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GENERAL MEDICAL COUNCIL

MEDICAL DISCIPLINARY COMMITTEE

Complaint Against Partners: Advertising and Canvassing

The Medical Disciplinary Committee of the General Medical Council, on November 24 and 25, under the chairmanship of Sir David Campbell, heard a complaint against four partners—namely, Mrs. Margaret Bowe, registered as of 244, Preston New Road, Blackpool, Harry Harris and Joshua Harris, registered as of 53, Victoria Street, Blackpool, and Patrick Joseph Leahy, registered as of Thurles, Co. Tipperary—that for the purpose of obtaining patients they had procured, sanctioned, or acquiesced in the publication of matter directing attention to their professional services, and had canvassed, or been associated with canvassers, for the purpose of obtaining patients. The complainants were four Blackpool doctors: Dr. I. M. Dove, Dr. A. Ferguson, Dr. G. Dale, and Dr. Kathleen Mary Helm. The complainants were represented by Mr. Leigh Taylor, instructed by Hempsons, and the respondents by Mr. Norman Richards, instructed by Le Brasseur and Oakley.

The Case

Mr. Leigh Taylor said that in February, 1954, the respondent doctors opened a surgery on the Mereside estate, Blackpool, and Dr. Bowe, who already lived on the edge of the estate, applied to come on to the medical list. Her application was refused by the executive council, which considered that the area was over-doctored already, but she appealed to the Medical Practices Committee and the appeal was allowed. It was alleged that one of the doctors visited the house of the chairman of the Mereside Tenants' Association, a Mr. Whittaker, and in his absence saw his wife and told her about the opening of the surgery, that it would give a 24-hours service, and that four doctors were working it. He repeated the same information to a Miss Singleton, who was secretary of the association. Mrs. Whittaker was not quite certain of the doctor's name, but Dr. Leahy admitted that it was he who called, though he did not admit anything else in the conversation. At the end of February an account of the surgery appeared in a news sheet of the association, stating that there was now a doctors' surgery within reasonable reach of the patients' homes, and it was intimated that patients could go through the normal procedure of changing their doctor.

Dr. I. M. Dove, in evidence, said that he was a member of the executive council and the local medical committee for Blackpool. He spoke of discussions in the local medical committee concerning the article in the tenants' news sheet.

Cross-examination

In cross-examination the witness said that some eighteen months ago the local medical committee circularized a large number of doctors asking whether they would assist in providing medical services on the Mereside estate. Some 20 doctors applied; among them were Drs. Harry and Joshua Harris and Leahy together with some other doctors who were nearest to the estate. The names of all the people who applied went to the executive council. Four doctors were selected by the executive council in the first instance, but they were given power to co-opt. The four included himself and Dr. Ferguson, who were members of the executive council.

Dr. Dove then described his inability to find practice premises on the estate because all the houses were subsidized. He agreed that it was common knowledge that he could not find premises.

Mr. Norman Richards: You then heard that these other doctors [the respondents] instead of waiting for a subsidized house had bought a bungalow in Preston New Road?—Yes.

Is it right that at the next meeting of the local medical committee you expressed your opinion in no uncertain way that their conduct was reprehensible and underhand?—What conduct?

That they had obtained a house?—Not their conduct in taking a house. They were perfectly entitled to do that.

In what respect then was their conduct blameworthy?—In publishing an article in a paper which invited people to change their doctor.

Did you spread the view that the conduct of these four doctors in getting this house was underhand?—Conduct in connexion with the publication of this matter in an inspired article.

I put it to you for the third and last time that before this article came out at all you, having heard at the beginning of February that these other doctors had set up a surgery, expressed the view that their actions were underhand. Did you or did you not?—I expressed the view that their conduct in doing this in association with the publication of this paragraph was underhand.

Is it right that immediately the doctors had opened up Dr. Leahy rang you up and asked you whether you would like to come in at these premises?—That is quite true.

Dr. Dove said that he was ready to accept it as possible that a number of people on the estate who transferred to the lists of these doctors were people who had moved out from inner Blackpool and had been under their care in their previous residence, and that it would be helpful to the little community if someone was actually on the spot to provide

medical services, with which end in view Dr. Bowe, who lived practically on the estate, put in her application to go on the list.

Was the Mereside estate over-doctored ?—The area to which the Mereside estate belongs was over-doctored.

Dr. Dove went on to say that when the attention of the local medical committee was drawn to the article he believed it was agreed that Dr. Leahy be asked whether he knew anything about it.

Were you present at a meeting of the local medical committee subsequently when a reply from Dr. Leahy was read ?—I cannot say; I do not remember.

Do you know that as a result of the letter written by Dr. Leahy it was decided to take no action ?—Yes, I do know that.

And that it was said that it was for any doctors to take action if they wished ?—Yes.

In your statutory declaration you say, " I make this declaration on behalf of myself and the local medical committee," but the committee had decided to take no action at all.—I took that step with what I do not doubt was the approval of the committee; it fairly sets out the feeling of the meeting.

But they had decided to take no action ?—That does not quite express the feeling of the meeting.

Did you suggest to Dr. Leahy that he had canvassed anybody at all ?—No, it would not be my place to tell him that individually. The complaint had been laid before the General Medical Council and the matter was *sub judice*.

You had made up your mind that that article had been inspired by the doctors ?—It appears so.

Did you think to ask Dr. Leahy to explain that article ?—No.

You had made up your mind on the subject, being very angry ?—No, the answer was that I felt the ethics of the profession had been transgressed, and it was for another body to deal with it.

On re-examination the witness explained that, owing to the lack of response to the original circular of invitation, the executive council asked the local medical committee about the matter, and ultimately he and three others volunteered to do the job. A circular was later sent out on his instructions, because he thought it was a matter of fairness to the practitioners of the town that they should be notified and asked if they wished to give their services.

Sir Henry Cohen, a member of the committee, asked the witness what particular sentence in the news sheet made him think that the respondents had inspired the article. The witness replied that the details given about the arrangements were such that they could only have been obtained from one or other of the respondents. In reply to a further question as to what in this article was unethical, he said that it gave information that four doctors had taken a bungalow and were opening a surgery. There was an implied invitation to patients to change their doctor.

Sir Henry Cohen: But that is a statement of general fact which could have been made by anyone who knew what was happening on the estate.—Dr. Dove: The surgery was not open at the time because the application of Dr. Bowe had not been granted.

The Legal Assessor pointed out that it could have been made pending the result of Dr. Bowe's appeal.

Mrs. Whittaker, wife of the chairman of the Tenants' Association, spoke of a call on her by a doctor whom she had thought to be Dr. Harris but who proved to be Dr. Leahy. He said that he had come to see her husband about a doctors' surgery which was being opened on the estate, with four doctors and a 24-hours service. She directed him to Miss Singleton, secretary of the association, who also spoke of a call by Dr. Leahy and a similar conversation. When she asked him for the names of the doctors he gave them and also particulars of surgery attendances. She agreed, in cross-examination, that the question of having a surgery on the estate had been under discussion in the local press for two years.

The assistant clerk of the Blackpool Executive Council gave evidence that it was correct to say that many people had moved on to the estate from central Blackpool during the period, and there might well have been transfers from any doctor.

No Case to Answer

At the conclusion of the case for the complainants Mr. Norman Richards submitted that there was no case to answer except in respect of Dr. Leahy.

The Legal Assessor agreed that the only evidence that had been offered seemed to be against Dr. Leahy. He did not think that the Committee ought to rule that, because in law a man was bound by certain acts of his partner, a charge of infamous conduct against one partner necessarily involved the other partners.

The Committee dismissed the complaint against Dr. Margaret Bowe, Dr. Harry Harris, and Dr. Joshua Harris. The hearing continued of the charge against Dr. Leahy.

Dr. Leahy in evidence said that he had known for two or three years of the movement to provide better medical services for the Mereside estate; it was commonly headlined in the local press. A circular was sent to every Blackpool doctor inviting participation. He answered the invitation, but got no reply. Afterwards he ascertained that four doctors had been nominated: Dr. Dove, Dr. Ferguson, Dr. Helm, and Dr. Dale. He learned also that negotiations for a council house for the surgery had broken down, and in these circumstances he and his Harris partners decided to buy a house, and Dr. Bowe was asked to come in. A house was bought at the end of January, 1954, and the practice was started at the end of February. He soon ascertained that this was not a popular move with the complainant doctors. He rang up Dr. Dove and asked him to come into the arrangement, but he received an immediate negative. He heard that it was proposed to put some form of advertisement of the practice in the tenants' news sheet. This worried him extremely, and he asked one of his patients on the estate who was responsible for it. He was directed to the chairman of the Tenants' Association and by the chairman's wife to Miss Singleton, the secretary. His purpose in calling on these ladies was to find out what was proposed, and he impressed upon them—in particular upon Miss Singleton, who was a nurse—the requirement that there must be nothing in the form of an advertisement. Miss Singleton said in reply that the editor had been writing on the subject for a considerable time, and now that the surgery was in being she felt that the fact must be mentioned. He said that he and his colleagues must not be associated with anything in the nature of a " puff," and she appeared to understand his objections. He had had nothing to do with what was written.

Dr. Joshua Harris also gave evidence. He was a member of the local medical committee, in which Dr. Dove had declared that it was very wrong, when negotiations were going on, for another set of people to step in and buy a house. But the negotiations in fact had been going on for 15 months.

Facts Not Proved

In a final speech on behalf of the respondent, Mr. Norman Richards submitted that there was no evidence of canvassing. Mrs. Whittaker and Miss Singleton, the only persons approached, were never asked to transfer at all; they had another doctor. The only question was as to the responsibility for the article in the news sheet. No evidence had been brought forward that the editor was approached by or on behalf of any of the respondents. Was it not obvious that the opening of a surgery would in any event get round the estate at once ? There had been public comment on the absence of medical provision for more than a year. The four complainants in the case, two of whom were members of the executive council, had shown quite clearly that they could not get premises, and in this situation Dr. Leahy and his partners, aware of the crying need, had bought a house.

The Committee, after a short session *in camera*, found that the facts alleged in the charge against Dr. Leahy had not been proved to its satisfaction; he, like the others, was judged not to have been guilty of infamous conduct in a professional respect, and the case was closed.

Adultery During Professional Relationship: No Erasure

The Committee considered the case of Donald Ivor Chapman, registered as of Taunton, Somerset, M.R.C.S.Eng., 1941, L.R.C.P.Lond., 1941, who was summoned on the charge that on certain occasions from November, 1952, to June, 1953, he behaved improperly with Mrs. Mary Jones, of Fons George Avenue, Taunton, and on three occasions in April and June, 1953, committed adultery with her, and that he stood in professional relationship with her at the material times. Dr. Chapman was defended by Mr. Leigh Taylor, instructed by Hempsons, solicitors.

The Council's solicitor, Mr. G. J. K. Widgery, said that the charge arose out of divorce proceedings. Dr. Chapman, who had been in practice in Taunton for some years, admitted adultery with Mrs. Jones on the dates mentioned, and that he had become acquainted with her as her doctor, and had treated her and her children. In December, 1952, Mrs. Jones commenced proceedings against her husband on the ground of cruelty, and the husband in a cross-petition alleged adultery against his wife. Later Mrs. Jones amended her petition and asked for discretion on the ground of her adultery with Dr. Chapman. The case was heard in March, 1954, when the judge dismissed the wife's petition, holding that the husband's conduct did not amount to the required degree of cruelty, and found the wife's adultery proved and granted the husband's petition.

The facts having been proved to the satisfaction of the Committee, Mr. Leigh Taylor made a plea in mitigation. He called three medical men who had been associated with Dr. Chapman professionally and socially—Mr. H. E. Pearse, Dr. Lawrie Mayer, and Mr. Laughton Rennie Leask—all of whom testified to his ability as a general practitioner, the regard in which he was held by his patients, and his high moral character. Mr. Leask had known Dr. Chapman during war service in Rangoon and Singapore, where, he said, in spite of the abundant social opportunities there, he never sought the society of women, and was particularly enthusiastic and conscientious in his work. A number of written testimonials were also put in.

