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CENTRAL CONSULTANTS AND SPECIALISTS COMMITTEE

FIRST MEETING

The first meeting of the Central Consultants and Specialists Committee was held at B.M.A. House on July 28. It was attended by some 30 regional representatives from England and Wales (including six observers from Regional Committees not yet fully constituted), six members appointed by the Specialists Subcommittee of the Scottish Committee, two representatives from Northern Ireland, and representatives from certain Standing Committees and Group Committees. Mr. A. M. A. Moore was asked to take the chair for the meeting.

Suggested Joint Action with Colleges and Corporations

The Secretary (Dr. Hill) stated that earlier on the same day an important though informal conference had been held, attended by representatives of the Royal Colleges and Corporations and of the B.M.A. A long discussion had taken place on the desirability of having a body capable of expressing to the Minister of Health consultants' views on all questions, academic, medico-political, and questions which perhaps were intermediate between the two. It had been decided to set up an exploratory committee under the chairmanship of Sir Lionel Whitby to try to hammer out a scheme of collaboration and division of labour. It was decided, too, to put three propositions to the bodies invited to the Conference, these propositions to be worked out by the exploratory committee. They were as follows:

(1) That a joint committee of the Royal Colleges, the Royal Scottish Corporations, and the British Medical Association be established to advise the Minister of Health on all matters concerning consultants and specialists.

(2) That the existing Committee of the Colleges and Corporations and the Central Consultants and Specialists Committee established by the British Medical Association continue in existence to brief the Joint Committee.

(3) That the Joint Committee be requested to allocate, as soon as practicable, fields in which their constituent bodies are free to take independent action and to deal with Governmental bodies direct.

After discussion the Secretary suggested that without making any decision on the main issue the meeting should appoint representatives to the exploratory committee, should examine the report these representatives brought back, and refer it to the regions before coming to any conclusion. Points to be considered would be the terms of reference of the proposed joint committee and the division of labour as between one side and the other.

This course was agreed to, and those appointed to the exploratory committee were Mr. A. M. A. Moore, Mr. C. E. Kindersley, and Dr. Charles Hill.

Rights of Part-time Consultants

Dr. Rowland Hill raised the question why part-time consultants were not regarded as transferable officers. He said that some specialists might find their appointments terminated by the Minister. Possibly other appointments which the regional board considered to be of equivalent importance would be offered them, but the ideas of the board and of the consultant himself as to equivalent importance might differ considerably. Consultants should have the same security of tenure or compensation on displacement as general practitioners.

Mr. Lawrence Abel said that this was one of the points on which the Negotiating Committee had fought all along the line. In Northern Ireland every consultant was allowed to retain his existing appointment.

A resolution was carried that members of consultant and specialist staffs of hospitals, including special departments of hospitals, taken over by the Minister on the appointed day should be given security of tenure in their appointments under the National Health Service and should not be compelled to vacate such appointments without their consent for any reason other than misconduct until the attainment of an agreed upper age limit.

The Chairman in putting the resolution said that the Committee fully realized that in some places changes were inevitable owing to the disappearance of a department or the conversion of a hospital to a different use, but in the great mass of hospitals there would be no changes, and it was desired to secure the position of the part-time consultants in such hospitals.

Interim Terms of Service

The Committee had before it a summary of recent negotiations on terms of service for consultants and specialists. The Chairman said that powerful opposition had been offered to the limitation of the maximum quarterly payment for domiciliary work to 100 guineas. Suggestions had also been made for the definition of the half-day, such as would prevent specialists who habitually worked very long half-days from being unfairly treated. Finally, the inadequacy of the proposed mileage payments had been stressed.

The Committee endorsed a minute of the recent Representative Meeting that every session attended by a practitioner should be paid for at full rate, with no limitation on the number of sessions undertaken.

On the question of the length of the half-day, Dr. Rowland Hill proposed that a half-day session should not exceed three hours. Dr. Cochrane Shanks felt that any limitation would bring about the introduction of clocking-in. Consultants and specialists should be trusted by their institutions to do their work and not be required to account to any authority for the hours they spent in hospital.

Mr. E. R. Frizelle said that at Leicester a book had been presented to members of the staff in which they were expected to enter the times of arriving at and leaving hospital. Yet they were doing work they had been doing before July 5, and had been asked to go on as in the past. It had been hinted that this instruction to have a book came from above the level of the regional board, though whether that was true or not he could not say. Attendance at the hospital for any committee meeting or even for a meal was duly entered. The practice signified distrust, and even engendered a feeling of distrust between colleagues. Members from other areas said that something of the same kind had been brought into force and was resented.

The Secretary said that, clearly, different methods were obtaining in different regions. The notion of the half-day which grew up during the next few months was extremely important because it would have a great effect on the permanent remuneration. He suggested that information should be collected through the Regional Committees as to the half-day definition which was prevailing in each region and that when these reports were available a small subcommittee should look into them. He added that the Ministry disapproved the practice of clocking-in. The only excuse for some sort of log record would be as a means of obtaining information concerning the work of specialists on the basis of which annual payments might be

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calculated—a method of timing which, temporarily adopted, would help to eliminate timing in the future.

It was agreed to proceed on the lines the Secretary had suggested, and the following were appointed as a subcommittee to examine the reports from regions when available : Dr. Rowland Hill, Dr. Cochrane Shanks, Mr. Staveley Gough, and Dr. Ross Smith.

On the question of mileage, Mr. Abel protested that 6d. a mile was totally inadequate, and that both time and distance should be paid for. Mr. Hedley Whyte said that if he was required to go from Newcastle to Berwick for a consultation, the fee being £4 4s., and the mileage payment 6d., the net gain to him, supposing the actual cost to be 1s. a mile, would be about £1.

The Committee decided to undertake an investigation of exact costs of motor-car travel.

Brief consideration was given to the question of maximum fees for pay-beds, as set out in the regulations under Sect. 5 (2) of the Act. Professor T. H. Oliver expressed the fear that the high cost of pay-beds might be one of the methods of eliminating private practice, and he hoped the Negotiating Committee would pay attention to this.

It was decided that this matter should be referred to Regional Committees for their consideration and brought up again.

The Committee had sat for 3½ hours, and certain other matters remained on the agenda, including the general consideration of the Specialist Spens Report. It was agreed that this should be the first item on the agenda of the next meeting of the Committee, to be held on Sept. 30, and that in the meantime Regional Committees should call meetings of consultants in their areas to brief their representatives on the Central Committee.

