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INTEGRATION OF GENERAL PRACTITIONERS WITHIN THE HOSPITAL SERVICE

PRELIMINARY REPORT ON A PILOT SCHEME

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Now that the formative years of the Health Service have passed each of the three branches of the medical service has been able to assess its weakness. It has become apparent that a closer liaison would be desirable, and that general practitioners and public health medical officers could well be found a niche in the hospital service in most areas without interfering with the administrative organization of the specialized services. The problem has been to determine some manner in which this could be done.

Relationships between the general practitioners, public health officers, and the hospitals are so good in my area that I was able to launch a trial scheme. This is still in its infancy and may yet fail in its intention. However, a preliminary communication about it is proffered so that any other consultant who is interested in the scheme might find some way of applying it in his area and unit. At present the scheme is thriving, but it might fail either because of (1) my inability to provide the interest required, (2) lack of enthusiasm by future resident staff, (3) failure of the local practitioners to maintain their present drive, enthusiasm, and interest, or for many other reasons. Should it eventually fail it will have been a worth-while experiment, and it might succeed elsewhere.

Preparation of the Scheme

There was much preliminary discussion with local practitioners and fellow consultants, and some correspondence with the officers of the Manchester Regional Hospital Board. The hospital management committees and the committees of fellow consultants were also helpful and encouraging in these initial discussions.

The scheme is based on two paediatric units caring for the children, including the newborn, in a population of about 450,000. A circular letter was sent to local practitioners stating that a provisional scheme had been drawn up in the hope that it might provide at least a partial answer to the problem of integrating the hospital service and the general medical and local authority medical services. The hospital management committees, the medical staff committees, and the regional hospital board all agreed that integration should be attempted and that a pilot scheme centred on the paediatric department could serve as a basis on which modifications could be made if found necessary.

It was impossible to guess just how great was the desire among general practitioners to join hospital teams, nor how persistent that desire would prove should the opportunity be afforded. It was hoped that the scheme might provide the answer, and with good will and a little enthusiasm on all sides would at least provide an opportunity to see whether closer clinical and academic association was practicable and desirable. Accordingly all those interested were called to a meeting to discuss the scheme. After this some 200 general practitioners were circularized with the details of it as set out below.

Basic Details of Scheme

(1) Any scheme must leave practitioners free to attend to their practices as first call on their services, and similarly must not cause disruption to the present smooth functioning of the department concerned. Automatically, therefore, routine work is not to be involved.

(2) Any scheme must be open to all practitioners to participate, provided they do so in a serious-minded fashion.

(3) Any scheme must provide general practitioners with a contract of service so that the individual can feel he is a member of the hospital staff. As all practitioners are potentially involved practical politics at this time demands that this contract be that of an honorary clinical assistant.

(4) If there are a large number of practitioners involved the hospital "duties" (see below) would have to be allocated on rota. This will avoid the wards and out-patient department becoming flooded with doctors. At the same time it will reduce to a minimal period the time that the general practitioner will be asked to spend in hospital attendance in order to justify his commitments as a clinical assistant.

(5) Some practitioners feel keener or more competent than others. The scheme aims to provide refresher work and guidance for the latter, however timid, and fairly full

academic potential for the former (see below). In fact, feeling "rusty" should prove no bar to participation.

PROGRAMME VISUALIZED

(*a*) Minimal requirements for clinical assistant contract.

(1) There would be a period "on duty" 24 hours once in two weeks for the two to three months on rota duty in each year. This would require that at the end of a 24-hour period the general practitioner attends the ward by appointment with the resident and discusses each of the cases admitted in the previous 24-hour period, together with the cases in the ward which have been admitted from his own practice. During the 24-hour period on call he has the option of requesting to be called in to see each admission as it arrives, if he feels he wishes to increase his clinical experience in the acute field.

(2) Alternating weeks during the same period of 2–3 months he would be required to attend a staff conference. This conference will be held as far as possible at the least inconvenient time for general practitioners that can be managed, and will continue through the year. Assistants would be welcome whether they are on rota or not. At these conferences cases would be demonstrated by the staff (i.e., paediatric clinical assistants and/or R.M.O.). Consultants from other departments and other hospitals will be invited to address the staff meetings.

A clinical assistant need do no more than the above but would be encouraged to participate as outlined below.

(*b*) Each assistant on joining would be asked to make a study of a single disease, both in the routine textbooks and current journals and to discuss with myself and staff any facet which would merit investigation. In this way it is hoped that each of the diseases of childhood would gradually come under clinical research in the ward and/or in general practice groups.

(*c*) Each assistant would be asked to take an interest in a specialty within paediatrics, so that the bulk of his paediatric reading would lie within such a field. As the assistant became more confident and more widely read he would be increasingly valuable as an opinion in the team. This division of paediatrics into smaller specialties will not only divide the interest in the paediatric team but will give the practitioner an interest in a specialty which he can follow not only through paediatrics but right through all age groups in his own practice. This wider experience will again benefit the work of the hospital.

(*d*) There are innumerable projects for clinical research and investigation in the hospital material, available in the hospital records and general practitioner fields of work. By close team work single practitioners or groups of practitioners would formulate such programmes.

Facilities would be available should any practitioner wish to take the D.C.H. or M.D.

It must be emphasized that, although the above scheme may appear to be very ambitious and high-powered, in practice it is not likely to be the case. The whole scheme really visualizes working itself into practice in low gear over the months and years. As most practitioners are settled in the area permanently we can afford to introduce such a scheme by steady stages and modify the plan from time to time in the light of experience.

Scheme in Practice

About 80 of the general practitioners circularized attended meetings or called on me for personal discussion. They all welcomed the scheme; many excused themselves from joining because of age, commitments or other reasons, but some 40 applied for assistantships. They were all interviewed and the relevant hospital management committee issued them with a form of contract.

At interview the experience and interests of each practitioner were determined. The period when for three months he would be most likely to find time to give to the hospital was decided, together with the specialty in which he thought he would be most likely to find a long-term interest as a member of the team. Where there was no definite interest, one was suggested.

