British Medical Journal Supplement

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CONTENTS

British Medical Association

PROCEEDINGS OF COUNCIL

A meeting of the Council was held on June 27, with Mr. J. R. NICHOLSON-LAILEY in the chair.

Danish Medical Association

The Chairman of Council, or his nominee, was appointed to represent the Association at the 80th General Meeting and Annual Representative Meeting of the Danish Medical Association to be held in Nykobing Falster from August 25 to 27.

Representation on Other Bodies

A letter from Dr. F. Gray was received tendering his resignation as the Association's representative on the Poisons Board and asking not to be reappointed as one of the B.M.A.'s representatives on the Council of the Society of Medical Officers of Health. Dr. Gray stated that he had to reduce his commitments owing to his appointment to the Board of Governors of St. Bartholomew's Hospital.

Dr. H. N. Rose was nominated to serve on the Poisons Board in place of Dr. Gray, and Council left it to the Chairman of Council to nominate a representative to take Dr. Gray's place on the Council of the Society of Medical Officers of Health.

A vote of thanks to Dr. Gray, proposed by the CHAIRMAN and supported by Dr. H. D. CHALKE, on behalf of the Society of Medical Officers of Health, was carried by acclamation.

Retiring Members of Council

Council took farewell of three long-standing members of Council who were not seeking re-election in the new session. They were Dr. J. A. L. Vaughan Jones, of Leeds, a Vice-President of the Association and a member of Council for 21 years; Dr. A. Barker, of Whitstable, a member of Council for 11 years; and Dr. W. Woolley, of Bristol, a member of Council for 10 years. Each made a brief valedictory speech.

Compensation and Superannuation

Dr. A. N. MATHIAS presented the report of the Compensation and Superannuation Committee. He said that the Committee's representatives met the Minister of Health on June 14 to discuss matters relating to the payment of practice compensation. A number of suggestions were made, including one that the outstanding amount (£30m.) should be paid forthwith. The deputation had suggested, alternatively, that the profession should be given negotiable bonds; that the rate of interest should be increased; that when a practitioner who was entitled to compensation took a partner he should receive that proportion of his compensation which was relative to the share of the practice which he had handed over to the incoming partner; and that the interpretation of hardship included in the regulations, which was very much at the Minister's discretion, should be broadened.

The Minister had informed the deputation that he was unable to recommend to the Cabinet or to Parliament that legislation should be introduced either to enable the outstanding compensation money to be repaid forthwith, to convert it into negotiable scrip, or to increase the interest. But the Minister said he would consider the questions of the repayment of a portion of the compensation when a partner was taken in and of the broadening of the hardship interpretation, and write to the Committee in due course.

Dr. Mathias said that the deputation would be going back to see the Minister on the question of assessment of pensions.

Medical Science, Education, and Research

Mr. A. LAWRENCE ABEL presented the report of the Committee on Medical Science, Education, and Research.

He reported that arrangements were now being made for a deputation to meet the Home Secretary and the Minister of Transport to press for safety measures in motoring. Representations would be made jointly with the Accident Services Review Committee, and Mr. H. Osmond-Clarke, Mr. W. Gissane, and Mr. Walpole Lewin had been invited to be members of the deputation.

Foot Health

Mr. Abel said that his Committee thought that a consensus of professional opinion should be sought on both the style of footwear and materials used in manufacture. It recommended that the B.M.A. should

arrange a small invitation conference between orthopaedic and other specialists, general practitioners, and public health representatives with a view to obtaining such an opinion, and to make representations on the general question of foot health.

Conference on Acne

As a result of the conference on acne held in B.M.A. House on May 9, the Committee recommended that the Association should encourage and promote interest and research in acne and that, under the direction of a steering committee, a survey should be undertaken to obtain: (*a*) through general practitioners information on the family history and social background of selected patients presenting for the treatment of acne; (*b*) through factory doctors, school medical officers, and doctors in the armed Forces information on the incidence of acne in unselected cases attending for routine examination.

The recommendation was adopted.

Postgraduate Education

Professor D. E. C. MEKIE said that there was a great interest in postgraduate education in provincial centres organized with money from the Nuffield Trust and under the aegis of various universities. In certain centres doctors were being appointed to co-ordinate and organize these educational schemes, and they would obviously be interested in getting in touch with other organizations. Professor Mekie thought that the Association, through its Divisions or Headquarters, should offer to help the universities in this matter.

It was agreed that the Medical Science, Education, and Research Committee should investigate the matter and take the necessary action.

Local Government in Greater London

Dr. M. SORSBY, Chairman of the Herbert Report Committee, attended by invitation to present its report. He informed Council that the medical implications of the Government's proposals for reorganizing local government in Greater London had again been considered by his Committee in the light of a meeting with the Ministry on April 6.

The Committee adhered to its view that the proposed 34 Greater London boroughs would be too small for the efficient administration of local health services in the special conditions of the Greater London area. The Committee had given further consideration to the question of the future areas of the local executive councils and thought that these should, in general, be based upon existing areas. The Committee feared that the creation of a large number of local health authorities within the London area might lead to a considerable variety of local health policies in the area, and it suggested that some effective machinery should be devised to secure a unified local health policy within the area of each local executive council.