Mr. Taylor said that there was a school of thought which argued that in such a case as this there could be only one judgment. He did not accept that view. In the criminal law of this country there was only one crime—namely, murder—the penalty for which was not in the judge's discretion. In all other cases attention must be paid to the character and circumstances of the accused. The concern of the Committee was to maintain the honour of the profession and to protect the public, and both these objects could be achieved without erasing Dr. Chapman's name from the *Register*. He was an honourable and upright man, devoted to and popular with his patients, the best type of general practitioner, a desirable person to have as partner or assistant. Even before he went into the Army during the war his marriage was unhappy. How many men in such circumstances would have resisted the temptations open to a serving officer in Burma and Malaya? But Dr. Chapman held aloof to an unusual degree. Mr. Taylor read extracts from the judgment in the Divorce Court. The judge had said that the adultery was only incidental to this association. The two people were attracted to each other, and he did not think that adultery came naturally to either of them. In the judgment no damages were awarded to the husband, and, without saying it in so many words, it might be inferred that the loss of his wife was the fault of the husband and not of Dr. Chapman. These two people formed an association to which, in the judge's words, adultery was only incidental. It was a story of two people, both unhappy in their marriage, who had found attraction in each other. Extramarital sexual relations did not interest the respondent at all. Mr. Taylor added that steps had been taken which might enable the doctor and Mrs. Jones to marry.

After a deliberation *in camera* the President announced that the Committee had found that in relation to the facts alleged against him Dr. Chapman had been guilty of infamous conduct in a professional respect, but the Committee had decided not to direct the Registrar to erase his name from the *Register*.

Issue of Misleading and Improper Documents

The Committee proceeded to consider the case of Harvey Forrester Jackson, registered as of Cullybackey, Co. Antrim, M.B., B.Ch. 1949, Q.U.Belf., who appeared on seven charges of writing, signing, and issuing documents which were in the circumstances misleading and improper. Dr. Jackson was defended by Mr. Leigh Taylor, instructed by Hempsons, on behalf of the Medical Defence Union.

Mr. G. R. Morris, counsel, in presenting the facts to the Committee, said that the cases arose out of the system of priorities which the Belfast City Corporation had established for people applying for new houses on their estates. The possession by the applicant of a medical certificate was, of course, a means of getting a higher place in the queue. Six of these seven charges concerned cases in which some member of a family, usually the head, had approached Dr. Jackson, who was not his or his family's doctor, and had given information about the physical condition of members of his family and their home surroundings, and Dr. Jackson had written documents based on these statements to further the attempts of the applicant to obtain a house. The documents had been issued without examination of the persons named in them, without reference to their family doctor, and without seeing the homes in which they were living. The seventh charge was rather different. The man concerned in this case was interested in local politics and was anxious to obtain an interview with officials of the housing department in the City Hall, Belfast, with some view of exposing suspected corruption. He made statements to Dr. Jackson which were incorporated in a document to the effect that he himself was a tuberculous subject, that his wife was suffering from nervous debility which was becoming more severe, and that his three children were suffering from colds and bronchitis. Dr. Jackson had no reasonable grounds for accepting these statements other than the affirmation of the applicant, he had made no physical examination of the persons concerned, had not inquired as to the state of their health from their regular medical adviser, nor visited the house in which they were living. It was not, however, suggested that Dr. Jackson had profited or had received more than the usual certification fees. But Mr. Morris said that the whole principle of certification was concerned.

The Defence

Dr. Jackson in a letter had stated that he was of opinion when the information was given to him that it was correct. He was satisfied that he was acting in the best interests of general practice. At no time had he deliberately and knowingly issued improper or misleading documents. In the witness stand he gave particulars about each of the cases and his questioning of the applicants, whom he had believed to be quite genuine. He was cross-examined closely on each of the documents, and he agreed that in relation to any person to whom the documents were addressed they would be misleading although he had not intended them to be so. It was only done to help the people.

Mr. Morris: On what basis did you rest your "suspicion of tubercle" in another member of the family?—On questions and answers.

You agree that what you did was wrong?—Yes.

It is not suggested that in these cases you had any mercenary interest, but on looking back you agree that what you did was improper and misleading?—Yes.

Mr. Leigh Taylor said that his client had undergone a "punishing" cross-examination, but he had acknowledged that what he did was wrong. There were, however, certain circumstances which should be emphasized. It had been suggested in the inquiry which had been held in Belfast that his client was in a "conspiracy." There were seven isolated cases, and there was no evidence to justify the allegation

of conspiracy. The inspector in his report at the Belfast inquiry was not correctly summarizing the evidence when he made that suggestion. Dr. Jackson was not the only doctor who had erred in the same way. There was no need to mention names, but two other doctors were involved. That was no excuse for Dr. Jackson, but it was possibly a mitigation that he fell into the same mistakes as the others, who were older, one of them a doctor whom he had assisted. He was the youngest and least experienced of the three.

Judgment Postponed

The Committee deliberated *in camera*, and the President afterwards announced that the facts alleged against Dr. Jackson in the notice of inquiry had been proved to its satisfaction. The issue of these documents over his signature was, in the circumstances, misleading and improper. The Committee had taken into account the circumstances in which the certificates were issued, but they could not find excuse for the "deplorable laxity" which the respondent had not attempted to deny. Taking into account his comparative inexperience the Committee had decided to give him an opportunity of implementing the assurances he had given, and had postponed judgment for one year, until November, 1955, when he would be required again to appear before the Committee and to have furnished the names of professional colleagues and others who would be prepared to testify to his conduct in the interval.

Drug Offences

The Committee considered the case of Joseph Hirschmann, registered as of Clunbury, Craven Arms, Salop, who had been convicted (after pleading guilty) of procuring certain amounts of pethidine on dates in 1952, contrary to the Dangerous Drugs Act and Regulations. On each of two charges of procuring the drug he had been fined £50 and costs, and on a further charge of attempting to procure he had again been fined £50 and costs. On this charge Dr. Hirschmann appeared before the Committee in 1953 and judgment was postponed until November, 1954, but in the meantime there had been a further conviction under the Dangerous Drugs Act, and the practitioner had been sentenced to 12 months' imprisonment.

The solicitor to the Council stated that Dr. Hirschmann's authorization was withdrawn in 1936 after a previous conviction at Marylebone, and it had never been restored although ten applications for restoration had been made. On Dr. Hirschmann's behalf it was pointed out that until 1947 pethidine was not on the schedule of dangerous drugs, and thus, although an unauthorized person, Dr. Hirschmann from 1936 until 1947 had continued to obtain pethidine, and he held that as it was not on the prohibited list when his licence was withdrawn he was still entitled to obtain it. Inability to obtain pethidine obviously made all the difference in the world to the running of a practice. His wife had been suffering from a severe illness following a complicated pregnancy. Dr. Hirschmann took her to a psychiatrist, who found her to be in a neurotic state and prescribed certain treatment including the administration of pethidine, but Dr. Hirschmann had not made it plain either to the psychiatrist or to another doctor who took over the treatment that he himself was also giving his wife certain amounts of pethidine. Witnesses spoke of Dr. Hirschmann's high character and devotion to his patients.

The President said that the Committee had heard with great concern of this further conviction in April, 1954, but had decided again to postpone judgment for one year.

The Committee next considered the case of Peter Louis Milbourne Hartley, registered as of Wimbledon Park Road, S.W.19, who appeared on the charge that on July 27, 1954, at the South Western Metropolitan Magistrates Court he had been convicted (after pleading guilty) of six offences on various dates in 1953 of unlawfully procuring pethidine, morphine sulphate, or methadone, contrary to the Dangerous Drugs Act and Regulations and had been fined £10 in respect of each of the offences and ordered to pay £5 5s. costs.

The Council's solicitor said that in 1950–1 Dr. Hartley was found to have been acquiring drugs unlawfully for administration to his wife, who had become addicted to drugs. He was not prosecuted, but gave an undertaking. Mrs. Hartley became a patient at Maudsley Hospital, and a medical officer would be called and would give particulars of her treatment. In 1953 an investigation among 150 of Dr. Hartley's patients was carried out by the police, and it was found that on nine occasions in six months he had issued prescriptions for dangerous drugs, but the patients had not received them and he had used them for the treatment of his wife.

Dr. Hartley, in the witness stand, said that he had given his wife drugs to relieve the symptoms of illness and to enable her to carry on with ordinary life, and he had to meet increasing demands. The Home Office had not removed his licence, but had placed him on a supervision basis. His wife was now under treatment and he felt that he could give and keep an undertaking not to administer drugs to her. He had never taken drugs himself.

A detective sergeant said that the doctor had been completely frank. He had spoken to 150 patients, and their general feeling was one of high esteem for Dr. Hartley as a very good doctor.

Mr. Leigh Taylor, instructed by Messrs. Hempsons, who appeared for Dr. Hartley, said that the doctor now realized that what he had done was the worst thing he could have done. But the pressure on any husband who was in a position to supply drugs to a wife who needed them must be very great.

The Committee postponed judgment for one year.

Other Cases Arising Out of Convictions

John Lennon, registered as of Castleford, Yorkshire, appeared in answer to convictions in 1954 of being in charge of a motor-car whilst under the influence of drink. There had been convictions for similar offences in 1930 and 1935. Mr. J. M. Hutchinson, instructed by Hempsons, on behalf of the Medical Defence Union, pointed out that for nearly 20 years the practitioner had had a clean record. At the time of the recent convictions he was undergoing great strain owing to the serious illness of his wife and other matters. Testimonials were read, one of them from the honorary secretary of his B.M.A. Division. The Committee postponed judgment for one year.

A similar course was taken in the case of Patrick Laurence Lyons, registered as care of the District Bank, King Street, Manchester, who, in September, 1954, at Nottingham, had been convicted, after pleading guilty, of being drunk and disorderly. The President said that Dr. Lyons had appeared before the Committee on a previous occasion, when he had given the Committee reason to hope that there would be no complaint about him in future. In order to give him a further opportunity the Committee postponed judgment for one year.

The case was considered of Alexander Urquhart, registered as of Troon, Ayrshire, who, in 1950 at Heywood, Lancashire, and in 1954 at Buxton, had been convicted of being in charge of a motor vehicle when under the influence of drink. Mr. E. B. McLellan, instructed by Le Brasseur and Oakley, who defended, put in some excellent testimonials. In this case also the Committee postponed judgment for one year.

William Bellamy James, registered as of University Road, Belfast, appeared in answer to two convictions, in 1951 at Armagh and in 1954 at Downpatrick, of driving a motor-car when under the influence of drink. Dr. James was not legally represented, but a letter was read from a friend stating that the charges were more or less technical, that there was hardly sufficient evidence to justify the plea of guilty, but it was made in order to diminish publicity. Dr. James apologized to the Committee. Judgment here again was postponed for one year.

Boris Nicholas Klukvin, registered as of Normanton Terrace, Newcastle-upon-Tyne, appeared in answer to three convictions, in 1940, 1951, and 1954, of being in charge of a

motor-car when under the influence of drink, and in the last case also of dangerous driving. Dr. Klukvin appeared, and said that he now took no alcohol at all. Judgment was postponed for one year.

Cases Postponed from Previous Sessions

The following practitioners against whom convictions had been proved at a previous session of the Committee and judgment postponed until 1954 appeared and presented testimonials :

John Joseph Flanagan, registered as of Coatbridge, Lanarkshire.

James William Hay, registered as of Spencer Street, Carlisle.

Patrick Kennedy, registered as of Gillingham, Kent.

Hugh Rinn, registered as of Dudley Road, Birmingham.

Gerald Niall Monaghan, registered as of Rhos-on-Sea.

In all the above cases, on the production of satisfactory testimonials and assurances, the Committee decided not to instruct the Registrar to erase the name, and declared the case closed.

In the case of William Francis Hirsch Coulthard, registered as of Aspatria, Carlisle, for whom Mr. Norman Richards appeared, instructed by Le Brasseur and Oakley on behalf of the Medical Protection Society, the President said that the Committee was not fully satisfied with the testimonials proffered, and postponed judgment for a further year.

Restorations

Six applications were made for restoration to the *Register* after disciplinary erasure under section 29 of the Medical Act, 1858, and two were granted—namely, those of Archibald Miller, whose name was erased in 1952, and of Mrs. Laura Winifred McConnell, whose name was erased in 1936, and who was making her eighth application. The Committee considered in private certain matters of disciplinary procedure.

EMPLOYMENT OF SALARIED ASSISTANTS

ASSISTANTS AND YOUNG PRACTITIONERS SUBCOMMITTEE RESOLUTION

A considerable part of the meeting of the Assistants and Young Practitioners Subcommittee on November 26 was spent in considering a report that the G.M.S. Committee at its meeting on October 21 (see *Supplement*, November 6, p. 169) had voted by a majority against the Subcommittee's recommendations on the employment of salaried assistants. The Subcommittee had recommended to its parent committee that the extra number of patients allowed, additional to the maximum list, because of the employment of an assistant should be reduced, from the present figure of 2,000, to 1,200 for any length of time ; and that once the list of a principal with an assistant exceeded 4,700 (3,500 plus 1,200) he should be required to take a partner within two years, or bring his list again within the 4,700 limit.