The scheme has now been running since November, 1958. Most of the practitioners have had a period of 9 to 12 weeks when they have called on the ward by mutual appointment with the resident on duty. They have spent from one-half to two hours examining and discussing cases of interest once in two weeks, particular attention being paid to recent admissions, and, of course, cases from the practitioners' own practices. They will have spent the first year of the scheme familiarizing themselves with the work of the unit and gaining confidence in hospital procedures.

Twice a month clinical meetings have been held when cases were demonstrated by members of the hospital staff (including the general-practitioner clinical assistants) and discussions naturally followed. Everyone is conscious at present that this is a formative stage and we all have the feeling that there is a growing sense of confidence in the team as at present constituted. It is as yet too early to regard this team as a permanent feature of the units, but it seems to the most cautious of us that it will be so. The standard of case presentation by the practitioners has been commendably high, and would have done credit to any department.

The first year of ward attachment of the assistants will soon have been completed in so far as each will have spent his three months on rota. Few have had any practical part to play in the care of the children, except when illness or absence for examinations has depleted the resident staff. Clinical assistants have then been co-opted to help staff the wards, for which work they have been paid as locumtenent clinical assistants. Otherwise no fees have been paid.

A meeting of all concerned will be held at the end of 1959 to discuss modifications of the scheme in the light of experience. Further meetings will be held at regular intervals. It is expected that by next year each assistant who remains on the team will have adopted a specialty, and will be on a rota with others of his specialty for visiting duty to the wards. If, for instance, only one man chooses epilepsy as his special interest, then he will be notified all the year round of cases of epilepsy in the ward, and have the right to call, examine, and comment upon them. If he wishes to carry out some trial we will help him organize it, subject to the consultant's approval. Should four practitioners choose epilepsy as a specialty, then each would be "on call" three months in the year. Once this team of experts on epilepsy show they have a grasp of the subject, not only will they be available for consultation, but a progress and follow-up clinic would be organized at regular intervals.

The degree of interest aroused can in part be illustrated by the course of refresher lectures in paediatrics at present in progress. A minimum of 12 lectures was organized and some 40 practitioners registered for the course. The registration fee was five guineas. Attendances so far have varied between 39 and 57, although this is the holiday season. One of the reasons for the large number of practitioners attending these lectures and the fortnightly clinical meetings is that the

times were arranged after careful consultation. The times found most suitable were 4 p.m. to 5 p.m. for clinical staff meetings, and 9 p.m. to 10 p.m. for lectures. They begin reasonably punctually, and end promptly. Many doctors travel a distance of 15 miles to attend. In addition, the meetings vary between a Tuesday, Wednesday, and Thursday in each centre each month. This means that no one sacrifices his half-day regularly.

Conclusion

Not only have the practitioners welcomed the closer contact with hospital staff and work, but the resident and nursing staff have been enthused with the new spirit that prevails. The necessity for the junior staff to be fully briefed on their cases, the informal and personal contact with general practitioners, and the ability to discuss cases on the telephone with more understanding all help to enliven their work. It is not unusual now for a practitioner to admit a child to hospital himself, settle it down in consultation with the resident, and to remain for a chat about his other patients in the ward or cases he has seen on his rounds. Apart from a changed standard of paediatrics in the area, the wards are less pressed now, many cases are referred in a more interesting manner, and practitioners volunteer to have their patients home rather earlier than might have been suggested hitherto. Most important is the greater mutual regard evident between the hospital resident staffs and the general practitioners.

A common objection to the scheme outlined above is that it provides hospital labour "on the cheap." The obvious fallacy in this is that the doctors in the scheme are being employed at their own request, and are not doing any work that is indispensable to the adequate running of the service.

GENERAL MEDICAL COUNCIL

MEDICAL DISCIPLINARY COMMITTEE

The Medical Disciplinary Committee of the General Medical Council met on November 25, 26, and 27. Part of the proceedings was reported in last week's *Supplement* (p. 182).

Erasure Ordered

EDWARD JOHN MCCANN, registered as of 96, Clyde Road, East Croydon, Surrey, appeared on a charge of having been convicted at Croydon magistrates court (after pleading guilty) of fraudulently converting to his own use money entrusted to him by a Mrs. S. Mayne and by a Miss R. M. Hall, for which he was sentenced to a total of three months' imprisonment, and of three offences (with 16 similar cases being taken into consideration) of pretending he was a person authorized to prescribe medicines under the National Health Service Regulations and, with intent to defraud, causing quantities of "equinal" tablets to be delivered to Doreen Mary McCann; on each of these three heads he was fined £25 with an alternative of one month's imprisonment.

Mr. WIDGERY said Dr. McCann had been working as an assistant in a practice in Croydon. Mrs. Mayne was an elderly widow whom he attended for about two years. She had a hearing-aid which was not altogether satisfactory. He said he was going up to London and would arrange for her to be tested for a new hearing device, but he would have to pay a deposit and asked her to give him some money. She never received the hearing-aid. Miss Hall was another patient. Dr. McCann suggested she should give him the money to put in his bank, where, he said, it would earn interest. A few days later she asked, without success, for the money back, and in spite of a number of other attempts she never received the money. The other offences related to National Health prescriptions which Dr. McCann made out in the name of his wife at a time when he was not on the executive council list and so was not entitled to prescribe under the National Health Service. In the course of the hearing at Croydon it was said that he was then 40 years of age, married, with three children, and had debts of £3,000.

The PRESIDENT announced that, by reason of the convictions proved against Dr. McCann, the Committee directed the Registrar to erase his name from the *Register*. Dr. McCann had 28 days in which to appeal to the Privy Council.

Judgments Postponed

Driving Under the Influence

GERALD FRANCIS ADYE-CURRAN, registered as of 4, Park Place, Liverpool, 8, was at Liverpool Assizes on July 1, 1959, convicted of driving a motor-car when under the influence of drink, and sentenced to 12 months' imprisonment and disqualified for life.

Mr. WIDGERY gave details of the offence obtained from the Liverpool police, and said that Dr. Adye-Curran had previously appeared before the Committee for three earlier convictions of being in charge of a motor vehicle when under the influence of drink or drugs.