THE SCHOOL HEALTH SERVICE

EFFECT OF N.H.S. ACT

In circular 179 (dated Aug. 4, 1948) the Ministry of Education has notified local education authorities of the changes which will have to be made in the administration of the school medical service as a consequence of the coming into operation of the National Health Service. The routine work of school medical inspection and the ascertainment of handicapped pupils will be continued by education authorities, but it will now be the responsibility of the regional hospital boards to provide the specialist services needed by school-children, and education authorities are asked to make the local needs known to the regional boards. No charge will be made to education authorities for any such services provided. It should be noted that in spite of the foregoing arrangement education authorities are not precluded from directly providing any specialist service which it appears to them desirable to provide.

Ophthalmic Work

Ophthalmic work by specialists will follow the same course as other specialist work, but it will be impossible at present for the hospital and specialist services to provide a general service of refraction. In order that the refraction work and the provision of spectacles by the school health service should be maintained, education authorities are asked to take advantage to the fullest possible extent of the supplementary ophthalmic services under the executive councils. Spectacles for children will be provided free of charge provided the prescription is from a doctor on the ophthalmic list or from a doctor employed directly by the education authority.

Minor Ailments

Minor ailments clinics have proved so successful that the Ministry of Education does not intend to make any change in this work, which will continue to be the responsibility of education authorities. The same applies to speech therapy and child guidance, though in the latter connexion children found to need psychiatric treatment should normally be referred to the clinics which will be provided in due course by the regional hospital boards.

The school dental service will remain unaffected, and it will continue to be a responsibility of education authorities to provide a comprehensive dental service for school-children.

Hospital Treatment

The cost of treating school-children in hospital will no longer have to be met by education authorities. It is hoped that hospital management committees will be willing to supply information about children on discharge from hospital for the confidential use of the school medical officer.

The regional hospital boards will have no power to provide education for children in hospitals, but the special schools now in existence in hospitals will be continued either by local education authorities or by the voluntary organizations which have previously administered such schools. Co-operation between the regional boards, education authorities, and voluntary organizations will be essential if the much-needed special schools are to be provided within a reasonable time.

GROWING-PAINS IN N.H.S.

Miss Alice Bacon, M.P., in the House of Commons recently accused some doctors in the National Health Service of "improper practices," but has declined to meet the B.M.A.'s request for details. In a statement issued to the press on Monday of this week the B.M.A. observes that it is regarded as contrary to the standards of medical practice for doctors to "discriminate against particular classes, *e.g.*, to refuse to accept as patients children or old people on the ground that they involve too much work."

The Association's statement corrects some prevailing misunderstandings of the present position. It observes that the basis of family medical practice is free choice. "The country wants free choice, and free choice works both ways." It points out that registration with a doctor is a voluntary act, and that private practice by doctors who have joined the Service is fully protected by law. And it points out, too, that "every doctor has a right to set a limit to the number of patients he is prepared to accept on his National Health Service List."

WHITE COATS AND OPERATING GOWNS

Members of the profession in private practice have on a number of occasions expressed their surprise that there should be arrangements for the issue of clothing coupon equivalents to enable them to purchase operating gowns but that no similar concession should exist for those who find white coats more serviceable. The Board of Trade has now agreed that coupon equivalents shall be available, for the purchase of operating gowns or white coats at the discretion of the practitioner, to pathologists and other practitioners in private practice who are engaged to some extent in one or more of the following : obstetrics, the treatment of venereal diseases, operations, necropsies, or dispensing.

Practitioners entering or returning to practice—e.g., from H.M. Forces—will be entitled to a coupon equivalent sufficient for the purchase of six gowns or coats, and those already in practice to a replacement issue of three gowns or coats. Applications from practitioners in England and Wales should be addressed to the Ministry of Health, in Scotland to the Department of Health for Scotland, and in Northern Ireland to the Secretary of the British Medical Association, and in each case practitioners should state the category in respect of which the claim is made. The coupon equivalents will be made out for "operating gowns" or "industrial coat overalls."

TRADE UNION MEMBERSHIP

The following is a list of local authorities which are understood to require employees to be members of a trade union or other organization :

Metropolitan Borough Councils.—Fulham, Hackney, Poplar.

Non-County Borough Councils.—Dartford, Radcliffe (limited to future appointments), Wallsend.

Urban District Councils.—Denton, Droylsden, Houghton-le-Spring, Huyton-with-Roby, Portslade, Redditch (restricted to new appointments), Tyldesley.

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LOCAL HEALTH AUTHORITY SERVICES

A pleasant gesture has been made by the Middlesex County Council in parting from a large number of the staff of the county medical officer of health who, as from the appointed day, have ceased to be officers of the Council and have become officers of the Regional Hospital Boards. The Public Health Committee has asked the Council to place on record its appreciation of the loyal and conscientious service which these officers have at all times rendered to the Council—as also have the public assistance officers transferred to the National Assistance Board—and the ready assistance which has invariably been freely given in dealing with the many problems which have confronted the Public Health Committee during the 18 years of its existence. The thanks are accompanied by an expression of the hope that these members of the staff will find every happiness in their new sphere of work, and that by their efforts the great step forward which has been taken in the administration of the hospital services of the country will, with the same loyal and conscientious service, be an immediate and lasting success.

New Posts for Preventive Medicine

The London County Council, which had already fixed the key positions in the medical and other staff at the central office and the nine divisional health offices under the National Health Service Act, has been considering proposals to give to the key officers the assistance which, so far as can be foreseen at present, will be necessary to organize and administer the health services for which the Council is responsible. The estimates of the number of staff required are tentative and will be reviewed after a year's experience. It is considered that positions for two additional senior medical officers should be created at a salary of £1,500 rising by increments of £100 to £1,800. The function of one of these would be to organize preventive and social work against tuberculosis and to co-ordinate the Council's work with the activities of the regional hospital boards and the teaching hospitals. The other officer would be employed in investigating the incidence of epidemics and co-ordinating measures for their prevention and control, and in dealing with the control of infectious diseases in the Council's remaining residential establishments.

Other health services which will need more medical staff are school health, midwifery and maternity and child welfare, and environmental hygiene, for which last a senior assistant medical officer and an assistant medical officer, both part-time, will be employed. It is proposed that the Council shall continue to have the services of Dr. A. A. W. Petrie, physician superintendent of Banstead Hospital, as part-time adviser on the Council's duties in relation to mental health after his transfer to the South-West Metropolitan Regional Hospitals Board.