The Committee had information which showed that there were at present 87 doctors (excluding those aged 60 or over) holding posts of medical officer of health or deputy medical officer of health in the Greater London area. There were also 32 doctors under the age of 60 in other senior posts under the existing local health authorities. Since there were likely to be only 68 posts of medical officer of health and deputy medical officer of health in the new London boroughs it was obvious that there was likely to be serious redundancy amongst senior public health medical officers now in posts. In view of this the Committee repeated and emphasized its opinion, already conveyed to the Ministry of Health, that the higher public health medical service in the Greater London area should be closed or frozen forthwith. It also suggested that, in order to lessen redundancy, the Ministry might consider empowering the new London boroughs to appoint joint chief officers for a transitional period.

The Committee recommended that these views on the Government's proposals should be forwarded by the Council to the Ministry of Housing and Local Government and the Ministry of Health.

Dr. Sorsby further recommended that the Committee be given power to co-opt more general practitioners and medical officers of health on to the Committee.

The recommendation was adopted.

Private Practice

Dr. I. M. JONES presented the report of the Private Practice Committee.

On a recommendation of the Committee, the Council approved a revised and improved scale of fees payable by the Army and the Air Ministry for the part-time services of general practitioners and specialists. The Council also approved an offer the Committee had received for increasing the fees paid to Admiralty surgeons and agents.

Dr. Jones said that the wholesale review of the fees paid by Government departments under various headings had now been completed.

General Medical Services

Dr. A. B. DAVIES presented the report of the General Medical Services Committee.

Distribution of Doctors

Dr. Davies reported that the Committee had accepted an invitation to join with the Medical Practices Committee and the Ministry of Health in discussions concerning the distribution of general practitioners in the National Health Service.

Dr. W. E. DORNAN said that the question of the distribution of general practitioners had been looming up over the past three to four years. From the inception of the National Health Service in 1948 up to 1957 the distribution of general practitioners had gradually and substantially improved. In 1948 no fewer than 22m. of the population of England and Wales lived in areas which the Medical Practices Committee stated were under-doctored. The position had so far improved by 1957 that only just over 8m. of the population lived in under-doctored areas. It was against that background that the Willink Committee on recruitment of doctors had made its report.

Since 1957, unfortunately, the improvement had not continued as expected, and the position in the subsequent three years remained completely stagnant. In fact, there had been a retrogression. This had led the Medical Practices Committee to investigate the problem with a view to determining where the medical manpower was to come from and where the Health Service was to look for the necessary replacements. That involved an analysis of where doctors came from. A study of the *Provisional Register* for 1960 provided some astonishing and lamentable information.

There was evidence to show, said Dr. Dornan, that doctors normally settled in and about the areas where they lived and were educated. It therefore was important to analyse any connexion there might be between the shortage of medical manpower, particularly in the industrial areas of the Midlands and the North, with opportunities for medical training in various parts of the country. The analysis showed that in the north of England, which contained over 48% of the population of England and Wales, only 27.2% of the doctors had their origin there. In the south of England, which contained 45% of the population, only 38.9% of the doctors had their origin there. In other words, in the parts of England and Wales that contained 94% of the population only 66% of the doctors had their origin there. 10.4% were Scots, 6% were Welsh, 5.5% Irish, and the remaining 12% came from overseas. Furthermore, when it was considered that 40% or more of the total hospital junior resident staff came from overseas it was perfectly obvious that the British public were not getting a fair deal in the hospitals.

Dr. Dornan said that the position was very grave indeed, and it would seem that there was no short-term policy which could counteract it. There had to be a good deal of forward-looking if the matter were to be dealt with in any way satisfactory to the Health Service, to the public, and to the profession.

Dr. J. C. ARTHUR said that having worked in what was a designated area, and presumably short of doctors, for 10 years, he disagreed that because an area was designated it was under-doctored. His area had never been short of doctors.

Dr. A. V. RUSSELL said that Dr. Dornan's warning was a serious one, for it ran directly counter to what the Minister had stated at the Conference of Local Medical Committees (*Supplement*, June 16, p. 267). Dr. Russell said he wondered what was at the back of the Minister's mind, and whether he might be prepared to meet any eventual shortage by bringing in doctors from the Common Market countries.

Dr. DAVIES said that he would be reporting to the G.M.S. Committee and to the Council on the results of the discussion at the Ministry.

Committee on the Common Market

The Chairman of Council presented the report of this Committee. He said that it had considered that its task must be a continuing one and that it should report from time to time on developments as they occurred. In the meantime the Committee thought that there was an urgent need for the medical bodies of this country to join in discussions with the Ministry of Health on the whole problem.

The Committee recommended that an approach should be made to the Ministry of Health to convene a conference of representatives of the Ministry, the Department of Health for Scotland, the General Medical Council, the Royal Colleges and Royal Scottish Corporations, and the B.M.A. to discuss the medical implications of Great Britain joining the European Economic Community.

