

# SUPPLEMENT

TO THE

# BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, APRIL 13TH, 1912.

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## National Insurance.

### NATIONAL HEALTH INSURANCE JOINT COMMITTEE.

The following is the Advisory Committee appointed (under Section 58 of the National Insurance Act, 1911) by the Joint Committee of the several bodies of Commissioners for the purpose of giving such Joint Committee advice and assistance in connexion with the making and altering of Regulations under Part I of the Act.

I.—REPRESENTATIVES OF EMPLOYERS AND ASSOCIATIONS OF EMPLOYERS .. .. .	25
William Bagley .. Association of Glass Bottle Manufacturers of Great Britain and Ireland.	
Thomas Biggart .. Shipbuilding Employers' Federation.	
F. L. Blundell .. Agriculture (England).	
W. H. Boase .. Master Stevedores' and Master Porters' Association.	
Rev. E. F. Campbell .. Agriculture (Ireland).	
R. Garrett Campbell .. Flax Spinners' Association.	
J. Walker Clark .. National Chamber of Trade.	
Henry Clement .. Welsh Plate and Sheet Manufacturers' Association.	
J. H. C. Crockett .. Incorporated Federated Association of Boot and Shoe Manufacturers of Great Britain and Ireland.	
William J.P. Crowther. Huddersfield and District Woollen Manufacturers' and Spinners' Association; Huddersfield and District Yarn Spinners' Association; Master Dyers' and Finishers' Association.	

James Cunningham .. Dundee and District Spinners' and Manufacturers' Association.	
James Farquharson .. Scottish Building Trades' Federation.	
John Gordon .. National Federation of Merchant Tailors.	
F. A. Hargreaves .. North and North-East Lancashire Cotton Spinners' and Manufacturers' Association.	
A. W. Last .. National Association of Master Bakers and Confectioners.	
Cuthbert Laws .. The Shipping Federation, Ltd.	
Joseph Shaw, K.C. .. The Mining Association of Great Britain.	
A. Siemens .. Engineering Employers' Federation.	
C. L. A. Skinner .. Festiniog District Slate Quarry Proprietors' Association.	
F. Whitley Thomson, J.P. .. Association of Chambers of Commerce of the United Kingdom.	
Christopher Turnor, J.P. .. Central Chamber of Agriculture.	
Thomas Tweddell .. The Co-operative Union, Ltd.	
Sir Matthew G. Wallace .. Agriculture (Scotland).	
W. A. Waterlow .. Federation of Master Printers and Allied Trades of Great Britain and Ireland.	
John W. White .. National Federation of Building Trades' Employers of Great Britain and Ireland.	

## II.—REPRESENTATIVES OF INSURED PERSONS.

1. *Friendly Societies* .. .. . 20
- (a) National Conference of Friendly Societies (10).  
Walter Davies (President).  
A. H. Warren, J.P. (Vice-President).  
R. Campbell.  
G. Cromar.  
J. Duncan.  
J. N. Lee.  
M. Marlow.  
R. W. Moffrey, J.P.  
Walter Stead.  
J. H. Steele, J.P.
- (b) Small Societies (4).  
Chas. Bathurst, M.P. (England).  
Henry Haydn Jones, M.P. (Wales).  
John Mann, Junior (Scotland).  
M. J. O'Lehane (Ireland).
- (c) Holloway and Deposit Societies (2).  
F. W. Daniels.  
F. W. Tuckfield.
- (d) Dividing and Unregistered Societies (2).  
H. Kingsley Wood.  
P. Rockliff.
- (e) Provident Funds at Particular Works (2).  
F. H. Brown (Great Western Railway Provident Society).  
H. T. Manley (South Metropolitan Gas Company).
2. *Industrial Assurance Companies and Collecting Friendly Societies* .. .. . 8
- Nominated by the Association of Industrial Assurance Companies and Collecting Friendly Societies and the Prudential Assurance Company:
- F. D. Bowles, J.P.  
R. Wm. Green.  
A. Henri.  
F. T. Jefferson.  
J. E. Owens.  
F. Schooling.  
Ed. Smith, J.P.  
A. C. Thompson.
3. *Trade Unions* .. .. . 26
- W. Adamson, M.P. .. Miners' Federation.  
Mrs. O. M. Aldridge .. Women Confectioners' Society.  
W. A. Appleton .. General Federation of Trade Unions.  
J. N. Bell, J.P. .. National Amalgamated Union of Labour.  
C. W. Bowerman, M.P. .. London Society of Compositors.  
Thomas Chambers .. National Sailors' and Firemen's Union.  
F. Chandler, J.P. .. Amalgamated Society of Carpenters and Joiners.  
W. B. Cheesman .. United Government Workers' Federation.  
J. Collins .. Grimsby Steam Fishing Vessels Engineers' and Firemen's Union.  
R. Davies .. Municipal Employees' Association.  
W. J. Davis, J.P. .. National Society of Amalgamated Brass Workers and Metal Mechanics.  
George Edwards .. Eastern Counties Agricultural Labourers' and Small Holders' Union.  
A. H. Gill, M.P. .. Amalgamated Association of Operative Cotton Spinners.  
A. Gossip .. National Amalgamated Furnishing Trades Association.  
Miss M. A. Henry .. National Amalgamated Union of Shop Assistants, Warehousemen, and Clerks.  
Jenkin Jones .. Amalgamated Society of Engineers.  
R. T. Jones .. North Wales Quarrymen's Union.  
Miss M. R. Macarthur .. National Federation of Women Workers.  
Wm. Mosses .. Engineering and Shipbuilding Federation.  
Miss Grace Neal .. Domestic Workers' Union of Great Britain.

- George Parker .. National Federation of Engine-men, Stokers, and Kindred Trade Societies.  
E. L. Poulton, J.P. .. National Union of Boot and Shoe Operatives.  
James Sexton, J.P. .. National Union of Dock Labourers.  
D. Sheard .. National Union of Life Assurance Agents.  
Ben Turner, J.P. .. General Union of Weavers and Textile Workers.  
J. E. Williams .. Amalgamated Society of Railway Servants.

4. *Other Representatives of Insured Persons, not included in the above Categories* .. .. . 13

- Her Excellency the Countess of Aberdeen .. Women's National Health Association of Ireland.  
William Binnie .. Agriculture in Scotland.  
Miss Bondfield .. Women's Trade Union League.  
F. Bradley .. Agriculture in Ireland.  
Mrs. Allen H. Bright .. National Union of Women Workers.  
Mrs. Edwin Gray .. National Union of Women Workers.  
Miss E. H. Haldane .. Social Worker in Scotland.  
Miss L. Harris .. Women's Co-operative Guild.  
Miss S. C. Harrison .. Social Worker in Ireland.  
J. J. Mallon .. National Anti-Sweating League.  
Miss G. Morgan .. Poor Law Guardian.  
Miss Constance Smith .. National Union of Women Workers.  
Miss Gertrude Tuckwell .. Women's Trade Union League.

## III.—MEDICAL MEMBERS.

1. *Qualified Medical Practitioners with Personal Experience of General Practice* .. .. . 16

## (a) Nominated by the British Medical Association (13).

## ENGLAND.

## Group of Divisions.

- Metropolitan Counties — North and East Metropolitan Groups: City, Stratford, South-West Essex, North Middlesex, St. Pancras and Islington, and Hampstead Divisions.  
Central Metropolitan Group: Marylebone and Westminster Divisions.  
Bath and Bristol Branch.  
Gloucestershire Branch.  
West Somerset Branch.  
Worcestershire and Herefordshire Branch.  
Dorset and West Hants Branch.  
South-Western Branch.  
Lancashire and Cheshire Branch.  
Bath and Bristol Branch.  
Gloucestershire Branch.  
West Somerset Branch.  
Worcestershire and Herefordshire Branch.  
Dorset and West Hants Branch.  
South-Western Branch.  
Birmingham Branch.  
Staffordshire Branch.  
North Wales Branch.  
Shropshire and Mid-Wales Branch.  
South Wales and Monmouthshire Branch.  
North of England Branch.  
North Lancashire and South Westmorland Branch.  
Yorkshire Branch.  
West Metropolitan Group: Richmond, Ealing, Chelsea, Kensington, and Watford and Harrow Divisions.  
South Metropolitan Group: Lambeth, Norwood, and Wandsworth Divisions.
- Dr. R. M. BEATON ..  
Dr. T. M. CARTER ..  
Dr. S. HODGSON ..  
Dr. J. A. MACDONALD ..  
Dr. J. NEAL ..  
Dr. D. F. TODD ..  
Mr. E. B. TURNER ..

Group of Divisions.	
Mr. T. JENNER VERRALL	Bath and Bristol Branch.
	Gloucestershire Branch.
	West Somerset Branch.
	Worcestershire and Herefordshire Branch.
Dr. A. H. WILLIAMS	Dorset and West Hants Branch.
	South-Western Branch.
	West Metropolitan Group: Richmond, Ealing, Chelsea, Kensington and Watford, and Harrow Divisions.
	South Metropolitan Group: Lambeth, Norwood, and Wandsworth Divisions.
SCOTLAND.	
Dr. JOHN ADAMS	Glasgow Southern Division.
	Glasgow Central Division.
Dr. J. MUNRO MOIR	Glasgow Eastern Division.
	Northern Counties of Scotland Branch.
Dr. E. O. PRICE	Aberdeen Division.
	WALES.
	Denbigh and Flint Division.
Dr. J. S. DARLING	North Carnarvonshire and Anglesey Division.
	South Carnarvonshire and Merioneth Division.
IRELAND.	
Dr. J. S. DARLING	Portadown and West Down Division.
(b) Nominated by the Association of Registered Medical Women (3).	
Miss M. H. F. Ivens, M.S.	
Miss C. E. Long, M.D. Brux.	
Miss A. M. Watson.	
2. Medical Men selected by the Commissioners ..	17
Christopher Addison, M.D., M.P.	Secretary of Board of Intermediate Medical Studies, University of London.
Sir T. Clifford Allbutt, M.D., K.C.B.	Regius Professor of Physic, University of Cambridge.
C. J. Bond, F.R.C.S.	Senior Honorary Surgeon, Leicester Infirmary.
Sir R. J. Collie, M.D., J.P.	Medical Examiner, London County Council.
Sir Frederic S. Eve, F.R.C.S.	Surgeon, London Hospital.
Adam Fulton, M.B., B.Ch.	Surgeon, South Yorks, Notts and Derbyshire Coalfield.
R. McKenzie Johnston, M.D., C.M.	Consulting Aural Surgeon, Royal Infirmary, Edinburgh.
Herbert Jones ..	Medical Officer of Health, Herefordshire Sanitary Districts.
E. J. Maclean, M.D. ..	Senior Gynaecologist, Cardiff Infirmary.
H. H. Mills, M.D. ..	Physician in General Practice.
G. Reid, M.D.	Medical Officer of Health, Staffordshire.
J. Robertson, M.D. ..	Medical Officer of Health, Birmingham.
Lauriston E. Shaw, M.D.	Physician, Guy's Hospital.
Professor R. Stockman, M.D.	Professor of Materia Medica and Therapeutics, University of Glasgow.
W. E. Thomas, M.D., C.M.	Surgeon, Pentre and Tynybedw Collieries and Pentre Engineering Works.
Norman Walker, M.D., C.M.	Physician, Diseases of Skin, Royal Infirmary Edinburgh.
Professor G. Sims Woodhead, M.D.	Professor of Pathology, Cambridge University.
IV.—OTHER PERSONS SELECTED BY THE COMMISSIONERS.	
1. Pharmacists ..	2
J. P. Gilmour ..	Pharmaceutical Standing Committee on National Health Insurance.
W. J. U. Woolcock ..	Pharmaceutical Standing Committee on National Health Insurance

2. Midwives ..	2
Mrs. Bedingfeld ..	Incorporated Midwives' Institute.
Miss Alice Gregory ..	Incorporated Midwives' Institute.
3. Nurses ..	2
Miss M. Hardman ..	Superintendent, Leicester District Nursing Association.
Miss A. Michie ..	Superintendent, Worcester City and County Nursing Association.
4. Hospital Authorities ..	2
D. J. Mackintosh, M.B., M.V.O.	British Hospitals Association.
A. William West ..	Central Hospital Council for London.
5. Chartered Accountants ..	1
Sir William Plender ..	President of the Institute of Chartered Accountants.
6. Local Authorities ..	10
W. F. Anderson, D.L.	Convention of Royal Burghs.
Horatio Brevitt ..	Association of Municipal Corporations.
D. J. Cogan ..	Irish County Councils' General Council.
Michael A. Ennis ..	Irish County Councils' General Council.
Right Hon. Henry Hobhouse ..	County Councils Association.
F. L. Jones, LL.B. ..	Urban Districts in Wales.
Thomas Munro ..	Association of County Councils in Scotland.
R. Beattie Nicholson	Association of Municipal Corporations.
Alderman Thomas Parry	Boroughs in Wales.
Sir Edward White, J.P.	London County Council.

There will also be included in the Advisory Committee to the Joint Committee five persons (of whom one will be a woman) from the Advisory Committees to the Scottish, Irish, and Welsh Commissions respectively.

The Chancellor of the Exchequer will be Chairman of the above Committee, and Mr. C. F. G. Masterman, M.P. (Chairman of the Joint Committee), will be the Vice-Chairman.

#### ANALYSIS.

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1. Pharmacists ..	2
2. Midwives ..	2
3. Nurses ..	2
4. Hospital Authorities ..	2
5. Chartered Accountants ..	1
6. Local Authorities ..	10
V. FIVE ADDITIONAL MEMBERS FROM THE ADVISORY COMMITTEES TO THE SCOTTISH, IRISH, AND WELSH COMMISSIONS ..	15
Total ..	159



## HEREFORD DIVISION.

## THE INSURANCE SCHEME.

We have received the following correspondence:

Bodenham Road, Hereford,  
April 1st, 1912.