SUPERANNUATION SCHEME

By amending regulations (S.I. No. 1474) the benefits conferred upon mental health officers are extended to regional psychiatrists employed by regional hospital boards. Employees who undertake national service and who are not superannuable when they left their employment are enabled to become superannuable during their national service if they would have done so had they continued in their employment. The power previously given to local authorities to add years of service, or to convert non-contributing service into contributing service, in the case of such of their superannuable employees as are transferred under the Act to the central health service has been extended to cover their employees who transfer at any time.

Where a person ceases to be employed because of the N.H.S. Act and he did not complete a sufficient number of years' service to entitle him to compensation under regulations made under Section 68 of the Act, he is now entitled to receive the accrued value of his superannuation rights instead of merely a return of the contributions to which he might otherwise be entitled. The class of employment entitling certain mental health officers to reckon part of their service at twice its actual length is extended.

MEDICAL WAR RELIEF FUND

EIGHTIETH LIST

Individual Contributions

£5 5s.—Miss K. McArthur, Harrow (5th donation).
£2 2s.—Dr. A. G. F. McArthur, London (6th donation).
£20 19s.—Practitioners in the Island of Man Branch—per Dr. C. G. Pantin (amount already sent £267 9s. 6d.).
£10 9s.—Practitioners in the Worcester and Bromsgrove Division—per Dr. R. S. MacArthur.
£5 14s.—Practitioners in the Ross and Cromarty Division—per Dr. J. R. Anderson (amount already sent £22 7s.): Dr. L. A. Gillanders; Dr. J. Gray.

Local Medical and Panel Committees

£171 17s. 11d.—Northumberland (5th donation).
£43 16s. 7d.—Ayr County (24th donation).

	£.	s.	d.
Total of above contributions	260	3	6
Total received since issue of second appeal	24,837	11	8
Total since inauguration of Fund	83,491	1	1
Sums for books for prisoners of war	216	14	6

As already announced, the Committee of the Fund considers it unnecessary for supporters to send further contributions.

Correspondence

Superannuation Scheme

SIR,—For weeks I have been watching the *Journal* to see whether someone more competent than I would point out what a raw deal the medical profession is getting over the new superannuation scheme. The District M.O. on a fixed salary always *did* get a raw deal compared with a municipal clerk on a rising salary, but this new scheme is even worse. Let us compare the D.M.O. working for 30 years on a fixed salary of £360+£6 extra fees with the clerk starting aged 20 at 25s. a week and rising to £525 a year the last five or six years, retiring at 60. Let us tabulate the figures. Lines 1 and 2 refer to those contributing to the Local Government Superannuation Scheme and lines 3 and 4 to those entering the superannuation scheme for those engaged in the National Health Service.

	Years of Service	Total Earnings	Average Income	Pension
Clerk, aged 60 ..	40	£11,000	£275	£350
D.M.O., aged 65 ..	30	£11,000	£366	£183
Doctor A	30	£11,000	£366	£165
Doctor B, aged 65 ..	40	£22,000	£550	£330

The first and fourth lines show that the doctor working the same number of years as the clerk, earning double the money, retiring five years older is going to get a smaller pension. Granted there may be other benefits, but the clerk will have paid £550 for his pension and the doctor (line 4) £1,320 for a smaller one. What a scheme!—I am, etc.,

Lincs. G. D. SUMMERS.

*** The "other benefits" available under the new scheme include a lump sum retiring allowance (in the case of Dr. B this would be £990 if single, or £330 if married), injury pension, widow's pension, short service gratuity, and death gratuity.—ED., *B.M.J.*

Mileage Fund

SIR,—I read the report of the discussion (*Supplement*, July 3, p. 5) on the mileage fund at the Annual Representative Meeting. The Chairman of Council "hoped that the mileage fund would be adequate." He stated that "to-day it was approximately £600,000, and in the proposals under the new Health Service it would be something like £1,300,000—a very substantial increase."

Might I point out that it is estimated under the new scheme that for every insured person on a doctor's list there will be 2¼ after the commencement of the new Service. Therefore, if the mileage is to be even at the *same* level, the old figure should also be multiplied by 2¼, which gives a sum of £1,350,000—practically the same figure as the Chairman quoted, and not "a very substantial increase."

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Where a practitioner has many patients on his list over 10 miles distant, it indicates that part of his practice must lie in a sparsely populated area where the patients are shepherds or crofters residing considerable distances apart. A number of the roads are classified as "third class" or even as "bad roads," and the roads are frequently intersected by gates. I am attending a patient just now where I have to open seven gates, drive my car through, and close seven gates before reaching the cottage, and then repeat the performance of opening and closing these seven gates on my way back to the main road again.

The real rural practitioner must often work longer hours than his town or suburban colleague on account of the hours he spends each day travelling, yet the urban practitioner can see very many more patients in the day and have a much larger list. The rural practitioners are not satisfied with the present mileage grants, and are not likely to be satisfied with the grant under the new Service if it is to be practically the same as the Chairman of Council states.

I entirely agree with Dr. G. O. Barber (Mid-Essex), Dr. G. MacFeat (Council), and Dr. T. O. McDonagh (Perth). The whole mileage fund should be increased, and higher mileages—i.e., eight miles and over—substantially stepped up as suggested by Dr. MacFeat. Let us have the whole question of rural practitioners' time and the mileage fund put on a proper basis right from the beginning of the new Service, and not rely on the pickings from the inducement fund—a fund about the administration of which we know practically nothing.—I am, etc.,

Newton Stewart, Wigtown. A. KELLIE BROOKE.

*** The Secretary of the Association writes: (1) To double the number of persons in respect of whom mileage is paid is not to double the numbers of miles travelled. Accordingly a doubling of the mileage fund means an increase in the payment per mile actually travelled. (2) The Rural Practitioners' Subcommittee is now engaged in preparing a model scheme of distribution which deals with higher mileage and more difficult mileage. (3) Steps are now being taken to divide the special inducement fund between England and Wales and Scotland. When this is done applications will be invited for special inducement grants for consideration by the medical practices committees.