The Chairman said that any idea that doctors could influence the political considerations of Britain's entry into the European Economic Community must be completely written off. It was necessary, in the Committee's view, to try to influence the Ministry to see to it that the interests of doctors in this country, their standards of practice, and their ethical customs were protected. According to the Treaty of Rome, the diplomas and qualifying degrees in all the countries of the European Economic Community would be regarded as equivalent. That raised an important question, because the profession in this country had always been very jealous of the standard of its qualifying degrees. Secondly, there would be no hindrance to the movement of professional men between the member countries. That raised another important question, because up to the present there were strict rules and regulations to decide who could practise medicine in Britain.

Dr. VAUGHAN JONES asked what would happen if the Ministry of Health replied that it could not do anything at present. Would matters be left as they were, or could an assurance be given that something would be done?

The CHAIRMAN said that if no satisfactory reply were given by the Ministry the Association would take the initiative.

Dr. C. P. WALLACE suggested that the public might be a great deal more interested in the medical repercussions of Britain's entry into the Common Market if it could be shown how anxious the profession were to see the standards of hygiene in this country as well as the standards of medical practice maintained.

Dr. R. PROSPER LISTON said that the Association might find itself in difficulty in its approach to other medical bodies if the Ministry refused to join in discussions. He asked whether the Association could not take the initiative at once.

Dr. S. WAND said that Council might well agree to an approach being made to the Ministry to convene a conference, but it should not wait long for the Ministry's reply. At the outset the profession should stake a claim to be represented on the bodies which were to advise the Government officials who, in their turn, would be advising the members of the Commission of the European Economic Community.

The Council agreed to Dr. Wand's suggestion and also adopted the Committee's recommendation.

Journal Committee

Dr. J. G. M. HAMILTON presented the report of the Journal Committee.

A recommendation that Dr. J. A. Farfor be appointed to the post of Assistant Medical Editor, *Abstracts of World Medicine*, was adopted by the Council.

Dr. HAMILTON said that the Committee thought that it was not only desirable but necessary to build up a journal "reserves fund." The fund would help the Committee to meet sudden changes in fortune and to maintain and even increase its publishing activities without recourse to the main reserves of the Association.

The Council agreed that it should be the aim to build up a journal reserves fund of a minimum of £100,000 (within the general reserves of the Association) as quickly as possible, and that the Journal Committee should submit to Council at the end of each financial year its proposals for the allocation of any surplus on the publications account.

General Purposes Committee

The CHAIRMAN presented the report of the Committee.

He reported that the Council of the Royal College of Surgeons had co-opted Dr. Ronald Gibson as the representative on it of general practice in place of Dr. John Hunt, who had served for five years and who was no longer eligible for reappointment.

Public Health

Dr. ARNOLD BROWN presented the report of the Public Health Committee.

The Council adopted recommendations by the Committee that the report of the Infectious Diseases Subcommittee on certain matters which had arisen from the recent outbreaks of smallpox in England and Wales be approved and submitted to the Ministry of Health, and that, in the event of the Ministry being unwilling to publish guidance to the medical profession along the lines suggested in the report, the report be published by the Association.

Child Psychiatric Services

The Council agreed to the following comments of the Public Health Committee being included as an addendum to the report on Child Psychiatric Services to be printed for distribution to interested bodies:

The existing local authority child guidance service is indispensable and the child guidance clinics should continue under medical direction. There should be a greater degree of integration between the hospital service and the child guidance service, and any developments are to be deprecated which would prevent child psychiatry from making its full contribution to the development of child guidance generally. The link between the child psychiatric service and the preventive health service of the community, and in particular the maternity and child welfare service, should be retained.

Armed Forces

Air Vice-Marshal R. H. STANBRIDGE presented the report of the Armed Forces Committee. The Association, he said, had had the offer of a further meeting with the Minister of Defence to discuss various aspects of the campaign for recruiting doctors to the Forces.

After some discussion the Council resolved to welcome the further interview with the Minister of Defence and to state that it could give wholehearted support to the Government's campaign for recruitment.

Consultants and Specialists

Mr. H. H. LANGSTON presented the report of the Central Consultants and Specialists Committee.

He said that discussions through the Joint Consultants Committee had been taking place for a long time with the Ministry on the charges for hospital private beds and related matters. The Committee had pressed for a change in the way the cost of a private bed was determined. It had been suggested that there should be a review of the costing so as to exclude any items which were not to the benefit of the occupants of the bed. The Committee had also recommended that if possible charges should be made uniform in a region or in a group. It had further been suggested that there was a need for a moderately priced bed, uneconomic so far as the Health Service was concerned, for those who wished to be private patients but who could not afford the considerable costs at present charged.

Unfortunately, said Mr. Langston, the Ministry had stated that none of those things were possible without amendment of the Health Service Act, and the Government was not prepared to consider that at present. The Committee had further asked if there could be a review of the maximum fees which consultants were allowed to charge for patients treated in private beds, which had remained as they were in 1948. The Committee was told that, while that was not a matter of modifying the Act, the Minister would be unable to consider it at the present time because of the pay-pause. (Laughter.) Therefore it appeared that the Ministry could progressively increase the price of beds each year, yet consultants' fees had to remain as they were in 1948.

