

whereabouts he thinks he can determine without much trouble. He should supply the council with such particulars regarding these persons as he can obtain—e.g., present address, National Registration number, name (if name has been changed). The absence of an identity number will not of itself mean that a patient will be removed from a doctor's list.

(5) In regard to the remainder of the persons notified to the doctors and not disposed of under paragraphs 3 and 4 above, if a doctor has good reason to believe that they are still resident in the practice area, and might be traced, he should be asked to inform the clerk to the council accordingly. The council should give the doctor whatever assistance it can in a fresh endeavour to find these persons. Such assistance would include the issue of a further letter to the person at his last known address.

Local authority housing factors may be in a position to assist the council by supplying the present address in the case of any persons who have been rehoused.

(6) Persons in the category covered by paragraphs 4 and 5 above and who have not been traced by the end of June, 1952, will be removed from the doctor's list with effect from July 1, 1952. Should a doctor be able to add to the names notified to the council under paragraph 3 above before March 31, 1952, the council would arrange to remove them from his list with effect from April 1, 1952.

The Subcommittee expressed itself as being fully aware of the difficulties being experienced by practitioners as a result of these investigations. It was agreed that in cases of difficulty secretaries of local medical committees should consult with the clerks of executive councils in an endeavour to clear up any problems, and if such a meeting was unsuccessful that the secretary of the local medical committee should contact the Assistant Scottish Secretary, who would arrange for a meeting between the clerk of the executive council, the secretary of the local medical committee, and a representative of the Department in an endeavour to make things easier for everyone concerned. The Department had indicated its willingness to co-operate in any way possible.

Practice Vacancies

The Subcommittee then considered the question of practice vacancies occurring in areas where the practice was in more than one executive council area. It was agreed to refer to the liaison committee between the Scottish Association of Executive Councils and the General Medical Services Subcommittee (Scotland) the possibility of having proportional representation of executive councils on the committee making the appointment in such a vacancy.

Shilling on Prescriptions

The Subcommittee considered the proposed charge of 1s. for each prescription, as introduced by the Chancellor of the Exchequer as an emergency measure. The Subcommittee felt that practitioners should not be required to collect this money.

CENTRAL CONSULTANTS AND SPECIALISTS COMMITTEE (SCOTLAND)

The Consultants and Specialists Committee (Scotland), at a meeting at B.M.A. House, Edinburgh, on January 28, received with great regret from Mr. T. Murray Newton his resignation on medical grounds from the chairmanship of the Committee. Dr. J. G. M. HAMILTON, Edinburgh, vice-chairman, was appointed to the chair, and Dr. I. D. Easton, Perth, was appointed vice-chairman.

Need for Economy

In connexion with the need for economy in the affairs of the Association, it was pointed out that in the past the Association had paid the whole secretarial and clerical expenses incurred by Regional Consultants and Specialists

Committees. It was decided that in future these costs should be borne by the Central Consultants and Specialists Fund; other economy measures in connexion with the meetings and the conduct of these were also approved.

Anaesthetic Services

Following the decision to set up a Central Anaesthetic Services Subcommittee, it was agreed that the constitution should be: chairman and vice-chairman of the Central Consultants and Specialists Committee (Scotland), six consultants or S.H.M.O. anaesthetists appointed regionally thus—Western Region two, Northern one, North-eastern one, Eastern one, and South-eastern one—the Scottish representative on the B.M.A. Anaesthetic Group Committee, and one representative from the General Medical Services Subcommittee (Scotland). The reference, it was decided, should be: "To consider and report to the parent committee on all matters relating to the anaesthetic service under the National Health Service (Scotland) Act."

Hospital Staffing

On the question of the Department of Health's proposals on the structure of hospital medical staffing, it was reported that at a meeting of the Scottish Joint Committee and officials of the Department it had become apparent that there were a number of misconceptions about the nature of the department's proposals. A small subcommittee was appointed to examine these aspects, and it was hoped that at an early date there would be submitted a report on which the Central Consultants and Specialists Committee (Scotland) could decide policy.

Regional Appeals

A report was also received that it had been ruled that regional appeals involving appointing authority's discretionary powers were not competent under the present regional appeals arrangement. As some of the appeals at present outstanding in Scotland relate to the exercise of a board's discretionary powers, it was decided that the Scottish Joint Committee be asked to discuss with the department the application of the regional appeals machinery to cases in which consultants felt that they had been unjustly, as opposed to incorrectly, treated by their appointing authority.

Alteration of Contracts

Attention was drawn to a letter now being issued by regional hospital boards to consultants, proposing the insertion of an additional clause in their contracts defining more precisely the procedure under which boards may alter contracts in respect of variations in duties and number of sessions. It was pointed out that the Scottish Joint Committee had accepted the proposed clause as reasonable, but, when some concern was expressed, it was agreed that an explanatory communication should be sent to Regional Committee secretaries and that the matter be considered at the next meeting.

TRADE UNION MEMBERSHIP

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

Metropolitan Borough Councils.—Fulham, Hackney, Southwark, Stoke Newington.

Non-County Borough Councils.—Crewe.

Urban District Councils.—Droylsden, Houghton-le-Spring, Huyton-with-Roby.

Correction.—Sir Richard Croft was erroneously called Sir John Croft (*Supplement*, February 16, p. 63) in our reference to the physician who attended Princess Charlotte, daughter of George IV.