Future of Assistants

SIR,—Now that most of the arguments for or against the National Health Service have been fully dealt with, and the midwives of the new Service can rest after the successful birth, is it not time to look more closely into the future of assistants and to rectify the unfairness of their position by withholding from them any practical status in the Act? We are promised that the medical practices committees will soon start combing the districts for finding new openings for the non-established doctors. Meanwhile we also watch the lists of our principals swelling to the most of their capacities, while we who did not feel justified after the release from H.M. Forces to buy practices have to hope that, by the time a new opening is found for us, there will be still a few patients free to enter our list, if the neighbouring doctors' lists have already been filled.

The competitive nature of our occupation compels us for the time being to content ourselves with a meagre salary, knowing full well that our work justifies the principals' accepting on their lists an additional 2,500 patients, with all the material benefit derived from it. If, in the words of the Minister, "it has been vital that the new situation did not carry with it any unfair worsening of a doctor's material livelihood," is it not also vital that something was done about our future now?—I am, etc.,

A DISSATISFIED ASSISTANT.

Medical Records

SIR,—How to file the new National Health Service envelopes and record cards is a problem now facing us. Those of us who have made inquiries with a view to purchasing filing drawers or cabinets will have discovered the present high cost of this equipment. The high prices are, I believe, to a large extent due to purchase tax. Why are we being forced to pay out this money now for the various types of filing equipment, which will sooner or later be of no use to us when the promised health centres are built? In my opinion it would have been wiser and fairer to all concerned if the Ministry of Health in England and the Department of Health for Scotland had arranged for a supply of standard filing units to all general practitioners engaged in the N.H.S. This equipment when the time came could be transferred for use in the health centres and for the present provided on loan to those G.P.s requiring it at a nominal charge.

If this is asking too much, then surely we should be granted a rebate of purchase tax in view of the fact it is to be used only for keeping records for Government purposes.—I am, etc.,

Glasgow. THOMAS A. CHRISTIE.

Prescribing in N.H.S.

SIR,—In view of the statement made by the Minister of Health in the House of Commons to the effect that there is no limit to the medicine or drugs which a doctor can prescribe to his patients in the N.H.S., there is an urgent necessity for a radical revision of the panel list of emergency drugs and appliances which has been in force hitherto. Apart from the fact that this list is now very much out of date, it does not cater for all the emergencies confronting a doctor on his daily rounds. Before July 5 the doctor used to resort to drugs which he himself bought for his private patients. When most of one's patients have become panel, this reserve will have gone.

It is therefore clear that if the standard of medical practice is not to sink it is essential that a doctor should be allowed to *prescribe for his bag* any drugs he may deem necessary. I personally would like to see the following additions to the emergency list: 2 oz. 2% solution of gentian violet; 6 oz. cod-liver oil for burns; a comprehensive range of barbiturates: dihydromorphinone hydrochloride and the same with atropine for injection; sulphathiazole; penicillin, 100,000 units, for injection; an antihistamine drug; 5-yards roll of "elastoplast" 3 in. wide.—I am, etc.,

Glasgow. M. LICHTENSTEIN.

Remuneration of General Practitioners

SIR,—The annotation on the above (July 17, p. 143) is of interest to those in towns, but is cold comfort to the country practitioner.

Item 2. He has no surplus of patients on which to train an assistant.

Item 3. Maternity fees (often no electricity and no tap) are not likely to exceed £100.

Items 4 and 5 are not remuneration but merely payment for out-of-pocket expenses, and in the experience of many of us do not cover the cost of drugs let alone the labour of dispensing.

Item 6. To the 60-years-old and over the superannuation contribution is merely an imposition.

Item 7. There are no clinics.

Item 8. There is no hospital.

Item 9. Private practice has been virtually killed.

So all that remains is to plead pauper and beg alms under Item 1.

A scheme which through no fault of his increases a man's work and reduces his income by 20% must surely have germinated in a stratum even lower than the subverminous. It is a safe bet that before Christmas many men over the 60 mark will resign, and the Minister (and the nation) will be left with an even worse shortage of general practitioners.—I am, etc.,

Newton Ferrers, Devon. W. F. BENSTED-SMITH.

Remuneration of G.P.s for Hospital Work

SIR,—The general practitioners on the staff of the Haywards Heath Hospital (General Practitioners' Hospital) view with grave dissatisfaction the terms offered to them in the recent letter from the Regional Hospitals Board. In this it is stated that a sum of £25 per bed per annum is to be paid into a pool and the proceeds divided according to the wishes of the medical staff of the hospital. This payment is to be made for the care of patients of doctors who are not on the staff and for the treatment of accidents brought to the hospital. Further, the letter states that no payment is to be made for the staff attending their own patients in hospital, as this is taken to be included in the remuneration from the local executive council.

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In our view the following facts must be considered before the remuneration is accepted : (1) In 1947, 610 major operations were performed in the hospital. This involved the giving of 610 anaesthetics, all of which were administered by the general-practitioner staff. (2) The necessary pre-operative and post-operative treatments were carried out in all these cases. It may be added that many of these cases were night emergencies, and in some cases transfusions were necessary. (3) Treatment of fractures is undertaken at the hospital largely by the general-practitioner staff.

All these duties take up a considerable amount of time, estimated to average 10–13 hours per week for each practitioner, and are far in excess of the services rendered by general practitioners not on the staff of general-practitioner hospitals. We should be grateful for the views of other practitioners who find themselves in the same position as ourselves.—We are, etc.,

W. S. NUTT.
F. H. MATHER.
C. F. J. SMITH.

Haywards Heath, Sussex.

G.P.s Doing Obstetrics

SIR,—May I, on behalf of Lincoln Local Medical Committee, crave the courtesy of your columns regarding a matter of urgent importance to all practitioners doing obstetrics ?

We have been informed that the Sheffield Regional Hospital Board proposes to prohibit general practitioners from conducting cases in the Lincoln City Maternity Home and any other maternity homes taken over by the Ministry of Health. This, in effect, means that the general practitioners will be left only with domiciliary midwifery, while the full-time specialists (not yet appointed) will attend all cases in these nursing-homes and maternity homes under ideal conditions. As these circumstances will no doubt be repeated in many districts, the Lincoln Local Medical Committee would appreciate the views of other interested local medical committees with a view to joint action being taken to counteract this further encroachment on the domain of general practice.