Dr. ROSE said that the beds were being priced out of the reach of ordinary people, and a determined effort should be made to have the Act amended.

Mr. LANGSTON said that the Ministry's statement had not been accepted and would be contested.

Medical Ethics

Dr. S. NOY SCOTT presented the report of the Central Ethical Committee.

He recalled that the Committee in the past had taken the view that it was undesirable for an optician to have the use of a doctor's surgery, because it might lead to unethical practices. Such an arrangement might be permissible in really isolated places, but the Committee had asked the G.M.S. Committee to bear in mind the ethical implications of any such arrangement in connexion with the proposed practice premises advisory service.

Dr. J. B. WRATHALL ROWE pointed out that the type of optician was not defined. There were ophthalmic opticians and dispensing opticians. There were many dispensing opticians' establishments throughout the country where doctors practised and examined eyes and glasses were subsequently dispensed. Dr. NOY SCOTT replied that it made no difference: it would be wrong for any doctor to share his premises with a dispensing or an ophthalmic optician except in isolated places. Dr. WRATHALL ROWE thought there must be many doctors who were contravening the rule.

Dr. J. B. MORGAN said the same principle applied to doctors and dentists sharing the same premises, because there could be referral of cases between them.

Increase in Venereal Disease

Dr. DAVID BROWN, who had been invited by the Chairman of Council to serve as the Chairman of the Committee on the Increase of Venereal Disease, presented the report of the Committee. He said that it continued to receive replies to its questionary and had interviewed various people whose work brought them into contact with the problems associated with venereal disease.

The Committee had decided to exercise its powers of co-option in favour of a member of the nursing profession, and was considering the desirability of inviting suitable young persons to be associated with the work of the Committee to ensure that the views of the younger generation were adequately represented.

Candidates for Election

On the motion of the CHAIRMAN, 149 candidates were elected as members of the Association.

TRADE UNION MEMBERSHIP

The following local authority is understood to require employees to be members of a trade union or other organization:

Non-County Borough Councils.—Crewe.

GENERAL MEDICAL SERVICES COMMITTEE

The first meeting of the General Medical Services Committee in the session 1962–3 was held at B.M.A. House on June 21. Dr. A. B. DAVIES was re-elected Chairman.

Subcommittees

The Committee decided to reduce the number of its subcommittees, of which there were currently 13. It was agreed that as an experiment for one year two main subcommittees should be appointed—an Investigating Subcommittee and a Planning Subcommittee. The Investigating Subcommittee's function would be to act as a filter and to deal expeditiously with matters in advance of the parent committee. The Planning Subcommittee would take over the duties of the present Remuneration and Content of Service Subcommittee, whose terms of reference were especially relevant to the profession's approach to the Review Body. It was decided to retain the present Rural Practices, Assistants and Young Practitioners, Service Committtees and Tribunal Regulations, and Trainee Advisory Subcommittees.

Group Practice Loans

The Committee agreed to take up with the Ministry of Health a recommendation of its representatives on the Group Practice Loans Committee that in future the maximum loan to any group practice should be £2,500 (£3,000 in a specially expensive area) or 80% of the cost of the building project, whichever was the lesser. It was pointed out that doctors were hesitating to ask for loans because the amount that could be borrowed was inadequate.

Dr. A. M. MAIDEN said that the Group Practice Loans Committee was anxious that there should be more applications for loans, because to some extent the scheme was being financed from repayments on previous loans. The Ministry had agreed to contribute £800,000 to the fund, which was the amount which the profession had already put into it.

Review Body

In the afternoon the Committee discussed the report of the Remuneration and Content of Service Subcommittee and various memoranda on claims for increased remuneration to be placed before the Review Body.

After a long debate the Chairman undertook to convey the Committee's views to the profession's representatives (of which he was one) who would be meeting the Review Body and, if his fellow representatives agreed, to put these views to the Review Body.

Maternity Services

The Committee did not accept the following motion referred to it by the Annual Conference of Local Medical Committees:

That this Conference deplores the fact that the basis of payment for maternity medical services encourages bad midwifery and recommends that immediate steps be taken to ensure that the general practitioner whose patient is admitted to hospital as an obstetric emergency in Period I shall not gain financially by retaining the patient until she is actually in labour.

The CHAIRMAN said that the argument appeared to be that for the sake of two guineas a bad doctor would keep a patient at home until she was in labour. No member of the Committee said that he had had any experience of such a thing happening.

Similarly the Committee did not accept the following Conference motion:

That in the opinion of this Conference, where a practitioner is responsible for the antenatal care of the patient—whether or not a hospital is also giving the antenatal care—he should receive the whole of the fee of £7 7s.

Dr. RIDGE said that if the motion were adopted it would mean that every maternity case in the country would be a seven-guinea charge on the pool. If the number of babies born were multiplied by seven guineas it was clear that such a proposal would wreck the pool.

The following Conference motion was referred to the Rural Practices Subcommittee:

That maternity mileage should be calculated separately for Period I and Period II, and payment should be based on the patient's home address for Period I and on the place of confinement for Period II.