Sir,

I have been instructed by this Division to forward to you the enclosed correspondence, and to request that you will kindly publish it in the JOURNAL.

Yours truly,  
ARTHUR WOOD,  
Honorary Secretary.

The Editor,  
The BRITISH MEDICAL JOURNAL.

Bodenham Road, Hereford,  
March 6th, 1912.

Dear Dr. Maclean,

I have had my attention called as Secretary of this Division to the enclosed account of a meeting to explain the Insurance Act, in which the chairman is reported to have said, "He happened to know from Dr. Maclean that the doctors were going to come into line." It has been suggested that this statement means that the doctors are going to give up the six cardinal principles, and I quite agree with the suggestion.

We should be very glad if you would give a denial to this statement either in a letter to the Division which we could publish in the *Hereford Times*, or if you prefer, in a letter direct to the *Hereford Times*. It is obvious to me that a statement of this kind is a misrepresentation of your views, and is one that unless contradicted will lead to a thoroughly false idea of our position.

Yours truly,  
ARTHUR WOOD.

12, Park Place, Cardiff,  
March 8th, 1912.

Dear Dr. Wood,

I am obliged to you for calling my attention to the report in the *Hereford Times* of the 2nd inst. of a meeting held at Marden to explain the provisions of the Insurance Act.

You very properly refer to a statement in that report attributed to the chairman of the meeting, and which has reference to myself, as being misleading.

I need hardly say that, in my view, the only way to secure that the doctors "will come into line" is by the recognition of their just and reasonable demands.

Please make what use you think proper of this letter.

I am,  
Yours truly,  
EWEN J. MACLEAN.

Dr. Wood,  
Honorary Secretary, Hereford Division,  
British Medical Association.

Bodenham Road, Hereford,  
March 20th, 1912.

Dear Dr. Maclean,

I placed your letter of March 8th before this Division on Saturday afternoon and, after much discussion, I was instructed to write to you and express the Division's regret that your letter was not sufficiently explicit to publish, and at the same time its desire that you would kindly write to Mr. Parish remonstrating with him for coupling the name of one of the prominent officers of the Association with a statement which would lead the public to think that the profession were giving way on their demands regarding the National Insurance Act, and also suggesting to him that in the future he might be more careful in regard to his statements as to the doctors' actions.

As the Division is anxious that the correspondence on this subject should be published in the JOURNAL, I should be glad if you will kindly give me permission to publish your reply.

Yours truly,  
ARTHUR WOOD,  
Hon. Sec. of the Hereford Division.

12, Park Place, Cardiff,  
March 25th, 1912.

Dear Dr. Wood,

In further reference to your letter of the 20th instant, I have communicated with Mr. Parish and the following is a copy of his reply:

March 23rd, 1912.

Dear Dr. Maclean,

I have yours of March 21st. I am sorry you should have been troubled by my inadvertently mentioning your name at Marden on February 24th ultimo.

The *Hereford Journal* does not report any such sentence in my speech as your friends have gathered from the *Hereford Times*, which I think is not improbably incorrect or incomplete, because I was speaking amidst a great deal of disorder and interruption.

As the meeting took place over a month ago, I find it hard to recall precisely what words I used; at all events, I had no intention of conveying to the audience the sense which the report in the *Hereford Times* implies.

That would have been misleading, having regard to the nature of our original conversation on the evening of February 22nd, when you made it clear that in your view the doctors would come into line only if and when their requirements were conceded.

Believe me,  
Yours very truly,  
CLEMENT W. PARISH.

I note that your Division expressed regret that my previous reply was not sufficiently explicit for publication. Presumably the content of the present letter will supply that deficiency. You have my permission to publish the correspondence.

I am,  
Yours truly,  
EWEN J. MACLEAN.

Dr. Arthur Wood,  
Hon. Sec., Hereford Division, B.M.A.

## MEETINGS OF THE PROFESSION.

## THE SHOREDITCH MEDICO-ETHICAL SOCIETY.

THE inaugural meeting of this society took place at 26, Queen's Road, Dalston, on Tuesday, March 26th, by kind permission of Dr. J. H. Porter. Dr. MAJOR GREENWOOD was in the chair, and there were present: Drs. A. G. Southcombe (Honorary Secretary City Division), A. H. Sandilands, T. Chetwood, J. Fettes, H. Bird, H. E. Garrett, H. A. Speed, H. G. Dixon, M. P. Ladell, J. Hobbs Crampton, L. Unwin Young, W. F. Roe, A. Ambrose, G. B. Morison (Chairman of the St. Pancras Division), J. O'Dwyer, A. B. Hammond, and J. H. Porter.

In opening the proceedings, the CHAIRMAN said that although the present meeting was being held under the auspices of the British Medical Association, it was in no sense a meeting of that body, and members and non-members of that Association were precisely on the same terms.

Dr. PORTER said that at the last meeting of the Executive Committee of the City Division it had been resolved that the most urgent matter in the immediate future was to improve the local organization of the profession. With that object the area of the City Division had been mapped out and divided among individual members resident in particular districts to canvass all members of the profession in those districts, and, where possible, to form local associations. The borough of Shoreditch had been allotted to him; he had communicated, either personally or by letter, with every practitioner in that borough, and he was glad to say he had had only two refusals to accept the invitation he had sent to attend the meeting, and in each of these the writer was thoroughly in sympathy with the course that had been taken.

The CHAIRMAN then briefly pointed out the present position of the profession in reference to the National Insurance Act. He enumerated the terms of the ultimatum that had been recently sent to the Insurance Commissioners by the State Sickness Insurance Committee on behalf of the British Medical Association and the profession. In his opinion it was unlikely that they would be accepted, and, failing that, suspension of medical benefits to insured persons was most likely to follow. Then the profession would be face to face with the friendly societies largely augmented in numbers, and victory in the contest that was bound to come could only be secured by good local organization. He read Minute 62 of the Representative Meeting in February last:

That in event of the suspension clause coming into effect, no new members be accepted by club doctors below a rate to be fixed by the State Insurance Committee.

As most of the practitioners in Shoreditch were club doctors, this resolution, he said, largely affected them, and would require most careful consideration. It would be impossible to take any steps in this direction unless men knew what their professional neighbours were prepared to

do, and only by meeting together and discussing the matter could this be known. Organization of this kind, in which every one could and must help, was the only hope. Resolutions passed at Representative Meetings were not enough, and would be practically valueless unless seconded by local efforts. It was for this reason that it was proposed to inaugurate that evening an association of all medical men practising in Shoreditch, and the first resolution he should put to the meeting was:

That an association of all practitioners in the area of the borough of Shoreditch be immediately organized.

This was seconded and carried unanimously.

The CHAIRMAN said it would be necessary to name this association. In the borough of Islington, adjoining, two local associations had been organized under the name of Medico-Ethical Societies. As he thought there was some value in uniformity, he would move that the name be the "Shoreditch Medico-Ethical Society." This was seconded and carried with some dissent. It was stated that the term "ethical" had been objected to in Finsbury. But Dr. ROE explained that the objection had proceeded from only one person.

The meeting then proceeded to appoint officers. Dr. Major Greenwood was elected President, and Dr. Henry Bird Vice-President. Dr. J. H. Porter was elected Honorary Secretary. It was decided that there should be an Executive Committee consisting of the President, Vice-President, Treasurer, and Secretary, and four elected members, Drs. Garrett, Ambrose, Chetwood, and Dixon. It was decided that the office of Treasurer should be held provisionally by the Honorary Secretary. The subscription of members was to be 5s. annually, and Drs. Fettes and O'Dwyer were appointed auditors.

The Executive Committee was instructed to meet as soon as possible, and formulate a set of rules to be submitted to another general meeting.

Dr. ROE gave an interesting account of the origin and progress of the Finsbury Medical Society, and Dr. MORISON described what had been done in Islington. Dr. SOUTHCOMBE briefly pointed out how these local societies might assist the work of the British Medical Association.

The meeting separated with a vote of thanks to Dr. Porter and the Chairman.

#### LEWISHAM.

A MEETING of the Lewisham (Provisional) Medical Committee was held at the Lewisham Infirmary on Thursday, April 4th, at 4 p.m. Dr. T. Comber was elected Chairman and Dr. Edgar Du Cane appointed Honorary Secretary.

The following rules and regulations were adopted:

1. That the Provisional Medical Committee shall not have power to deal with any other matters than those pertaining to the Act.
2. That the Metropolitan Counties Branch Council, or a Committee appointed by it for the purpose, be recognized as the co-ordinating centre, and that the Local Committee shall not enter into any dealings with the authorities under the Act, nor seek recognition from any such authority until it has received the sanction of the Branch Council for so doing.
3. That the Local Provisional Medical Committee shall not apply for the sanction of the Branch Council for the purpose mentioned in Rule 2 until it shall have called a meeting of all the medical practitioners in the borough and obtained the sanction of the meeting for so doing.
4. That the Provisional Medical Committee shall keep the Branch Council fully informed as to its course of action and the results obtained.
5. That the Committee shall call a meeting of the whole of the medical practitioners of the borough within fourteen days of the receipt of a requisition to that effect signed by at least twenty of the medical men in the borough, who must give satisfactory security for the expenses of the meeting.
6. That the Provisional Medical Committee be empowered to call at any time a meeting of all the medical practitioners of the borough.
7. That the Provisional Medical Committee be empowered to fill the vacancies that may occur upon the committee.

It was resolved that each medical practitioner resident within the borough should be asked to subscribe 5s. towards the expenses of the Committee.

The Secretary was instructed to ask for information as to the progress of the negotiations between the Insurance Commissioners and the State Insurance Committee, and as to the probable date of issue of the "Regulations for Medical Benefits."

Subcommittees were formed to organize the profession in (1) Brockley, Forest Hill, and Sydenham, (2) Lee and Blackheath, (3) Catford and Lewisham.

THE Subcommittee for Catford and Lewisham held a meeting on April 10th, when a personal canvass was undertaken of those who are not members of the British Medical Association who have not signed the undertaking nor contributed to the Insurance Defence Fund.

The following form of local guarantee was drawn up and extensively signed:

We, the undersigned medical practitioners, resident in the Borough of Lewisham, hereby agree not to accept any medical work under the National Insurance Act, or any other medical contract work, at lower terms than those sanctioned by the British Medical Association.

The following resolution was carried:

That this meeting of Lewisham medical practitioners views with grave apprehension the names of those members of the profession selected by the Insurance Commissioners to act on the Advisory Committee, considering that it was understood that the Act was to be worked solely by general practitioners, and that as a consequence there was an implied condition that the majority of the appointments on the Advisory Committee should be given to members of the profession in general practice. That of the number appointed not more than three can be even supposed to have knowledge of general practice, and that as a consequence any advice from such source will be received by the profession with grave apprehension; that, consequently, we emphatically protest against the names announced in the morning papers.

#### CORRESPONDENCE.

*[It is particularly requested that communications intended for publication should be written on one side of the paper only, and should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, London, W.C.]*

#### A PLEA FOR UNITY.

DR. SAMUEL AGNEW (Lurgan), in the course of a letter on this subject, writes: The exclusion of medical benefits from the Act in its application to Ireland does not diminish our interest, but rather intensifies the difficulties of the position as it affects the medical practitioner of this country. Such exclusion is only likely to be very temporary, and if we do not prepare for eventualities, the near future will find us in a condition of absolute helplessness.

Ireland will be overrun with approved societies under the Act, of which this country has had no previous experience, and which will be straining every point to get control of the profession in manner which has hitherto only been manifested in the club practices so common in Great Britain, but which only exist in the larger industrial centres in this country.

Club practice, as hitherto carried on, has had a most debasing influence on the profession of medicine, and any extension of it to Ireland is not only to be deprecated, but must be obstinately resisted. Under the Insurance Act all insured persons must be made to look upon his medical adviser not as a club doctor but as his regular medical attendant who will stand to him or her in exactly the same relationship that the trusted family physician stands to the household in which his position is both secure and recognized. Such a relationship begets confidence and inspires trust, and is duly respected on both sides.

A very good beginning has already been made in the direction of securing unity and homogeneity. A mass meeting, representing all sections of the profession and embracing delegates from all parts of Ireland, was held in Dublin on June 30th last. Prior to this meeting a referendum had been taken to ascertain the opinions of the doctors resident in Ireland on the most vital points that affected their interests in consequence of the introduction of the bill. These opinions were calmly and intelligently discussed, a line of policy decided upon, and an influential committee appointed to take charge of the affairs of the profession as affected by the bill, to safeguard its interests, and to carry out its policy. This committee was to consist of the Irish Committee of the British Medical Association and a committee appointed by the Council of the Irish Medical Association. It was to be called a Conjoint Committee, and was to have power to add to its numbers, so as to strengthen its influence and to make it thoroughly



representative of the profession in Ireland. The Council of the Irish Medical Association appointed unanimously their Committee of Council to act, containing as it did the most trusted members of the Council, and at the first meeting of the Conjoint Committee four other members were co-opted mainly to represent and safeguard the interests of the dispensary doctors, who comprised almost a third of the profession. Subsequently, on its becoming known that medical benefits were to be deleted so far as Ireland was concerned, a meeting of delegates of the dispensary doctors was held in Dublin which was largely attended, and at a second meeting of the same delegates it was resolved to ask the Conjoint Committee to co-opt four additional members, who were duly named, to still further safeguard the interests of the Poor Law members of the profession. This request was at once acceded to, four nominated members being co-opted, and to make the Conjoint Committee absolutely representative of the entire profession and so increase its power and influence both outside and inside the profession, it was further resolved to invite the five universities in addition to the Royal Colleges to nominate each a member for co-optation on the Committee. The composition of the Conjoint Committee was thus made thoroughly representative, and as such should command the confidence and support of every member of the profession in Ireland. Furthermore, at the meeting of the Council of the Irish Medical Association on the following resolution was unanimously passed: "That this Council, through the Conjoint Committee, beg to offer their assistance to the Insurance Commissioners in the selection of any members of the profession that will represent it on the several Committees and in matters in which the interests of the profession will be involved."

