drugs. About 10% of them asked for receipts. Dr. B. Stryst said a definite hardship was discernible in the case of old-age pensioners suffering from chest complaints (including tuberculosis), diabetics, and people suffering from ulcer conditions. These had to pay 1s. or more practically every week. Mr. McNeil quoted a circular issued to hospital authorities (R.H.B. 52/56) which dealt with charges for prescriptions for hospital out-patients and said that hospitals should arrange that an officer was available when out-patients were held to inform patients claiming exemption whether in fact they were exempt or not. The circular said that records should be kept of all exemptions and that the patient should be given a ticket or token at the dispensary to show that he was exempt. Mr. McNeil said this circular instituted a new type of snopper who had to sit with the sick and perhaps dying people in an out-patient department to see that the hospital authorities did not escape from the obligation of charging 1s. He believed that the professional staff would say their job was to cure and not to collect.

Mr. Hugh Linstead said his information with regard to Scotland was that the average drop in prescriptions was about 15%, comparing June this year with the average for the whole of last year, but this time was too early to draw substantial conclusions from statistical returns. He agreed that the number of medicines made up but not called for was at present about 2%, which must be compared with the previous tendency under the National Health Insurance Act for about 0.5 to 1% of medicine not to be called for. In the terms of remuneration of chemists, the Minister had provided for a 1% non-collection. He noted that on the whole there was a larger fall in consumption of medicine in the north than in the south.

Mr. Somerville Hastings said he had inquired at several hospitals about the impact of these charges on hospital services. He had learned that the people who raised most objection to the charges in the hospitals were the doctors and nurses. When a doctor had seen a colleague or nurse or perhaps another hospital worker and persuaded the prescription to the dispensary and was asked to pay 1s. there was a strong feeling of resentment. Doctors agreed with the Scriptural injunction that it was wrong to muzzle the ox that tided out the corn.

Mr. John Baird said the regulations were creating so much trouble that already there was great deterioration in the dental health of the country.

**Government Reply**

Mr. Iain Macleod, replying to points raised, said the amenity bed regulation (Statutory Instrument No. 1022) doubled the charges from 6s. to 12s. for single rooms and from 3s. to 6s. for small wards. It provided that, if the normal cost of treatment and maintenance was less than 24s. a day, the proposed charges should be proportionately reduced. There were just under 6,000 of these beds, 2,700 of them in mental, including mental deficiency, institutions. If all were occupied, the income would be about £400,000 a year, but a great number were required for patients who had urgent medical reasons for added privacy, and there had also been inadequate publicity given to these amenity beds. Consequently, the charges at present were likely to be rather lower than the possible amount. With the double charges, £800,000 should come in, but it might be the amount received would not be much more than half that. The experience of the Ministry was, however, that in England and Wales there was a considerable demand for such beds where their existence was known.

On the question of drugs and appliances dispensed at hospitals to the resident staff, Mr. Macleod said that if these patients were not treated in the ward they were regarded in the same way as the rest of the citizens and would normally be expected to pay the charge although there might be exceptions, because hospitals have their own methods of dealing with such matters. The biggest single problem was the question of ordinary drugs on a prescription percentage at a chemist's shop. There might be validity in the arrangements for persons on the border of extreme poverty or too proud to make use of the National Assistance service being considered, and that they should be. The poster issued by his department had made it clear that such people could, subject to a means test, obtain such remission. The propriety of assistance for authorized medicines or appliances was a matter for determination by the National Assistance Board. The arrangement for use in rural areas of postage stamps which were to be cancelled by the dispensing doctor or the chemist contractor had been worked out closely with the General Medical Services Committee. With regard to bottles of medicine dispensed by chemists but not collected, Mr. Macleod said an allowance was worked out that one prescription in 48 would be made to cover these contingencies.

Turning to dental treatment, he said that during the past month there had been a substantial fall in the demand for it and a substantial proportion of the estimates submitted had been for those who could claim exemption. The teeth of the priority classes would in future be better looked after than they had ever been. He then gave the position in relation to prescription charges. His general conclusion was that there had been something like a 15% drop in all, comparing June with June. It was impossible to give the exact information on whether prescriptions were more costly than before. The National Assistance Board had made a spot check in two areas on appliances. In Leicester the number of applications from relief from the charges was four, and in St. Pancras none. For prescriptions there were ten applications, eight of whom were in receipt of assistance, and in St. Pancras ten applications, all of whom were in receipt of assistance. In Scotland from June 1 to June 24 the number of applications to the National Assistance Board on prescriptions by family doctors was 272 out of 1m. And out of that number 176 persons were already in receipt of National Assistance. The real question behind the debate was whether or not the regulations, and in particular the shilling on the prescription, would work. He contended that the regulations, and in particular the shilling on the prescription charge, implemented an undertaking given by Mr. Attlee and rested on the statutory authority of the 1949 Act of Mr. Bevan.