BIRMINGHAM HOSPITAL INQUIRY

COMMITTEE'S FINDINGS

The Minister of Health published last week the findings of the Committee of Inquiry appointed under Section 70 of the National Health Act to investigate complaints by members of the group medical committee against Mr. David Rhydderch, chairman of Birmingham No. 6 Group Hospital Management Committee.* The complaint was not against the chairman's honesty or integrity but against his manners and methods and what the doctors claimed was his interference with medical administration. The Committee of Inquiry also met on June 13 (*Supplement*, June 30, p. 324) to investigate allegations that a doctor was "intimidated and victimized" because of his attitude at the past inquiry.

We publish below a summary of the Committee's findings and recommendations in each inquiry.

Complaints Against Chairman

The Committee recommends that the chairman should be changed. It thinks that the struggle between him and the senior medical staff has created deep-seated feelings of suspicion and mistrust on the part of the latter. The personal domination of the chairman over every aspect of the life of the two hospitals had gone on for a long time, and the memory of it, and the apprehension that it might show its head again, would be likely to be ever present in the minds of those who had known it. The Committee's view is that the chairman is a forceful man who would find it difficult always to restrain himself from taking action which he judged necessary unhampered by constitutional means. Constitutional methods had been the exception rather than the rule in the group.

The Committee states that the hospital management committee's control of the group had been culpably weak through surrender of its functions to the chairman and that it would be difficult to establish its control so long as he remained on the committee. Disturbing cross-loyalties and factions at various levels of the administrative staff had sprung from calculation of

*See *Supplement*, March 24, p. 91; March 31, p. 107; April 7, p. 125; and April 21, p. 146.

chances of favour from the chairman and would be likely to be got rid of only if he ceased to hold office. Mr. Rhydderch's temperament was to manage and direct on his own. Even an individual who has points in his favour must be prepared to give way to secure that a hospital, and particularly a psychiatric hospital, is a place where the staff can approach their duties in a calm frame of mind for the benefit of the patients.

The Committee recommends that whoever becomes chairman should not take upon himself managerial functions. The lay managerial functions should be co-ordinated through the group secretary and the medical managerial functions through the medical superintendents, neither of whom should have their authority superseded within their own spheres. The chairman should in no circumstances make what should be corporate decisions but should report to the hospital management committee. The Committee further recommends that the regional hospital board should review the contributions of the individual members of the hospital management committee, and that that committee should be weeded out and strengthened if possible. Consideration should be given to dividing the group and annexing each hospital to a different group, or otherwise to joining both hospitals to another group.

The Committee states that the group medical committee should revert to its proper function of acting as an advisory committee on medical matters. "It may have been justifiable in this instance," the Committee says, "for this body to have taken a leading part in hospital politics, but we see great danger in the way in which it has been used, in this case, as the focus of opposition to the chairman." Recognized committee procedure is essential, and this case had demonstrated clearly that it is only on the rarest occasions that any deviation from it should be permitted. In setting up the committee structure it is essential that all sectional interests should be represented on the committees so that full consultation can be made.

Finally, the Committee recommends that the regional hospital board should establish and maintain close supervision of the administration of the group, if it was left as a group, so that there can be no recurrence of the circumstances which resulted in the need for an inquiry. The Committee is perturbed that the board had not done so before. A further point, in the Committee's view, which emerged for consideration out of the inquiry was how far one individual should serve at different levels of the same service.

Allegations of Intimidation and Victimization

Reporting the findings of its investigation into the allegations that Dr. A. Orwin had been intimidated and victimized by Dr. J. R. Mathers, the Committee of Inquiry states that it thinks that a case of intimidation is made out. In its opinion there was "an element of victimization" in Dr. Orwin being forced to resign from the group medical committee. The Committee thinks that Dr. Orwin, though misguided in his action, acted from the best of motives. It is of the opinion that Dr. Mathers's action was wholly unjustified. It is glad to note that all his colleagues did not support him. Dr. Orwin should be restored to membership of the group medical committee as soon as possible.

The Minister of Health has accepted the Committee's conclusions and has asked the regional hospital board to submit urgently proposals for regrouping the hospitals. Mr. Rhydderch has resigned from the chairmanship of the hospital management committee.

Scottish News

HEALTH SERVICES COUNCIL REPORT

Among the matters considered by the Scottish Health Services Council in 1961* was a memorandum on hospital provision in the Highlands and Islands, prepared by the Standing Advisory Committee on Health Services in the Highlands and Islands. The memorandum, which the Council forwarded without comment to the Secretary of State, considered whether more cottage hospitals might be desirable as well as the present indispensable consultant-staffed central hospitals in the area. The memorandum pointed out the advantages of cottage hospitals, including that of encouraging high standards of general practice, and the disadvantages that they were difficult to staff with nurses and relatively expensive to run. It was doubted whether there should be any substantial number of additional cottage hospitals, but the existing ones should be retained and should be included in the current plans for hospital modernization and improvement. There should be a review of cottage hospitals in 10 years' time.

The Health Services Council has recommended that all patients in the Highlands and Islands attending hospital should be paid travelling expenses (including those of an overnight stay) over £1 a month if they come from an area which is 30 miles or more from the hospital or if a sea voyage of more than five miles is necessary. Expenses should also be paid if public travel facilities are infrequent and inconvenient. This is something which the B.M.A. has been asking for for some time.