These proposals had modified an earlier recommendation of the Subcommittee that the excess of patients allowed for an assistant should be limited to 1,000 and had added the proposal for the two-year period for adjustment.

Reasons Deplored

The course of the discussion at the meeting showed that assistant and unestablished practitioner members of the Subcommittee felt strongly about the fate of their recommendations, and that they were concerned about further steps that might be taken to get them implemented. Dr. Talbot Rogers, as Chairman of the G.M.S. Committee, gave an assurance that the opinions of the Assistants and Young Practitioners Subcommittee on the employment of assistants, together with those of the G.M.S. Committee, would be included in the report of the G.M.S. Committee to the Annual Conference of Local Medical Committees, and therefore would be open to debate at the conference. This assurance was gratefully welcomed, but did not entirely remove the sense of frustration which was apparent in the younger section of the Subcommittee.

After further discussion the following resolution to be sent to the G.M.S. Committee was passed by the Subcommittee, with one abstention :

"That the General Medical Services Committee be informed that the Subcommittee is gravely disturbed that after three years, and in spite of substantial concessions on the part of the Subcommittee, the G.M.S. Committee has rejected *in toto* the proposals put forward in respect of the employment of salaried assistants. It further deplores the grounds upon which the objection was made. In view of the very strong feeling expressed by assistants and others on this matter, both in the *Journal* and in the Subcommittee, it requests that the parent Committee give an indication of what steps it proposes to take to find an equitable solution to the problem."

Representation on Subcommittee

It was reported that the G.M.S. Subcommittee (Scotland) had appointed Dr. K. Adam, Glasgow (assistant), and Dr. I. H. P. Doherty, Musselburgh (principal) as its representatives on the Subcommittee. It was also reported that the following nominations had been received to fill the vacancies on the Subcommittee for Regions 1 and 4: Dr. J. H. Owen, Penygroes (Region 1) ; Drs. R. E. Howarth, Doncaster ; Mary I. Foreman, Derby ; T. W. G. Frazer, Derby ; and J. T. Cope, Boston (Region 4). Dr. F. T. Page had been appointed an observer on the Subcommittee by the council of the Registrars Group.

LOCAL GOVERNMENT SUPERANNUATION

THE PRESENT POSITION

The Local Government Superannuation Act, 1953, and the Benefits Regulations (1954)[1] made under it, have made substantial changes in the superannuation provisions of many local government medical officers. Some officers may choose between different benefits and must make their choice before April 1, 1955. The following brief survey will help to explain some of the complexities of the position.

Past History

The new Act and Regulations are somewhat entangled with hangovers from past enactments. Before 1922 various local authorities had set up superannuation schemes under powers obtained through local Acts. These schemes became more widespread under the Local Government and other Officers Superannuation Act, 1922, but there was little uniformity. Each authority was free to adopt the 1922 Act or not. Those that did could designate which posts would be superannuable, and employees covered by a local Act were unaffected by the 1922 Act. Schemes under local Acts differed not only in their benefits but also in employees' contributions and in the assessment of average remuneration. All schemes under the 1922 Act, however, required designated employees to contribute 5% of salary, and the pension was based on the average remuneration over the last five years of service.

The Local Government Superannuation Act, 1937 (and the Local Government Superannuation (Scotland) Act, 1937), brought some uniformity. It repealed the 1922 Act and applied its provisions, somewhat modified, to all whole-time local government officers not covered by a local Act. The 1937 Act also provided for the transfer of superannuation rights from one authority to another, whether the local authority concerned had a local Act scheme or a 1937 Act scheme. Local Act schemes had either to be modified to include all whole-time officers, or the local authority could substitute the provisions of the 1937 Act.

Therefore, after April 1, 1939, when the 1937 Act came into force, local government officers could be divided into those covered by a local Act and those covered by the 1937 Act. The latter could be further divided into those

[1] *Supplement*, August 21, p. 96.

to whom the 1922 Act had applied immediately before April 1, 1939, and whose contributions continued at 5% of their remuneration, and the remainder whose contributions were 6%.

The N.H.S. Superannuation Scheme

With the introduction of the National Health Service Superannuation Scheme, 1948, all medical (and nursing) staff of local authorities became entitled to its benefits unless they chose to remain under a local Act or the 1937 Act (their "existing rights"). Whichever they did, their rates of contribution were not changed, even if they were paying less than the 6% rate of the N.H.S. scheme and the 1937 Act.

The 1954 Regulations

Further uniformity has been achieved by the Local Government Superannuation Act, 1953, and the consequential regulations (the Local Government Superannuation (Benefits) Regulations, 1954). All local government officers are now entitled to benefits similar to, and in some respects better than, those provided by the N.H.S. Superannuation Scheme, 1948.

Officers Transferred to N.H.S. Benefits in 1948

The effect of previous enactments has been to place medical officers of local authorities in different categories and therefore with different courses of procedure open to them under the new regulations. First, there are those who did not elect in 1948 to retain their "existing rights" and therefore became entitled to N.H.S. benefits. They were automatically transferred on October 1, 1954, to the benefits under the 1954 regulations. The benefits under the 1954 regulations are not worse, and in some cases are slightly better, than the N.H.S. benefits, and all rights to which an officer was entitled before the 1954 regulations are retained. Officers in this category have no action to take.

Officers who Retained the 1937 Act Benefits

Secondly, there are those medical officers who in 1948 elected to retain the benefits provided under the 1937 Act instead of transferring to N.H.S. benefits. These officers may now stay as they are under the 1937 Act benefits, or transfer to the 1954 regulation benefits. If they wish to stay as they are they must notify their employing authority in writing before April 1, 1955, otherwise they will be automatically transferred to the benefits under the 1954 regulations. The option, if exercised, will remain in force until retirement (unless there is a disqualifying break in service). There can be no change on second thoughts. For instance, if a single man chooses to retain existing rights and if he subsequently marries he will be unable to take advantage of the provisions for the widow's pension. Officers in this and the following category should therefore consider carefully the benefits payable under both schemes before making a decision.

Officers who Retained Local Act Benefits

Thirdly, there are those at present covered by a local Act because they chose in 1948 to retain their "existing rights" rather than transfer to N.H.S. benefits. They also may retain their present rights, and if they wish to do so they must notify their employing authority in writing before April 1, 1955. If an officer exercises his option to retain his existing local Act benefits he will do so *only so long as he remains in the employment of the same local Act authority* without a break in service of twelve months or more. So far as the medical (and nursing) staff of a local Act authority is concerned, the benefits payable under the local Act to those who do not exercise the option are modified by the 1954 regulations to bring them into line with the new benefits, although the rates of contributions will remain at their present level.

There is another slight difference: the local Act provisions for calculating average remuneration (which vary between one local Act and another) will continue to apply (the 1954 regulations provide that average remuneration shall be the average of remuneration over the last three years of service). As with the second group of officers, there will be no further opportunity to transfer to the 1954 benefits later if circumstances change. If, however, an officer who retains his existing rights later suffers a disqualifying break in service he will, on rejoining the local government service, automatically become entitled to the 1954 benefits.

Position of Officers on National Service

An officer in the second or third group who left the local government service before October 1, 1954, for national service, and who rejoins the local government service within six months of leaving the Services, will have six months from the date of rejoining in which to elect to retain his previous benefits. If he does not notify in writing his employing authority within that time he will thereafter be subject to the 1954 regulations.

Similarly, an officer who left the local government service before October 1, 1954, and who rejoins without a disqualifying break of 12 months (and without having become in the meantime a local Act contributor) will also have six months in which to exercise the option.

Retrospective Application

Some of the benefits provided under the 1954 regulations are retrospective to October 1, 1950. Officers who retired after September 30, 1950, and the widows of officers who retired on pension or died in service after that date, may be entitled to increased benefits. They need not, however, take any action now. They will receive in due course a statement on their position from the appropriate local authority. They will then have three months in which to make a written application to the local authority if they wish to have the new benefits. If they do not apply the pre-1954 benefits will continue and all rights to the new benefits will be lost.

Added Years

The provisions for added years in the 1954 regulations are "to enable employees whose start in service has been delayed by long professional or technical training to have their service artificially lengthened to make up for the late entry." These particular provisions apply to all contributory employees within the meaning of the 1937 Act. Thus, medical officers are not precluded from applying for added years merely because they have elected to retain their existing rights. Briefly, the regulation gives a local authority discretion to grant up to 10 additional years of contributory service to an officer who, on first appointment, was required to possess professional or other qualifications not acquired during employment with a local authority, and who first entered the local government service between 27 years and 35 years of age. Any local authority service before reaching 27 years of age, whether contributory or non-contributory (including service in what was then a municipal hospital), is a bar to the grant of added years. In the case of officers on the staff of a local authority at October 1, 1954, any written application for added years must be made before April 1, 1955. In all other cases application must be made within six months of first joining.

More detailed information should be obtained from the regulations (*Local Government Superannuation (Benefits) Regulations, 1954,* H.M. Stationery Office) or from the *Explanatory Memorandum* or *An Easy Guide to the New Benefits* (H.M.S.O.). Individual inquiries may also be made to the Secretary of the B.M.A.

Hospitality Wanted.—A young Pakistani doctor now staying in the provinces would like hospitality between December 22 and January 6 with a doctor, preferably in London. He would be willing to help in professional work during this time. Offers to Brigadier H. A. Sandiford, Empire Medical Advisory Bureau, B.M.A. House, Tavistock Square, London, W.C.1.

OCCUPATIONAL HEALTH SERVICES

THE APPOINTMENT OF AN ADVISORY COMMITTEE

An all-day meeting of the Occupational Health Committee was held on November 24, with Dr. J. A. L. VAUGHAN JONES in the chair. The Committee considered the Minister of Labour's statement in the House of Commons on November 11 that in order to stimulate the further development of industrial health services in workplaces covered by the Factories Acts he was appointing a Standing Industrial Health Advisory Committee. The chairman would be the Minister and the vice-chairman the deputy secretary of the Ministry. Nominations were being sought from the British Employers' Confederation, the Trades Union Congress, the British Medical Association, the Association of Industrial Medical Officers, the Association of Certifying Factory Surgeons, and other interested bodies.

Dr. Vaughan Jones said that representations had already been made by the B.M.A. for increased representation of the Association so that representation should cover all sections of the profession interested in occupational health. The Ministry, however, had replied that it considered the professional sectional interests could be satisfactorily covered with the present medical representation. Though it appeared likely that only four members of the Advisory Committee would be medical practitioners, the Committee felt it unnecessary to press for increased representation. Much depended not on the number of representatives but on the quality of their contributions.

It was agreed that the Association's representatives must ensure that any votes they might feel called upon to make against decisions of the Advisory Committee were recorded, and that, when necessary, policy matters should be referred back to the Association. It was proposed that the advice of the Occupational Health Committee should be available to the Association's representatives when required.

Discussion then took place on whether one of the two B.M.A. representatives should be a medical officer of health (the Society of Medical Officers of Health is not one of the bodies asked to nominate). Dr. J. M. ROGAN suggested that if no public health representatives were chosen it might be possible to press for the co-option of a public health service representative when any point concerning public health arose.

It was agreed that the two nominees to be recommended to the Council for submission to the Ministry as B.M.A. representatives should be chosen on personal grounds and not as representing sectional interests. On a ballot, Dr. Vaughan Jones and Dr. L. G. Norman were nominated.

W.M.A. Questionary

A World Medical Association questionary directed to the possibilities of co-operation in an international occupational health service was considered. One question concerned the effectiveness of the programme of occupational health services in operation in this country. It was agreed to reply that the occupational health services in Great Britain compared very favourably with those of other countries. The problems mainly concerned co-ordination of existing services. In reply to another question on gaps in the occupational health services in this country, it was pointed out that existing legislation on these services covered only persons working in factories, mines, and quarries. There was need for expansion of existing services—for instance, the provision of further group services to cover the many medium-sized and small factories.

Legal Position of the Nurse

The Committee considered the draft memorandum prepared by the Royal College of Nursing on the legal position of nurses who undertake procedures outside their professional scope.

In the course of discussion it was pointed out that entirely new techniques of nursing were being developed, which had the effect of emphasizing the tendency for nurses to become impersonal. The State-enrolled assistant nurses were undertaking work which was considered beneath the dignity of the State-registered nurse, but the hope was expressed that the more personal duties of the nurse would not be overlooked in the new techniques. She should still "smooth the fevered brow." The Committee felt that provided a medical officer retained responsibility he could authorize a competent State-registered nurse under his direction to undertake certain procedures.