As the columns of the *B.M.J.* are already overburdened, the best method would be direct communication with the undersigned. Although at the present stage a sense of frustration pervades the profession, we in Lincoln desire to discourage apathy. Only by concerted and vigorous action now can we protect what little is left of our freedom.—I am, etc.,

DANIEL ROBERTSON,
Secretary,
Lincoln Local Medical Committee.

The Brooklands,
Swallowbeck, Lincoln.

Rise in Cost of Living

SIR,—Esau has sold his birthright: let him see that he gets his mess of pottage. The medical profession, partly because of that apathy which is now so widespread in all sections of the community, partly by reason of a misplaced belief that defence of one's personal rights is somehow out of place and dishonourable, has signed away its freedom. Let us, now that we have agreed upon entering the National Health Service, insist upon full honouring of the Spens Report, which has been accepted by the Minister. This report specifically says that the figures for remuneration are at the 1939 value of money, and that they must be adjusted to meet the increased cost of living.

What is the rise in the cost of living ? Mr. Gavin Martin, of the Confederation of Engineering and Shipbuilding Unions, has recently complained bitterly that skilled workers in these industries are only getting 52% more wages than they did before the war, while the cost of living is 76½% above the pre-war figure. This figure seems to be generally accepted in official circles, as the official cost of living index is so obviously completely misleading.

The cost of living is then over 70% above the pre-war cost. The Spens Report says definitely that the figures recommended must be adjusted to follow the rise in the cost of living since 1939, and this report has been accepted by the Minister of Health. Let us see if its acceptance is being honoured. The report, if I remember correctly, recommended a capitation fee of 15s. 6d. per head at 1939 values. The Minister is offering us 16s.–18s. per head at present-day values—a rise of less than 20%.

The specialists' salaries also have been suggested by the Report, and these too are in 1939 values and are also to be adjusted. It now appears that the Minister is proposing an addition of roughly 20%, an addition which would make a mockery of the whole Report, as it would have the effect of cutting its recommendations by about a third.

It would be interesting to see the Labour reaction if the N.C.B., for example, offered the miners a one-fifth increase on their pre-war wage—and yet the Minister of Health is offering it to the doctors. Are we going to be such apathetic slaves as to accept this treatment ? Let us insist, with all the not inconsiderable means at our disposal, upon a full and honest carrying out of recommendations already accepted by the Government. Let us call for a Royal Commission to decide once and for all what is the real rise in the cost of living, and undertake to abide by its judgment. The Minister could hardly do less than agree also. As things are, the Government is using the N.H.S. to destroy the independence and status of a great profession. We, along with other members of the professions, have been told quite candidly by Mr. Shinwell that Labour cares neither two hoots nor a tinker's cuss for us—and I for one believe it.

We know our position. We are lost if we are apathetic or indifferent. We must show Mr. Bevan that he and his friends cannot ride rough-shod over the professions. Labour seeks only to give fair treatment and justice to its own class. It must learn that the new Britain cannot be built upon this monopoly any more than upon any other monopoly. No country can remain great nor be contented while sectional interests forbid co-operation for the common weal.—I am, etc.,

A. A. REID.

Durham.

Compulsory Saving

SIR,—Is it really of the essence of democracy that a man of nearly 50 years of age may no longer decide for himself whether he wishes to invest in his own senescence or in the education of his children ? My eldest daughter has nearly completed her first year at an academy of dramatic art. My eldest son is in his last year at school. If I can find £70 to give him an extra term he stands a very good chance of winning a scholarship at one of our senior universities. Next to him is a boy who wants a career in the Army and is anxious to qualify for Sandhurst. This means another three terms at school, for which I must find some £200. I am perfectly willing, and my wife will gladly share any hardship involved, to make sacrifices in order that these three may achieve their ambitions, but I am officially told that a slab of my earnings is to be taken for a superannuation scheme for which I have never asked or alternatively that I must more than double my payment of life-insurance premiums.

One chases around in an endless cycle of irritation, frustration, irritation, frustration and is then supposed to be able to respond gallantly to glib phrases about "ambitious adventure." We know who is ambitious, and some of us, at least, prefer to do our own adventuring in company of our own choosing.

I submit that Mr. A. Wilfrid Adams must have meant to write "by" rather than "with" in the last paragraph of his letter in the *Journal* of July 17 (p. 175).—I am, etc.,

DONALD M. O'CONNOR.

Launceston, Cornwall.

Conditions of Service

SIR,—For how long are we to suffer the taunts of the Minister of Health before we dare take some action to redress our wrongs ? One week we read that those of us who are not of his political convictions are "less than vermin," and the next week we read that "bovine Anglo-Saxons" could not have had the force of character to launch this new Health Service. Are there not several "less than vermin" and "bovine Anglo-Saxon" members of Council who advised us to enter this Service ? I write as a mere general practitioner who has unwillingly accepted the advice of Council and signed into this unhappy Service.

Now that we are all shepherded into the fold, and the gates are closed on private initiative and freedom for ever, let us at least get some sense into our conditions of service, if only by the clarification of some essential points :

1. What compensation are we to get for the use of our homes as consulting-rooms for State patients ? The original scheme allowed for health centres for State patients, and it is completely unreasonable to expect the doctor to continue to provide for the upkeep of his surgery and waiting-rooms, with their furnishings, light, and heat, without some reimbursement from public funds pending the opening of health centres.

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2. What allowance is going to be made the doctor to meet the extra cost of domestic help entailed by the greater influx of patients to the surgeries, resulting in the constant necessity to answer the door bell (for a doctor's house is after all his private home also, and we have not all got homes in which it is convenient to have patients walk straight in)? If the State is going to use my home it should surely provide me with a State-paid help to deal with the door, telephone calls, and other matters pertaining to a doctor's work, but not his express concern.

3. I received a circular from my local executive council yesterday which informed me that I must purchase my own filing cabinet for documents relating to State patients. They even told me where I can buy it and how much it will cost. What other servant paid by the State has to buy his own filing cabinet for Government forms? Frankly, out of the miserable remuneration we are likely to get, I shall have no loose money to buy filing cabinets, which will doubtless have a purchase tax on them into the bargain.

4. When are we going to get a simple answer to the most important question of all—i.e., the actual pay we are going to receive for the State patients in our medical care? One gathers it is going to be not less than 15s. and not more than 18s. per head per annum, but nobody seems to know what the exact amount will be. I can think of no other section of the community which has entered into contract to work for the State but has airily left its income to be discussed after it has started employment. It is just not common sense to do so. In any event, even at 18s. per head it is a miserable reward for assuming responsibility for a human life for twenty-four hours a day for a whole year.