*_The Scottish Health Services Council Report for 1961_, 1962. H.M.S.O., Edinburgh. 1s. 3d.

Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

General-practitioner Remuneration

SIR,—In reply to Dr. B. Cardew's protest against the enormous income differential between consultants and family doctors, the chairman of the G.M.S. Committee is reported (*Supplement*, June 23, p. 296) as having accused Dr. Cardew of overlooking "the substantial amount in remuneration represented by practice expenses and superannuation." One wonders how many family doctors contrive to run their practices free of charge on the pattern Dr. Davies appears to envisage, and how the differential would look if hospital expenses were added to consultant pay. This astounding revelation explains at last why the miserable, degraded present-day level of G.P. remuneration was acclaimed by the B.M.A. as "a great victory." How gleefully the Ministry officials must welcome this support from our side of the table for the thesis that it is all profit.

In the same issue Dr. F. M. Rose tells us (p. 1759) that relations between doctor and patient are at their best in the National Health Service. This opinion is in my experience unique. The most frequently voiced criticism of the N.H.S. among practising doctors is of the unhappy effect it has had on the doctor–patient relationship.

It is understandable that doctors who had a hand in foisting the Service on the profession will strain to defend it against criticism, and that those responsible for our financial decline will attempt to blur the picture with deceptive irrelevancies. But how much longer can the

euphemisms of the illustrious ostriches of the B.M.A. conceal the impending crisis in general practice? Most family doctors are disgusted with their wretched level of remuneration and embittered by the unending imprisonment of their capitation contract and terms of service. The steep drop in applicants for practice vacancies is surely a more accurate index of the attitude of young doctors than any amount of juggling with emigration figures.

And our future holds no more than the grisly prospect of rapidly increasing work and responsibility, all paid for out of the same senseless Central Pool. This is what Dr. Davies and Dr. Rose are defending. The Medical Practitioners' Union is at least attempting to secure fair financial recompense for our interminable burden. The general practitioner can no longer afford the luxury of a B.M.A. whose first loyalty is not to its members but to the National Health Service.—I am, etc.,

Sheffield 8. J. BLAKE

Doctors and the State

SIR,—I would be grateful for the opportunity of replying to the letter of Dr. M. E. Tapissier (June 23, p. 303). His suggestion that our leaders should seek a revised contract with executive councils must commend itself to all who care for our status, but I feel that it is a mistake to confuse this relatively simple proposition with the more complicated, and largely irrelevant, question posed by Dr. J. B. Wrathall Rowe (*Supplement*, September 2, 1961, p. 133). The answer to Dr. Rowe's question simply determines whether the executive council or the individual practitioner is primarily responsible for answering a claim for damages made by a patient in an action based upon alleged negligence; it determines in law who is providing the service which is said to have been negligent, and does not alter the operation of our contracts in any way whatsoever.

The Minister's power to make regulations binding upon us is statutory, and we in our applications for inclusion in a medical list agree to accept the regulations. The extent to which the Minister uses his power would undoubtedly influence a court in answering Dr. Rowe's question, but the answer would not influence the operation of our contracts. For these reasons, I think, Dr. Rowe's letter produced no response.—I am, etc.,

Sheffield 10. H. H. PILLING.

Practice, Past and Present

SIR,—After the flood of *Satis eloquentiae sapientiae parum* poured forth by our representative bodies, Dr. C. W. Iliffe's letter (June 16, p. 280) is a refreshing and dignified summation of the truth about the National Health Service. It is good to know that there still exist members of our profession whose powers of judgment have not been swamped by the mind-conditioning propaganda which emanates in ever-increasing volume from Government sources and—let us face it—from our own organizations.

When I read of the opinions and advice tendered by our representatives on the various B.M.A. committees I often wonder whose side they are on. I gain the impression that many of them are either unaware or choose to ignore the wishes of the vast majority of general practitioners. Certain it is that the average harassed and overworked G.P. has neither the time nor the inclination to take time off from his practice in order to sit on B.M.A. committees. The result is that our representatives include a fair number of semi-retired practitioners as well as those who spend but a small proportion of their professional life in active general practice. How else is one to explain the inarticulate pattern of behaviour followed by the vast majority of our representatives, who seem to do nothing to halt the constantly rising tide of worsening practice conditions which beset us?

The latest red herring to be brought forth by the pundits is that there is now a shortage of G.P.s. How then do they explain away the fact that it is still very difficult for a doctor to be seconded to a practice vacancy where the list is over 2,500—the minimum list one requires to earn even a bare living? If the young doctor applies for such a vacancy he will find that he is engaged in a most undignified rat-race with his colleagues. Even if he is the lucky chosen candidate as likely as not he will find that he will be saddled with an enormous debt to meet the inflated cost of an uncomfortable house and surgery premises. Hardly a happy augury for the beginning of a career which, at least in part, should be a dedicated one.