A similar resolution was passed by the Irish Committee of the British Medical Association, and copies of both sent to the Irish National Insurance Commissioners. The Conjoint Committee accordingly offered their services to the Insurance Commissioners claiming the right to nominate duly qualified members to act on the Advisory Committee. Notwithstanding, the Insurance Commissioners for Ireland sent out an invitation to some eight or ten medical associations and other bodies inviting each to submit a list of three names, as they proposed to make a selection of a number of persons qualified in accordance with the Act to act on the Advisory Committee. They thus endeavour to ignore the united voice of the profession, and to destroy the cohesive qualities which had up to the present been so conspicuous in the organization of the profession. However, I am pleased to be able to state that all the bodies thus invited have responded by drawing attention to the fact that the Conjoint Committee, being so thoroughly representative of the profession, is the proper body to make the nominations. The number of medical representatives on the Advisory Committee being understood to be very limited, about four, the Conjoint Committee agreed to send forward eight names—namely, two for each Province, such a division being considered the one best calculated to give the greatest satisfaction. It is to be hoped that this thinly-veiled attempt to sow dissension among the Irish doctors will be nipped in the bud, and that no excitable or selfish members of the profession will be found to play into their hands. Our whole strength depends upon unity and cohesion. The situation is critical. No note of discord must be sounded, and if we only work and keep together, victory will be our reward.

Knowing that it is the intention to have a mass meeting in Dublin at an early date, consisting of delegates and representatives from every county area and district in Ireland, to consolidate the profession and organize its members, and decide upon a definite line of action, I desire to make the following suggestion as to formulating a scheme of organization which should command the confidence and support of every individual member, and by securing a thoroughly representative executive body make it impossible for any small, self-opinionated sections to run counter to the matured policy of the general body of practitioners. Under the National Insurance Act it is well known that the local area is that of county or county borough. I have, therefore, taken it as the unit, as it will be necessary for all the medical men in each county or county borough to form themselves into a committee to carry on negotiations with the local Insurance Committee.

Such a committee should appoint an executive committee consisting of their chairman and secretary with seven other members.

The executive committee of each area in a province should form a provincial committee, one of whose special duties should be the selection of two (or three) members of the central council, and this central council, following the lines already adopted by the profession, should be made up as follows—namely:

1. The Irish Committee of the British Medical Association.
2. A similar number appointed by the Council of the Irish Medical Association.
3. Eight (or twelve) appointed by the Provincial Committees, each committee appointing two (or three).
4. One representative from the medical faculties of each of the five universities, the Royal College of Physicians, the Royal College of Surgeons, and the Apothecaries' Hall.
5. Four co-opted members for special purposes.

I feel satisfied that the foregoing arrangement would satisfy every reasonable member of the profession, and that the fault would lie entirely on the shoulders of the members themselves if it did not secure an executive body which could be universally trusted to carry out the pronounced opinion of the profession, to give proper guidance in the selection of lines of action, and generally to safeguard the interests of all affected. Unity and united action would thus be secured and success guaranteed.

#### A TARIFF.

Dr. WILLIAM THORNELEY (Epsom) writes: In less than three months the National Insurance Act becomes law. As yet there are no guarantees that the minimum demands of the medical profession will be acceded. It is, therefore, of the utmost importance that we should be prepared with a definite and detailed scheme for providing adequate attendance upon persons insured under the Act on terms acceptable to the profession.

On behalf of the Epsom and District Medical Society, I therefore venture to submit the following details of the scheme outlined by Dr. E. C. Daniel in the *BRITISH MEDICAL JOURNAL SUPPLEMENT*, March 2nd, 1912, and agreed upon by all the medical men practising in this district, and also approved, as I understand, by the neighbouring Leatherhead and District Society.

1. All ordinary day visits, 2s. 6d.
2. Mileage over 2 miles 1s. extra per mile, day or night.
3. Attendance at surgery and medicine for two days, 1s. 6d.; renewal of medicine for two days, 1s.
4. Visits from 6 p.m. to 10 p.m., 1s. extra; night visits, 10 p.m. to 10 a.m., double the day fees. Attendance at surgery after surgery hours, until 10 p.m., 1s. extra; 10 p.m. to 9 a.m., double the day fees.
5. Certificates to enable to draw sick pay, free; other certificates, 1s.
6. Midwifery: Obstetric emergencies according to present Poor Law scale; ordinary confinements according to private agreement.
7. Surgical. Fees for operation not to cover after-attendance.

	£	s.	d.
General anaesthetic ... ..	1	1	0
Local " " " " " " " " " "	0	5	0
Major operations, minimum fee ...	5	5	0
(In cases of emergency the fee to be decided at a special meeting of the Society.)			
Minor operations—			
Reducing dislocation of lower jaw ...	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	3	3	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
Reducing old dislocations, a double or treble fee, according to circumstances.	1	1	0
Reducing fracture of lower jaw ...	1	1	0
" " " " " " " " " "	0	10	6
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	1	1	0
" " " " " " " " " "	3	3	0
" " " " " " " " " "	2	2	0
Amputation of finger or toe ...	1	1	0
Tenotomy " " " " " " " " " "	1	1	0
Excision of small localized growths ...	1	1	0
Abscission of tonsils and adenoids ...	1	1	0
Operations on lacrymal sac ...	1	1	0
Operation for removal of naevus ...	1	1	0
Operation for removal of cicatrices ...	1	1	0
Skin-grafting " " " " " " " " " "	1	1	0
Removal of nasal polypi ...	1	1	0

	£	s.	d.
Removal of foreign bodies from ear, nose, pharynx, oesophagus or eye (when imbedded) ... ..	0	10	6
Tracheotomy ... ..	3	3	0
Introduction of stomach pump ... ..	0	10	6
Trocar suction ... ..	0	10	6
Paracentesis thoracis ... ..	1	1	0
Paracentesis abdominis ... ..	1	1	0
Reduction of hernia by taxis ... ..	1	1	0
Examination of rectum or vagina with speculum ... ..	0	5	0
Introduction of pessary ... ..	0	5	0
Operation for <i>fistula in ano</i> ... ..	2	2	0
Reduction of prolapsus ani ... ..	0	5	0
Operation for phimosis or paraphimosis ... ..	1	1	0
Introduction of catheter ... ..	0	5	0
Suprapubic puncture of bladder ... ..	2	2	0
Injecting bladder ... ..	0	10	6
Laying open an abscess or sinus ... ..	0	5	0
Dry cupping ... ..	0	7	6
Venesection ... ..	0	10	6
Syringing the ears ... ..	0	5	0
Administering an enema ... ..	0	5	0
Curetting the uterus ... ..	1	1	0
Saline infusion ... ..	0	10	6
Operation for ingrowing toe-nail ... ..	1	1	0
" " carbuncle (a minimum of) ... ..	0	10	6
Stitching wounds, in addition to attendance fee, per stitch ... ..	0	1	0
Removing needle from under skin ... ..	0	10	6
" " embedded in flesh ... ..	1	1	0

The above are the terms upon which in this district all are agreed to give willing service.

To begin with, it is proposed that the scheme should apply only to members of approved societies insured under the Act, and whose incomes do not exceed £104 per annum. For the present we do not propose to hold the fund liable for fees for operations, bacteriology, or for electrical methods of diagnosis and treatment.

Later, when the scheme has been in operation for a sufficient length of time to show whether, as we have reason to hope, the fund shows a material balance, the question may arise whether other persons may be admitted—for example, women and children, the Post Office class of contributors, etc.—or whether it may stand the payment in whole or part of the fees for operations, bacteriology, etc.

I may add that in Epsom provision exists at present for the treatment of women and children and others through a provident dispensary, while those who are unable to pay the contributions to this can, of course, insure attendance by applying for parish relief.

#### MODE AND RATE OF REMUNERATION.

Dr. HENRY H. HAWARD (Northwich) writes: In reply to my letter, Dr. P. R. Cooper contends that my conclusion from the returns of the National Deposit Friendly Society is not a fair one. I thought that I showed impartially from the statistics of the twenty-four Divisions out of the first thirty-five Divisions formed (excluding five later formed as being too recent to give a satisfactory conclusion) that the sickness incidence does not tally with the amounts paid to the doctors. Indeed, out of the remaining eleven Divisions whose statistics I did not give, only in seven can it be said that there is an agreement, five being average both in sick pay and medical pay, and two having both sick and medical pay small. Thus, including the West Kent, which I gave as the only one where both are large, there are only eight divisions out of thirty-five that can be said to be in any way satisfactorily in agreement. Consequently I think the conclusion is both evident and fair.

Dr. Cooper is also in error in saying that the medical fees are on a fixed basis, while the sick pay varies with the contributions. The fee of 2s. 6d. a visit is only for those members whose contributions are less than 5s. a month and who receive less than 5s. a day when sick. For every 1s. a month extra contribution the visiting fee is 6d. extra. Thus, with contributions of 10s. a month the visiting fee is 5s., with sick pay of 10s. a day.

Dr. Cooper seems to think that the number of visits under capitation would be greater than under payment per attendance; but surely they should be the same, otherwise there must be neglect of duty in the one case or over-visitation in the other. This is proved by a comparison with the returns of the Manchester Unity, because the club doctor only attends about one-third of the sickness, the members preferring to go to the man of their

choice, or having provided doctors whom they are compelled to attend.

The question seems to resolve itself into this: Under the free choice of doctor, the patients being the same and the visits the same, which is preferable—attendance at 2s. 6d. a visit on each man for 3.15 days, or a capitation fee of 8s. 6d.?

But I also insist that the question of fees is a comparatively small matter compared to signing away our liberties. A fixed fee per visit gives a right to expect us to come when the fee is contracted for. Not so under capitation; we much more easily refuse to pay a visit, and send a bottle of medicine instead, because the responsibility is on our own shoulders when we refuse to accept slavery, and they can go to another doctor if they are not satisfied. Thus our independence is preserved and we retain and enlarge the status of our professional responsibility. I certainly prefer the freedom of capitation fees to the binding conditions of private practice under contract terms.

Dr. B. J. COLLYER (Paignton, S. Devon) sends a letter on the distinction between ordinary visits and visits for which extra payment should be made. He says that visits between 8 a.m. and 8 p.m., or even 10 p.m., or even between 7 a.m. and 10 p.m., are often described as ordinary visits. He does not consider visits paid at the time of breakfast, luncheon, or dinner, or perhaps at 9 p.m., ordinary visits. While ready to help a patient if really necessary, he considers such a visit ought to be recognized to be a special one. In his opinion only visits made in the morning or afternoon round should be recognized as ordinary, and one which through no fault of the doctor must be paid at any other time a special visit. Dr. Collyer invites the State Sickness Insurance Committee to consider the principle involved, and also to include a rule that messages must be sent, except in the case of sudden illness or accident, before the morning round has started.

#### PSYCHOLOGY OF PAYMENT FOR ATTENDANCE.

Dr. P. R. COOPER (Bowdon) writes: Dr. B. Hall's contribution under this head calls for reply. He appeals to psychology to prove that payment per visit is impracticable. Evidently, to a psychologist like Dr. Hall, the mere fact that payment per attendance is not only practicable, but actually and successfully working at the present time—vide the National Deposit Friendly Society, the Scottish Widows' Provident Association—can safely be ignored. I am, however, willing to meet Dr. Hall on the plane he has chosen. His somewhat prolix argument can, I think, be fairly summarized in his own words:

Resist the conclusion as we will, we are compelled to recognize that the chief factor which determines the number of visits to any one and so to all cases is the mentality of the visitor, the doctor, and this mentality is a thing of unknown, immeasurable quantity and of infinitely variable intent. Actuaries cannot safely work on figures that vary indefinitely, and thus they could not draw up an insurance scheme under which doctors would be paid for their visits.

Whilst challenging the whole of the foregoing statement, I will, for simplicity of discussion, resolve it into three parts, and deal with these in order:

1. The chief factor in determining the number of visits is the mentality of the doctor—unless is here meant "other things equal," this can certainly not be granted, but the context implies Dr. Hall's belief that the mentality of the doctor is a far more important factor than the nature or seriousness of the case, the peculiarities of the patient and friends, the surroundings, etc. Presumably, then, the doctor who is "afflicted with the propensity to visit" will pay as many or more visits per week to a phlegmatic and otherwise healthy patient with a chronic ulcer of the leg as to, say, a highly-strung patient with acute pneumonia and threatened heart failure upon whose life, perhaps, a good deal depends. I should be sorry to think such mentality is as common as Dr. Hall seems to believe. He instances attendance after confinements as showing to his satisfaction that "one doctor may have 350 per cent. more propensity to visit in his composition than another." Presumably, again, all confinements are exactly alike, the need for medical attendance never varies, or only to an infinitesimal degree; and such details as a nervous, exacting patient or husband, injuries during labour, hæmorrhage, pyrexia, eclampsia, phlebitis, mastitis, etc., exist only in



the inner consciousness of the doctor in attendance, whose visits are solely controlled thereby—these assumptions are, I venture to think, contrary to the experience of most medical men, and obviously stray far from the facts. But facts do not seem to trouble Dr. Hall's mentality.