Finally, since the *B.M.J.* has now come down so heavily in favour of this Service which only a few weeks ago it deplored so much, please have the sense to cut out this cheap advertisement of the benefits of the Service as evidenced on p. 143 of the *B.M.J.* (July 17) under the heading "Remuneration of General Practitioners." Among other sources of income you draw our attention to the insulting 2s. 6d. per annum for every 100 persons on the doctor's list. If this is to be one of the sources, then heaven help our gross income! But in any event this could not be reckoned as a source of income by any trick of the imagination, since it is merely an amount which is provided by the State for the express purpose of spending immediately on drugs and dressings for emergency use for State patients; and any general practitioner knows that 2s. 6d. per annum for 100 patients on his list will not by one-quarter cover his bills for emergency drugs and dressings.

I have put forward only a few common-sense fundamental points. They are points, however, which call out for early clarification. After the decision of Council in recommending us to accept service in the Scheme we feel that the ground has been swept from under our feet, and that we are bereft of leaders. Will not the Association even at this late hour rouse itself from its lethargy and obtain at least an early clarification of some of these outstanding points?—I am, etc.,

Harrogate. HARRY R. W. HAWSON.

Safeguards in the Service

SIR,—In reply to Dr. G. Tayleur Stockings (*Journal*, July 17, p. 176), who asks what safeguards the B.M.A. has secured against ill-usage, injustice, and tyranny by our employers, the British Government, the short realistic answer is *none*. The only protection against ill-usage of the individual is collective action—trade unionism. The B.M.A. is not a trade union and has no legal or effective weapon. If you wish to protect and insure yourself, join the new medical trade union which is inevitable sooner or later. If you refuse to join a trade union, then put up with the ill-usage and don't grumble.

I have been in practice under the old N.I. Act over 35 years and can assure my younger colleague his fears are very real. I am sending him examples of this privately.—I am, etc.,

Shrewsbury. ALBERT E. NICHOLLS.

Holidays in N.H.S.

SIR,—Having read most of the correspondence in the *Journal* on the subject of the National Health Service, I have been surprised that I have not yet seen any comment upon what I consider to be a very serious defect in the terms of service. I refer to the subject of holidays. While nowadays it is an accepted condition of almost all employment that employees are given holidays with pay, we in the medical profession, or at any rate those of us in general practice, are required to provide a deputy in all cases of absence from duty, whether such absence be due to sickness or recreation, and at our own expense.

I consider this to be a glaring injustice, and I am astonished that the Negotiating Committee did not press for a system whereby a locumtenent would be provided at the Ministry of Health's expense (as was done during the postgraduate courses in 1938) for a definite period—say 21 days each year. Since the Government have taken over our practices and we no longer own them, it is up to the Government to look after them when we are away on holiday—or is it considered that doctors ought not to have holidays as other citizens do?

While on the subject of deputies, I do not know of any other section of the community the individuals of which have to pay others to perform their duties when they themselves are absent from work owing to sickness. Is it too much to hope that our leaders will take up this vital matter with the Minister and to persist until they achieve justice for the profession?—I am, etc.,

Birmingham. C. SPENCER WHITEHOUSE.

Free Choice of Patient

SIR,—In the *Daily Telegraph* of July 21, 1948, mention is made of a case in which the London Executive Council has been asking a doctor to give his reasons for not accepting a certain case on his list. Is it not true that a doctor has got a full choice in the selection of his patients? He can accept anyone he likes and refuse anyone he does not like. Why should the doctor be asked by the executive council to give his reasons for not accepting a case? Whatever may be this doctor's personal reasons I strongly believe that the executive council have no right to question him on the matter. If they have, where is the free choice of a patient by a doctor? The Service is only in its third week now and we have lost all our liberties already. What will it be like when it is in full swing?—I am, etc.,

Preston, Lancs. H. C. SAKSENA.

Message from the Minister

SIR,—Perhaps you were almost bound to print the thing, and it may be churlish to complain, but I think that many readers of the *Journal* will regard "A Message to the Medical Profession" from our Mr. Bevan as merely one more, if a minor, irritation. We know that we are supposed to make the best of a rather bad sort of job—a job designed with far too much speed and far too little thought—and I for one do not relish having the matter "rubbed in" by our present Minister of Health, in whom I have hardly any confidence. It is perfectly obvious that the whole scheme should have been postponed until proper clinics had been built and more nurses trained—a fact which will become very obvious during the next twelve months, the only consolation for which may be that we have some other Minister of Health.—I am, etc.,

London, W.4. JOHN C. C. LANGFORD.

Bigotry and Intolerance

SIR,—I should like to heartily endorse the letter of Dr. S. Dillon (July 17, p. 176) and to draw the attention of the profession to the systematic campaign of slander directed against us by certain politicians and newspapers during the last two weeks. Barely a fortnight from the inception of the National Health Service we are accused of "sabotaging the Service" and "running a medical black market," apparently for no other reason than that some doctors have exercised the right specifically granted them under the Act—namely, that of being at liberty to accept or decline a particular patient as they think fit. No mention is made of the loyal efforts of doctors to work the Act under the deadening hand of incompetent officialdom, but every trivial incident which can be construed into an attempt to "sabotage" the Service is given the greatest possible publicity, while patients are earnestly exhorted to act as informers and to report every case they can. During the past two weeks I have collected a number of newspaper cuttings and reports on Parliamentary debates which amply bear out the above statement.

The whole thing is sickeningly familiar. No sooner do we give way and agree to surrender our rights under threat of

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economic pressure than the venom and spite of a controlled and servile Press is immediately turned upon us. The timing, technique, and terms used are strikingly reminiscent of those of the late Dr. Goebbels and entirely typical of the usages of the totalitarian State. It is a perfect example of that spirit of bigotry and intolerance, so ugly and un-British, which in the last three years has been transplanted on to British soil and developed like a malignant cancerous growth. The object of those behind this campaign is obvious—to prepare the way for demanding more and stricter controls and restrictions on our profession's freedom, so that British medicine will in time be reduced to the same level as German medicine under the Nazi regime.