Remuneration of Industrial Medical Officers

Dr. J. M. ROGAN presented a report of the Remuneration Subcommittee, which has been discussing the preparation of a revised statement on remuneration for whole-time industrial medical officers. He said that the subcommittee considered that in order to improve the future status of occupational health, guidance on the definition of different grades of industrial medical officers and the qualifications considered appropriate for appointment to each grade should be laid down by the Association. It was proposed that whole-time industrial medical officers should be graded in four categories: (1) assistant medical officer (training for a career in occupational health and under control of a senior), (2) medical officer (in charge of medical services of a small firm or constituent unit of a larger firm), (3) senior medical officer (in charge of the medical services of a medium-sized firm or, in the case of a large organization, of one of its constituent groups), and (4) chief medical officer or director of medical services (responsible for, or in charge of, the medical services of an industry or of a large industrial undertaking).

The Subcommittee dealt only with whole-time industrial medical officers in these proposals. It was agreed to ask the Remuneration Subcommittee to examine the question of remuneration of part-time industrial medical officers. The Chairman reported an invitation for three representatives of the Committee to attend a forthcoming meeting of the Liaison Committee at which the problem of payments for part-time work was to be discussed.

The Committee decided to submit to the Council recommendations for a revised whole-time scale without waiting for the completion of the consideration of part-time remuneration, but to use every endeavour to complete the review of the part-time scale by March.

Examiners Appointed

Dr. Norman and Dr. O'Dwyer were nominated examiners for the Association's Occupational Health Prize Essay Competition for 1955. This is awarded biennially for an essay submitted by a member of the Association engaged in the practice of occupational health, whole- or part-time.

PUBLIC HEALTH SERVICE

REVIEW OF REMUNERATION

As reported in the *Supplement* (November 13, p. 183), the Staff Side of Committee "C" submitted a memorandum to the Management Side on October 29. The memorandum will be discussed at a meeting of the full Committee on Tuesday, December 21.

The next meeting of the Scottish Association of Medical Administrators (see *Supplement*, November 27, p. 203) will be held at the Southern General Hospital, Glasgow, on January 28, 1955. The name of Dr. H. A. Raeburn (Senior Administrative Medical Officer, South-eastern Regional Hospital Board, Scotland) should be added to the published list of members of council of the association.

SENIOR HOSPITAL MEDICAL OFFICERS GROUP

The Steering Committee set up to deal with preliminary matters connected with the formation of the B.M.A. Senior Hospital Medical Officers Group, authorized at the November meeting of the Council, took place on Monday, November 29. The members of the Committee, all of whom were present, are: S. F. Logan Dahne, G. Howells, G. M. L. James, George Lowe, T. F. McCarthy, D. L. Pugh, G. Waring Robinson, W. J. Wilson. G. Waring Robinson was appointed chairman.

Definition of Membership

On the question of the criteria of membership of the new Group, the Committee concluded that the Group should be open only to practitioners with S.H.M.O. contracts. This, and the condition that members must belong to the British Medical Association, were the criteria recommended to the Council for approval.

Group Council and Executive Committee

The Steering Committee decided that it would be impracticable to hold an annual meeting of the Group in London, and recommended that a central council, consisting of two members from each hospital region elected by S.H.M.O.s in the region, should be the governing body. This council would meet about twice a year. It was recommended that the Group council should have power to appoint a small executive committee.

The constitution of the Central Consultants and Specialists Committee provides that each Group Committee shall be entitled to appoint one representative. Pending the establishment of the executive committee the Steering Committee appointed Dr. T. F. McCarthy.

The question of seeking representation on regional consultants and specialists committees was raised, and it was thought that this should be left to local arrangements.

Report on Hospital Medical Staffing

The Report of the Medical Staffing Subcommittee of the Central Consultants and Specialists Committee was discussed. The Committee was not in favour of the proposals in the report so far as they affected S.H.M.O.s, and the Committee's representative on the Central Consultants and Specialists Committee was given alternative proposals to put before that Committee.

S.H.M.O.s' VIEWS ON HOSPITAL STAFFING

A general meeting of the S.H.M.O.s of the four Metropolitan Regions, held on December 4 at B.M.A. House, discussed problems of hospital staffing. Mr. M. O'REGAN (chairman, North-East Metropolitan Branch) presided. The principal speakers were Mr. G. WARING ROBINSON (chairman, S.H.M.O. Group) and Dr. D. L. PUGH (chairman, South-East Metropolitan Branch). Visitors from other regions were present.

Mr. ROBINSON traced the development of the S.H.M.O. Group since its formation on May 29. One of its members had been elected to serve on the Central Consultants and Specialists Committee. The Group was pressing for representation at all levels in hospital organization. With regard to remuneration, "consultant pay for consultant work is our slogan," said Mr. Robinson.

Dr. PUGH said that tribute must be paid to the Strachan Subcommittee for its analysis of the causes of shortage of hospital junior staff. However, adoption of the majority report proposals would lead to an intolerable and permanent reduction of the S.H.M.O.'s already unsatisfactory status. Other proposals must be examined.

The following resolutions were agreed unanimously:

(1) That the Strachan Subcommittee proposals should be rejected.

(2) That the consultant establishment should be expanded.

(3) That all S.H.M.O. posts and S.H.M.O.s should be reviewed with a view to up-grading by an impartial committee on which S.H.M.O.s were represented.

(4) That the use of any intermediate grade as a source of cheap labour to do consultant work should be opposed.

(5) That all promotion to consultant rank should be through a specialist grade for as long as such a grade is retained.

(6) That for as long as any form of S.H.M.O. grade is retained there should be full clinical freedom in the appointment, and the salary should be 80% of the maximum consultant salary.

G.P. SERVICES IN NEW HOUSING ESTATES

MIDDLESBROUGH PRACTITIONERS' VIEWS

The means for providing new housing estates with general medical services is a matter which appears on the agenda of executive councils and local medical committees in many areas. The problem which often arises is that of accommodation, as permission to build surgery accommodation has to be obtained from the local authority which owns all the land on the estate. The Middlesbrough Local Medical Committee, holding the view that all doctors should have equal opportunities for applying for surgery premises, and being asked from time to time by the executive council whether it would support the application of a doctor to set up on a new estate, decided to make some recommendations on the principles to be followed in advising the executive council on applications. The local medical committee put these recommendations to a meeting of all general practitioners in its area, and the following is a summary of the principles agreed to by the meeting.

Guiding Principles

(1) The principle of free choice of doctor by patient and vice versa was essential in a free democracy. (2) Provision of surgeries on an estate was a reasonable amenity. (3) Residence of doctors on the estate was not a necessity. (4) It would appear that surgeries could only be of the following types: (*a*) sublet parts of council houses; (*b*) health centres—as defined in the National Health Service Act, 1946; or (*c*) special buildings erected either by or for the doctor, or doctors, and under control of the doctors practising from them. It was not considered that a 24-hour doctor or caretaker was essential at these surgeries. If financially practicable, type (*c*) was preferable. (5) The buildings erected should not be attached to local authority clinics or under their control. (6) Such buildings could either be built by the local authority to be let to the doctors concerned, or the local authority could sell land to the doctor so that he might build—whether a single practitioner or a group of doctors, arrangements to be worked out among themselves. (7) To get maximum free choice for patient and doctor it would be preferable for facilities to be provided in the estates for large or small surgeries. (8) If the executive council asked doctors to apply for surgery accommodation and not enough doctors applied, then it would seem admissible for the executive council to advise new doctors, authorized by the Medical Practices Committee to practise in the town, to set up on the estates. At the same time it would not be reasonable to refuse permission to these new doctors to set up practice in any part of the town they desired, and it would be unreasonable for the executive council to advertise a vacancy. (9) If any doctor (new or already on the list) applied to set up a

surgery on the new estate during the accepted period of notice his application should be considered with the others at the end of the period.

It was agreed that if the executive council decided to act on these recommendations the council should give three months' notice of its intention.

ISLE OF WIGHT DIVISION

A joint meeting of the Isle of Wight Division of the B.M.A., the Isle of Wight Law Society, and ministers of religion on the island was held on November 18 in St. Mary's Hospital, Newport. The subject was "The Problem of Homosexuality," and there was an attendance of over 70. The speakers were Dr. G. Gordon Brown, who dealt with the medical aspect; Mr. P. H. Rolf, who gave the legal opinion; Superintendent Stanley, who spoke on "The Police and the Problem"; and the Rev. H. E. Strudwick, who dealt with the Church's view. An open discussion followed. It was agreed that joint meetings with lawyers and the clergy were valuable, and it was hoped to have a further joint meeting in the near future.

Questions Answered

Fee Paid by Ministry

Q.—*The Ministry of Health pays a fee of two guineas for use of a consultant's apparatus when necessary at a domiciliary consultation. Is this fee taxable, or is it in a different category from the ordinary fee of four guineas which is liable to taxation?*

A.—There does not seem to be any authoritative ruling on this question, but it is thought that sums so received would be liable to income tax as part of the gross earnings of the consultant. Alternatively, they might be held liable as received for the hiring out of apparatus under the terms of the arrangements with the Ministry. The consultant is presumably allowed as part of his professional expenses the cost of maintaining the apparatus and either an annual deduction for wear and tear or, alternatively, the cost of replacement when incurred. That being so, there does not seem to be any substantial inequity in income tax becoming payable on sums received for its use.

Legal Charges an Expense?

Q.—*Are legal charges in connexion with partnership deeds necessitated by the new distribution scheme under the N.H.S. permissible as an expense for income-tax relief?*

A.—Expenses incurred in connexion with changes in the proprietorship of a practice or of a share in it are not regarded as incurred in the carrying on of the practice and are not allowable for income-tax purposes. The same rule, of course, applies to the purchase of a business or property.

Consultant's Travel Expenses

Q.—*In my contract as whole-time consultant it is stated that my duties include domiciliary consultations and visits on request to hospitals in the area. Since these duties may be of an emergency nature am I entitled to expenses to cover travel by car to the hospital of my appointment so that I may be in readiness if required elsewhere?*

A.—The question of the cost of travelling between the taxpayer's residence and the place where his duties as an employee are performed has been raised in several cases which have gone to the High Court for decision. A recent case was that quoted as *Hamerton* v. *Overy*, decided in February of this year. The appellant in that case was a consultant employed by a regional hospital board, and his claim to the allowance for car expenses was refused. The facts in the present case differ in some respects, but are at least no stronger in support of the claim. The ground for the refusal of the expenses is that the Statutory Rule requires that allowable expenses shall be incurred "wholly, exclusively, and necessarily in the performance of the duties," whereas the expense claimed is anterior to the performance and is not incurred in the performance of the duties.

G.P. Assistant's Hotel Bill

Q.—*I am full-time assistant to a G.P., away from my home town. Salary is £1,100 per annum, of which £260 is car allowance. I pay my own hotel bill (£437 per annum), other accommodation with garage and telephone being virtually impossible to find. There is no room at the doctor's home. Am I entitled to claim tax relief for my hotel bill?*

A.—The Statutory Rule restricts allowable expenses to those which are incurred wholly, exclusively, and necessarily in the performance of the duties of the employment, and the cost of personal accommodation is excluded by that Rule. Where that accommodation is provided in kind by an employer it does not rank as income of the employee, although the principal can nevertheless treat the cost as a professional expense. But when the whole of the remuneration is payable in cash this special advantage disappears and the circumstances—which are similar to those in which many taxpayers find themselves nowadays—do not give rise to any claim for an income-tax allowance.

Partnership Taxation

Q.—*In a general-practice partnership, should income tax under Schedule D be paid as a practice expense, the profit after payment of the tax being shared out between partners according to the amount of share which they own? Or should the partners pay tax in proportion to the share which they hold?*

A.—If the partnership deed or agreement deals specifically with the question, that will, of course, dispose of the question, but such specific mention is very rare. Income tax is assessable on the partnership and not on the individual partners, but that fact would not cause income tax to be regarded as an "expense" of the practice. Consequently the burden of the tax chargeable on the firm should be regarded as divisible between the partners in such a way as to leave each partner bearing the amount of tax which he would have had to bear if the partners had been separately assessed for their shares of the partnership profits—less, of course, any allowable expenses which they have had to pay out of their shares of the practice receipts. If difficulty is found in ascertaining the correct division on that basis the inspector of taxes who deals with the firm's assessment will usually give useful assistance.