2. "This mentality is a thing of unknown, immeasurable, quantity and of infinitely variable intent." Dr. Hall is evidently unaware that this statement is the negation of any science of psychology, for how could any science be based on data which are "unknown," "immeasurable," and "infinitely variable." To psychologists mental data are as definite, ascertainable, and subject to the same laws of scientific reasoning as physical data. No doubt, in any particular instance, it may be difficult or impossible to deduce the exact motive (or percentage of motive—whether 350 or 1 per cent.) which leads to any given act. Dr. Hall's reasoning is that, as in any one instance we cannot exactly state this percentage, therefore in a vast multitude of instances the variability becomes infinitely increased and utterly incalculable. Again, his reasoning is in dissonance with facts. The law of averages applies with equal force to both mental and physical data, and nothing is more certain than that even the most apparently incalculable psychical phenomena are easily capable, in the mass, of being averaged and assessed with a remarkable degree of accuracy. Take, for instance, the psychology of suicide. Nothing could apparently be more incalculable or variable than the psychical factors which lead a man to suicide, and yet the percentage of suicides per annum in this country can be calculated in advance with a very small margin of error. As one of our best-informed (for his day) and clearest writers\* said over half a century ago:

The most comprehensive inferences respecting the actions of men which are admitted by all parties as incontestable truths are derived from . . . statistical evidence, and are capable of being expressed in mathematical language. And whoever is aware of how much has been discovered by this single method must not only recognize the uniformity with which mental phenomena succeed each other, but must, I think, feel sanguine that still more important discoveries will be made. . . . And we shall be forced to the further conclusion that such (psychical) variations are the result of large and general causes, but which, working on the aggregate, must produce certain consequences without regard to the volition of these particular men of whom such society is composed.

The truth of these words has been amply confirmed by subsequent knowledge and stands unassailable. I maintain, therefore, that the "mentality of the doctor" in regard to "propensity for visitation" will be a far simpler matter to ascertain in the mass than the incidence of disease, or rather of calls upon the doctor (by no means the same thing) under the Insurance Act.

3. Actuaries cannot draw up an insurance scheme under which doctors would be paid for their visits.—To this I would reply that actuaries have drawn and can draw up such a scheme, if they are given the requisite data. But even if the Government feared to undertake an unlimited liability (which, however, they assail us for refusing), it is quite within their power to set a limit to their liability by fixing it at a maximum amount per individual per annum. An arrangement can then be made whereby if this maximum be exceeded the patient is liable for the remainder.

\* \* In spite of the general interest which attaches to this psychological problem it will not be possible to find space for other long letters on it.

#### DISPENSING.

Dr. R. R. RENTOUL (Liverpool) has written a rather long letter in reply to that from Mr. J. F. Tocher, published in the SUPPLEMENT of March 30th, page 358. Dr. Rentoul maintains that in no part does the Act make it an offence if a doctor under the Act supplies to and charges on an "insured person." Next, S. 15 (3) expressly enacts that the Insurance Commissioners "shall" (not "may") make arrangements whereby insured persons "whose income exceeds a fixed limit 'shall' be supplied with" medicines and appliances *by and from doctors*. Dr. Rentoul then points out that the Apothecaries' Societies in London (1815) and Dublin (1879) grant registrable medical diplomas, and confer the right on their holders to supply and charge for medicines. The five Royal Colleges of Physicians and Surgeons by their ancient charters grant similar rights.

\* Hy. Thos. Buckle, *History of Civilization*, chap. i, which I would commend to Dr. Hall's perusal.

All these statutory and other rights are re-enacted by S. 31 of the Medical Act, 1858, where it is expressly enacted that every doctor registered shall be entitled to practise "and to recover cost of any medicines or other medical or surgical appliance rendered or supplied by him to his patients." To make the right to supply and charge for medicines Parliament has re-enacted by S. 6 of the Medical Act, 1886, that the registered doctor is empowered by law to recover fees for advice and "charges in respect of medicaments or other appliances."

I think the rights of doctors to dispense for even "insured persons" under the Act is not forbidden. There is no mention in the Act of any repeal of any charter, Medical or Pharmacy Act.

#### THE NATIONAL MEDICAL UNION.

Dr. R. B. FLETCHER (Manchester) writes to protest against the statement contained in the report by Dr. J. W. Stenhouse of the meeting of the National Medical Union at Manchester on March 26th, to the effect that Dr. T. Arthur Helme was not the originator of the union. Dr. Fletcher writes that if Dr. Arthur Helme "be not the originator of that union no one else has an equal right to claim it. As a matter of fact, had it not been for his speeches and enthusiasm that union would not have been formed at all, or, if formed, would have been a puny weakling incapable of growing to maturity.

"I was present at the mass meetings, and know the feeling of many of the audience. Both I and my colleagues without exception pinned our faith to Dr. Helme, and became members of the union solely on his account.

"No one expresses our views better, and no one is more suited as our leader. In fact, we should miss his influence more than that of the whole committee put together."

#### SCHOLARSHIPS AND GRANTS IN AID OF SCIENTIFIC RESEARCH.

##### SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for Research Scholarships, as follows:

1. AN ERNEST HART MEMORIAL SCHOLARSHIP, of the value of £200 per annum, for the study of some subject in the department of State Medicine.

2. THREE RESEARCH SCHOLARSHIPS, each of the value of £150 per annum, for research into some subject relating to the Causation, Prevention, or Treatment of Disease.

Each Scholarship is tenable for one year, commencing on October 1st, 1912. A Scholar may be reappointed for not more than two additional terms.

The conditions of the award of Scholarships are stated in the Regulations, a copy of which will be supplied on application to the Acting Medical Secretary of the Association, 429, Strand, London, W.C.

##### GRANTS.

The Council of the British Medical Association is also prepared to receive applications for Grants for the assistance of Research into the Causation, Treatment, or Prevention of Disease. Preference will be given, other things being equal, to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine.

The conditions of the award of Grants are stated in the Regulations, a copy of which will be supplied on application to the Acting Medical Secretary of the Association, 429, Strand, London, W.C.

##### Applications.

Applications for Scholarships and Grants for the year 1912-13 must be made not later than Tuesday, June 11th, 1912, in the prescribed form, a copy of which will be supplied by the Acting Medical Secretary on application.

Each application should be accompanied by testimonials, including a recommendation from the head of the laboratory, if any, in which the applicant proposes to work, setting out the fitness of the candidate to conduct such work, and the probable value of the work to be undertaken. This is not intended, however, to prevent applications for Grants in aid of work which need not be performed in a recognized laboratory.

ALFRED COX, *Acting Medical Secretary*.

429, Strand, London, W.C., March 30th, 1912.



## Meetings of Branches and Divisions.

[The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the JOURNAL.]

### DUNDEE BRANCH.

A MEETING of this Branch was held on March 26th in University College, Dr. C. S. YOUNG, President, in the chair; there were present twenty-six practitioners.

*Special Representative Meeting.*—Dr. C. S. YOUNG reported as Branch Representative at the Special Representative Meeting in London, and was heartily thanked for his services.

*Local Medical Committee.*—The SECRETARY reported on the result of the voting for the formation of a local Medical Committee for Dundee Burgh. The following fifteen practitioners had been elected to form the Committee: Drs. R. C. Buist, A. Don, C. Kerr, W. Kinnear, A. P. Low, A. MacGillivray, T. F. MacFarlane, G. W. Miller, C. MacVicar, C. Moon, J. S. Y. Rogers, Martin Smith, G. F. Whyte, Mackie Whyte, C. S. Young. Dr. Foggie was thanked for his services as returning officer.

*Proposed Division of Branch into Two Areas.*—Dr. BUIST reported that in answer to the circular sent to the practitioners in the county area twenty-one were in favour of the division of the Branch area, and three were against. Dr. BUIST, seconded by Dr. G. MILLER, moved:

That the Branch Council be empowered to take the necessary steps for the organization of the Branch into two Divisions.

Dr. H. COLMAN moved the previous question. Dr. Buist's motion was carried by 11 to 6.

### GIBRALTAR BRANCH.

A GENERAL meeting of this Branch was held at the Colonial Hospital on March 23rd, at which Dr. LYONS presided. There were present: Colonel H. H. Johnston, C.B., Deputy-Inspector General G. Welch, Fleet Surgeons Broach (H.M.S. *Prince of Wales*), Clift (H.M.S. *Venerable*), Whitelegge (H.M.S. *London*), Staff Surgeon Richardson (H.M.S. *London*), and Surgeon G. A. McComen (H.M.S. *Dwarf*), Dr. Oman, and Dr. L. D. Parsons, Honorary Secretary (10 in all).

*Report of Branch Council.*—The report of the Branch Council was read and adopted.

*Election of Officers.*—The following office-bearers were unanimously elected for the ensuing year: *President*, Colonel H. H. Johnston, C.B.; *Vice-President*, Deputy Inspector-General G. Welch; *Honorary Secretary and Treasurer*, Dr. L. D. Parsons; *Branch Council*, Dr. Lyons, Dr. Oman, Dr. Gill, Staff Surgeon Rowan-Robinson; *Representative at Representative Meetings*, Dr. L. D. Parsons was unanimously elected Representative at Representative Meetings; *Delegate from Branch*, Dr. A. W. W. Dowding.

*Papers.*—A paper on a case of cerebro-spinal meningitis was read by Fleet Surgeon WHITELEGGE, and a culture of the coccus isolated from the case was shown under the microscope. Surgeon MCCOMEN read a paper on trypanosomiasis in Principe Island and Loango on the West Coast of Africa.

*Cases.*—Dr. LYONS showed a case of bad tertiary syphilis in a female treated by two injections of salvarsan. Dr. PARSONS showed a case of lupus of the nose diagnosed and treated by tuberculin.

*Votes of Thanks.*—The usual votes of thanks brought the meeting to a close.

### LANCASHIRE AND CHESHIRE BRANCH:

#### ROCHDALE DIVISION.

THE annual meeting of this Division was held in the Wellington Hotel, Rochdale, on Thursday, April 4th. Dr. KERR (Chairman) presided. There were present besides: Drs. Brown of Bacup, Chadwick of Milnrow, Geddes and Hitchon of Heywood; Brentnall, Kilroe, Lomas, Lord, Melvin, Richmond, Walker, and Wilson of Rochdale.

*Confirmation of Minutes.*—The minutes of last annual meeting were read and confirmed.

*Report of Executive Committee.*—The SECRETARY read the annual report of the Executive Committee as follows: Membership on December 31st, 1910, 49; increase—new members 9, through change of address 2 = 11; losses—through arrears 1, through change of address 6 = 7; net membership on December 31st, 1911, 53.

#### Financial Statement.

Receipts:				£	s.	d.
Balance in hand	...	...	...	1	3	6
Grants—April 12th, 1911	...	...	...	1	4	6
June 27th, 1911	...	...	...	2	10	0
Bank interest	...	...	...	0	2	6
				5	0	6
Expenditure:				£	s.	d.
Hire of rooms	...	...	...	0	15	0
Printing	...	...	...	1	8	8
Postage	...	...	...	0	14	0
Balance in hand	...	...	...	2	2	10
				5	0	6

*Election of Officers.*—The following officers were unanimously elected for the ensuing year: *Chairman*, Dr. Lord (Castleton); *Vice-Chairman*, Dr. Kerr (Rochdale); *Secretary*, James Melvin (Rochdale); *Representative for Representative Meeting*, Dr. Brown; *Deputy Representative*, Dr. Kerr. It was decided that the following, with the officers, form the Executive Committee: Drs. Brentnall, Geddes, Richmond, and Walker.

Dr. LORD now took the chair.

*Representative Meeting.*—Dr. BROWN, the Representative, then gave his report of the Annual and Special Representative meetings. He drew special attention to the formation of the State Medical Insurance Committee of the British Medical Association and the powers they had received; also of the Advisory Committee under the Act and its twelve medical members. He also spoke of the Defence Fund, the organization of the medical profession, and its plan of campaign.

*Vote of Thanks.*—After answering questions from several members, a vote of thanks was unanimously passed to Dr. Brown, which he acknowledged.

### GLOUCESTERSHIRE BRANCH.

A GENERAL meeting of this Branch was held at the General Hospital, Cheltenham, on March 21st, at 7 p.m.; the PRESIDENT was in the chair, and there were twenty-four members present.

*Confirmation of Minutes.*—The minutes of the last three meetings were read and confirmed.

*Special Representative Meeting.*—Dr. FINLAY, the Representative at the Representative Meeting in London in February, 1912, reported on the decision of the meeting regarding the two resolutions sent up by the Branch. The first was covered by other resolutions, and the second referred to the Council for their consideration.

*Paper.*—Mr. J. HOWELL (Cheltenham) read a paper on "Some Uses of the Peritoneum." A discussion followed, in which the PRESIDENT, Mr. FISHER, Dr. KIRKLAND, Mr. HOLMES, Mr. BUSHELL, Dr. PRUEN, and Dr. LONGRIDGE took part. Mr. HOWELL replied.

*Dinner.*—The members after the meeting dined together at the Cosy Corner, Promenade.

### METROPOLITAN COUNTIES BRANCH:

#### CHELSEA DIVISION.

A MEETING was held at the Chelsea Town Hall on April 2nd, Dr. JAMES YOUNG in the chair. There were present: Drs. Fletcher, D. O'Sullivan, W. Keen, Dewar, Ross, Butler, Bonney, J. Hamilton, W. S. Lee, A. Benham, Satchell, McCalman, Spaull, Jackson, Hudson, and Gallard.

*Confirmation of Minutes.*—The minutes of the last meeting were read and confirmed.