The slander campaign, of course, is by no means a new thing. For many years the profession has been subjected to a campaign of subtle suggestion and innuendo, encouraged unfortunately by the effusions of certain medical men turned novelists. The general practitioner has been variously represented, as Dr. Dillon states, either as an ineffectual and obsolescent dodderer or as a racketeering, money-grabbing charlatan, while an ignorant and credulous public has been only too ready to swallow suggestions of this sort.

The result of our lack of spirit and readiness to give in is already becoming only too clear, as is the kind of treatment that we may expect from the exponents of the "lower-than-vermin" school of thought. We are told that the B.M.A. organization includes a well-organized public relations department. If this is so, is it not high time that this department made some sort of effort to justify its existence? In conclusion, I may mention that I have offered to submit the newspaper and other cuttings referred to in this letter to the Association's Public Relations Department for their scrutiny and appropriate action.—I am, etc.,

Catford, London. G. TAYLEUR STOCKINGS.

Compensation for Loss of Goodwill

SIR,—It seems to me that the method of calculating annual loss laid down in N.H.S. (Medical Practices Compensation) Regulations, 1948 (No. 1506), Regulation 7 (2) (*a*), (*b*), and (*c*), on the average of the last two years before the appointed day is unfair to ex-Service practitioners and their partners. Most doctors were released in early 1946; in my experience at least a year's work was necessary to work up a practice to its pre-war gross receipts. Hence the gross receipts of the year 1946–7 are considerably less than those of a normal year. The use of a two-year average in calculating annual loss is also at variance with the memorandum "General Medical Services: Arrangements Concerning General Practitioners," which "contemplated that the total amount will be divided . . . in proportion to gross incomes in the last convenient accounting year."

I suggest that in the case of ex-Service practitioners practising alone or in partnership, and other practices affected by the war, the average should be of the last year before service and the year 1947–8. Some precedent for this is given by the generous action of the Surrey Panel Committee, which, with the approval of the panel practitioners of the county, paid ex-Service practitioners for 18 months after their return on the basis of their lists at the end of the last quarter before service. Most of us lost financially by our war service, if we gained in more intangible ways. It is unjust that we should lose again.—I am, etc.,

West Byfleet, Surrey. T. T. HARDY.

*** The Secretary of the B.M.A. writes: Exceptional cases, including ex-Service practitioners who have not had time to recover the full value of their goodwill, will be referred to the Practices Compensation Committee (Regulation 9), and this Committee (under Proviso 2 to Regulation 7) will fix what they consider to be a fair assessment.

Ophthalmic Certificates

SIR,—In the past week I have given out over 50 certificates for ophthalmic benefit. The vast majority of these people already wear glasses, and it seems to me utterly nonsensical that our overcrowded surgeries should be cluttered up with people requiring this type of certification. Surely no one wants glasses unless they really need them, and equally so the optician is going to give them only where there is an eye defect. I cannot believe that the Ministry really expects every G.P. to take out a sight-testing chart each time a patient requests this certificate (incidentally without a fee).

It seems to me that this is another of the familiar Ministerial devices of putting obstacles in the way of people, hoping it will deter them from proceeding further in their objective. I should like to ask that the B.M.A. should take energetic action to have this entirely unnecessary certification abolished.—I am, etc.,

Urmston, Lancs. B. SANDLER.

SIR,—I think the "eye certificate" is absurd, and I consider that the B.M.A. should take the matter up at once. First, the certificate says, "... I have examined you . . ." What examination is required? Secondly, the word "require" is misused and silly. Thirdly, in common with many G.P.s, I never give a "certificate for eyes" other than a recommendation to consult an ophthalmic surgeon. Fourthly, patients make previous appointments with an ophthalmic optician and then require the doctor "just to sign." I myself have deleted the second line and written in the words "should consult an ophthalmic surgeon. You are not bound to take my advice." This procedure will become tedious. May I ask what is to be done in the case of broken frames and lenses?—I am, etc.

Cricklade, Wilts. T. R. THOMSON.

*** If a patient breaks his glasses less than two years after his sight was tested he goes to an ophthalmic or dispensing optician to have them repaired; he pays the cost unless he can show that the damage was not caused by his own carelessness. If he breaks them more than two years after his eyes were tested, he has them tested again.—ED., *B.M.J.*

Anaesthetists' Fees

SIR,—Any attempt to lay down a schedule of medical and surgical fees is bound to result in the creation of a number of anomalies. Many of these are unavoidable and therefore excusable. But when the anomaly amounts to a gross injustice, as is the case with the fees laid down for anaesthetists, a vigorous protest is called for.

Under the proposed scale of anaesthetic fees the maximum fee payable is twelve guineas, the minimum four guineas. Since the majority of operations fall within the intermediate and minor categories it follows that the average anaesthetic fee will be in the region of five guineas.

The administration of an anaesthetic by a competent and responsible anaesthetist entails a preliminary visit to the patient. This visit has usually to be made specially, late in the evening prior to the day of operation. At this visit a careful examination of the patient is made and the relevant history extracted. A suitable sedative and the appropriate premedication are prescribed and a decision come to as to the best anaesthetic technique to be employed for the particular operation and patient. The actual administration of the anaesthetic entails the arrival of the anaesthetist at the operating theatre some twenty minutes before the other members of the surgical team, the transport and supply of heavy and expensive apparatus, the supply of expensive anaesthetic gases and drugs, and the acceptance of a clinical responsibility second only to that of the surgeon, often by a very short head, during the operation. At the conclusion of the operation the patient is conducted, usually carried, back to bed and the necessary resuscitative measures instituted and suitable sedatives ordered. Departure from the building is usually considerably after the other members of the team have left. A post-operative visit is made later in the day, again usually in the late evening, to advise upon any immediate anaesthetic complications, and a further visit is made the following day to deal with the less immediate anaesthetic sequelae and to examine the chest. Anaesthetic complications may entail further attendances upon the patient, but in all but frankly minor cases a final visit on the third or fourth post-operative day is customary. For these services, Sir, the anaesthetist is to be rewarded by a fee of the same dimension as that paid to his surgical and medical colleagues for a single consultation! Further comment is, I feel, unnecessary.—I am, etc.,

Bournemouth. S. F. DURRANS.