The Prayers for the annulment of the charges were then negatived.

**Prescription Forms.**—The estimated cost of the prescription forms brought into use since the 1s. charge was imposed is £4,862 in the present financial year.

**Posters.**—The cost of the posters stating that financial assistance is available in cases of hardship for charges under the National Health Service is estimated for England and Wales at £203.

**Gold Teeth.**—The value of gold supplied from official sources for essential dental requirements in 1951 was about £200,000 at the official price.

**Universities and Colleges**

**UNIVERSITY OF LEEDS**

Mr. F. P. Raper has been appointed Clinical Lecturer in Urology, from October 1.

**UNIVERSITY OF SHEFFIELD**

The following resignations have been received: Dr. A. G. Macgregor, lecturer in therapeutics, on appointment as senior lecturer in therapeutics in the University of Edinburgh; and Dr. Lorna H. Haslop, assistant medical officer in the Student Health Service.

**ROYAL COLLEGE OF PHYSICIANS OF IRELAND**

On June 6 Dr. J. F. Docherty was admitted to the Fellowship and Drs. Sarah L. Campbell and O. C. Ward were admitted to the Membership of the College.

**FACULTY OF RADIOLOGISTS**

FUNCTION OF THE ADRENAL GLANDS IN THE NEWBORN. B. Wolman.

BILATERAL PHAEOCHROMOCYTOMA IN A SIX-YEAR-OLD BOY. Catherine A. Neill and Gwen Smith.


RUPTURE OF A MYCOTIC ANEURYSM OF THE THORACIC AORTA. S. N. and E. Kahn.

Issued six times a year; annual subscription £3 3s., single copy 12s. 6d.

British Journal of Ophthalmology.—The next issue of this journal (Vol. 36, No. 7) will be available in a week’s time. The principal contents include:

LAMELLAR CORNEAL GRAFTS. CLINICAL REPORT ON 62 CASES. B. W. Rycroft and G. J. Romanes.

POLYMIXIN inclusion: 8s. 6d.

POLYMYXIN OF THE journal IMMOBILIZATION THE PLEUROPNEUMONIA GROUP.


Effect of Cortisone on Rheumatoid Nodules of the Sciera (Scleromalacia Perforans). Notman Ashton and H. E. Hobbs.


Case Note: Panophthalmitis Due to an Organism of the Bacillus Subtilis Group. Robert Davenport and Charles Smith.

Issued monthly; annual subscription £4 4s., single copy 8s. 6d.

British Journal of Venereal Diseases.—The next issue of this journal (Vol. 28, No. 2) is now available. The principal contents include:


VISERAL ANGIOLESIS. A. S. Grumble and G. W. Conkka.


NEWER ANTIBIOTICS IN THE TREATMENT OF VENEREAL DISEASE. Raymond C. V. Robinson.


DARKGROUND ILLUMINATION OF UNSTAINED SMEARS AND TISSUE SECTIONS FOR THE DIAGNOSIS OF TRIPNEOMA PALLIDUM. Waldemar E. Counts, Edna Silva-Inzunza, and Guillermo Morales-Silva.

Issued quarterly; annual subscription £2 2s., single copy 12s. 6d.

These journals are obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

COMING EVENTS

Medical Society for the Study of Venereal Diseases.—The Society’s general meeting will be held in London, at 11, Chandos Street, W.1, on July 25, at 7.30 p.m. Dr. R. A. Nelson will read a paper on the serological diagnosis of syphilis. On July 26 the annual general meeting will be held at 11 a.m. at St. Mary’s Hospital, Paddington. Details of the meetings and informal dinner on July 26 may be obtained from Dr. W. N. Mascal, 39, Devonshire Place, W.1.

Institute of Medical Laboratory Technology.—The triennial conference will be held in London from July 28 to August 1. A trade show has been arranged for Wednesday, July 30, and anyone responsible for the purchase of laboratory equipment will be welcome. Full details of the programme may be obtained from the conference secretary, L. A. Willis, 34, Queensdale Road, W.11.