Tax Allowance for Electrocardiograph

Q.—*What tax allowances may be claimed by general practitioners for the initial purchase and depreciation of an electrocardiograph?*

A.—The allowance on the amount expended is calculated at 20%. So far as the allowance for depreciation by reason of wear and tear is concerned, there appears to be no binding and general ruling on the point, but it is suggested that 15% plus the additional quarter—i.e., 18¾%—calculated on the written-down value might be a reasonable basis of claim.

Dangerous Drugs Act: Withdrawal of Authority

The Home Office announces that Muriel Stuart Alford (formerly McClay), M.R.C.V.S. (Belfast), is no longer authorized to be in possession of or to prescribe those drugs to which the Dangerous Drugs Regulations apply.

Correspondence

Because of the present high cost of producing the Journal, and the great pressure on our space, correspondents are asked to keep their letters short.

Fining the Doctor

SIR,—Your very full report on the charge of excessive prescribing (*Supplement*, November 20, p. 191) cannot have failed to evoke some emotion in all who read it. The following comments are submitted in the hope that some appeal will be made to the Minister of Health for a leniency based on the liberal principles which give strength to our profession. The referees at the appeal against the findings of the local medical committee reported to the Minister as follows: "If the Minister should be minded to direct that a sum of money be withheld from the appellant we think he should consider that this appellant does not yet appear to appreciate his errors or to be likely to make any very great reduction in his prescribing costs, unless deterred by the loss of a substantial sum, which, if we had to fix it, would not be less than £250." The executive council resolved to make a representation to the Minister that a sum of £600 be withheld from the doctor's remuneration.

It does not seem extraordinary that a young doctor should build up a list of 2,583 persons in four years in a newly built industrial area. From personal experience of such a district the writer would support the young doctor in his contention that such a practice calls for a high prescription rate. After all, many of the occupants of new houses are sick, have young children, or are aged and infirm, to say nothing of being unsettled and apprehensive. It is a natural thing for a young doctor in a new practice to exaggerate his clinical performance, in order to gain the confidence of his new patients. The referees admit that his over-prescribing was probably due to inexperience. In any case, the facts admit that he worked very assiduously and conscientiously to have served his patients so lavishly. An aspect of the case which was not considered was the effect of the inquiry on the patients. It must first be argued that the patients were probably unaware of the cost of the substances prescribed and more aware of the doctor's presence on so many occasions. Should these patients become aware that the doctor is considered to have prescribed drugs merely to impress them, then an aversion and distrust may be created which would well ruin him.

It should be borne in mind that an areal average of 0.41 prescriptions per person probably represents a spread-over band of, say, 0.2 to 0.6 p.p.p. Since in the 0.6 group there would be a great number of doctors, for the purpose of estimating over-prescribing it would have been fairer to take this latter group. Then the doctor's average of 0.79 p.p.p. does not seem so heinous. On the other hand, it is conceded that the members of the local medical committee had first-hand knowledge of the district and the doctor. Even if the serious allegation that the over-prescribing was solely to build up a lucrative practice were true, and the doctor in question merited punishment for it, the punishment should fit the crime, not the criminal. This doctor had probably no greater income than if he had been more experienced and had prescribed less. I venture to suggest that the young doctor should have been re-educated by the ethical committee of his area, warned about his over-prescribing, and fined a nominal sum within his means, since his contract with the executive council allows for this.—I am, etc.,

Hornchurch, Essex. I. H. J. BOURNE.

SIR,—As reported in the *Supplement* (November 20, p. 191) certain aspects of the case in which the Lancashire Executive Council recommended that £600 be deducted from the remuneration of a practitioner found guilty of excessive prescribing call for comment. One of the charges related to frequency of prescribing—the aspect of prescribing which it is most difficult for a doctor to control. If, for example, Mrs. A arrives at the surgery wanting treatment for a cold and a cough and is accompanied by her children John, James, and Mary, all of whom give orchestral corroboration of being infected, if so requested the doctor must write out four prescriptions. If he refuses to do so he is rightly in peril of being charged with a breach of his terms of service and of having a substantial subtraction sum performed on his quarterly cheque. It can be assumed that no doctor is going to press prescriptions on unwilling patients with no complaint to treat, but he would be even more remiss if he refused to supply medicines to the needy. The modern therapeutic armamentarium is such that it is possible to cure or shorten the course of most diseases or at least to relieve symptoms, and it is our duty as doctors to do so. We have the right to refuse "shopping list" orders and requests for cotton-wool with which to stuff cushions, but equally we have the right to issue a prescription where it is needed, and in our opinion a doctor should not be penalized because of the number of prescriptions he issues, provided each is for a *bona fide* purpose.

The referees in this case thought that "lavish ordering of the most expensive medicines . . . might have contributed to the considerable practice which the appellant built up in a short time." This would assume that patients know which are the most expensive medicines and will transfer their affections to the doctor who is known to prescribe them. This, at the least, would be difficult to prove.

It seems difficult to believe that Dr. "X" was called to account for prescribing "dromoran" to serious cases, two of which were fatal carcinomata, even though the charge for this was subsequently deducted. The referees could not believe that all the 100 patients really needed "crystapen," "chloromycetin," and "penidural" oral suspension. On what was this disbelief founded? What is "real need" of one of these antibiotics? Is the general practitioner "safe" in prescribing "penidural" oral suspension, say, for a child with acute follicular tonsillitis when he knows that it will shorten considerably the course of the illness and lessen the incidence of complications? These questions spring readily to the mind, and for the peace of mind of the general practitioner authoritative answers should be forthcoming. A doctor cannot give of his best if he lives under the fear that the hand which signs the prescription for an oral antibiotic is to be debarred from endorsing his quarterly cheque.—We are, etc.,

LESLIE BALLON.
Huddersfield. WILLIAM BROWN.

SIR,—We, Health Service practitioners, view with extreme disapproval the resolution of the Lancashire Executive Council to the Minister, proposing to withhold a sum of £600 from a fellow practitioner. This, simply put, could spell ruination to many of us. One cannot imagine this attitude towards the employee being adopted by any employing agency in industry, nationalized or otherwise. Surely a more aggressive attitude should be taken up by the profession for the protection of its members.

It would appear that some disciplinary action was necessary in view of excessive prescribing by the doctor, assuming that he had a previous warning. The fact that it has been admitted that the appellant was young and inexperienced makes the proposed fine disgracefully disproportionate and unjust. The outcome will be that the patient is bound to suffer, because his doctor will not only economize in quantity but he will take jolly good care to avoid some of the proprietary medicaments in the more expensive range which have been proved beyond doubt to be of inestimable value in treatment.—We are, etc.,

JAMES SHAW.
Birmingham. G. A. POWELL-TUCK.

Hospital Staffing

SIR,—Difficulties in the recruitment of hospital junior medical staff have recently drawn urgent requests for constructive suggestions. By its action earlier this year of increasing hospital junior medical staff's salaries and at the same time offsetting the increases by charging more for residential emoluments, resulting in many cases only to an increased liability for tax, the hospital management authority has lost much of the confidence and good will of junior medical staff.

I suggest that reversion to the pre-nationalization practice of supplying residential emoluments free might well ameliorate the position. Hospital junior medical staff live in to suit the convenience of their employers and not themselves. This is well shown by the rarity with which one is found in the hospital when off duty. Personally, I should go much farther and issue a standing invitation to all medical men or women for all meals at every hospital. When two or three doctors are gathered together at mealtimes they invariably talk shop, discussing their professional problems, learning from each other, keeping themselves up to date, and generally serving the best interests of their patients. If general practitioners and hospital medical staffs could be persuaded to share a free lunch together, the benefit to the medical service as a whole would far outweigh the trifling cost to the Exchequer, and even employing authorities might be seen in a more friendly light.—I am, etc.,

London, S.E.5. J. E. H. STRETTON.

SIR,—It would be unfortunate if your correspondence columns were to convey the impression that there is not a significant amount of support for the recommendations of the Strachan Subcommittee, especially among those perhaps most affected—that is, the S.H.M.O.s. All of us are taxpayers and some of us have social consciences; to the latter, if not to the former, it seems unrealistic, almost irresponsible, to press the claim that all specialists must be paid as consultants, having regard to salary levels obtaining in the other publicly remunerated professions. In any event it should be obvious by now that this claim is unlikely to be realized, either now or in the future.

Surely we are faced with a simple choice: either to preserve the existing unsatisfactory arrangement whereby an increasing number of S.H.M.O.s, divorced from the normal hospital hierarchy, undertake work which differs little from that performed by consultants and for which they are inadequately paid, or to incorporate the S.H.M.O. grade in the normal ladder of promotion with consequently increased status and a salary which bears a more equitable relationship to that enjoyed by consultants. To this extent the recommendations of the Subcommittee represent an honest attempt to solve the problem: as such they merit a level-headed and unprejudiced consideration.—I am, etc.,

"SENIOR HOSPITAL M.O."

SIR,—It has been reported that committees throughout the country are turning down the proposals which are being put forward by the Strachan Subcommittee on hospital junior staffing. The minority report of Dr. R. M. Forrester appears to be good, but only because the majority report is so bad.

The main source of all the trouble arises from the fact that there are two hospital services, one with scope and the other with none. Is it surprising that men will not go to where there is no future? There must be equal opportunity and fair competition or any plan will fail. The aim of the Strachan Subcommittee has not been to remedy hospital junior staffing as a universal issue, but to nurse the over-staffed teaching hospital as a separate entity even at the expense of all regional staffing breaking down.

The main solution is to have one hospital service, which can be achieved by (1) all hospitals under regional control with proportional representation; (2) overhaul distribution of manpower (present staff in teaching hospitals 3½ times more per 1,000 beds than in the regional hospital); and (3) tutorial system extended to the regional hospital, where in fact the general material is to be found.

Pending the change-over, the system of interchange of senior registrars must continue. It is important that the choice of senior registrar must be made alternately by the two types of hospitals. This interchange will be unnecessary once a single hospital service has been established.—I am, etc.,

"TEACHING HOSPITAL SENIOR REGISTRAR."

SIR,—I should like to mention a few points which, in my opinion, would improve the present acute shortage of junior medical and surgical staff.

(1) There should be a general increase in remuneration of all junior medical and surgical staff in less-favoured regions—thus acting as an incentive. (2) All grades of hospital junior staff in teaching hospitals should spend the latter half of their appointment in selected provincial areas. (3) The hospital junior staff establishment of the teaching hospitals should be decreased. (4) In selecting future consultants—everything being equal—no undue preference should be given to candidates from teaching hospitals.—I am, etc.,

Brighton. M. E. SAMRAH.

SIR,—There is a loud shout of protest about the possible creation of a large number of S.M.O. jobs to fill gaps in senior hospital staffing. I wonder if these protests are based on reasoned argument. Formerly some surgery and much hospital medicine was practised by G.P.s. A good deal of hospital practice was in the hands of registrars who, in the long run, became G.P.s. Consultants were a fairly small coterie who were pre-eminent in the profession. For better or worse hospital medicine is now practised almost exclusively by hospital doctors. Registrars find it hard to enter practice and must continue to serve as specialists. The therapeutic commitments of specialist medicine perpetually increase. For these reasons the number of senior hospital doctors must increase. These doctors are often young. Many are competent technicians, but many are deficient as consultants. Surely consultants should be, as far as is humanly possible, wise men of ripe experience and high ability. I do not see why the men who might have become mediocre practitioners should be assured of consultant status, small men writ large.

The only rational solution is to create this S.M.O. category. By analogy they would rank as senior lecturers where the consultants are professors. The grade should be honourable enough to satisfy even the most fastidious individuals. In any normal set-up the S.M.O.s would be independent specialist-practitioners. The consultants would remain to be consulted by the specialists. The salaries paid to S.H.M.O.s compare well with those given to other senior professional men. If the work is exacting it is all the more worth doing. It is, I think, unethical to expect an enormous salary for saving human life. We think far too much about the somewhat military label the N.H.S. attaches to our names. We are all medical practitioners. This grade was recognized before 1948. The cry for more money and more kudos is almost universal. Let us not add to the clamour.—I am, etc.,

Gifford, E. Lothian. BRIAN MORE.

Senior Hospital Medical Officers

SIR,—There are 1,200 full-time S.H.M.O.s in the Health Service, and a much larger number are engaged part-time at the S.H.M.O. rate of remuneration. They are a heterogeneous body, of whom some were officers transferred in 1948, some have accepted appointments since that date, some are in the S.H.M.O. group because their appointments are recognized as S.H.M.O. posts, and others are holding recognized consultant posts, but have been considered by a reviewing committee to be of a lower professional status on personal or academic grounds, and this view has been accepted by the employing regional hospital boards. All are regarded,

in conformity with Association policy, as working under the supervision of a recognized consultant, and in the advertisements for S.H.M.O. vacancies published in the *Journal* this is normally made clear.