Mr. PETER BAYLIS, of Messrs. Hempsons, solicitors to the Medical Defence Union, said that the horn of Dr. Adye-Curran's car had started short-circuiting and blowing intermittently. He was disconnecting the wires when he was approached by a motor-cyclist behind whom he had been stopped, blowing his horn, at the traffic lights. Not unnaturally the cyclist was extremely angry. Dr. Adye-Curran foolishly became angry too, and was certainly foolish to go on being rude and somewhat belligerent at the police station. This was something of a borderline case, not perhaps as bad as it appeared in the light of the report which had been given.

Dr. Adye-Curran was 48. He had a fine record of service in the second world war, and gained the Military Cross and was mentioned in dispatches. After the war he bought a small practice in Liverpool. He found himself with an increasing burden of financial debt, his daughter lost the sight of an eye, and he took to drinking. He drank to excess, became an alcoholic, and went completely downhill. During that period there were the three previous convictions. During the 12 months that judgment was postponed he pulled himself together. He sought the assistance of Alcoholics Anonymous, and with their guidance and the help of friends was able to keep away from drink for a substantial number of years. He now had a good practice. He became over-confident, and decided after Christmas, 1959, that he was completely cured of his addiction to alcohol and could afford to take an occasional glass of sherry when he was tired or off duty. So it was he took three bottles of beer, which had a much greater effect on him than he anticipated and led to his conviction after seven years.

After reading testimonials, Mr. Baylis said that whatever could be said about Dr. Adye-Curran's faults he was clearly a man of courage. He submitted he was still a man worthy of the Committee's help.

The PRESIDENT told Dr. Adye-Curran that the Committee regarded the new conviction with grave concern. In order, however, to give him one further opportunity, it had determined to postpone judgment for 18 months, until May, 1961.

Cases of Drunkenness

RICHARD MAURICE DOOLEY, registered as of 74, Eglington Road, Donnybrook, Dublin, was the subject of the next inquiry, arising out of a conviction in 1957 of being in charge of a motor-car when under the influence of drink, another in April, 1959, of being drunk in a public place, and

a third in June of being drunk and disorderly. Dr. Dooley was represented by Mr. NORMAN BRODERICK, instructed by Messrs. Le Brasseur and Oakley, solicitors, for the Medical Protection Society.

Mr. WIDGERY read a letter from Dr. Dooley in which he stated: "I foolishly did not realize I was offending the General Medical Council, as I was not in employment on any of the occasions after September, 1958."

Mr. BRODERICK said the trouble stemmed from Dr. Dooley's matrimonial trouble. His wife returned to New Zealand, taking their child with her, and gave birth to their other child there, whom Dr. Dooley had never seen. The drunken lapses never took place while he was treating patients.

Dr. DOOLEY told the PRESIDENT that he had very great difficulty in getting locumtenent and assistant posts because he was without a car and a wife. He had made one attempt to obtain a junior hospital appointment, but apparently a general practitioner was not wanted.

The Committee was of opinion that the more recent convictions proved against Dr. Dooley indicated habits which were not only discreditable to himself and the profession of which he was a member but might well be a danger to his patients, but, in order to give him an opportunity of overcoming his tendency to drink to excess, it postponed judgment for one year.

The charge against MICHAEL AMBROSE OWEN, registered as of 49, Bro-Deg, Cwmbach, Aberdare, Glamorgan, was that he had been convicted at Aberdare in 1958 after pleading guilty of driving a motor-car when under the influence of drink and at the same court in August of this year of driving a motor-car in a dangerous manner. Mr. WIDGERY added that when Dr. Owen appeared at Aberdare magistrates court on the last occasion he also appeared in relation to another charge of driving under the influence of drink. On that charge he was placed on probation for two years, so it was not a conviction for the Committee's purposes. A condition of the probation order was that he entered hospital and did not touch alcohol or drugs except under medical advice.

Mr. N. BRODERICK, instructed by Messrs. Le Brasseur and Oakley, solicitors, for the Medical Protection Society, produced testimonials. Dr. Owen had been in hospital, under the probation order, only for three months. If the Committee was prepared to postpone judgment it might well be that a report could be obtained. In reply to the PRESIDENT, counsel stated that he understood Dr. Owen was being treated for addiction to both drugs and alcohol, the drugs being those he took to replace his desire for alcohol.

The PRESIDENT said that, in order to give him an opportunity to overcome effectively his tendency to abuse of alcohol, the Committee had determined to postpone judgment until May, 1961.

Erasure for Credit by Fraud

The Registrar was directed to erase from the *Register* the name of FRANCIS RADCLIFFE HOW, registered as of c/o National Provincial Bank, Machynlleth, Montgomeryshire, by reason of convictions at Tunbridge Wells magistrates court of obtaining credit by fraud, for which he was sentenced to a total of 12 months' imprisonment. Mr. WIDGERY said the offences concerned hotel bills and a cheque cashed by an hotel.

Dr. How said he was in regular employment up to the beginning of 1949. "I have endeavoured to keep going, but owing to advancing years—that is why I am before you to-day," he told the Committee—"I have got in arrears with the London Medical Protection Society and I could not approach them regarding representing me here to-day."

Dr. How had 28 days in which to lodge an appeal.

Erasure for Procuring Miscarriage

The Committee inquired into the charge against LIAM O'SHEA following convictions at Huddersfield in 1948 and 1950 of being in charge of a motor-car when under the influence of drink, and of a conviction at Leeds Assizes of unlawfully using an instrument with intent to procure a miscarriage and conspiring with a woman to procure this miscarriage. A sentence of imprisonment was reduced, on appeal, to 18 months.

Mr. WIDGERY said the first conviction of being in charge of a motor-car while under the influence of drink occurred when Dr. O'Shea was on his way to a professional visit at the local maternity home. Neither of these two convictions was notified to the Council. At the time of the other offence Mr. O'Shea was 42 years of age. He had been in practice in Huddersfield about 10 years.

Mr. WIDGERY read a letter from Mr. J. P. W. Mallalieu, M.P., in which he wrote: "The behaviour which got him into trouble was not defensible and rightly received severe punishment from the court. But, apart from this, he has given quite remarkable service to his patients in Huddersfield. The patients showed what they felt for him by raising £350 for his defence and raising a petition of 4,900 names." Dr. O'SHEA produced the petition from patients and non-patients and newspaper cuttings relating to the appeal for funds for his defence.