*Correspondence.*—Letters were read from Lady Butlin and Mrs. Lubbock acknowledging the votes of condolence which had been passed by this Division; from Dr. Griffiths, thanking the Division for its congratulatory telegram on the occasion of his marriage; and from the Honorary Secretary of the Provisional Medical Committee of the Wandsworth Division.

**Re-election of Representative.**—A very hearty vote of thanks was passed to Dr. Fletcher for his valuable services as Representative during the past year. Dr. HAMILTON moved, it was seconded, and carried unanimously that Dr. Fletcher be re-elected. Dr. FLETCHER said that he would be pleased again to place his services at the disposal of the Division.

**Expenses of Representative.**—It was decided that the expenses of the Representative at future meetings of the Representative Body ought to be paid out of the funds of the Association, but if that plan were not adopted the Division itself should do so.

#### National Insurance : Provisional Local Committee.

The election of a Provisional Local Medical Committee for Chelsea and Fulham to safeguard the interests of the profession as affected by the National Insurance Act was brought before the meeting. Dr. SATCHELL moved, Dr. BONNEY seconded, and it was carried *nemine contradicente*, that the committee should consist of twenty-one (including two *ex officio* members, namely, the Chairman and Secretary of the Division). The following gentlemen were elected :

To represent Chelsea : Drs. William Keen, John Dewar, W. S. Lee, Jas. Hamilton, T. M. Ross, W. Bonney, E. Hudson, A. Benham, Campbell Boyd, J. Orr.

To represent Fulham : Drs. J. Fletcher, H. Butler, E. P. Satchell, P. Spaul, E. W. Lewis, J. C. Jackson, G. H. Coltart, A. F. Millar, M. J. Williams.

*Ex officio* Members : James Young and J. R. Gallard.

The Secretary was instructed to call a meeting of the committee in about fourteen days, and also to send a copy of the memorandum of the Metropolitan Counties Branch Council on the duties of this committee to each member thereof. He was also directed to inform the State Sick Insurance Committee that in the opinion of this Division a copy of the proposed bond (with reference to contract practice appointments) should be sent to every medical practitioner in the United Kingdom.

A discussion on "Dispensing under the Insurance Act," initiated by Dr. FLETCHER, was adjourned.

#### LAMBETH DIVISION.

AN ordinary meeting was held at St. Thomas's Hospital on Thursday, March 28th, at 4 p.m. Dr. ESLER was in the chair and eighteen members were present.

**Confirmation of Minutes.**—The minutes of the previous meeting were read and confirmed.

**Expenses of Representatives.**—Dr. CAPES proposed and Dr. CLATWORTHY seconded :

That it be referred to the Executive Committee of this Division to elaborate a scheme whereby the expenses incurred by the Representatives of this Division, namely, the provision of a locumtenent and hotel charges, be met by a voluntary fund collected among members of this Division.

After Dr. ESLER had spoken against the motion, it was carried, no one voting against it.

**Treatment of Pleural Empyema and Pulmonary Abscess.**—Dr. LIONEL E. C. NORBURY then showed 4 cases illustrating his paper to follow; they were cases of empyema and pulmonary abscess, in which the wound had refused to heal until various forms of the operation of thoracoplasty had been performed. Mr. Norbury then read his paper on the treatment of pleural empyema and pulmonary abscess. He divided up the cases into acute and chronic forms. In acute cases he emphasized the need of: (1) Early operation to secure free drainage; (2) dry sponging the cavity; (3) breathing exercises; (4) gentle irrigation with sterile saline solution after a few weeks; (5) performing the operation under local analgesia where possible. In chronic cases he described the various forms of thoracoplasty. An interesting discussion took place, in which Messrs. MACKETH, PORTER PHILLIPS, CLATWORTHY, and COOKE took part.

**Votes of Thanks.**—The CHAIRMAN then moved a cordial vote of thanks to Mr. Norbury for his able paper, and congratulated him on the results which modern surgery had enabled him to obtain. This was carried unanimously. The meeting then concluded with a vote of thanks to the hospital authorities for their hospitable entertainment.

#### SOUTH-WEST ESSEX DIVISION.

A MEETING of the Division, to which all medical practitioners residing within its area were invited, was held at the Wesleyan Schoolroom, Leyton, on Friday, February 16th, at 4 p.m. Thirty-eight practitioners were present. Dr. C. H. HORNER presided.

**Votes of Condolence.**—Before proceeding with the business on the agenda, the CHAIRMAN proposed that a vote of condolence and sympathy be sent to the relatives of the late Lord Lister, to Lady Butlin, and Mrs. Alexander. Carried unanimously.

**Minutes.**—Proposed by Dr. ROWLAND JONES and seconded by Dr. HARDING TOMKINS, that the minutes, having been printed and circulated, be taken as read. This was agreed to.

**Correspondence.**—On the suggestion of Dr. ROWLAND JONES, the reading of the correspondence was deferred until the Report of the Council on the Insurance Act had been dealt with.

#### Insurance Act: Report of Council.

Recommendation 1 was proposed from the chair, seconded, and discussed.

An amendment to add the following words :

And that the Council be instructed to inform the Government and Commissioners that the profession will refuse absolutely to render any medical service under the Act unless and until all the six cardinal points are embodied unequivocally in the regulations in such manner as to absolutely secure their observance by the local Insurance Committees,

was proposed by Dr. HARDING TOMKINS, seconded by Dr. ALDRICH, and carried by 34 to 1.

Recommendation 2 was proposed by Dr. NOBLE, seconded by Dr. ROWLAND JONES, and carried.

Recommendation 3.—An amendment was moved by Dr. HARFORD and seconded by Dr. F. COLLINS :

To insert the following words after the word "possible" in line 1: "After the negotiations with the Insurance Commissioners and before the issue of the regulations," and to omit the words "by the Insurance Commissioners" at the beginning of line 2.

Carried by 30 to 3.

Recommendation 4.—Proposed by Dr. HARFORD, seconded by Dr. TOMKINS, and carried unanimously.

Recommendation 5.—Proposed by Dr. PANTING and seconded by Dr. B. PRICE.

An amendment,

To delete the words commencing with "failing the provision" and ending with "National Insurance Act" on the third line and to insert the words "specifically instructed by the Divisions" after the words "Representative Body" in the last line,

was proposed by Dr. HARDING TOMKINS and seconded by Dr. W. G. NOBLE, and carried by 33 to 0.

Dr. CHARLES SCOTT proposed an amendment to delete certain words, but found no seconder.

Recommendation 6.—The Representative was instructed to support the resolution proposed by the Marylebone Division instead of Recommendation 6. Carried unanimously.

Proposed by Dr. PANTING, seconded by Dr. C. F. HARFORD :

That on presentation of the Report of the Council the Representative shall move or support the resolution to the effect that the Representative Meeting proceed at once to the consideration of the Recommendations of the Council (paragraph 45) without passing judgement on the forty paragraphs of the report.

Carried by 36 to 0.

Proposed by Dr. HARFORD, seconded by Dr. C. SCOTT :

That no service be given under the Insurance Act unless the six points of the British Medical Association and adequate remuneration are first definitely assured by the Commissioners in their regulations, or by an amending Act if these points cannot be secured in any other way.

Carried by 37 to 0.

Proposed by Dr. HARFORD and seconded by Dr. SCOTT :

That the British Medical Association only enter into a conference with the Insurance Commissioners in combination with representatives of the Royal College of Physicians and the Royal College of Surgeons, and such other medical corporations as would be willing, and that the State Sick Insurance Committee, as constituted under Resolution 3, be the representation from the British Medical Association. That these Representatives be not empowered to



decide any matter with the Insurance Commissioners, but to report to the Council, and that the Council refer the report to the Divisions and to a Representative Meeting, if necessary specially convened for the purpose.

Carried by 32 to 0.

Proposed by Dr. HARFORD, seconded by Dr. HARDING TOMKINS:

That the following amongst other points be demanded from the Insurance Commissioners:

(a) A maximum income limit of £104 per annum, with liberty to local Insurance Committees to adopt a lower income limit after conference with local Medical Committees.

(b) That the amount of remuneration, if payment is by capitation fee, be 10s. exclusive of medicines or of extras.

(c) That all matters relating to medical attendance on patients be arranged through the statutory local Medical Committees and that the Insurance Committees should not deal directly with individual medical practitioners but only through these Medical Committees.

Carried by 28 to 0.

Proposed by Dr. C. H. WISE and seconded by Dr. F. COLLINS:

That Dr. Shadwell be appointed Deputy Representative to attend the Representative Meeting on February 20th and 21st, in the place of Dr. Robert Jones who is unable to attend.

Carried by 27 to 0.

Proposed by Dr. R. JONES and seconded by Dr. BROWN:

That failing Dr. Shadwell through any cause Dr. C. H. Panting be appointed Dr. Shadwell's deputy for the meeting on February 20th and 21st.

Carried by 37 to 0.

*Letters.*—Letters from Dr. C. J. Morton, English Division of the Border Counties Branch, National Medical Union, Acting Medical Secretary, Medico-Political Committee, Organization Committee, Tyneside Division, and Winchester Division were read. It was proposed by Dr. C. H. WISE, seconded by Dr. W. G. NOBLE, and carried unanimously:

That this Division agree to the suggestions of the Medico-Political Committee.

*Apology for Non-attendance.*—A letter of apology for non-attendance was received from Dr. W. W. RORKE.

By the kind invitation of Dr. J. C. Muir, a clinical demonstration was given to the members of the Division on Thursday, March 14th, at the Whipps Cross Infirmary, Leytonstone, at 4 p.m. Twenty-two practitioners were present. Dr. C. J. HORNER presided.

*Minutes.*—It was decided that the minutes of the last meeting should not be read but printed and circulated prior to the next Divisional meeting on March 26th.

*Letters.*—A letter of apology for non-attendance was received from Dr. Robert Jones; and a letter from Dr. A. Hertz, accepting the invitation to take the place of Dr. C. J. Morton, was read and discussed. The meeting expressed a unanimous wish to accept the suggestion of Dr. Hertz that he should read a paper on constipation.

*Clinical Demonstration.*—Dr. J. C. Muir then gave a clinical demonstration. Amongst the cases shown were the following: (1) Severe ascites; (2) pyaemia following abortion; (3) ulcerating lipoma of shoulder; (4) anterior poliomyelitis in adult; (5) paraplegia in young adult; (6) mediastinal tumour; (7) hydrocephalus with facial paralysis in infant; (8) gall stone ulcerating through abdominal wall; (9) doubtful rash in infant a few days old—(?) measles or syphilis; (10) tertiary syphilis in which salvarsan had been used.

*Vote of Thanks.*—A vote of thanks to Dr. J. C. Muir for so kindly entertaining the Division was proposed by the CHAIRMAN, seconded by the SECRETARY, and carried unanimously.

The meeting then ended.

#### NORTH OF ENGLAND BRANCH:

##### DURHAM DIVISION.

A MEETING of all practitioners in the Division was held at the County Hotel on Thursday, April 4th, at 3.30 p.m., Dr. SMITH in the chair. Seventeen men were present.

##### *Provisional Medical Committee.*

The business before the meeting was the formation of a Provisional Medical Committee for the Division.

It was moved by Dr. GARSON, seconded by Dr. J. DENHOLM:

That a committee be appointed.

This was carried unanimously.

It was moved by Dr. PLUMMER, seconded by Dr. T. WILSON:

That the committee consist of seven members.

After discussion this was carried unanimously.

It was moved by Dr. PLUMMER, seconded by Dr. T. WILSON:

That the composition of the committee be: 3 contract practitioners, 2 private practitioners, 2 non-members.

After discussion this was carried unanimously.

*Private Practitioners.*—Drs. SMITH and PLUMMER (both on hospital staff, and consultants) were elected unanimously.

*Contract Practitioners.*—The following names were put up for election and a paper vote taken, which resulted as follows: G. Denholm, 15 (elected); A. Pain, 9 (elected); T. Wilson, 8 (elected). J. Garson, 7; W. Oliver, 7.

*Non-members.*—The following names were put up for election and a paper vote was taken, which resulted as follows: J. Stenhouse, 12 (elected); C. Murray, 8 (elected). W. Watson, 7.

It was moved by Dr. PLUMMER and seconded by Dr. GARSON:

That the committee have power to fill up vacancies from the same class of practitioners.

This was carried unanimously.

It was moved by Dr. PLUMMER and seconded by Dr. SMITH:

That Dr. G. Denholm be convener of first committee meeting.

This was carried unanimously.

This concluded the business of the meeting.

#### NEWCASTLE-UPON-TYNE DIVISION.

A MEETING of the whole medical profession in the Newcastle-on-Tyne area was held at the Royal Victoria Infirmary, Newcastle-on-Tyne, on Wednesday, April 3rd, at 9 p.m., Dr. JAMES DON in the chair. There were present: Drs. James Smith (Newcastle), Thomas Lyle, J. G. Hewitson, F. Hawthorn, Sowden, A. Dryden, Leech, Nesham, Walker, A. Smith, sen., J. W. Smith, jun., E. Smith, Farquharson, W. D. Arnison, R. A. Bolam, W. S. Fraser, T. M. Allison, W. C. Beatley, G. B. Picton, R. Raffle, Dagger, Nevin, R. W. Simpson, J. A. Brand, C. U. Laws, Harkness, T. C. Hunter, G. E. Watson, Mathews, George Duncan, H. L. Rutter, Davison, MacRae, H. Morrison, J. A. Eyton-Jones, J. S. McCracken, Slater, J. J. Campbell, Foggin, Dunlop, Williams, Turner, Livingstone, Pybus, Grinling, W. E. Alderson, W. G. Richardson, Wilkins, Ruddock, Russell, W. E. Hume, A. Campbell, J. W. Smith, sen., W. L. Ruxton, Burnell, A. Smith, sen., and R. J. Willan.