A dilemma appears to exist in the case of men holding a consultant post and graded as S.H.M.O.s by a reviewing committee. If the post is indeed a consultant one then there can be no supervision. If the holder is an S.H.M.O. then by definition he needs supervision. If he is working without supervision then he is indistinguishable from another consultant in the same specialty, except in rate of remuneration. In such a case the situation arises that different salary scales are being paid for identical posts, and this is not usually regarded by the Ministry as desirable within the Health Service. It must be difficult to contend that justice is being done, and can be seen by all to be done, when the holders of certain posts are being paid less than the agreed reward on the sole ground that they have held them, without criticism of the quality of their work, since before August, 1948, in spite of the low esteem in which they were held by the reviewing committees.

It might be suggested that such persons should resign and apply for other posts, but the suggestion that a man who must be middle-aged, and probably has family or other ties with the district in which he has worked for many years, should be asked to uproot himself and his family to commence a new career in another area solely to obtain the correct salary for the work he is doing must be regarded as a monstrous one, even if he were prepared to accept paragraph 16 of the Terms of Service of Hospital Medical Staff at its full face value. It must be borne in mind in interpreting paragraph 16 that the regional board might shelter behind the observation that it is he, and not they, who is precipitating a "local change in organization of hospital or specialist services," and might regard themselves as released from their "moral obligation to render the greatest possible assistance, with a view to his obtaining comparable work in another hospital." On the contrary, the regional board might feel aggrieved at the extra expense which he is causing them by creating a vacancy which they must now fill at the full consultant rate.

In the case of all except medical personnel employed in the Health Service the principle is accepted without reserve that a person employed in a specific post is deemed to merit the remuneration agreed upon for the grade with which the post is linked. The same principle is also accepted in respect to medical personnel appointed since the reviewing committees sat. The way to resolve the dilemma is to abolish the reservation in the case of those appointed prior to that time—in effect, to abolish an anomaly which is unique in salary negotiations.—I am, etc.,

Cambridge. C. B. V. WALKER.

Assistants in General Practice

SIR,—May I, in no spirit of bitterness or complaint, enumerate my basic expenses for the past 26 months during which I have been an assistant? During this time I have had to furnish a flat and then move into a furnished house, and now have a child who has helped my wife to accept the boredom and loneliness of becoming an assistant's wife. My income in salary and allowances has been about £1,900. Apart from living expenses including light and heat, my expenses for that period have been about £1,750, approximately as follows: rent and rates, £220; superannuation and income tax, N.H.S., £290; furniture removal and storage, £130; purchase of second-hand car, £520; car expenses, licence, insurance, £470; unpaid interview expenses, inspecting E.C. vacancies, £20; professional journals, books, defence union, £20; insurance, £80.

My choice of car was unfortunate, it has required more maintenance than its pedigree predicted, but apart from this it is hard to see where justifiable economies could have turned £750 per annum into a living salary.

Perhaps this will make it clearer to Dr. W. L. Templeton (*Supplement*, November 20, p. 193) and others why the difference between £750 and £1,000, which will, after income-tax relief, cost the principal about £130, may make the difference between bankruptcy and solvency to the assistant. —I am, etc.,

"ANOTHER ASSISTANT."

SIR,—I should like to support the letters of Drs. H. P. Hilditch and L. Russell and of Dr. J. Shapiro (*Supplement*, November 20, p. 193) in deploring the decision of the G.M.S. Committee to reject the amendment from the Assistants and Young Practitioners Subcommittee, proposing to reduce the additional list permitted for an assistant from 2,000 to 1,200. The difficulties besetting the unestablished doctor wishing to become a principal in general practice still remain acute, and the number of applicants for each vacancy advertised is still huge. With the ever-increasing flow of qualified men from the universities, and the gradual closure of more and more designated areas, the situation can hardly be expected to improve if matters are left as they are at present. Urgent action is needed to facilitate the entry into practice if mass medical unemployment is to be avoided, and the motion from the Subcommittee is a reasonable and practical measure which, if brought into effect, would prove of real help in creating new partnerships.

Dr. Shapiro's point is indeed a pertinent one. It would appear to be the aim of the G.M.S. Committee to enable the large-list practice to be as profitable a business undertaking as possible. But medical practice is not a business, and the aim can only be achieved by taking unfair advantage of the assistant's services. The average assistant's salary to-day falls well short of the income produced by an additional list of 2,000 patients. He is therefore a profitable proposition. It is surely logical to limit the extra list to that size where the capitations from it are roughly equal to the assistant's salary. The principal would then at least not be receiving active encouragement to keep a permanent assistant rather than a partner, and would, one hopes, consider the alternative advantages of a partnership with the "notional loading" of lists under the Working Party's award.

I do not agree with Dr. S. Wand's objection (*Supplement*, November 6, p. 169) that a 4,700 list could not be economically run as a partnership of two. The gross remuneration from capitations alone, with full loadings, would be nearly £5,000, and there are certain to be additional sources of income which would increase this figure substantially. Even with his share of practice expenses, I think that the junior partner would be somewhat better off financially than as an assistant. But far more important to him would be the knowledge that his position in the practice was secure and permanent. Few doctors want to be lifelong assistants, no matter what salary they are offered. I sincerely hope that this sound and reasonable proposal will one day come before the G.M.S. Committee again, and that it will then be more favourably received.—I am, etc.,

Marlow, Bucks. ARVID SAUDEK.

SIR,—The general practitioner members of the Socialist Medical Association are very concerned by the report that the G.M.S. Committee has turned down the very moderate proposals of the Assistants and Young Practitioners Subcommittee for the betterment of conditions for these practitioners. The General Practitioner Subcommittee of the Socialist Medical Association believes that the only equitable way is to reduce the list of patients immediately to 3,000 and progressively to 2,500, thereby ensuring a more reasonable distribution and better opportunity for all doctors to carry out medical practice at its best. Our subcommittee further believes that no principal shall be permitted extra patients in respect of employing an assistant. We further believe that the retrograde order of 1951, which placed upon patients the responsibility of seeking permission to change their doctors, should be rescinded and genuine free choice be permitted once more.

The Socialist Medical Association G.P. Subcommittee is firmly opposed to the exploitation of one doctor by another,

and is convinced that if the above proposals were implemented the difficulty of entry into general practice, and the economic hardship suffered by unestablished practitioners and assistants, would be greatly ameliorated.—I am, etc.,

IDA FISHER,
Acting Hon. Secretary,
Socialist Medical Association.

London, S.W.1.

Local Health Authority Nursing Services

SIR,—The article on local health authority nursing services (*Supplement*, November 20, p. 187) shows a fine appreciation of the importance of the health visitor.

To a general practitioner it is extremely important that his right-hand helper should be fully trained for her work. The writers of the article do not appear to appreciate the fact that the district nurse has to train a team to help care for the patient in her absence. She does not bath and dress patients, or otherwise waste her skill, when other help is available, as she has far too long a day and is much too busy with acute illness (which the authors imagine goes to hospital) in addition to the chronic sick. She has to be conversant with the many bodies she can call upon to help her patient. She keeps the general practitioner informed of the circumstances of the home and of changes in the patient's condition. Indeed, she has more responsibility than a ward sister and has to manage *in absentia*.

The nursing standard likely to be achieved in two years' training is not sufficient for this work; indeed, the district nurse often has to repair the effects of nursing by the less experienced in hospital. To carry this heavy responsibility well needs the highest intelligence and character; why should it be denied our patients?—I am, etc.,

Plymouth. O. LL. LANDER.

SIR,—In your article (*Supplement*, November 20, p. 187) on this subject much concern is shown for the best use of woman power, and in particular "nurse power." Surely the time has come to consider whether a training in nursing the sick is essential, or even desirable, for a health visitor. As the name implies, she is dealing with *health*, and her function is to promote health through education. Her work in child welfare and school clinics is mentioned, each of which aim at preventing illness and promoting health. In cases of sickness her only duty is to see that the patients seek medical advice. The future health visitor needs a wide social training, a knowledge of social and preventive medicine, and good experience in the normal development of the healthy child.

If there was not a drain of nurses into the health visiting field there would be more to carry out the proper functions of a trained nurse, which is to *nurse* the sick, whether at home or in hospital, and to prevent, if possible, a recurrence. Your authors do not think it necessary for a district nurse to have extra training, indeed they suggest that she could do with two instead of three years. I would point out that the district nurse takes a far greater responsibility and works under more difficult conditions than any nurse in hospital, and, although she may quickly adjust her technique to home conditions, her work is more than carrying out the doctor's instructions; she has to *enable* the patient to be nursed at home; to do this she must have a wide knowledge of all the social and financial help available; also her relationship with the patients, doctors, and relatives is different from anything she has met before. It is suggested that three months of her hospital training might be taken in the district—this is unlikely to be acceptable with the already crowded syllabus, nor is a student likely to have enough experience to benefit at that stage of her career. It is essential that she should have a postgraduate training to fit her to be of maximum benefit to her patients.

Finally, it is the general practitioners who are the best judges of the qualities needed by the nurses who are to care for their patients, and I hope they will come forward in their numbers to plead for the highest qualifications for such work.—I am, etc.,

Plymouth. D. M. WILLIAMS.

Drugs for Private Patients

SIR,—Mr. E. H. Ward (*Supplement*, November 13, p. 184), in chiding the doctors who press for "free" drugs for private patients, appears to have overlooked the fact that the "financial result that would follow the granting of free drugs to private patients" is precisely the same as the result which would follow if these people joined the N.H.S. As the State scheme is designed to cover the whole population, this is a "bill" which it should be prepared to meet. The problem is not that of providing the surtax payers with drugs, but of caring for the quite numerous middle-class folk who are concerned about the possibility of large drug bills.

The argument against "free" drugs, coupled with advice about preserving the freedom of the individual, reminds me of the remark of William Pitt: "Necessity is the plea for every infringement of human freedom. It is the argument of tyrants; it is the creed of slaves."—I am, etc.,

Meols. N. EARL MAWBY.

Health Service in Israel

SIR,—I was interested in your report of the Fifth Annual Meeting of the Fellowship for Freedom in Medicine (*Supplement*, November 6, p. 172). Some years ago when I was in Palestine I had the opportunity of seeing a little of the health service in what is now Israel. I was particularly impressed not only by the medical service provided but also by the financial arrangements. At that time I was told that all working men paid a subscription based on the amount of their wages into the one and only trades union. This provided cover for all of their families. The union, in turn, paid subscriptions on a similar basis to the medical services for the treatment of their members and their families. This had the effect that the longer the man was under treatment the smaller was the subscription to the medical service, because the man was not earning his full wages. Because of this, it behoved the medical service to get the man back to full work with the minimum of delay, and in order to do so the medical service was provided by the trades union with all the equipment, etc., it desired; the latter was of a very high standard indeed.

Recently I have heard that the service in Israel has been extended to include the majority of the population, and is still run by the Histadruth (trades union) and the Kupat Holim (medical service), working together. I have never seen any reference to this scheme in any medical or other publication, but it would seem that a scheme of this nature in our Health Service would considerably reduce the cost and perhaps give a better and happier service.—I am, etc.,

London, S.W.1. K. FLETCHER-BARRETT.

POINTS FROM LETTERS

Fining the Doctor

Dr. ALBERT E. NICHOLLS (Shrewsbury) writes: There may be cases where a heavy fine of £100 may be justified, but the whole system of trial by committee is utterly wrong unless there is a right of appeal to the law courts. . . . Our farmers suffer the same disability, and it is deeply resented. A farmer may have a row with a neighbour and revenge may follow. In these trials by committee, behind closed doors, with the press excluded, anything can happen.

The S.H.M.O. Grade

Dr. G. D. WILD (Derby) writes: I should like to beg the hospitality of your columns publicly to congratulate the Welsh Regional Board on advertising another consultant vacancy in chest diseases. . . . This now alters the figures I gave in my letter (*Supplement*, July 3, p. 5). Since January, 1952, the Welsh Regional Board has advertised two consultant vacancies in chests —and 25 S.H.M.O. posts.

The Minister of Health has stated that throughout England and Wales the hospital waiting-list is 500,000.

H.M. Forces Appointments

ROYAL NAVY

Surgeon Captain A. A. Pomfret, O.B.E., Q.H.S., to be Surgeon Rear-Admiral.

Surgeon Captain J. H. B. Crosbie, Q.H.P., has retired.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenants D. B. Moffat and R. D. G. Creery to be Surgeon Lieutenant-Commanders.