Bravo, Dr. Iliffe! There are still some of us left who know that your observations are as immaculate as ever. We also subscribe to the opinion that the country is sick, and that the National Health Service, in its present form, is the chief manifestation of that sickness.—I am, etc.,

Nottingham. H. FIRMAN.

Reports to Insurance Companies

SIR,—I am delighted that Dr. I. M. Jones (June 9, p. 264) has endeavoured to correct my essay (May 26, p. 245) only on trivial points of history and terminology and not on the logic of my arguments. I have limited enthusiasm for the homework he set me—the Industrial Assurance Act, 1923.

The motion passed at the A.R.M., 1939 (*Supplement*, July 29, 1939, p. 82), read: "That the Representative Body is of opinion that the action of medical practitioners in giving 'duration' certificates to insurance companies (or to the relatives of the deceased at the request of insurance companies) relating to the health of their patients before death should be discontinued, and that practitioners should refuse to issue certificates in all such cases; and that the policy expressed in the following resolution of the Annual Representative Meeting, 1937, be referred to the Council for reconsideration and report: [then followed the 1937 resolution in full]."

While not perhaps the easiest of motions to comprehend at a glance, as I understand it the R.B. thereby expressed an opinion on three issues: (*a*) that the practice of giving duration certificates should be discontinued; (*b*) that they should be refused in all such cases; and (*c*) that the 1937 policy decision should be referred back to Council for reconsideration. (*a*) and (*b*) were not references to Council at all but quite unequivocal expressions of opinion. All that was referred to Council was the 1937 resolution for reconsideration, obviously in the light of (*a*) and (*b*) above. As the war supervened the 1940 Annual Report of Council was rather abbreviated and made no reference to duration certificates.

In 1947 Headquarters was giving official advice on the basis of the 1939 motion—i.e., not to issue duration certificates. In 1949, when reopening the issue, Dr. J. C. Arthur stated (*Supplement*, July 9, 1949, p. 32) that the 1937 motion was amended in 1939 by a resolution calling for the discontinuance of the practice of giving duration certificates and asking that practitioners refuse to issue certificates in all such cases. I suggest, therefore, with respect, that it is the master's rather than the pupil's statement that needs correction, and that the policy enunciated in 1937 was in fact reversed in 1939. Even Jove nodded at times, and I think we can attribute Dr. Ivor Jones's aberration to his preoccupation over his truly brilliant reflections on "Why the Pool?" (*Journal*, June 2, p. 1540).

In my letter of May 26 I used the term "court" (not "court of law"), since a doctor would be subpoenaed to attend at the Court of the Industrial Insurance Commissioner. This, too, would seem correct. Where I may well have erred was in stating that a judge might order the doctor to issue a report. In these cases maybe I should have said "commissioner." This point is a bit obscure and is being pursued. If I am wrong I am in good company, for the B.M.A. *Year Book*, 1962 (p. 117), instances only a judge as being empowered to overrule a doctor on the grounds of professional secrecy. If a commissioner also has the right, what about a coroner or a magistrate? This seems of practical importance. If any category other than a judge has the right to order a breach

of professional secrecy the *Year Book* should make that clear, otherwise someone is liable to end up in gaol for contempt of court because he had assumed the *Year Book* to be entirely accurate.

I have now read the Industrial Assurance Act, 1923. True, this does contain much that was obscure (and even more that was quite unknown) to me, but I found nothing about duration certificates, the subpoenaing of doctors, or the overriding of professional secrecy. The 1923 Act has been considerably amended, notably in 1948. Paragraph 9 of the 1948 Act incidentally gives complete support to my contention that the actual health of the assured at the time the policy was taken out is immaterial. All that matters is that he answered the questions fully and honestly to the best of his knowledge and belief. Indeed, it goes much further and ordains that nothing in the terms and conditions of the policy can override this proviso.—I am, etc.,

Rugby, Warwicks. R. PRESTON HENDRY.

Certificates in Drunken Driving Cases

SIR,—The first paragraph of Dr. C. H. Johnson's letter (June 23, p. 304), written presumably on the principle of "No case, abuse the plaintiff," can be ignored. He accuses me of two false statements. What they were he does not say, but I must infer from his letter that my letter (June 16, p. 281) implied that I was not given a generous hearing. As a matter of fact, nowhere in my letter did I complain about the hearing, which was fair and courteous. I stated in my letter that I was overwhelmingly defeated. Dr. Johnson states that I was defeated by a unanimous vote. I must apologize for writing "overwhelmingly" when I should have put "unanimously" (as a matter of fact I was not aware it was unanimous).

He continues, "Our members have always fully concurred with the B.M.A. report *Relation of Alcohol to Road Accidents.*" What is the point of saying that they accept the report when a doctor is never allowed to utilize the scientific advance which this report presents and is compelled to make a decision on the spot by the same clinical methods which were used 100 years ago in the horse-and-cart days? What is the point of having any urine alcohol examinations? Under these circumstances they only act as a source of confusion.