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

Monday, July 14

INSTITUTE OF CHILD HEALTH, Hospital for Sick Children, Great Ormond Street, London, W.C.—5 p.m., “Some Aspects of Paediatric Endocrinology,” by Professor L. Dods (Sydney).

Tuesday, July 15

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.1—5 p.m., “The Dangers of Chronic Inactivity in Old Age,” by F. E. Williams Lecturer to Mrs. M. M. Society for the Study of Addiction.—At Courtald Lecture Theatre, Middlesex Hospital, Mortimer Street, London, W.1—5 p.m., “Recent Swedish Investigations on the Effect of Small and Moderate Doses of Alcohol on Driving, Some Trends in Road Safety,” by Professor L. Goldberg (Stockholm). A discussion will follow.

Wednesday, July 16


Thursday, July 17

ROYAL SOCIETY FOR TROPICAL MEDICINE AND HYGIENE.—At 26, Portland Place, London, W., 7.30 p.m., Symposium: “New Antimalarial Drug—Daraprim,” by Brigadier J. S. K. Boyd, F.R.S. Speakers will include Dr. G. H. Hitchings, Mr. I. M. Rollo, and Dr. L. G. Goodwin.

Friday, July 18

CAMEBRIDGE UNIVERSITY.—At Department of Pathology, 5 p.m., “An Experimental Inquiry into the Criteria of Neoplastic Change,” by Dr. Peyton Rous (New York).


APPOINTMENTS

FOWLER, A. W., M.B., B.S., F.R.C.S., Orthopaedic Registrar. Winford Orthopaedic Hospital, Bristol, South-western Regional Hospital Board.

JACKSON, Thomas Gwen, M.R.C.S., L.R.C.P., House-surgeon, Royal Berkshire Hospital, Reading.

McFARLANE, FRANCIS, M.R.C.S., L.R.C.P., Assistant Medical Officer of Health, Warrington, Lancashire.

SUMMERS, H. A. H., M.B., B.Ch., D.P.H., Medical Officer of Health, Bexworth Rural District, Libya Borough, Daventry Rural District, and Amisyst County Medical Officer of Health, Northamptonshire County Council.


WILSON, ROBERT, M.D., F.R.C.R., F.I.D., Member of Visiting Staff of Royal City of Dublin Hospital.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Brown.—On June 16, 1952 at Bristol Maternity Hospital, to Enid, wife of Dr. N. J. Brown, of 171, Stoke Lane, Weirbury-on-Trey, a son—Peter William.

Glock.—On June 17, 1952, to Mary, wife of Bernard Glock, F.R.C.S., of Cardiff, a second son—Daniel.

Mills.—On July 1, 1952, at the Maternity Hospital, Lovecave Street, Birmimgham, to Dr. Margaret Mills, wife of Wulfrid Mills, F.R.C.S., a son.

Parke.—On July 5, 1952, to Margaret, wife of Dr. J. L. Parke, of Church Cottages, Portishead, Bristol, a daughter—Catherine Mary.


Scott.—On July 1, 1952, to Esmé (formerly Pascall), wife of Dr. Leslie Trench, Southdown, Austerfield, a son—Robert Trench.

Treat.—On June 27, 1952, at the London Clinic, to Murial (formerly Arrowsmith), wife of Dr. I. R. Treat, of 7, Hilda Court, St. Albans Road, London, N.W., a sister for Pamela Susan—Helen Elizabeth.

MARRIAGES


DEATHS

Budden.—On June 4, 1952, at Lanside, Greenvale, Harris, Charles William Budden, M.D., aged 74.

Carrie.—On July 3, 1952, Patricia Quentry Carrie, M.B., B.S., of Wood-Side, Lane, Cheshunt, to her fiancé, Mr. Wulfrid Mills, F.R.C.S., a son.


Hare.—On July 2, 1952, at his home, 83, York Road, Birkdale, Lancs., Alfred William Hare, M.B., Ch.B.

Hunter.—On July 1, 1952, at Highfield, Falkirk, Andrew Edwin Hunter, M.D.

Muir.—On July 3, 1952, at St. Thomas’ Hospital, London, S.E., Henrietta Mary MacLeod, M.B., B.S.

Miles.—On June 23, 1952, at London hospital, Neil Ferguson Maclod, M.B., Ch.B., of 61, Uxbridge Road, London, W., aged 34.


Young.—On June 30, 1952, at Oakwood, Bridge of Allan, Stirlingsfshire, Robert Tannahill Young, M.B., Ch.B., D.P.H.