ARMY

Brigadier (Temporary Major-General) W. A. D. Drummond, C.B., C.B.E., late R.A.M.C., has relinquished the temporary rank of Major-General.

TERRITORIAL ARMY

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Colonel (Honorary Brigadier) F. R. Sandford, C.B.E., M.C., T.D., has ceased to belong to the T.A.R.O., retaining the honorary rank of Brigadier.

Colonel A. J. Maciver, O.B.E., from Active List, to be Colonel.

Colonels G. D. Kersley, T.D., and H. F. Apthorpe-Webb, T.D., have ceased to belong to the T.A.R.O., retaining the rank of Colonel.

Lieutenant-Colonel L. C. Hill has ceased to belong to the T.A.R.O., retaining the rank of Lieutenant-Colonel.

Lieutenant-Colonel W. A. Ramsay, T.D., having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O., retaining the rank of Lieutenant-Colonel.

Lieutenant-Colonel J. W. Galloway, T.D., from Active List, to be Lieutenant-Colonel.

Major (Honorary Colonel) E. Bulmer, C.B.E., T.D., has ceased to belong to the T.A.R.O., retaining the honorary rank of Colonel.

Majors (Honorary Colonels) J. T. McOuat, O.B.E., T.D., and J. Rannie, O.B.E., T.D., having attained the age limit of liability to recall, have ceased to belong to the T.A.R.O., retaining the honorary rank of Colonel.

Majors (Honorary Lieutenant-Colonels) D. Jefferiss, T.D., A. R. C. Higham, T.D., D. N. Nicholson, T.D., W. L. Lamb, T.D., H. V. Ingram, O.B.E., T.D., E. A. L. Murphy, T.D., and W. Brockbank, T.D., have ceased to belong to the T.A.R.O., retaining the honorary rank of Lieutenant-Colonel.

Majors E. S. Kirkhouse, T.D., and M. K. Braybrooke, having attained the age limit of liability to recall, have ceased to belong to the T.A.R.O., retaining the rank of Major.

Major (Honorary Lieutenant-Colonel) W. J. Aitken, having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O.

Majors H. J. Heathcote, F. V. Allen, O.B.E., T.D., H. S. H. Gilmer, W. C. Armstrong, T.D., J. C. Anderson, O.B.E., T.D., C. R. L'E. Orme, T.D., C. S. France, T.D., J. E. Crooks, T.D., J. G. Lawson, M.B.E., T.D., and G. W. Monro, T.D., have ceased to belong to the T.A.R.O., retaining the rank of Major.

Majors L. R. West and A. G. H. Clay, from Active List, to be Majors.

Captain (War Substantive Major) (Honorary Lieutenant-Colonel) R. Woodside has ceased to belong to the T.A.R.O., retaining the honorary rank of Lieutenant-Colonel.

Captains (Honorary Majors) J. A. Ross and W. H. Lewis have ceased to belong to the T.A.R.O., retaining the honorary rank of Major.

Captain (Honorary Major) K. N. Flint, T.D., having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O., retaining the honorary rank of Major.

Captain (Acting Major) E. A. Frayworth, from Active List, to be Captain, relinquishing the acting rank of Major.

COLONIAL MEDICAL SERVICE

The following appointments have been announced: J. A. Menon, M.B., B.S., Medical Officer, Sarawak; N. P. St. C. Stacey, M.B., F.R.C.S., Surgeon, British Guiana; W. G. C. Bearcroft, M.B., Medical Research Officer, West Africa Virus Research Institute, Nigeria; J. W. F. Lumsden, M.B., Ch.B., Medical Officer, Singapore; D. Hamilton, B.M., F.R.C.S., Special Grade Medical Officer, Uganda; Q. S. Moore, M.B., Ch.B., and W. V. James, M.B., B.S., Medical Officers, Northern Rhodesia; J. R. Purser, M.B., B.Ch., B.A.O., Medical Officer, Nigeria; P. P. Turner, M.D., B.S., M.R.C.P., J. I. Maxwell, M.B., Ch.B., and W. L. R. Kenyon, M.B., Ch.B., M.R.C.P., Medical Officers, Kenya; J. Vella, M.D., D.L.O., and A. B. Roberts, M.R.C.S., L.R.C.P., Medical Officers, Tanganyika; K. M. Aboud, M.B., B.Ch., D.T.M.&H., D.C.H., Medical Officer, Sierra Leone; K. J. R. Fawcett, M.B., Ch.B., Medical Officer, Tristan da Cunha; D. Herderschee, M.D., Medical Officer, Gold Coast; H. C. Rogers, M.D., Medical Officer, Barbados; M. M. Sheare, M.B., B.S., D.P.H., Medical Officer, Grade B, Trinidad; G. E. Walters, M.B., B.S., Medical Officer, British Honduras; E. W. Q. Bannerman, M.B., Ch.B., and N. Q. Hesse, M.B., B.S., Senior Medical Officers, Gold Coast; K. H. Blaauw, M.D., Deputy Director of Medical Services, North Borneo; J. M. Caldwell, M.B., B.Ch., B.A.O., Assistant Director of Medical Services, Uganda; L. J. Bruce-Chwatt, M.D., Senior Specialist (Malaria), Nigeria; O. L. C. Cookson, M.B., B.S., and E. Taube, M.B., Ch.B., M.R.C.P., Senior Medical Officers, Northern Rhodesia; M. G. Corcos, M.R.C.S., L.R.C.P., Medical Superintendent, Chacachacare Leprosarium, Trinidad; G. M. Edington, M.D., D.C.P., and M. H. Hughes, D.M., Specialist Pathologists, Gold Coast; N. Leitch, B.M., B.Ch., D.P.H., Assistant Inspector-General of Medical Services, Nigeria; F. M. W. Williams, M.B., B.S., Physician, Medical Department British Guiana; B. A. Ward, M.B., F.R.C.S., Ophthalmologist, Medical Department, Fiji; G. T. M. Cummins, M.B., Ch.B., M.R.C.O.G., Medical Officer (Grade B) (Institutions), Trinidad; A. C. D. A. Raman, M.R.C.S., L.R.C.P., and A. Y. Wong Shiu Leung, M.B., B.Ch., B.A.O., Medical Officers, Mauritius; T. E. Brunel, M.D., Medical Superintendent, Mental Hospital, Mauritius; S. G. Gordon, M.B., B.S., D.P.H., and G. C. V. O'Driscoll, M.B., B.Ch., B.A.O., Senior Medical Officers (Administrative), Nigeria; D. Lydon, M.B., B.Ch., B.A.O., Senior Medical Officer (Clinical), Nigeria; G. Watt, M.B., Ch.B., Deputy Chief Medical Officer, Gold Coast; R. J. D. Anderson, M.B., B.S., Resident Medical Officer (Intern), Kenya; Louise E. Elbert, M.B., Ch.B., Medical Officer, Federation of Malaya; M. I. Hale, M.B., B.S., Assistant Medical Officer, Bahamas; Dorothy D. Jones, M.B., Ch.B., Medical Officer, Hong Kong.

B.M.A. LIBRARY

The Library service is available to all members of the Association resident in Great Britain and Northern Ireland (and by special arrangement to members of the Irish Medical Association). The only charge made is for postage of books. A copy of the Library Rules will be forwarded on application to the Librarian at B.M.A. House.

The following books have been added to the Library:

Adams, A. R. D., and Maegraith, B. G.: Clinical Tropical Diseases. 1953.
Aero Medical Association: Aviation Toxicology. 1953.
American Medical Association: Fundamentals of Anesthesia. Third edition. 1954.
Antibiotics Annual, 1953-1954: Proceedings of the Symposium on Antibiotics. 1953.
Aylett, S.: Surgery of the Caecum and Colon. 1954.
Baker, A. Z.: Vitamins in Nutrition and Health. 1954.
Bauer, L. H. (Editor): Seventy-five Years of Medical Progress, 1878-1953. 1954.
Beaumont, G. E.: Pocket Medicine. Third edition. 1954.
Bernbeck, R.: Kinderorthopädie. 1954.
Cantarow, A., and Schepartz, B.: Biochemistry. 1954.
Carmichael, L. (Editor): Manual of Child Psychology. Second edition. 1954.
Ciba Foundation: Symposium on the Kidney. 1954.
Colson, J. H. C.: Strapping and Bandaging for Football Injuries. 1953.
Cope, Z.: History of St. Mary's Hospital Medical School or a Century of Medical Education. 1954.
Cullen, S. C.: Anesthesia in General Practice. Fourth edition. 1954.
Dacie, J. V.: The Haemolytic Anaemias. 1954.
Davidson, L. S. P.: Principles and Practice of Medicine. Second edition. 1954.
East, Sir N. (Editor): Roots of Crime. 1954.
Farquharson, E. L.: Textbook of Operative Surgery. 1954.
Fishberg, A. M.: Hypertension and Nephritis. Fifth edition. 1954.
Gibbens, J.: Care of Children from One to Five. Fifth edition. 1954.
Gilbert, E. W.: Brighton, Old Ocean's Bauble. 1954.
Greenfield, J. G.: The Spino-cerebellar Degenerations. 1954.
Greep, R. O. (Editor): Histology. 1954.
Guggisberg, H.: Mutterkorn vom Gift zum Heilstoff. 1954.
Harding, D. W.: Social Psychology and Individual Values. 1953.
Harrow, B., and Mazur, A.: Textbook of Biochemistry. Sixth edition. 1954.
Hunt, E.: Diseases Affecting the Vulva. Fourth edition. 1954.
Huxley, J., *et al.* (Editors): Evolution as a Process. 1954.
Illingworth, R. S., and Illingworth, C. M.: Babies and Young Children: Feeding, Management, and Care. 1954.
Krupp, M. A., *et al.*: Physician's Handbook. Eighth edition. 1954.
Kusano, N. (Editor): Atomic Bomb Injuries. 1953.
Last, R. J.: Anatomy: Regional and Applied. 1954.
Lever, W. F.: Histopathology of the Skin. Second edition. 1954.
Lillie, R. D.: Histopathologic Technic and Practical Histochemistry. Second edition. 1954.
Lumb, G.: Tumours of Lymphoid Tissue. 1954.
Luria, S. E.: General Virology. 1953.
Manson's Tropical Diseases. Fourteenth edition edited by Sir Philip H. Manson-Bahr. 1954.
Markowitz, J.: Experimental Surgery. Third edition. 1954.
Mayer-Gross, W., *et al.*: Clinical Psychiatry. 1954.
Monrad-Krohn, G. H.: Clinical Examination of the Nervous System. Tenth edition. 1954.
Mourant, A. E.: Distribution of Human Blood Groups. 1954.
Nabarro, D.: Congenital Syphilis. 1954.
National Research Council, Washington: Chemical-Biological Coordination Center Review No. 4. The Bacteriostatic Activity of 3500 Organic Compounds for Mycobacterium Tuberculosis var. Hominis. 1953.
Pickford, R. W.: Analysis of an Obsessional. 1954.
Simmons, L. W., and Wolff, H. G.: Social Science in Medicine. 1954.
Stevenson, R. S.: Goodbye Harley Street. 1954.
Stich, R., and Bauer, K. H. (Editors): Fehler und Gefahren bei chirurgischen Operationen. 2 volumes. Dritte Auflage. 1954.
Young, C. B.: First Aid and Resuscitation. 1954.
Weitzenhoffer, A. M.: Hypnotism: An Objective Study in Suggestibility. 1953.

Association Notices

BORNEO BRANCH

Notice is hereby given by the Council to all concerned that the area of the Borneo Branch has been re-formed into one of three Divisions—namely:

Brunei Division, covering the area of the State of Brunei, and Miri in Sarawak.

North Borneo Division, covering the area of the Colony of North Borneo.

Sarawak Division, covering the area of the Colony of Sarawak, excluding Miri.

A. MACRAE,
Secretary.

THE KATHERINE BISHOP HARMAN PRIZE

The Council of the British Medical Association is prepared to consider an award of the Katherine Bishop Harman Prize in the year 1955. The value of the prize is £75. The purpose of the prize, founded in 1926, is the encouragement of 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 registered medical practitioner in the British Commonwealth and 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 1955, 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 shall 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 and accompanied by a detachable slip bearing the candidate's name. An entry form is required in connexion with this competition, and a copy of the appropriate form can be obtained from the Secretary. Essays must be forwarded so as to reach the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1, not later than December 31, 1954. Inquiries relative to the prize should be addressed to the Secretary.