*Provisional Local Committee.*—It was decided without a dissentient that a Provisional Local Medical Committee be formed *re* the National Insurance Act to watch the interests of the profession. The following were nominated members of this committee: Drs. Adam Wilson, George Foggin, Ethel Williams, Frank Russell, James Don, Dagger, Dunlop, T. M. Allison, R. A. Bolam, A. C. Burnell, A. Campbell, J. J. Campbell, A. Dryden, W. S. Fraser, James Hudson, J. S. McCracken, H. L. Rutter, Messrs. J. Rutherford Morrison, W. G. Richardson, Drs. W. L. Ruxton, J. W. Smith, sen., A. Smith (Whickham), R. W. Simpson, Mr. R. J. Willan, Drs. Howard Morrison, J. D. Lickley, J. MacRae, S. Basham, Thomas Beattie, T. C. Hunter, A. H. Hobbs.

#### SOUTHERN BRANCH:

##### GUERNSEY AND ALDERNEY DIVISION.

A MEETING of the above Division was held on March 29th at the Division's rooms in the Lukis House.

*Permanent Executive Committee.*—After formal business it was moved and carried unanimously that a permanent Executive Committee be formed for the Division, and Drs. Aikman, Bulteel, and C. Carey were elected to it.

with the President (Dr. C. d'A. Collings) and the Honorary Secretary (Dr. J. F. Carruthers) as *ex officio* members.

**Compulsory Notification of Consumption.**—The Board of Health of Guernsey having recently secured the sanction of the Royal Court to making notification of all cases of pulmonary tuberculosis compulsory, the Executive Committee was instructed by the meeting to meet the board and endeavour to arrange satisfactory working details with them.

**Provisional Medical Committee.**—The formation of a Provisional Medical Committee was also left to the Executive Committee to consider.

**National Insurance Act.**—The Honorary Secretary was directed to apply to the Acting Medical Secretary for guarantee forms in connexion with the English National Insurance Act, but it has to be remembered that the Act does not apply to the Channel Islands.

#### SOUTH WALES AND MONMOUTHSHIRE BRANCH:

##### NORTH GLAMORGAN AND BRECKNOCK DIVISION.

A SPECIAL meeting of the North Glamorgan and Brecknock Division was held at the New Inn, Pontypridd, on Tuesday, April 2nd, at 3 p.m. Dr. R. D. MORGAN occupied the chair. There were thirty-three members present. All non-members known to reside within the area of the Division were invited.

**Confirmation of Minutes.**—The minutes of the previous meeting were read, confirmed, and signed.

**Formation of a Provisional Medical Committee.**—The SECRETARY read the Memorandum to Divisions, and, after full discussion, on the motion of Dr. J. SHAW LYTTLE, it was resolved:

That the Provisional Medical Committee be formed at this meeting, and that it be given power to add to its number a representative of any interest found to have been overlooked. That it be an instruction to the said committee to add to its number non-members of the Association to the extent of at least 10 per cent. of the number of the committee.

On the motion of Dr. T. J. WEBSTER it was resolved:

That three members of the Association, from each of the following districts of the Division, be elected to form the Provisional Medical Committee.

The following were the several districts: Brecon, Aberdare, Merthyr, Rhondda Valley, Pontypridd. On the motion of Dr. T. R. LLEWELLYN it was resolved:

That the Chairman, Vice-Chairman, Direct Representative, and Secretary of the Division be *ex officio* members of the committee.

The meeting then proceeded to elect the representative of the several districts. On the motion of Dr. T. FINNEY it was resolved:

That the first meeting of the Committee be held at Pontypridd on April 11th, at 3 p.m.

#### WEST SOMERSET BRANCH.

THE spring meeting was held on Friday, March 29th, at the Taunton and Somerset Hospital, the PRESIDENT, Mr. W. B. Winckworth, being in the chair.

**Confirmation of Minutes.**—The minutes of the last meeting were read and confirmed.

**Question of Local Medical Committees.**—The question of forming local Medical Committees was referred to the Council of the Branch to draw up a scheme thereon.

**Advisory Committee.**—The announcement by the HONORARY SECRETARY that Dr. J. A. Macdonald had been elected a member of the Advisory Committee was received with applause.

**Cases and Specimens.**—The following clinical cases were then exhibited: Dr. BIRKBECK: (1) Congenital absence of the external auditory meati in a child of 2 years old. (2) A deaf-mute. Mr. FARRANT: (1) Photograph showing the result of wiring an intracapsular fracture of the humerus in a boy aged 13. (2) Some gall stones removed from the common duct by mobilizing the duodenum. (3) A specimen of the hydronephrotic half of a horseshoe kidney removed for traumatic haemorrhage into it. Mr. A. J. H. ILES: Some skiagrams showing the erosion of bones in tuberculous joints. Dr. CLOUSTON RUSSELL: A case of acromegaly improving under treatment by pituitary extract. Mr. SPETTIGUE: A case of cretinism. Mr. W. B.

WINCKWORTH: A case of symblepharon. Mr. PENROSE WILLIAMS: A specimen of an early carcinoma of the pelvic colon removed by resection, the only symptom of which was haemorrhage.

**Tea.**—At the close of the meeting the members were entertained to tea by the President.

#### YORKSHIRE BRANCH.

A MEETING of the Branch was held at the Great Northern Hotel, Bradford, on Wednesday, March 27th, Dr. GIBSON, the President-elect, in the chair. Forty-nine members were present.

**Confirmation of Minutes.**—The minutes of the last meeting were read and confirmed.

**Election of Members.**—Thirty-nine new members were elected.

**The late Dr. Martin of Sheffield.**—A vote of condolence with the family of the late Dr. Martin of Sheffield was passed.

**Resignation from Council.**—Dr. EDDISON gave a short statement of his reasons for resigning from the Council. The meeting sympathized with Dr. Eddison, but requested him to withdraw his resignation, as they were sure that he would always have the interests of the profession at heart, and not be biassed by personal or political feelings.

#### National Insurance Act.

The following resolutions were passed:

1. Proposed by Dr. CAMPBELL:

That the Divisions of the Branch be requested to arrange meetings of the medical staffs of the local hospitals, and the members of the Branch and Divisions, to secure common action in dealing with hospital patients under the Insurance Act, and to report to the Branch.

2. Proposed by Dr. METCALFE:

That the executives of the Branches and Divisions should arrange public discussions in order to draw the attention of the public to the disastrous effects which the medical clauses of the Insurance Act will have on the public, the hospitals, and the medical profession.

**Dinner.**—Nine members dined together after the meeting.

To ensure the insertion of notices in this column they must be received at the Central Offices of the Association not later than the first post on Tuesday.

## Association Notices.

### ANNUAL REPRESENTATIVE MEETING, 1912.

#### DATE OF MEETING.

THE Annual Representative Meeting of the Association, 1912, will be held at Liverpool on Friday, July 19th, 1912, and the following days, as may be required.

#### NOTICES OF MOTION: LAST DAY OF RECEPTION.

ATTENTION is drawn to the fact that Notices of Motion from Divisions and Branches, for the consideration of the Annual Representative Meeting at Liverpool in July, relating to questions affecting the honour and interests of the medical profession or of the Association (By-law 37) must be published in the BRITISH MEDICAL JOURNAL not later than the issue of April 20th, and for this purpose should be received by me not later than April 16th, 1912. Notices of Motion proposing to make any addition to, or any amendment, alteration, or repeal of any Regulation or By-law, or to make any new Regulation or By-law (Article 31) must be published in the JOURNAL not later than the issue of May 18th, and received by me not later than May 14th, 1912.

By Order,

ALFRED COX,

Acting Medical Secretary.



**COUNCIL MEETING.**

The Quarterly Meeting of the Council will be held at 2 o'clock in the afternoon of Wednesday, May 1st, in the Council Room at 429, Strand, London, W.C.

By Order,

GUY ELLISTON,

*Financial Secretary and Business Manager.*

March 28th, 1912.

### NOTICE OF CHANGES OF BOUNDARIES OF BRANCHES: FORMATION OF NEW DIVISIONS.

The following changes have been made in accordance with the Regulations of the Association, and take effect from the date of publication of this notice:

#### ABERDEEN AND NORTHERN COUNTIES OF SCOTLAND BRANCHES.

##### *Change of Boundaries.*

1. That the common boundary of the Aberdeen and Northern Counties of Scotland Branches be modified to correspond with the eastern boundary of the county of Banff.

##### *New Divisions.*

2. That the following Divisions, with the areas stated (counties), be recognized within the area of the Northern Counties of Scotland Branch, reconstituted as above:

- (a) Caithness and Sutherland.
- (b) Ross and Cromarty.
- (c) Inverness.
- (d) Banff, Elgin, and Nairn.

#### DUNDEE BRANCH.

##### *New Divisions.*

3. That two Divisions of the Dundee Branch be formed, with the following designations and areas:

- (a) Dundee: The City of Dundee.
- (b) Forfarshire: The remainder of the area of the Branch.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

A list of periodical publications, official reports, and Blue Books in the Library of the British Medical Association available for issue to members on loan has been printed, and copies can be obtained free on application to the Librarian, at the house of the Association, 429, Strand, W.C. The regulations governing the loan of these publications are stated in the introduction to the list.

The Library is open for consultation from 10 a.m. till 5 p.m. (on Saturdays till 2 p.m.).

### BRANCH AND DIVISION MEETINGS TO BE HELD

**BIRMINGHAM BRANCH: CENTRAL DIVISION.**—The annual meeting of the Division will be held at the Medical Institute on Wednesday, May 15th, at 4 p.m., to elect officers for the ensuing year, and to transact other business. Nominations for the offices of Chairman, Vice-Chairman, and two Honorary Secretaries, in writing, signed by three members of the Division, must be forwarded to the Honorary Secretaries not later than April 24th.—W. TRACY LYDALL and B. C. R. ALDREN, Honorary Secretaries, Medical Institute, Birmingham.

**EAST ANGLIAN BRANCH.**—The spring meeting of the Branch will be held at East Dereham on Thursday, April 25th. Members wishing to read papers or show specimens or cases should communicate with Mr. HAMILTON A. BALLANCE, M.S., Honorary Secretary for Norfolk.

**GLOUCESTERSHIRE BRANCH.**—A meeting of this Branch will be held on April 18th, at 7 p.m., in Stroud Hospital. Dr. J. Michell Clarke, Bristol, will give an address on Haemorrhage

from the Stomach. There will be dinner after the meeting at the Imperial Hotel, Stroud.—DOUGLAS E. FINLAY, Honorary Secretary, Gloucester.

**METROPOLITAN COUNTIES BRANCH: CITY DIVISION.**—*National Insurance Act:* A meeting of the profession within the area of the Division will be held in the Council Chamber of the Shore-ditch Town Hall, Old Street, E.C., on Wednesday, April 17th, at 4 p.m., to appoint a Provisional Medical Committee. Dr. Gerald Johnston, Chairman of the Division, will preside. All practitioners, resident or practising within the area of the Division, are cordially invited. *General Meeting:* The next general meeting of the Division will be held at Brooke House, Upper Clapton (by invitation of the Chairman, Dr. Gerald Johnston), on Thursday, April 25th, at 9 p.m., when Dr. Chas. Bolton, F.R.C.P., will give a lantern demonstration and address upon Gastric Ulcer. Members are invited to bring professional friends. After the address a meeting will be held, to which all practitioners in the Borough of Hackney are invited, to consider the organization of the profession within the area of the Borough in relation to the National Insurance Act.—A. G. SOUTHCOMBE, Honorary Secretary, Homerton, N.E.

**METROPOLITAN COUNTIES BRANCH: HAMPSHIRE DIVISION.**—A Divisional Meeting will be held on Friday, April 12th, at the Central Library, Finchley Road, at 8.30 p.m.; also on Friday, April 19th, at The Hall of the Blind School, Swiss Cottage, N.W., at 8.30 p.m., a meeting of the profession in the Borough of Hampstead, for the purpose of electing a Provisional Local Medical Committee.—E. ARTHUR DORRELL, Honorary Assistant Secretary, 7, Cannon Hill, West Hampstead, N.W.

**METROPOLITAN COUNTIES BRANCH: ST. PANCRAS AND ISLINGTON DIVISION.**—A meeting will be held, to which all members of the profession in the two boroughs will be invited, at the Midland Grand Hotel, King's Cross, N.W., on Friday, April 12th, at 9 p.m., for the special purpose of forming a Provisional Medical Committee. Dr. Morison, Chairman of the Division, will preside, and will invite Dr. R. M. Beaton (Member of the National Insurance Committee and of the Central Advisory Committee) to lay the forthcoming programme of the Division before the meeting.—A. BROWN, Honorary Secretary.

**MIDLAND BRANCH: LEICESTER AND RUTLAND DIVISION.**—A meeting of the medical practitioners of Leicestershire and Rutland will be held in the Association Hall, East Street, Leicester, on this day, Friday, April 12th, at 4 o'clock, for the purpose of considering the scheme for a public medical service for Leicestershire and Rutland which has been drawn up by the Executive Committee of the Division. The Honorary Secretary calls attention to the following points in the scheme: (1) Its extreme elasticity, which permits of its application to all the varying conditions to be found in large areas such as that contained in this Division; (2) the service is controlled throughout by the medical profession; (3) the Subdivision Committees may make such arrangements for income limit, methods and rates of remuneration, and free choice of doctor, as are approved by the profession in the local areas, controlled by the respective Subdivision Committees; (4) an opportunity is afforded of establishing a service, which will meet the legitimate needs of the poorer classes of society, and at the same time do so on terms which will enable the work to be satisfactorily performed. Agenda:—Discussion of the public medical service scheme. Notice has been given that the following resolutions will be moved in case the scheme be approved: "That this meeting do now proceed to the election of Chairman, Vice-Chairman, Honorary, and Honorary Treasurer." "That the Central Committee of the service (see Section 5) be the Provisional Medical Committee appointed to watch the interests of the profession in all matters of contract practice."—R. WALLACE HENRY, Honorary Secretary.