By reason of the convictions, the Committee directed the Registrar to erase the name of LIAM O'SHEA. He had 28 days in which to appeal.

Effects of Drugs

GEORGE LEWIS MINTER, registered as of 62, High Street, Haddington, East Lothian, had been convicted at Salford magistrates court, after pleading guilty, of stealing five cheques of the value of 10d., the property of Dr. F. M. Rifkin, for which he was fined £50, one further offence of larceny being taken into consideration, and obtaining by false pretences with intent to defraud a motor-car valued at £45, for which he was fined £50.

Mr. WIDGERY said the offences occurred whilst Dr. Minter was employed as locumtenent to Dr. Rifkin.

Mr. PETER BAYLIS, solicitor, of Messrs. Hempsons, solicitors to the Medical Defence Union, said Dr. Minter married in 1952 at the age of 25. It was never a happy marriage, and it came to an end in 1955 when his wife left him and shortly after there was a divorce. Dr. Minter developed acute depression, in the course of which he developed insomnia. He started taking barbiturates in order to sleep, and during the day found relief in taking dexamphetamine tablets. By the end of the marriage he was addicted to it. He was treated in hospital for two months and improved sufficiently to obtain an appointment as a resident anaesthetist. He again resorted to drugs and failed to keep various jobs. While working as a locum for Dr. Rifkin he acted in a manner entirely contrary to anything he had done before in his life—it was quite out of character.

In 1958 Dr. Minter had remarried. The position now was that his wife had stuck to him. He had taken no dexamphetamine since July. He had secured an appointment as a senior house officer. He was given the appointment on condition that he placed himself under the consultant psychiatrist of the hospital group.

The PRESIDENT announced that the Committee took a grave view of the convictions, which they regarded as deplorable in a medical practitioner. To give Dr. Minter an opportunity of rehabilitating himself in his profession and overcome a tendency, they had determined to postpone judgment for one year.

Unlawfully Obtaining Drugs

The next inquiry concerned FLORENCE BERCHMANS LAWLOR, registered as of 50, Beaumont Street, London, W.1, who admitted a conviction at Formby magistrates court in 1950 when he was fined £15 and disqualified for driving for 12 months for being in charge of a motor-car when

under the influence of drink, and at Bow Street on May 27, 1959, of four charges of unlawfully obtaining drugs by false pretences, for which he was sentenced to two months' imprisonment on each charge, the sentences running concurrently.

Mr. WIDGERY said that the last charges concerned the issue of National Health Service prescriptions for mixtures containing morphine but not in quantities which would bring them within the Dangerous Drugs Acts; they were signed in the name of another doctor who had been dead for over a year. In March, 1951, Dr. Lawlor was convicted at Pontypool on three charges of improperly obtaining physeptone tablets. He was given an absolute discharge. Mr. WIDGERY said that in 1956 Dr. Lawlor was convicted on four charges of failing to keep a record of morphine prescribed by him. His Dangerous Drugs authority was withdrawn in 1956 and had not been restored. Mr. Widgery understood that Dr. Lawlor was at present in employment as a hotel porter.

Dr. LAWLOR said the doctor who examined him on the drink charge said it was a borderline case. He pleaded guilty to failure to keep a record of morphine prescribed because he felt morally guilty: he understood a doctor was not bound to keep a record of drugs administered to himself. He was not a drug addict. He worked as assistant to the doctor whose name he had signed on the prescriptions. He had previously signed prescriptions *per pro* a dead doctor in a practice in which he worked: he understood it to be an acceptable thing to do. He had no thought of doing anything criminal at the time. He was not taking drugs now.

The Committee took a grave view of the convictions proved. In order to assist Dr. Lawlor to overcome the tendency which appeared to have led to his conviction, the Committee determined to postpone judgment for one year.

Influence of Drink

ALFRED FRANCON WILLIAMS, registered as of 18, Crabtree Lane, Sheffield, 5, appeared because of convictions at West Riding magistrates court in 1955 of attempting to drive a motor vehicle when under the influence of drink and at Rotherham magistrates court on June 9, 1959, of driving a car when under the influence of drink.

Mr. N. LEIGH TAYLOR, of Messrs. Hempsons, solicitors to the Medical Defence Union, said that Dr. Williams, the son of a missionary, served in India and Burma in the war. After the war he had had partnership difficulties and financial hardship. He was not a drunkard. It was his intention never to drink another drop.

The PRESIDENT announced that the Committee had determined that the Registrar should not be directed to erase Dr. Williams's name by reason of the convictions proved against him. That concluded the case.

Erasure

In June, 1959, the Committee was informed that evidence had been received that ROBERT GEORGE MAIR, registered as of White Lodge, South Green, Billericay, Essex, was unfit to plead. Owing to evidence on the condition of the practitioner, the Committee adjourned the inquiry in November, 1958, and in May, 1959. The inquiry concerned convictions at Preston magistrates court in 1947, of being drunk and disorderly, using obscene language, and causing wilful and malicious damage to a police cell, and a conviction in January, 1958, at Billericay magistrates court of stealing £9 14s., when he was remanded in custody for a report on his mental condition.

Mr. WIDGERY said that Dr. Mair was admitted to Runwell Hospital in January last year as a certified patient but absconded and was discharged by operation of the law.

By reason of the convictions, which the Committee found proved, it directed the Registrar to erase the name of Robert George Mair. He had 28 days in which to appeal.

M.O.H. AND CREMATORIUM APPOINTMENT

DISPUTE WITH BOROUGH COUNCIL

The B.M.A. Council's view (*Supplement*, April 19, 1958, p. 176) that a M.O.H. is under no obligation to accept the additional appointment of medical referee to a crematorium conducted by his employing authority, and that if he does accept it he is justified in claiming separate remuneration for it, has been reinforced by a recent decision by the Minister of Health.

Borough Council's Instruction

The decision concerned a case in which a borough council tried to instruct its medical officer of health to accept the appointment of medical referee at the borough's new crematorium on terms imposed by the council, and threatened to terminate his contract when he refused. The B.M.A., acting for the M.O.H., sought counsel's opinion on whether the borough council was acting within its right. He advised that

"such instructions would not be instructions applicable to the office, and I therefore think that the local authority has no power to give them, either under the contract or under the Regulations. . . It is quite clear that the post of medical referee is a distinct office with distinct qualifications. The instructions which a local authority may give to its medical officer of health must be instructions 'applicable to his office.' I do not think that this empowers the local authority to instruct its medical officer of health to carry out the duties of a distinct and separate office."