OCCUPATIONAL HEALTH PRIZE

The Occupational Health Prize Essay Competition was established by the Association for the purpose of encouraging interest and research in the field of occupational health. The Council of the British Medical Association is prepared to consider the award of an Occupational Health Prize, which consists of a certificate and £50, in the year 1955. Any member of the Association who is engaged in the practice of occupational health, either whole-time or part-time, is eligible to compete for the prize. Candidates may select their own subject.

The essays submitted must include personal observation and experiences collected by the candidates in the course of their work. If no essay entered is of sufficient merit no award will be made. Candidates in their entries should confine their attention to their own observations 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.

Essays, or whatever form the candidate desires his work to take, must be sent to the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1, not later than January 31, 1955. 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 ineludes evidence of further work. A previous prizewinner is not precluded from entering. 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. Preliminary notice of entry for this competition is required, on a form of application to be obtained from the Secretary.

Each essay must be typewritten or printed on one side of the paper only, and accompanied by a note of the candidate's name and address. No definite limits are laid down as to the length of essays, but the Council anticipates that for this competition essays should consist of between 3,000 and 10,000 words. Inquiries relative to the prize should be addressed to the Secretary.

SIR CHARLES HASTINGS CLINICAL PRIZE ESSAY COMPETITION

The Sir Charles Hastings Clinical Prize Essay Competition was established by the Association for the promotion of systematic observation, research, and record in general practice. The competition has been extended by the addition of a second prize known as the Charles Oliver Hawthorne Clinical Prize. The following are the regulations governing the awards:

1. The Sir Charles Hastings Clinical Prize, consisting of a certificate and £75, will be awarded for the best essay submitted.

2. The Charles Oliver Hawthorne Clinical Prize, consisting of a certificate and £50, will be awarded for the second best essay submitted.

3. Any member of the Association who is engaged in general practice is eligible to compete for these prizes.

4. The work submitted must include personal observation 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. 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.

5. Essays, or whatever form the candidate desires his work to take, must be sent to the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1, not later than December 31, 1954.

6. A prizewinner in any year is eligible for an award of either of the prizes in any subsequent year. A study or essay that has been published in the medical press or elsewhere will not be considered eligible for a prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work.

7. 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.

8. Preliminary notice of entry for this competition is required, on a form of application to be obtained from the Secretary.

9. Each essay, which should be unsigned, must be typewritten or printed on one side of the paper only and accompanied by a note of the candidate's name and address.

10. No definite limits are laid down as to the length of essays, but the Council anticipates that for this competition essays should consist of between 3,000 and 10,000 words.

11. Inquiries relative to the prizes should be addressed to the Secretary.

MIDDLEMORE PRIZE

The Middlemore Prize, which consists of a cheque for £50 and a certificate, 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 of the British Medical Association is prepared to consider an award of the prize in the year 1955 to the author of the best essay on: "Allergy in Relation to Eye Disease." Notice of intention to enter for the competition should be made on the appropriate entry form, copies of which can be obtained from the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1.

Essays must reach the Secretary on or before February 1, 1955. Each essay must be unsigned and accompanied by a slip containing the name and address of the author. Previous

prizewinners are not precluded from entering. In the event of no essay being submitted of sufficient merit, the prize will not be awarded in 1955, but will be offered again in the following year.

A. MACRAE,
Secretary.

Diary of Central Meetings

DECEMBER

15	Wed.	Evidence Committee on Divine Healing, 2 p.m.
15	Wed.	Private Practice Committee, 2 p.m.
15	Wed.	Geriatrics Joint Subcommittee, Central Consultants and Specialists, Public Health, and G.M.S. Committees, 2.15 p.m.
16	Thurs.	G.M.S. Committee, 10.30 a.m.
16	Thurs.	Psychological Medicine Group Committee, 2 p.m.
17	Fri.	Science Committee, 2 p.m.
21	Tues.	Remuneration Subcommittee, Occupational Health Committee, 2 p.m.
21	Tues.	Trainee General Practitioner Subcommittee, G.M.S. Committee, 2 p.m.
21	Tues.	Full Committee "C," Medical Whitley Council (at 14, Russell Square, London, W.C.), 2.30 p.m.
22	Wed.	Financial Advisory Committee, 2 p.m.
30	Thurs.	International Relations Committee, 2 p.m.

JANUARY

3	Mon.	Armed Forces Committee, 2 p.m.
4	Tues.	Arrangements Committee (Brighton, 1956), 11 a.m.
5	Wed.	Occupational Dermatitis Subcommittee, Occupational Health Committee, 2 p.m.
6	Thurs.	Committee *re* Remuneration Policy, 2 p.m.
7	Fri.	Joint Committee of the B.M.A. and Magistrates Association, 10.15 a.m. (*Date changed from December 10.*)
11	Tues.	Remuneration Subcommittee, Occupational Health Committee, 2 p.m.
12	Wed.	Public Relations Committee, 2 p.m.

Branch and Division Meetings to be Held

BURTON-ON-TRENT DIVISION.—At Bretby Golf Club, Ashby Road, Burton-on-Trent, Tuesday, December 14, 7.45 p.m., dinner, followed by address by Dr. D. V. Hubble: "The Illness and Death of Samuel Johnson."

CITY DIVISION.—At Old Library, B.M.A. House, Tavistock Square, London, W.C., Tuesday, December 14, 8.30 p.m., meeting. Dr. P. M. Bloom: "Marriage Guidance in General Practice."

CROYDON DIVISION.—At 43, Wellesley Road, Croydon, Tuesday, December 14, 8.30 p.m., general meeting. Address by Mr. W. I. Daggett: "Otosclerosis and the Fenestration Operation."

DONCASTER DIVISION.—At Earl of Doncaster Arms, Bennethorpe, Tuesday, December 14, 7.30 for 7.50 p.m., joint meeting with Doncaster Medical Society, Mr. Harold Dodd: "Recurrence after Operation."

HAMPSTEAD DIVISION.—At Westfield College, Friday, December 17, 8.30 p.m., cocktail party.

HENDON DIVISION.—At Hendon Hall Hotel, London, N.W., Tuesday, December 14, 8.30 p.m., meeting. Debate on Medical Negligence. Opening speakers include Dr. Robert Forbes, Mr. N. L. Taylor, Dr. R. W. Cockshut, and Mr. J. R. Cumming-Bruce. Legal friends are invited.

HYDE DIVISION.—At Pack Horse Inn, Mottram, Wednesday, December 15, 8.30 p.m., clinical meeting. Subject: "Gastro-intestinal Cancer—The Problem of Early Diagnosis." A colour film will be shown and Mr. P. W. H. Bleasdale will open the discussion.

KINGSTON-ON-THAMES DIVISION.—At Kingston Hospital, Tuesday, December 14, 7.30 p.m., clinical meeting.

LAMBETH AND SOUTHWARK DIVISION.—At Lambeth Hospital, Brook Drive, Kennington Road, S.E., Sunday, December 12, 11 a.m., clinical meeting.

LANCASTER DIVISION.—At Midland Hotel, Morecambe, Tuesday, December 14, 8.30 p.m., meeting to discuss Constitution of B.M.A.

MANCHESTER DIVISION.—At Queens Hotel, Piccadilly, Manchester, Thursday, December 16, 8.30 p.m., "Medical Forum." (1) "Mental Health Services in This Area and Their Problems" introduced by Dr. Arthur Pool; (2) "Constitution of the B.M.A." introduced by Dr. J. I. Milne.

NORTH STAFFS DIVISION.—At Grand Hotel, Hanley, Tuesday, December 14, 8 p.m., supper; talk by Councillor H. Clowes: "The Future Housing Policy of the Local Authority."

READING DIVISION.—At the Library, Royal Berkshire Hospital, Tuesday, December 14, 8.30 p.m., meeting.

ROCHDALE DIVISION.—At Nurses' Lecture Theatre, Birch Hill Hospital, Rochdale, Monday, December 13, 8.30 p.m., clinical meeting. Professor Robert Platt: "Treatment of Hypertension."

SCUNTHORPE DIVISION.—At the Blue Bell Hotel, Scunthorpe, Thursday, December 16, annual dinner.

SOUTH MIDDLESEX DIVISION.—At the Red Lion Hotel, Hounslow, Thursday, December 16, 7.30 to 10.30 p.m., hospital staff and general practitioners' buffet supper.

SOUTH STAFFS DIVISION.—At Star and Garter Hotel, Wolverhampton, Wednesday, December 15, 8 p.m., supper; 9.15 p.m., lecture by Mr. A. L. d'Abreu: "The Indications for Cardiac Surgery."

SOUTHAMPTON DIVISION.—Wednesday, December 15, (1) at Polygon Hotel, 7 p.m., dinner; (2) at Conference Room, Civic Centre, Southampton, 8.30 p.m., general meeting. Sir Heneage Ogilvie: "Lessons from the War which are Already Being Forgotten."

SOUTH-WEST ESSEX DIVISION.—At Thorpe Coombe Maternity Hospital, Forest Road, Walthamstow, E., Wednesday, December 15, 8.30 p.m., meeting. Lecture by Dr. W. S. Tegner: "Modern Trends in Physical Medicine." To be followed by "questions and answers."

SWANSEA DIVISION.—At Osborne Hotel, Swansea, Thursday, December 16, 7.30 for 8 p.m., informal supper. Lecture by Dr. Robert Forbes.

TOWER HAMLETS DIVISION.—At St. Andrew's Hospital, Devons Road, Bow, E., Friday, December 17, 3 p.m., clinical meeting. Dr. R. Duncan Dewar: "Matters of Public Health."

WEST LOTHIAN DIVISION.—At Kaim Park Hotel, Bathgate, Thursday, December 16, 8 p.m., meeting. Address by Dr. A. K. M. Macrae: "Present Trends in Psychiatry."

WEST MIDDLESEX DIVISION.—At Paul's Restaurant, New Broadway, Ealing, W., Wednesday, December 15, 8.30 p.m., general meeting. Members' wives are welcome.

WIGAN DIVISION.—At Lewis' Restaurant, Wallgate, Wigan, Thursday, December 16, 8.15 p.m., short general meeting, followed by supper. 9 p.m., clinical meeting. Lecture by Dr. E. H. W. Deane and Dr. J. F. Erskine: "Pneumoconiosis—Some Clinical and Industrial Aspects" (illustrated by a film).

WOOLWICH DIVISION.—At Woolwich Memorial Hospital, Shooters Hill, S.E., Tuesday, December 14, 2.30 p.m., seminar on paediatrics. Children with asthma will be shown and discussed.

Meetings of Branches and Divisions

ASSAM BRANCH

The annual general meeting was held at the Indian Tea Association Guest House, Cinnamara, on February 12 and 13, 1954. The following officers were elected for the coming year:

President.—Dr. R. A. Hughes.

Honorary Secretary and Treasurer.—Dr. T. Norman.

The retiring president, Dr. K. J. Dunlop, spoke in his presidential address on the "Problem of Tuberculosis in a Tea Garden Practice." In the scientific section which followed Dr. L. R. Flowers read papers on "Mortality Observations on Some Common Medical and Surgical Conditions" and "The P.M.O. and the Industry." The following papers were also read: "Relaxant Anaesthesia" by Dr. D. A. H. McNaught, "Notes on Stammering" by Dr. S. C. Chatterjee, and "Typhoid Fever" by Dr. R. L. Cunville. Dr. M. E. T. Burke gave a valedictory address, entitled "Time Up," of reminiscences of early days in Assam. The annual dinner, followed by a dance, was held on the Saturday evening, February 13, at which Mr. and Mrs. R. G. Philipp were guests of honour.

MOMBASA DIVISION

A meeting was held at the Pandya Memorial Clinic on July 21, 1954. Dr. S. D. Karve took the chair and 11 members attended. Mr. R. McVicker gave a talk on "Hip Surgery." At a meeting on November 3, at the British Council premises, attended by 70 members of the medical profession with Dr. A. U. Sheth in the chair, Sir Philip Manson-Bahr addressed the meeting on "The Dysenteric Disorders."

WEST LOTHIAN DIVISION

A meeting was held at Bangour Hospital on October 21, 1954. Twenty members attended. Dr. G. J. Summers addressed the meeting on "The Problem of Tuberculosis in West Lothian To-day."

HAMPSTEAD DIVISION

The first meeting of the 1954–5 session was held on October 23, 1954, at New End Hospital with Dr. Levitt in the chair. Forty members attended. Professor Rosenheim gave an address on hypertension, and reviewed the latest drug treatment for this condition.

SOUTH STAFFORDSHIRE DIVISION

A meeting was held on October 19, 1954, at the Star and Garter Hotel, Wolverhampton. Dr. R. S. V. Marshall took the chair and 42 members were present. Dr. J. Aspin delivered a lecture on "Beating Tuberculosis."