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B.M.A. LIBRARY

The following books have been added to the Library:

Allen, F. M. B.: Aids to Diagnosis and Treatment of Diseases of Children. Eighth edition. 1947.
Bariety, M., and Brouet, G.: Phtisiologie du Médecin Praticien. Deuxième edition. 1947.
Bidou, G.: Enérgamétrie. 1947.
Bishop, C. L.: Does Science Deny God? 1947.
Boothway, E. S., and Boothway, F.: Chiropody To-day. Second edition. 1946.
Bowley, A. H.: The Problems of Family Life. Second edition. 1948.
Brenman, M., and Gill, M. M.: Hypnotherapy. 1947.
Browne, O'D.: Manual of Practical Obstetrics. Second edition. 1948.
Carere-Comes, O.: Vitamine e Bioregolatori. Pt. I. 1947.
Crisp, M.: Utility Nurse. 1947.
Curwen, E. C.: Plough and Pasture. 1946.
Davies, T. A. L.: Practice of Industrial Medicine. 1948.
Davis, H., *et al.*: Hearing Aids. 1947.
East, T., and Bain, C.: Recent Advances in Cardiology. Fourth edition. 1948.
Eilers, H., Saal, R. N. J., and van der Waarden, M.: Chemical and Physical Investigations on Dairy Products. 1947.
Elliott, H. C.: Textbook of the Nervous System. 1947.
Emil-Behnke, K.: Stammering. 1947.
Frank, A.: Medicine, Psychiatry and Their Borderland. 1947.
Gougerot, H., and Gougerot, L.: Le Traitement de la Syphilis en Clientèle. Cinquième edition. 1947.
Grant, J. C. B.: An Atlas of Anatomy. Second edition. 1947.
Harrison, W. J.: Ocular Therapeutics. 1947.
Heaton, N.: Feeding Under Fives. 1948.
Holzer, W., and Polzer, K.: Ärztliche Rheokardiographie. 1948.
Horsters, H.: Grundriss der klinischen Diagnostik. 7 Auflage. 1947.
Hutchison's Food and the Principles of Dietetics. Revised by V. H. Mottram and G. Graham. Tenth edition. 1948.
Hutchison, Sir R., and Hilton, R. (Editors): An Index of Treatment. Thirteenth edition. 1948.
Laignel-Lavastine, M., and Koressios, N. T.: Recherches Séméiologiques sur la Sclérose en Plaques. Troisième edition. 1947.
Leahy, M. P.: Fear. 1948.
McEwan, P.: Clinical Picture of Thyrotoxicosis. 1948.
Minnitt, R. J., and Gillies, J.: Textbook of Anaesthetics. Seventh edition. 1948.
Moreaux, A.: Anatomie Artistique. 1948.
Nature of Disease Institute, First Annual Report, by J. E. R. McDonagh. 1948.
Neame, H., and Williamson-Noble, F. A.: Handbook of Ophthalmology. Sixth edition. 1948.
O'Meara's Medical Guide for India and the Tropics. Fifth edition by H. W. Williamson. 1947.
Palazzoli, M.: Déficiences Sexuelles Masculines d'Origine Émotive. 1946.
Podolsky, E.: Doctors, Drugs and Steel. 1947.
Quelch, M. T.: Herbal Remedies and Recipes and Some Others. 1945.
Roberts, F.: Medical Education. 1948.
Schwartz, L., Tulipan, L., and Peck, S. M.: Occupational Diseases of the Skin. Second edition. 1947.
Sears, W. G.: Vade Mecum of Medical Treatment. Fifth edition. 1947.
Sevringhaus, E. L.: Endocrine Therapy in General Practice. Sixth edition. 1948.
Simpson, S. L.: Major Endocrine Disorders. Second edition. 1948.
Sturm, A.: Grundbegriffe der inneren Medizin. 5–6 Auflage. 1946.
Trail, R. R.: Chest Examination. Third edition. 1948.
Wolff, C.: Psychology of Gesture. Second edition. 1948.
Zeerleder, R.: Differentialdiagnose der Lungenröntgenbilder. 2 Auflage. 1947.

Association Notices

MIDDLEMORE PRIZE

The Middlemore Prize consists of a cheque for £50 and an illuminated certificate, and was founded in 1880 by the late Richard Middlemore, F.R.C.S., of Birmingham, to be awarded for the best essay or work on any subject which the Council of the British Medical Association may from time to time select in any department of ophthalmic medicine or surgery. The Council is prepared to consider the award of the prize in the year 1949 to the author of the best essay on "The Value of Orthoptics in the Treatment of Squint." Essays submitted in competition must reach the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1, on or before Dec. 31, 1948. Each essay must be signed with a motto and accompanied by a sealed envelope marked on the outside with the motto and containing the name and address of the author. In the event of no essay being of sufficient merit the prize will not be awarded in 1949.

SIR CHARLES HASTINGS CLINICAL PRIZE

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of 50 guineas, is again open for competition. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research, and record in general practice; it includes a money award of the value of 50 guineas.
2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.
3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made. It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject, though reference to current literature should not be omitted when it bears directly on their results, their interpretations, and their conclusions.
4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1948. The prize will be awarded at the Annual General Meeting of the Association to be held in 1949.
5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work. A prizewinner in any year is not eligible for a second award of the prize.
6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay the decision of the Council on any such point shall be final.
7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address.
8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association.
9. Inquiries relative to the prize should be addressed to the Secretary.

KATHERINE BISHOP HARMAN PRIZE

The Council of the B.M.A. is prepared to consider an award of the Katherine Bishop Harman Prize of the value of £75 in 1949. The purpose of the prize, which was founded in 1926, is to encourage study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present, provided this falls within the scope of the prize. Any medical practitioner registered in the British Empire is eligible to compete.

Should the Council of the Association decide that no essay submitted is of sufficient merit, the prize will not be awarded in 1949, but will be offered again in the year next following this decision, and in this event the money value of the prize on the occasion in question will be such proportion of the accumulated income as the Council shall determine.

The decision of the Council will be final.

Each essay must be typewritten or printed in the English language, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address. Essays must be forwarded so as to reach the Secretary, to whom all inquiries should be addressed, at B.M.A. House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1948.

H.M. Forces Appointments

ARMY

Colonel C. Scales, *M.C.*, late R.A.M.C., has retired on retired pay and has been granted the honorary rank of Brigadier.

Colonel H. G. Peake, late R.A.M.C., has retired on retired pay on account of disability.

Colonel W. D. Anderton, *M.C.*, late R.A.M.C., having attained the age for retirement, is retained on the Active List supernumerary to Establishment.

Lieutenant-Colonel R. R. Evans, from R.A.M.C., to be Colonel.

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