Alteration of Terms of Appointment

Meanwhile, the M.O.H. decided that he no longer wished to accept the appointment on any terms. Whereupon the borough council informed him that it proposed to alter the terms of his appointment by adding the two following clauses:

"(1) The salary payable to the medical officer under the terms of this agreement shall be an inclusive one and shall cover all duties which the medical officer may be required to carry out in any capacity whatsoever on behalf of the borough council and the medical officer shall pay into the general rate fund any fees receivable by him in respect of any of his duties. (2) The medical officer shall act as medical referee of the council's crematorium and shall perform in connexion with such appointment all the duties of a medical referee prescribed under the Cremation Regulations."

Appeal to Minister

The B.M.A. at once appealed to the Minister of Health to disallow these proposed additions to the contract. It submitted that the question at issue was whether a local authority should be empowered by the Minister to impose upon its M.O.H. an additional duty and an additional responsibility which were not included in his original service agreement and which have no connexion with the public health or with preventive medicine.

The Minister's decision, set out in a letter dated November 23, concluded:

"The Minister has carefully considered all the submissions made by and on behalf of the council and by the British Medical Association on behalf of Dr. —— and I am to say that, in view of all the circumstances, he has decided to withhold his consent to the second as well as the first proposed alteration of the terms of appointment of Dr. —— as medical officer of health to the —— Borough Council. While there is no material before the Minister to show that responsibility for the duties of medical referee would at present prejudice the due performance by the medical officer of health of his other duties, he considers that there is no over-riding reason in the present case for altering the existing service agreement with Dr. —— in order to force him to accept an appointment for which, although a medical officer of health may be nominated, other qualified individuals may also be selected and one of whom, in view of Dr. ——'s refusal, has been selected."

STUDYING FOR THE D.P.H.

The Public Health Committee has noted that in recent years a few local authorities have started schemes for helping their assistant medical officers to study for the Diploma in Public Health.

For example, one county council and one county borough give leave of absence for full-time study at a university, during which they pay the assistant medical officer three-quarters of his minimum salary. In return, the medical officer undertakes to remain in the service of the local authority for at least three years after obtaining the diploma. Another county council has a bursary scheme which a medical officer may join upon appointment. Each year two medical officers are released to attend the London University D.P.H. course, and they continue to receive their salaries and also a sum to cover fees, board and lodging, and travelling expenses. A medical officer normally qualifies for the course after he has been four years in the scheme.

The Public Health Committee hopes that more local authorities will start schemes of this nature.

HOME NURSING IN LONDON

DIRECT L.C.C. RESPONSIBILITY PROPOSED

The London County Council has proposed to the Minister of Health that it should assume direct responsibility for the home-nursing services hitherto provided in London through the agency of the voluntary district nursing associations and the Central Council for District Nursing, and for the domiciliary midwifery service likewise provided in selected areas. The proposed date for the change over is September 1, 1960.

The National Health Service Act empowered local health authorities, with the Minister's consent, to take over direct responsibilitiy for home nursing from the voluntary bodies which had organized the work before 1948. In many cases, including London, authorities did not exercise this power but used the voluntary bodies as their agent for providing home-nursing services. Since 1948 the trend has been for more county councils and county borough councils to run a direct service and dispense with voluntary agencies, and now 70% do so.

In a report to the L.C.C., its health committee states that one of the reasons for the change is to merge the home-nursing work more closely with the council's other home-visiting services. A combined home-nursing and domiciliary midwifery service would, it is said, be more effective and flexible under one supervisory and administrative direction. An equivalent of 546 whole-time nurses were in the employ of the district nursing associations at the end of 1958. They were unevenly distributed and consequently the number of attendances and the distances travelled by them varied. With a unified service, the report states, work and hours of duty could be more evenly distributed. The supervisory staff could also be greatly reduced because the service would be run on a divisional basis (there are 9 health divisions in the L.C.C. area) with one supervisor for all nursing and midwifery purposes in each division in place of the existing staff of 28 superintendents and 29 assistant superintendents. It is not expected that the number of nurses and midwives at present employed will be reduced.

At present the L.C.C. pays to the Central Council for District Nursing in London 93% of the approved expenditure of the district nursing associations. The associations meet the balance from voluntary funds.

It is estimated that the new arrangement will save the L.C.C. between £30,000 and £40,000 a year. This would be offset by additional expenditure on salaries to the extent that the supervisory staff of the voluntary associations accepted professional positions with the council. Presumably this means positions other than their present ones, since the report states that "staff shortages would thereby be reduced."

The London Executive Council and the London Local Medical Committee have approved in principle the L.C.C.'s proposal "subject to the administration arrangements being satisfactory."

MEDICAL TREATMENT ABROAD

RECIPROCAL HEALTH SERVICE ARRANGEMENTS

Full health service reciprocity is now given to nationals of the United Kingdom and Colonies by Norway, Sweden, and Yugoslavia.

In Norway free treatment including medicines is available in public hospitals. A refund can be obtained of three-quarters of the amount of the doctor's fees for treatment outside hospital, but there is a charge for drugs. Normally, dental treatment is not free. The local health service office (*Trygdekasse*) refunds the appropriate amount of the doctor's fees on production of his receipted bill and a British passport.

British visitors in Sweden may get free hospital treatment, reimbursement of part of their medical expenses, and the provision of prescribed drugs at reduced rates. Dental treatment is not covered. Application for reimbursement should be made at the local administrative office (*Allman Sjukkassa*) in the place where treatment is given, and receipted doctors' or hospital bills and a British passport must be shown.

In Yugoslavia general medical, dental, and hospital services are provided free, together with any drugs prescribed. Necessary treatment can be obtained on production of a certificate showing that the person concerned is a British national, a pensioner under the British National Insurance scheme, a full-time student, an apprentice, or the dependant of such persons. A blank form of certificate is supplied by the Yugoslav consulate in London when visas are granted, and the form should be completed before departure from this country and sent to the Ministry of Pensions and National Insurance Overseas Branch, Newcastle upon Tyne, to be stamped.

