the report of the Voluntary Hospitals Commission, in connexion with the payment of staffs of such hospitals, it was stated that if the principle behind this arrangement was sound and payment should justly be made, the difficulties should be faced and in time overcome. The access of general practitioners to the hospitals would do more to advance the science and art of medicine in this country than anything else except co-operation between general practitioners themselves, a principle which that meeting had already approved.

The CHAIRMAN, speaking for the General Practice Committee of the Commission, stated that this subject had not been forgotten, but the Committee had not yet reached the point in its deliberations at which it was able to deal with this problem. It looked upon the problem of the admission of general practitioners to the hospital service as one of the first things to be dealt with when the present meeting was over.

Dr. A. BEAUCHAMP (Birmingham) objected to the use of the word "normal" in front of "confinements" in the motion. It rather implied that general practitioners were not capable of attending abnormal confinements. The mover agreed to the omission of the word "normal," and the motion in this form was carried without dissent.

Selection of Hospital Staffs

Mr. DONALD WATSON (Bradford) moved that in regionalization the university with its medical school would be the centre of education, but that in the election of candidates for hospital and other appointments within the region, the influence of the university should be limited in order to allow freedom of competition and the safeguarding of opportunity to candidates from outside the region. He thought that this was a very important safeguard, and that in order to maintain a high level of medical education the competitive spirit should be encouraged.

The CHAIRMAN said that the interim report expressed this point less crudely when it said:

The selection of consultants and specialists for appointment to the staff of hospitals, or groups of hospitals, in the region or to the region as a whole should be made on the advice of a medical appointments panel specially appointed by the regional council or authority. The panel should include representatives of the university or universities in the region and, for certain senior appointments, assessors from outside the region.

The Bradford motion was carried.

Vote of Congratulation

Dr. J. A. PRIDHAM said that he did not think that the Representative Body should pass from this part of the Agenda without expressing its congratulations to the Chairman of the Commission and to the Secretariat for this excellent interim report. It had astonished him that so complex and controversial a subject could be condensed into a few pages. He read a letter from a Surgeon Commander on active service, a former secretary of his Division, who said, "I think that the B.M.A. has gained tremendous kudos in this war, both as a result of the work of the Emergency Committee and the work of the Medical Planning Commission." Dr. C. M. STEVENSON seconded the proposition, which was carried by acclamation.

The CHAIRMAN OF COUNCIL said that he was grateful for this compliment, but he added that the work was very thoroughly divided up among the different Committees, each of which put a great amount of time and energy into the investigation of the subject allotted to it. But without the splendid work of the Secretariat it could never have been brought to a coherent conclusion. Dr. G. C. ANDERSON said that he could not let this occasion go by without stating who was mainly responsible for drafting the interim report. It was his colleague, Dr. Charles Hill, with the assistance of Miss Saxby. (Applause).

The meeting then turned to the remaining business on its Agenda, a report of which will appear next week.

Correction.—Dr. J. Vaughan Jones asks us to correct an obvious error in the report of his remarks at the Annual Representative Meeting, with reference to the Bromley resolution on whole-time salaried service (*Supplement*, Sept. 26, p. 34, col. ii). "The soul-destroying effect of democracy" should read "the soul-destroying effect of bureaucracy, etc."

MEDICAL PENSION SCHEMES

One of the most effective methods of assisting the national effort at the present time is some form of regular saving. The individual will thus be curtailing his spending power, which is precisely what the national savings drive and the extension of rationing are intended to secure. Further, such saving means that the individual will have additional capital or income to spend when the war is over, and the need for it will be acute for the creation of employment. Restriction of spending power now is imperative if inflation with its devastating consequences is to be avoided.

Any national health insurance practitioner or member of the B.M.A., provided he is not over 64 years of age, *no matter what his state of health may be*, has an opportunity in the next few months to assist the national effort by taking a savings policy under his own pension scheme and with very profitable results to himself. But the present terms are to be withdrawn at the end of the year, after which time no applications for entry on the same terms will be considered.