His next couple of sentences represent an essay in the delicate art of misrepresentation. "We do not support the view that an opinion formed as the result of a clinical examination, even in a police station, should be withheld until the report of the forensic chemist is available. This is moral cowardice on the part of the examining doctor." My original resolution was: "Where any of these investigations are performed as a routine, the police surgeon, if he so desires, should be allowed to defer his final decision until he receives the result of the test." To any reader it must be obvious that I do not suggest that where an opinion is formed as the result of a clinical examination it should be withheld until the report of the forensic chemist is available. What I am suggesting is the direct converse—i.e., *where an opinion cannot* be formed as the result of the clinical examination, then, and then only, should the final decision be deferred.

I have now examined close on 200 cases. I should like to ask Dr. Johnson a simple question: Which is the greater moral cowardice—to admit, as I do, that there are many cases which on purely clinical examination present considerable perplexity, or to try and make out, as he does, that all cases are simple black or white?

His last paragraph is a dilemma of his own making. It would be quite simple in these doubtful cases to detain the man for three or four hours and then let him go, and follow the provisions of the Magistrates Courts Act, 1952, S. 38, which states: "Where, on a person being taken into custody for an offence without a warrant, it appears to any such officer as aforesaid that the inquiry into the case cannot be completed forthwith he may release that person on his entering into a recognizance, with or without sureties for a reasonable amount, conditioned for his appearance at such a police station and at such a time as is named in the recognizance, unless he previously receives a notice in writing from the officer in charge of that police station that his attendance is not required." I quoted the above Act, when I submitted my resolution, so his final statement is not correct.—I am, etc.,

Middleton, Lancs. B. HIRSH.

Association Notices

Diary of Central Meetings

JULY

10	Tues.	Film Subcommittee (Committee on Medical Science, Education, and Research), 1 p.m.
11	Wed.	Cremation Subcommittee (Private Practice Committee), 2 p.m.
12	Thurs.	G.M.S. Committee, 10.30 a.m.
12	Thurs.	Joint Formulary Committee, 11 a.m.
13	Fri.	Accident Services Review Committee of Great Britain and Ireland, 10 a.m.
19	Thurs.	**Annual Representative Meeting** (at Belfast), 10 a.m.
20	Fri.	**Annual Representative Meeting** (at Belfast), 9.30 a.m.
21	Sat.	**Annual Representative Meeting** (at Belfast), 9.30 a.m.
23	Mon.	**Annual Representative Meeting** (at Belfast), 10 a.m.
23	Mon.	**Council** (at Belfast) (on conclusion of A.R.M.).
23	Mon.	**Adjourned Annual General Meeting and President's Address** (at Belfast), 8.15 p.m.

AUGUST

16	Thurs.	G.M.S. Committee, 10.30 a.m.

Branch and Division Meetings to be Held

Honorary Secretaries of Branches and Divisions are asked to send notices of meetings to the Editor at least 14 days before they are to be held.

BROMLEY DIVISION.—At Beckenham Hospital, Beckenham, Kent, Monday, July 9, 8.30 p.m., general meeting, to consider Agenda of Annual Representative Meeting and instruction of Representatives.

BRIGHTON AND MID-SUSSEX DIVISION.—At Hayworthe Hotel, Haywards Heath, Tuesday, July 10, 9.15 p.m., meeting to consider Agenda of Annual Representative Meeting and instruction of Representatives.

EAST YORKSHIRE BRANCH.—At Royal Station Hotel, Hull, Wednesday, July 11, 8 p.m., buffet supper; 8.30 p.m., general meeting.

MID-GLAMORGAN DIVISION.—At Glanrhyd Hospital, Bridgend, Friday, July 13, 8 p.m., extraordinary general meeting.

NORTH MIDDLESEX DIVISION.—At Committee Room, North Middlesex Hospital, Tuesday, July 10, 8.45 p.m., meeting to consider Agenda of Annual Representative Meeting.

NOTTINGHAM DIVISION.—At 64 St. James's Street, Nottingham, Wednesday, July 11, 8.30 p.m., general meeting to consider Agenda for Annual Representative Meeting and instruction of Representatives.

SHEFFIELD DIVISION.—At Kenwood Hall, Kenwood Road, Friday, July 13, 12.30 for 12.45 p.m., annual luncheon to welcome new Graduands and Final Year Students into the profession.

SOUTH MIDDLESEX DIVISION.—At Red Lion Hotel, Hounslow, Monday, July 9, 8.30 p.m., general meeting, to consider Agenda for Annual Representative Meeting.

Meetings of Branches and Divisions

BRIGHTON AND MID-SUSSEX DIVISION.—A general meeting of the Division was held on May 22 at the Dudley Hotel. Mr. G. A. Fraser was in the chair and about 30 members were present.

Branch and Division Officers Elected

SUNDERLAND DIVISION.—Chairman, Dr. A. Burns. Vice-chairman, Dr. G. P. Wood. Honorary Secretary, Dr. J. E. Hume. Assistant Honorary Secretary, Dr. J. W. Baird. Honorary Treasurer, Dr. C. W. Bewick.

SWANSEA DIVISION.—Chairman, Dr. I. Pugh. Vice-chairman, Mr. I. J. Thomas. Senior Honorary Secretary and Honorary Treasurer, Dr. W. T. Edwards. Junior Honorary Secretary, Dr. P. Mellor.