In the Channel Islands free in-patient and out-patient treatment in hospital is available in Jersey. Free in-patient treatment is available in Guernsey and Alderney. Doctors' services are free except in Jersey. Dental treatment is not free, and a charge is made for each drug supplied.

There are no arrangements for reciprocal health service treatment for British nationals who visit any other country than those mentioned above. An agreement for full health service reciprocity with Denmark has been signed but has not yet been ratified. Limited health services are available in France, Belgium, Holland, and Luxembourg for British nationals who work and are insured in those countries.

Correspondence

Trainee General Practitioner Scheme

SIR,—Those members of the Assistants and Young Practitioners Subcommittee who advocate abolition of the trainee scheme (*Supplement*, November 28) cannot realize that if this comes about there will be fewer jobs for aspirants to general practice. As no G.P. is permitted to become a trainer, at present, if his practice will carry an assistant or extra partner, abolition of the scheme can only reduce the number of jobs available.

That the scheme is unpopular with young practitioners is certainly true, and it is probably our own fault. The time has come to look at it in a different light and to realize the

necessity for the "professional" trainer. In order that he may organize his practice and arrange accommodation the "new look" trainer must be guaranteed his reappointment for, say, five years at least. If he fails to have applicants each year it will be his own fault, for the good trainee jobs will soon become known and will be much sought after. The bad trainer will have an empty house or flat on his hands. The trainer should receive no payment, but in return for training his "pupil" he will have the benefit of help in his practice. The trainee can expect to work and to shoulder some responsibility, and in return should expect a sound grounding in the intricacies of general practice together with help and advice in finding a suitable practice at the end of his year's appointment.

Further details at this stage would take up too much of your valuable space, Sir, but I believe that if the trainee scheme were run in the way I have outlined not only would the selection of trainers be made easier, but its value to the younger generation of practitioners would be enhanced.—I am, etc.,

Ely. J. L. HINE.

Supplementary Ophthalmic Service

SIR,—In answer to Mr. Redmond Smith's letter (*Supplement*, November 21, p. 165) one would say that the trouble stems mainly from the fact that the supplementary ophthalmic service was meant to be a temporary expedient, in anticipation of a general medically controlled service based on the hospitals. This service has proved to be unattainable at the moment, and the S.O.S. is obviously going to continue.

The ophthalmic medical practitioner, who, because of the high qualifications required to get on the central professional list, is a specialist, must give a diagnostic service. As a specialist and as a medical man with the interest of his patients at heart he can do no less. On several occasions deputations have seen representatives of the Ministry and pointed out that, as this temporary service has become a permanent one, some amendments are overdue. They have among other things tried to obtain some recognition of the essential difference in function between the ophthalmic medical practitioner and the ophthalmic optician, but without as yet any success.

Evidence to the Royal Commission stressed that the fee for a medical eye examination has been twice arbitrarily and drastically cut. These reductions were only accepted under protest as it was impossible to resist them. It is to be hoped that the future may provide some satisfactory answers to these and other questions.—I am, etc.,

London, W.1. O. GAYER MORGAN.

Central Middlesex Industrial Health Unit

SIR,—At the annual general meeting of the occupational health unit at the Central Middlesex Hospital, on November 24, the firms using the unit were enthusiastic about the benefits they and their employees had received during the three years it had been running. The unit is now in danger of extinction because the Minister of Health cannot grant full financial support to the project. Strange as it may seem, the crux of the matter is that the Minister finds he has no power under the Health Act as it now stands to support financially a unit of preventive medicine in a hospital which practises curative and clinical medicine.

This fact, if it is so, would emphasize once more the divergence of outlook of the two systems. Man has, up to now, looked forward confidently to the cure of his ills rather than meditate on the cause of his misfortunes. Planning and prevention have played but little part in the control of the hazards of his environment. Therein lies the reason for many of our failures and the hope of future success. However, the solid fact remains that a unit of preventive medicine has been established in a hospital which has brought curative medicine to a high standard of excellence. It is a plank which could bridge the gulf between the two systems. It should not lightly be set aside. If necessary the Minister should be encouraged to seek fresh power to support the experiment.—I am, etc.,

London, W.3. ROBERT H. BAILEY.

Junior Hospital Staff Shortage

SIR,—May I offer a simple suggestion for helping the shortage of junior hospital staff?

For senior house officer and registrar posts in non-teaching hospitals, abolish any specified length of tenure, making them subject only to a given period of notice. There should be a modest annual increment in salary, this being retained on changing jobs within the same grade. Many would prefer to settle early in one place, safe from frequent moves or long separation from their families, and able to work in their chosen specialty, without the prospect of either emigration or unemployment. Such an arrangement would bring us into line with other professions.

Where a consultant was particularly keen on teaching and ready to devote much time to it, the post could, on his special recommendation, be classed as a temporary training post, as would all posts in teaching hospitals. Such a scheme would involve little reorganization and little extra cost.—I am, etc.,

Cambridge. CLARA ZILAHI.

Professional Discount on Ethical Products

SIR,—There are few professions which would stand as much nonsense as our own. I am not referring to remuneration here, but to another aspect—namely, that of the price of ethical products as sold to us to-day. The present-day practice is that a 50% charge is made on manufacturers' cost, of which chemists are instructed to allow some 8–10% as professional discount. Thus, for example, an ethical product sold by the manufacturers at £10 5s. retails at £15 7s. 6d. and costs us about £14. Recently I have had the product sent directly to me by the manufacturers and invoiced at the above-mentioned figures through a local chemist (without ever any handling of the goods by him). We see dozens of travellers, at ever-shortening intervals, free of charge in our professional time and prescribe many millions of pounds' worth of money-making products, yet receive very little consideration when purchasing their products for personal use. I suggest a minimum of 30% discount on all their ethical goods would only compensate us in a small way.—I am, etc.,

Luton. H. JARVIS.

Telephone Tapping

SIR,—It would appear that the General Medical Council are now, themselves, guilty of unbecoming conduct. Whatever the legal position, it is surely distasteful, if not indeed infamous, that they should listen to evidence obtained by telephone tapping.—I am, etc.,

Birmingham, 31. JOHN H. SHANN.

