

which would certainly be echoed by the pharmacists present, was contained in words printed in the *British Medical Journal* (November 5, 1960, p. 1377): "unruffled and unrattled, never lost for a fact . . . steadfastness, dependability, rock-like reliability . . . trusted by everyone."

**Call it a Tranquillizer**

In response to the toast, Dr. DAIN delighted those present with reminiscences of his medical student days. He recalled as a boy staying with his sister, whose husband was a practising chemist, and learning about the filling and wrapping of bottles, and he added that he was perfectly prepared to match his skill in that art with anyone present. Turning to the present, Dr. Dain said that during his practising life modern drugs had cut short what were fatal and dangerous illnesses, but, curiously enough and disappointingly, doctors were busier than ever and the drug bill grew greater. Perhaps at some stage the point would be reached when it could be said that medicine and drugs had improved to the extent that the amount of sickness was getting smaller, but that point did not seem to be anywhere in sight yet.

Dr. Dain said there was a tendency nowadays, when a chemical formula was found which gave excellent results, to call it a tranquillizer. Then others found out what the formula was, and told their research departments to put a "C" in one place and an "N" in another and produce a better tranquillizer. Therefore the poor doctor who was trying to prescribe something useful was faced with not one tranquillizer but something like ten, all within a small chemical range and on the same basis. The chemist had to stock dozens of tablets, all of which had the same effect, and the doctor was visited by several travellers all pointing out how much better their tranquillizers were. The position was becoming intolerable, and the time had arrived when something must be done.

**RETROSPECTIVE PAYMENTS FOR HOSPITAL MEDICAL STAFF**

Hospital boards and committees have received from the Ministry of Health the necessary details to enable them to calculate the retrospective payments owing to hospital doctors as a result of the Royal Commission's recommendations. It is hoped that the payments will be made at the end of March. The amounts to be paid are calculated as a percentage of the doctor's gross salary during the relevant periods. These percentages are set out in the accompanying table issued by the Ministry. Income tax, where applicable, and superannuation contributions will be deducted before payment of the amounts due. Payments due to locums are to be made later.

The following are some examples of what these percentages mean in terms of total cash to be received by those who qualify for retrospective payments for the whole period and were in whole-time appointments during that time: consultant—£372; consultant, A award holders, including amount for basic salary—£1,623; consultant, B award holders, including amount for basic salary—£1,065; consultant, C award holders, including amount for basic salary—£780; S.H.M.O.—£446; senior registrar—£309; registrar—£478; J.H.M.O.

—£336; senior house officer—£314; house officer—£330. In each case the sums are gross and no allowance is made for income tax and superannuation contributions. Total payments to those who were in part-time appointments during the period will be proportionate.

*Percentage Payments to be Made to Doctors Employed on Regular Scales and Rates*

Grade	From March 1, 1957, to March 31, 1957	From April 1, 1957, to March 31, 1958	From April 1, 1958, to March 31, 1959	From April 1, 1959, to Dec. 31, 1959
<b>Consultants:</b>				
1. (Excluding any payments made in respect of distinction awards)	5-738	3-125	4-940	4-982
2. Payments made to A award holders in paid appointments in respect of award	13-911	14-714	18-369	20-785
3. Payments made to B award holders in paid appointments in respect of award	13-215	13-835	16-936	19-138
4. Payments made to C award holders in paid appointments in respect of award	24-929	25-817	29-562	32-368
5. Payments made to A award holders in honorary appointments	6-027	6-562	9-716	11-589
6. Payments made to B award holders in honorary appointments	3-651	4-356	6-721	8-646
7. Payments made to C award holders in honorary appointments	24-929	25-817	29-562	32-368
8. Senior hospital medical officers including senior casualty officers	9-679	6-645	8-347	8-478
9. Medical superintendents: payments made at administrative rates	11-905	7-098	10-448	10-626
10. Senior registrars	13-042	6-408	8-871	9-003
11. Registrars	23-608	15-124	17-265	17-395
12. Junior hospital medical officers	15-705	9-239	11-643	11-761
13. Senior house officers	19-213	11-575	14-114	14-166
14. House officers	30-610	22-121	24-781	25-834
15. Payments to staff fund in accordance with section 10(a) of terms and conditions of service	5-500	2-746	4-541	4-852
16. Doctors employed in accordance with section 10(b) of terms and conditions of service	7-292	4-338	6-047	6-247
17. Senior administrative medical officers	11-898	8-795	10-545	11-377
18. Deputy senior administrative medical officers	11-268	8-320	11-008	11-332
19. Assistant senior medical officers	14-004	9-443	11-382	11-581
20. Medical officers	12-719	9-253	11-153	11-709
21. Regional psychiatrists: payments made at administrative rates	11-281	8-614	11-075	11-978

**HOSPITALITY**

A German doctor would like to send his two daughters, aged 17 and 10, to stay with a British family during August either as paying guests or on an exchange basis.

A doctor from Southern Germany wishes his 18-year-old daughter to make an exchange with a British boy or girl. Alternatively he would pay for her stay with a British family. She wishes to spend July and August in this country.

A German doctor has a son aged 16 and a daughter aged 14 whom he would like to send to this country during the summer holidays on an exchange basis.

Would anyone interested please get in touch with Dr. R. A. Pallister, International Medical Advisory Bureau, B.M.A. House, Tavistock Square, London W.C.1.

**Correction.**—The Private Practice Committee decided not to oppose the existing law which disqualifies a whole-time employee from membership of a local authority. In our report (January 14, p. 4) of the Private Practice Committee's discussion on this matter we omitted the word "not" before "oppose."