**SOUTH-EASTERN BRANCH: BRIGHTON DIVISION.**—A special meeting of the Division will be held on Friday, April 12th, at the Oddfellows' Hall, Queen's Road, Brighton. The next ordinary meeting will take place on Tuesday, April 16th, at the Lecture Hall, New Road, Brighton, at 4 p.m.—C. H. BENHAM, Honorary Secretary, Brighton.

**WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.**—The spring meeting of this Branch will be held at Worcester on April 25th. Members wishing to read papers, exhibit specimens, or show cases are requested to kindly communicate with the Honorary Secretary without delay. It has been suggested that members should dine together after the meeting.—C. S. MORRISON, Honorary Secretary.

## CENTRAL MIDWIVES BOARD.

A SPECIAL meeting of the Central Midwives Board was held on March 27th at Caxton House, Westminster, with Sir FRANCIS H. CHAMPNEYS in the chair.

*Midwives Struck Off the Roll.*

The Board considered the following charges, amongst others, against the midwives whose names are given below, and ordered them to be struck off the Roll:

*Ada Clews*, that on January 6th, 1912, she was convicted at the Crewe Police Court of having been found drunk and incapable on a public highway; that she was not scrupulously clean, as required by Rule E. 1; and that she did not possess the appliances or antiseptics required by Rule E. 2.

*Frances Elizabeth Cooper*, that at the Bristol Police Court, on December 21st, 1911, she was convicted of feloniously stealing seven brooches and a necklace.

*Mary Elizabeth Cornwall*, that being in attendance as a midwife at a confinement, the child suffering from inflammation of and discharge from the eyes, she did not explain that the case was one in which the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her, in order that this might be immediately forwarded to the medical practitioner, as required by Rule E. 20 (5).

*Sarah Coulson*, that being in attendance as a midwife at a confinement, the death of the child having occurred before the attendance of a registered medical practitioner, she failed to notify the Local Supervising Authority thereof, as required by Rule E. 21 (1) (b), and that she did not take the patient's pulse and temperature.

*Helen Dickinson*, that being in attendance as a midwife at a confinement she did not take with her to the confinement the appliances and antiseptics required by Rule E. 2; she left the patient after the commencement of the second stage of labour, and before the birth of the child, contrary to Rule E. 6, and she did not at any time take the patient's temperature, as required by Rule E. 13.

*Rachel Hancock*, that she habitually neglected to advise medical help in cases of abortion, as required by Rule E. 19; that she did not take and record the pulse and temperature of her patients at each visit, and that she did not keep her Register of Cases as required by Rule E. 23.

*Eliza Harrison*, that being in attendance as a midwife at a confinement, and having been informed by the doctor in attendance on the patient that the case was one of puerperal fever, and having been warned of the danger of attending any other maternity patient, she nevertheless subsequently on the same day attended as a midwife at a confinement, and delivered the patient of a child, without having disinfected herself, her clothing, and appliances to the satisfaction of the Local Supervising Authority, as required by Rule E. 5.

*Emily Langley*, that being in attendance as a midwife at a confinement, a registered medical practitioner having been sent for, she failed to notify the fact to the Local Supervising Authority, as required by Rule E. 21 (1) (a); the death of the child having occurred before the attendance of a registered medical practitioner, she failed to notify the fact to the Local Supervising Authority, as required by Rule E. 21 (1) (b); and that she did not adopt antiseptic precautions.

*Mary Rolles*, that being in attendance as a midwife at a confinement, the child being stillborn, she did not notify the Local Supervising Authority thereof, as required by Rule E. 21 (1) (c); that she did not understand antiseptic treatment, and that she could not make use of a clinical thermometer, and was consequently unable to comply with Rule E. 13.

*Mary Ann Shields*, that being in attendance as a midwife at a confinement she did not disinfect her hands and forearms on each occasion before touching the patient's generative organs, as required by Rule E. 3; she did not wash the baby at any time, and she did not at any time take the patient's pulse or temperature, as required by Rule E. 13.

*Alice Turner*, that being in attendance as a midwife at a confinement, the child being dangerously feeble at birth, she did not explain that the case was one in which the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her in order that this might be immediately forwarded to the medical practitioner, as required by Rule E. 21 (5).

*Alice Vaughan*, that when called to a confinement she did not take with her the appliances and antiseptics required by Rule E. 2, and that she was unable to make use of a clinical thermometer, and consequently did not take the temperature of her patients, as required by Rule E. 13.

*Midwife Censured.*

The following midwife was censured after charges against her had been considered: *Elizabeth Calcroft*.

A special meeting of the Central Midwives Board was held on March 28th at Caxton House, Westminster, with Sir FRANCIS H. CHAMPNEYS in the chair.

The Board considered the following charges, amongst

others, against the midwives whose names are given below, and ordered them to be struck off the Roll:

*Mary Ann Howell*, that being in attendance as a midwife at a confinement, the case being one of delayed labour, she did not explain that the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her, in order that this might be immediately forwarded to the medical practitioner, as required by Rule E. 19 (4) of the rules then in force.

*Sarah Jackson*, that she was not scrupulously clean in her person, clothing, appliances, and house, as required by Rule E. 1, and that she was unable to use a clinical thermometer and consequently could not take the temperature of her patients, as required by Rule E. 13.

*Sarah Kilbourne*, that being in attendance as a midwife at a confinement, the placenta and membranes not having been completely expelled, she did not wait for two hours from the birth of the child and then advise medical aid, as required by Rule E. 20 (3), but inserted her hand into the uterus and removed some of the membranes, and the patient having twice asked that a doctor might be sent for, she stated on each occasion that this was unnecessary.

*Hannah Perry*, that being in attendance as a midwife at a confinement, the child suffering from inflammation of and discharge from the eyes, she did not explain that the case was one in which the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her, in order that this might be immediately forwarded to the medical practitioner, as required by Rule E. 20 (5).

*Jane Rigby*, that having been duly suspended from practice on the ground that she was herself liable to be a source of infection, she nevertheless, while still under suspension, engaged herself to attend and did attend as a midwife at confinements, and that she did not possess the appliances and antiseptics required by Rule E. 2.

*Eliza Smith*, that being in attendance as a midwife at a confinement, the patient's perineum being seriously ruptured, she did not explain that the case was one in which the attendance of a registered medical practitioner was required, nor did she hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed by her, in order that this might be immediately forwarded to the medical practitioner, as required by Rule E. 20 (3), and medical advice having been sought she failed to notify the Local Supervising Authority thereof, as required by Rule E. 21 (1).

*Midwives Censured.*

The following midwives were censured after charges against them had been considered: *Catherine Hodgkiss* and *Hannah Tilstone*.

*Midwife Cautioned.*

*Anne Pogoste* was cautioned after charges against her had been considered.

## Nabal and Military Appointments.

## ROYAL NAVY MEDICAL SERVICE.

THE undermentioned Surgeons have been promoted to the rank of Staff Surgeon in His Majesty's Fleet: WILLIAM RHODES HARRISON, JAMES ARTHUR THOMPSON, M.B., B.A., dated June 9th, 1910; GEORGE DRANE BATEMAN, DONALD PONTZ CHAPMAN, WILLIAM NICHOLS BLATCHFORD, dated November 21st, 1910; FREDERICK COCK, dated November 23rd, 1911.

## ROYAL ARMY MEDICAL CORPS.

CAPTAIN WILLIAM R. O'FARRELL is seconded for service with the Egyptian Army, dated February 21st, 1912.

Major FREDERICK KIDDLE, M.B., from the seconded list, is restored to the Establishment, dated March 1st, 1912.

## TERRITORIAL FORCE.

*Notis and Derby Mounted Brigade Field Ambulance*.—Lieutenant OSWALD K. WRIGHT, M.B., to be Captain, dated February 17th, 1912.

*Second London (City of London) General Hospital*.—Major EUSTACE MAUDE CALLENDER, M.D., from the 1st London (City of London) Field Ambulance, to be Lieutenant-Colonel, dated March 13th, 1912.

*Third London General Hospital*.—SIDNEY MAYNARD SMITH, M.B., F.R.C.S., to be Captain, dated March 18th, 1912. WILLIAM HENRY WILCOX, M.D., F.R.C.P., to be Captain, dated March 18th, 1912.

*Fourth Northern General Hospital*.—GODFREY JOHN RALPH LOWE (late Captain 4th Battalion the Lincolnshire Regiment) to be Captain, dated February 27th, 1912. Sergeant ARTHUR LOWNDEN YATES, M.D., from the Inns of Court Officers' Training Corps, to be Captain, dated April 3rd, 1912.

*For Attachment to other than Medical Units*.—ALFRED IRVING SHEPHEARD-WALWYN, M.D., to be Lieutenant, dated February 1st, 1912. ARCHIBALD CAMPBELL, M.B., to be Lieutenant, dated February 7th, 1912. EDWARD ANDREW GREGG (late Lieutenant Royal Army Medical Corps—Special Reserve) to be Captain, dated February 12th, 1912. WILLIAM ROGERS, M.D. (late Second Lieutenant 7th Cyclist Battalion the Welsh Regiment), to be Lieutenant, dated February 18th, 1912. NORMAN GUY HAWTREY SALMON to be Lieutenant, dated February 19th, 1912. Lieutenant CHARLES LEONARD ISAAC, from the 3rd Welsh Field Ambulance, R.A.M.C., to be Lieutenant, dated April 3rd, 1912.



## Vital Statistics.

### HEALTH OF ENGLISH TOWNS.

In ninety-four of the largest English towns 9,056 births and 4,920 deaths were registered during the week ending Saturday, March 30th. The annual rate of mortality in these towns, which had been 14.4, 14.6, and 14.1 per 1,000 in the three preceding weeks, rose to 14.6 per 1,000 in the week under notice. In London the death-rate did not exceed 13.5 per 1,000, against 13.3, 12.7, and 13.5 per 1,000 in the three preceding weeks. Among the ninety-three other large towns the death-rates ranged from 5.5 in Wimbledon, 6.4 in Baling, 7.8 in Eastbourne and in Southend-on-Sea, 8.1 in Croydon, and 8.5 in Edmonton, to 19.5 in Oxford, 20.4 in Manchester and in Gateshead, 20.7 in Oldham, 21.2 in St. Helens, 21.3 in Bootle, and 21.7 in Burnley. Measles caused a death-rate of 1.9 in Manchester, 2.0 in Salford, 2.1 in Oldham, 2.5 in Cardiff, 2.9 in Oxford, and 3.0 in Wakefield; whooping-cough of 1.1 in Birmingham, in St. Helens, and in Sheffield, 1.3 in Merthyr Tydfil, 1.4 in Sneathwick and in Manchester, 1.5 in West Bromwich, and 1.8 in Swansea; and diphtheria of 1.1 in Portsmouth and 1.6 in West Hartlepool. The mortality from enteric fever and scarlet fever showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 34, or 0.7 per cent., of the deaths registered in the ninety-four towns were not certified either by a registered medical practitioner or by a coroner after inquest, and included 6 in Birmingham, 4 in Liverpool, and 2 each in St. Helens, Manchester, Burnley, Darlington, and Gateshead. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospital and the London Fever Hospital, which had been 1,357, 1,384, and 1,368 at the end of the three preceding weeks, had further declined to 1,321 on Saturday, March 30th; 133 new cases were admitted during the week, against 161, 152, and 137 in the three preceding weeks.

### HEALTH OF SCOTTISH TOWNS.

In eighteen of the largest Scottish towns 1,122 births and 709 deaths were registered during the week ending Saturday, March 30th. The annual rate of mortality in these towns, which had been 15.4 and 17.4 per 1,000 in the two preceding weeks, declined to 17.0 in the week under notice, but was 2.4 per 1,000 above the rate recorded in the ninety-four large English towns. Among the several Scottish towns the death-rates in the week under notice ranged from 8.7 in Perth, 10.6 in Partick, and 12.2 in Falkirk to 21.4 in Paisley, 23.3 in Kirkcaldy, and 25.4 in Greenock. The mortality from the principal infectious diseases averaged 2.1 per 1,000, and was highest in Paisley and Leith. The 277 deaths from all causes registered in Glasgow included 27 from measles, 7 from infantile diarrhoea, 4 from whooping-cough, 3 from scarlet fever and 2 from diphtheria. Six deaths from measles were recorded in Leith, 5 in Paisley, and 4 in Edinburgh; 2 deaths from scarlet fever in Aberdeen; and 2 deaths from whooping-cough in Aberdeen and 2 in Edinburgh.

### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, March 30th, 636 births and 521 deaths were registered in the twenty-two principal urban districts of Ireland, as against 622 births and 460 deaths in the preceding period. The annual death-rate in these districts, which had been 23.1, 24.7, and 20.7 per 1,000 in the three preceding weeks, rose to 23.5 per 1,000 in the week under notice, this figure being 8.9 per 1,000 higher than the mean average death-rate in the ninety-four English towns for the corresponding period. The figures in Dublin and Belfast were 28.6 and 19.3 respectively, those in other districts ranging from 5.7 in Newtownards and 7.9 in Dundalk to 29.4 in Drogheda and 32.7 in Cork, while Londonderry stood at 24.2, Limerick at 21.7, and Waterford at 20.9. The zymotic death-rate in the twenty-two districts averaged 1.7 per 1,000, as against 1.1 in the preceding period.