H.M. Forces

Major-General J. Huston, C.B., Q.H.S., late R.A.M.C., has relinquished his appointment of Director of Surgery and Consulting Surgeon to the Army.

Colonel C. H. Imrie, T.D., R.A.M.C., T.A., has been appointed Honorary Surgeon to the Queen, in succession to Colonel A. H. Charles, T.D., tenure expired.

Major A. W. F. Catto, R.A.M.C., retired, has been awarded the Army Emergency Reserve Decoration.

HER MAJESTY'S OVERSEAS CIVIL SERVICE

The following appointments have been announced: H. M. S. Boardman, L.R.F.P.S., Director of Medical Services, Sierra Leone; F. S. Carter, M.D., D.C.H., Medical Specialist, Aden; J. S. Darling, M.B., F.R.C.S., Specialist Surgeon, Uganda; E. F. Harben, M.B., B.S., D.T.M.&H., D.P.H., Medical Officer (Special Grade), Sierra Leone; D. W. Ellis-Jones, M.B., Ch.B., D.T.M.&H., D.O., Senior Specialist, Uganda; W. C. D. Lovett, M.D., D.P.H., D.T.M.&H., Assistant Director of Medical

Services, Tanganyika; D. H. H. Robertson, M.B., Ch.B., D.T.M.&H., Senior Medical Research Officer, Grade II, East African Trypanosomiasis Research Organization, East Africa High Commission; T. D. Brick, M.B., B.Ch., D.M.R.D., Radiologist, Diagnostic, Hong Kong; F. E. P. Cohen, M.D., D.T.M.&H., District Medical Officer and Medical Superintendent, Leeward Islands; I. F. G. Haddow, M.B., Ch.B., and J. W. B. Palmer, M.B., B.Ch., Medical Officers, Hong Kong, C. L. K. McIlwaine, M.B., Ch.B., Medical Officer, South Pacific Health Service; J. G. Perry, M.B., B.S., Medical Officer, Kenya; R. D. Wilkins, F.R.C.S., Surgeon Specialist, Jamaica.

Association Notices

Diary of Central Meetings

DECEMBER

15	Tues.	Hospitals Subcommittee, G.M.S. Committee, 2 p.m.
16	Wed.	Standing Subcommittee, Central Ethical Committee, 10.30 a.m.
16	Wed.	Liaison Committee with the College of General Practitioners, 11.30 a.m.
16	Wed.	Central Ethical Committee, 2 p.m.
16	Wed.	Non-professorial Group Committee, 2 p.m.
17	Thurs.	Central Consultants and Specialists Committee, 10.30 a.m.
17	Thurs.	G.M.S. Committee, 10.30 a.m.
18	Fri.	Public Health Committee, 10 a.m.
21	Mon.	New Zealand, 1961, Arrangements Committee, 11.30 a.m.

1960

JANUARY

6	Wed.	Occupational Health Committee, 10.30 a.m.
6	Wed.	Subcommittee on the Status of Principals in Partnership, G.M.S. Committee, 2 p.m.
13	Wed.	Working Party on "Future of Occupational Health Services," 10.30 a.m.
21	Thurs.	G.M.S. Committee, 10.30 a.m.
27	Wed.	Assistants and Young Practitioners Subcommittee, G.M.S. Committee, 2 p.m.

Branch and Division Meetings to be Held

BIRMINGHAM DIVISION.—At 36, Harborne Road, Edgbaston, Tuesday, December 15, 8.30 p.m., lecture by Mr. Eric Turner: "Psychosurgery" (illustrated).

BRIGHTON AND MID-SUSSEX DIVISION.—At Hotel Metropole, Brighton, Friday, December 18, 8.30 p.m. to 2 a.m., annual ball.

CAMBERWELL DIVISION.—At Dulwich Golf Club, Thursday, December 17, 6.30 p.m., tasting of French wines and English cheeses. Members' ladies and friends are invited.

DEWSBURY DIVISION.—At Board Room, Dewsbury General Hospital, Friday, December 18, 8.30 p.m., address by Mr. H. Hamilton Stewart: "Recent Advances in Urology."

ENFIELD AND POTTERS BAR DIVISION.—At the Robin Hood Hotel, Potters Bar, Thursday, December 17, 8.30 p.m., short papers by Dr. H. Loewenthal, Dr. B. de Heaume, and Dr. A. Mary Allan

GLOSSOP DIVISION.—At Social Club, Ellison Street, Glossop, Monday, December 14, 8.45 p.m., clinical meeting. Dr. J. O'Neill: "Diagnosis and Treatment of Depression." Questions and a general discussion will follow.

HAMPSTEAD DIVISION.—At Hampstead General Hospital, N.W.3, Wednesday, December 16, 8 p.m., clinical meeting.

HYDE DIVISION.—At Pack Horse Inn, Mottram, Tuesday, December 15, 8.45 p.m., film show.

LAMBETH AND SOUTHWARK DIVISION.—At Nurses' Lecture Theatre, Lambeth Hospital, Brook Drive, S.E., Tuesday, December 15, 8.15 p.m., film show.

MAIDSTONE DIVISION.—At Tudor House, Bearsted, Wednesday, December 16, 8.30 p.m., annual dinner dance.

MID-ESSEX DIVISION.—At Chelmsford and Essex Hospital, Wednesday, December 16, 8 p.m., to meet Residents and Registrars of Hospitals in the Division. Guests are invited.

NORTH MIDDLESEX DIVISION.—At Committee Room, North Middlesex Hospital, Silver Street, Edmonton, N., Tuesday, December 15, 8.45 p.m., talk by Dr. Simon Yudkin: "Recent Advances in Paediatrics, with Special Reference to the Use of Steroids."

ROCHDALE DIVISION.—At Nurses' Lecture Theatre, Birch Hill Hospital, Monday, December 14, 8.30 p.m., clinical meeting. Film: "Low Forceps Delivery Using Pudendal Block Anaesthesia."

ST. PANCRAS DIVISION.—At Horse Shoe Hotel, Tottenham Court Road, W., Thursday, December 17, 7.30 for 8 p.m., dinner meeting. 9 p.m., Talk by Sir Gordon Gordon-Taylor: "In Retrospect." A journey of reminiscence (illustrated). Members of the City and Westminster and Holborn Divisions and their ladies are invited.

SOUTH STAFFS DIVISION.—At Medical Lecture Hut, Royal Hospital, Wolverhampton, Tuesday, December 15, 8.15 p.m., combined meeting with Wolverhampton Clinical Club. Colour films, followed by a discussion.

STOCKPORT DIVISION.—At Davenport Club, Heath Road, Cale Green, Tuesday, December 15, 8.30 p.m., Mr. Kenneth Harrison: "Common Diseases of the Ear, Their Diagnosis and Treatment" (illustrated with slides).

TOWER HAMLETS DIVISION.—At St. Andrew's Hospital, London, E., Friday, December 18, 3 p.m., address by Dr. W. M. Ford Robertson: "Modern Usage of Tranquillizers."

TUNBRIDGE WELLS DIVISION.—At Kent and Sussex Hospital, Tuesday, December 15, 8.30 p.m., clinical meeting.

WIGAN DIVISION.—At Haigh Hall, Tuesday, December 15, 8 p.m., address by Professor T. N. A. Jeffcoate and Mrs. Jeffcoate on their recent travels in the Pacific and New Zealand entitled: "Forsaking All Else" (illustrated). Guests are invited.

Meetings of Branches and Divisions

BATH DIVISION.—A meeting was held on November 18. An audience of 200 members, representatives of the teaching profession, magistrates, lawyers, clergymen, police officers, and social workers heard Mr. A. C. Joyce give the annual B.M.A. Lecture on "Social Aspects of Adolescence." Dr. R. F. Barbour, and several speakers from the floor, joined in the discussion following the lecture.

DUMFRIES AND GALLOWAY DIVISION.—A meeting was held on November 1, with Dr. P. M. Kerr in the chair and 24 members present. The executive committee having already decided against the setting up of groups in the Division, it was decided that a meeting be arranged on the lines of a symposium on the subject of the year, "The Health of the Adolescent at School and at Work," with two or three local speakers to initiate the discussion. Professor R. Walmsley gave an address on his work in connexion with the development of the human heart and its position in the thoracic cage. His talk was illustrated by slides.

KENSINGTON AND HAMMERSMITH DIVISION.—A meeting was held on November 13, when 31 members and friends were present. Dr. F. Camps gave a lecture on "The Forensic History of Kensington and Hammersmith," and subsequently answered questions.

Branch and Division Officers Elected

ABERYSTWYTH DIVISION.—The Chairman is Dr. A. Worthington and not Dr. E. D. Clifford Jones as we were notified.

BARNSLEY DIVISION.—Chairman, Dr. J. A. McEwen. Vice-chairman, Dr. M. E. Tapissier. Honorary Secretary and Treasurer, Dr. D. H. Pick.

CUMBERLAND DIVISION.—Chairman, Dr. W. H. P. Minto. Honorary Secretary and Treasurer, Dr. T. Gardner.

EAST SOMERSET DIVISION.—Chairman, Dr. W. H. Hylton. Vice-chairman, Dr. K. M. Townend. Honorary Secretary and Treasurer, Dr. A. B. Kettle.

GRIMSBY DIVISION.—Chairman, Dr. J. Lanny. Vice-chairman, Dr. J. M. Clow. Honorary Secretary and Treasurer, Dr. F. M. MacDonagh.

HASTINGS DIVISION.—Chairman, Dr. J. R. Wright. Chairman-elect, Dr. W. Thomson. Vice-chairman, Dr. Muriel Rhodes-Clooney. Honorary Secretary and Treasurer, Dr. T. K. Bradford.

HUDDERSFIELD DIVISION.—Chairman, Dr. J. H. Garnett. Vice-chairman, Dr. L. Ballon. Honorary Secretary and Treasurer, Dr. Wm. Brown.

MANCHESTER DIVISION.—Chairman, Dr. F. S. Catto. Senior Vice-chairman, Dr. A. F. Dunn Carrie. Junior Vice-chairman, Dr. C. Vipont Brown. Honorary Secretary and Treasurer, Dr. R. A. Blair.

MONMOUTHSHIRE DIVISION.—Chairman, Dr. I. Mazin. Vice-chairman, Dr. W. J. Thompson. Honorary Secretaries, Dr. J. C. H. Bird and Dr. S. Rosehill. Honorary Treasurer, Mr. D. B. Sutton.

NORTH-EAST ULSTER DIVISION.—Chairman, Dr. R. J. Kernohan. Vice-chairman, Dr. W. J. C. Hill. Joint Honorary Secretaries, Dr. C. Burns, Dr. T. P. McB. Kelly. Honorary Treasurer, Dr. S. M. Bolton.

NORTH-WEST WALES DIVISION.—Chairman, Dr. E. H. Morriss. Vice-chairman, Dr. J. Noel Roberts. Honorary Secretary, Dr. W. Macfarlane.

NOTTINGHAM DIVISION.—Chairman, Dr. Eileen Clarke. Chairman-elect, Dr. A. P. M. Page. Honorary Secretary, Dr. R. E. Frears. Honorary Treasurer, Dr. D. Stephens.

NUNEATON AND TAMWORTH DIVISION.—Chairman, Dr. A. J. D. Rowlands. Vice-chairman, Dr. H. J. Wright. Honorary Secretary and Treasurer, Dr. A. K. Johnstone.

SOUTHPORT DIVISION.—Chairman, Dr. R. Caile. Vice-chairman, Dr. J. H. Mott, Honorary Secretary and Treasurer, Dr. N. S. Walls.

WEST SOMERSET DIVISION.—Chairman, Dr. D. Hague. Vice-chairman, Dr. L. Shore. Chairman-elect, Dr. R. Barrie. Honorary Secretary, Dr. D. G. Kibblewhite. Honorary Treasurer, Dr. Isobel C. F. Hungerford.

YORKSHIRE BRANCH.—Dr. R. H. Sunderland. President-elect, Dr. W. R. Walker. Vice-president, Dr. T. K. Cooke. Honorary Secretary, Dr. J. H. E. Moore.