## Vacancies and Appointments.

### VACANCIES.

**WARNING NOTICE.**—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

**AGRA:** DUFFERIN HOSPITALS AND FEMALE MEDICAL SCHOOL.—Senior Lady Doctor for the Dufferin Hospitals, Agra. Pay, inclusive of allowances, Rs. 400 (£26 13s. 4d.) per mensem.

**AYR DISTRICT ASYLUM.**—Junior Assistant Physician (male). Salary, £140 per annum.

**BEDFORD COUNTY HOSPITAL.**—Male Assistant House-Surgeon. Salary, £80 per annum.

**BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.**—House-Surgeon. Salary at the rate of £70 per annum.

**BOLINGBROKE HOSPITAL,** Wandsworth Common, S.W.—House-Surgeon (male). Salary, £75 per annum.

**BRIGHTON:** ROYAL SUSSEX COUNTY HOSPITAL.—(1) House-Surgeon (male); (2) House-Physician (male); (3) Honorary Medical Clinical Assistant; (4) Honorary Surgical Clinical Assistant. Salary for (1) and (2), £120 and £100 per annum respectively.

**BRISTOL GENERAL HOSPITAL.**—House-Physician. Appointment for six months. Salary, £80.

**BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.**—Senior Resident Officer. Salary, £90 per annum.

**BURNLEY COUNTY BOROUGH.**—Assistant to the Medical Officer of Health. Salary, £250 per annum, rising to £300.

**BUXTON:** DEVONSHIRE HOSPITAL.—Pathologist (non-resident). Salary, £250 per annum.

**CANCER HOSPITAL,** Fulham Road, S.W.—Assistant Anaesthetist. Honorarium, 25 guineas per annum.

**CHARING CROSS HOSPITAL MEDICAL SCHOOL.**—Demonstrator in Pathology. Salary, £150 per annum.

**CHELTEMHAM GENERAL HOSPITAL.**—House-Physician. Salary, £80 per annum, rising to £100 on becoming Senior Medical Officer.

**CHESTER GENERAL INFIRMARY.**—House-Physician. Salary, £90 per annum.

**CHORLEY:** RAWCLIFFE HOSPITAL.—House-Surgeon. Salary, £100 per annum.

**DUDLEY:** GUEST HOSPITAL.—(1) Senior Resident Medical Officer; salary, 100 guineas per annum, increasing to 120 guineas. (2) Assistant House-Surgeon; salary, £80 per annum.

**EAST SUSSEX COUNTY ASYLUM,** Hellingly.—Third Assistant Medical Officer. Salary, £175 per annum, rising to £200.

**HEREFORDSHIRE GENERAL HOSPITAL.**—House-Surgeon. Salary at the rate of £120 per annum.

**LEAMINGTON:** WARNERFORD, LEAMINGTON, AND SOUTH WARWICKSHIRE GENERAL HOSPITAL.—(1) Honorary Surgeon. (2) House-Surgeon; salary, £100 per annum.

**LEEDS TUBERCULOSIS ASSOCIATION.**—Resident Medical Officer for the Sanatorium at Gateforth. Salary at the rate of £100 per annum.

**LEICESTER INFIRMARY.**—(1) House-Surgeon; (2) Assistant House-Surgeon. Salary at the rate of £120 and £80 per annum respectively.

**LINCOLN COUNTY HOSPITAL.**—Junior Male House-Surgeon. Salary at the rate of £100 per annum.

**LIVERPOOL UNIVERSITY.**—Chair of Bacteriology and City Bacteriologist. Salary, £800 per annum.

**LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Male Resident House-Surgeon. Salary, £120 per annum.

**MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100 per annum.

**MARGATE:** ROYAL SEA-BATHING HOSPITAL FOR SURGICAL TUBERCULOSIS.—Resident Surgeon. Salary at the rate of £100 per annum, increasing to £120.

**METROPOLITAN EAR, NOSE, AND THROAT HOSPITAL,** Grafton Street, W.—(1) Assistant Surgeon; (2) Clinical Assistants.

**METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—(1) Assistant Physician; (2) Medical Registrar and Pathologist; (3) House-Physician; (4) House-Surgeon; (5) Assistant House-Physician; (6) Assistant House-Surgeon. Salary for (2), £120 per annum and £10 on completion of annual report; for (3) and (4), at the rate of £50 per annum; and for (5) and (6), at the rate of £40 per annum.

**NORWICH:** NORFOLK AND NORWICH HOSPITAL.—(1) House-Surgeon; salary, £80 per annum. (2) Casualty Officer; salary at the rate of £60 per annum.

**OLDHAM ROYAL INFIRMARY.**—(1) Second House-Surgeon. (2) Third House-Surgeon. Salary at the rate of £100 and £80 per annum respectively.

**PADDINGTON GREEN CHILDREN'S HOSPITAL,** W.—(1) House-Physician; (2) House-Surgeon. Salary at the rate of £52 10s. each per annum.

**PADDINGTON INFIRMARY.**—Second Assistant to the Medical Superintendent, and Medical Officer of the Workhouse. Salary at the rate of £100 per annum.

**PRINCE OF WALES'S GENERAL HOSPITAL,** Tottenham, N.—(1) Senior House-Physician; (2) Junior House-Surgeon; (3) Junior House-Physician. Salary for (1), £75 per annum; and for (2) and (3), £50 per annum.

**READING:** ROYAL BERKSHIRE HOSPITAL.—(1) House-Physician; (2) Second House-Surgeon. Salary at the rate of £80 per annum each.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—(1) Lecturer in Anatomy and Physiology for the Fellowship; (2) two Examiners in Elementary Biology for first examination; (3) three Examiners in Anatomy and two in Physiology for second examination; (4) four Examiners in Midwifery for the third examination; (5) Examiner for Part I and Examiner for Part II for examination for Diploma in Public Health; (6) Examiner in Bacteriology and Examiner in Diseases and Hygiene of the Tropics. (2) to (6) are under the Conjoint Board.

**SALFORD ROYAL HOSPITAL.**—Junior House-Surgeon (male). Salary at the rate of £65 per annum.

**SALOP INFIRMARY.**—House-Surgeon. Salary, £100 per annum.

**SEAMEN'S HOSPITAL SOCIETY.**—Assistant Physician for Diseases of the Skin at the Dreadnought Hospital, Greenwich.

**SHEFFIELD:** ROYAL INFIRMARY.—Assistant House-Physician. Salary, £70 per annum.

**SOUTHPORT INFIRMARY.**—Resident (Male) Junior House and Visiting Surgeon. Salary commencing at the rate of £70 per annum.

**STAFFORD:** STAFFORDSHIRE GENERAL INFIRMARY.—House-Physician. Salary, £82 per annum, and £5 honorarium after six months' approved service.

**STOCKPORT INFIRMARY.**—Junior House-Surgeon. Salary, £80 per annum.

**STORNOWAY PARISH COUNCIL.**—Medical Officer. Salary, £67 per annum, together with £2 10s. as Public Vaccinator, and £2 10s. for services under the Lunacy Act.

**TORQUAY:** TORBAY HOSPITAL.—Resident Medical Officer. Salary, £100 per annum, and £5 for lectures to nurses.

**WEST LONDON HOSPITAL,** Hammersmith Road, W.—Pathologist. Salary, £150 per annum.

**WESTMINSTER HOSPITAL,** Broad Sanctuary, S.W.—(1) Physician; (2) Assistant Physician.

**WEST RIDING COUNTY COUNCIL:** SCALEBOR PARK ASYLUM.—Assistant Medical Officer. Salary, £180 per annum.

**WINCHESTER:** ROYAL HAMPSHIRE COUNTY HOSPITAL.—(1) House-Physician; (2) House-Surgeon (males). Salary, £80 per annum each.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Resident Medical Officer. Salary, £100 per annum.

**YORK COUNTY HOSPITAL.**—House-Surgeon. Salary at the rate of £100 per annum.

**CERTIFYING FACTORY SURGEONS.**—The Chief Inspector of Factories announces the following vacant appointment: Rockcorry, co. Monaghan.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.*

## APPOINTMENTS.

ATLEE, C. N., M.R.C.S., L.R.C.P., Third Resident Assistant Medical Officer, Southwark Union Infirmary.  
BUSNELL, F. G., M.D. Lond., D.P.H. Camb., Acting Medical Officer of Health and Assistant School Medical Officer of the West Sussex (Northern) Combined Sanitary Districts, in the absence of Dr. S. Child, M.O.H. and A.S.M.O., on leave.  
HOPK, Charles W. M., M.D., F.R.C.S., Clinical Assistant to the Throat and Nose Department, King's College Hospital, W.C.  
TAYLOR, Gordon, B.S., F.R.C.S., Surgeon with the Charge of Out-patients to Great Northern Central Hospital.  
THOMSON, T. Lauder, M.D., D.P.H., County Medical Officer for Dumbartonshire, vice J. C. McVail, appointed Scottish Insurance Commissioner.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or Stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.*

## BIRTHS.

BINNS.—On April 7th, at Carlisle Villa, Bow Road, E., the wife of John Braybrooke Binns, M.R.C.S., L.R.C.P. Lond., of a daughter.  
COWPER.—On April 3rd, at Peatling House, near Leicester, to C. M. L. Cowper, M.R.C.S. Eng., L.R.C.P. Lond., and Mrs. Cowper, a daughter.  
TATE.—At Hill House, Stamfordham, Newcastle-on-Tyne, on March 30th, the wife of Edward Tate, M.D., B.S., of a daughter.  
WILLAN.—On Easter Sunday, 1912, at 23, Claremont Place, Newcastle-on-Tyne, the wife of R. J. Willan, F.R.C.S. Eng., of a daughter.

## MARRIAGES.

ANDERTON—WEBSTER.—On April 2nd, at Bidston Church, by the Rev. T. Mather Standing, Vicar, John Westall Anderton, M.B., Ch.B., eldest son of James Anderton, of St. Annes-on-the-Sea, to Alice, second daughter of Charles Webster, of Bidston, Cheshire.  
CLARK—ATKINSON.—On April 8th, at the Parish Church, Wanstead, by Canon J. R. Corbett, Rector, Percy John Clark, M.R.C.S., L.S.A., of 2, Spital Square, Bishopsgate, E., to Eveline Sarah Atkinson, third daughter of the late William Atkinson, of Helmsley, Yorks.

SHEPARD—EVANS.—A marriage has been arranged and will take place during the summer between Arthur Harold Shepard, B.A., M.D., of Chelford, Cheshire, fifth son of the late Henry Shepard, Esq., of "Oatlands," Wicklow, Ireland, and Muriel Sandford, only daughter of William Paterson Evans, "Brentwood," Bidston, Cheshire, Director of Evans Sons Lescher and Webb, Ltd., Liverpool and London.

## DEATH.

MOORE.—April 8th, at Pailton Hall, Rugby, B. Ayres Moore, L.R.C.P.I. and L.R.C.S.I., aged 64 years.

## DIARY FOR THE WEEK.

## TUESDAY.

LONDON DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C., 4.30 p.m.—(1) Paper:—Dr. W. Knowsley Sibley: Ionization in the Treatment of Diseases of the Skin. (2) Exhibition of cases and specimens.  
MEDICO-LEGAL SOCIETY, 11, Chandos Street, W., 8.30 p.m.—Paper:—Dr. F. J. Smith: The Law and Practice of Post-mortem Examinations.  
ROYAL SOCIETY OF MEDICINE: THERAPEUTICAL AND PHARMACOLOGICAL SECTION, 15, Cavendish Square, W., 4.30 p.m.—Paper.

## WEDNESDAY.

ROYAL SOCIETY OF MEDICINE: BALNEOLOGICAL AND CLIMATOLOGICAL SECTION, 15, Cavendish Square, W., 5.30 p.m.—Discussion on The Radium Emanations of Mineral Waters, to be opened by Dr. T. Pagan Lowe (Bath).

## THURSDAY.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Papers:—Dr. Edmund Cantley: Fever in the New-born. Mr. Arthur Edmunds: Acute Intestinal Obstruction in Infants.  
ROYAL SOCIETY OF MEDICINE: DERMATOLOGICAL SECTION, 11, Chandos Street, W., 5 p.m.—Cases and specimens.

## FRIDAY.

ROYAL SOCIETY OF MEDICINE: ELECTRO-THERAPEUTICAL SECTION, 15, Cavendish Square, W., 8.30 p.m.—Papers:—Dr. Reginald Morton: The Treatment of Rodent Ulcer. Dr. S. Russ: The Clinical Use of the Active Deposit of Radium.

## POST-GRADUATE COURSES AND LECTURES.

MANCHESTER: ANCOATS HOSPITAL POST-GRADUATE CLINIC.—Thursday, 4.15 p.m., After-treatment of Abdominal Sections.  
WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Medical and Surgical Clinics, X Rays, and Operations, 2 p.m. daily. Monday: Gynaecology, 10 a.m.; Eye, 2 p.m. Tuesday: Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Wednesday: Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 2 p.m. Thursday: Gynaecology, 10 a.m.; Eye, 2 p.m.; Orthopaedics, 2 p.m. Friday: Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Saturday: Diseases of Children, 10 a.m. Throat, Nose, and Ear Operations, 10 a.m.; Eye, 10 a.m.

## CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.
<b>APRIL</b>	
12 FRIDAY ..	{ LEICESTER AND RUTLAND DIVISION, Midland Branch, Association Hall, East Street, Leicester, 4 p.m.
13 SATURDAY ..	{ LONDON: Standing Therapeutic Subcommittee, 10 a.m. LONDON: Science Committee, noon.
14 Sunday ..	
15 MONDAY ..	
16 TUESDAY ..	{ LONDON: Organization Committee, 2.30 p.m. BRIGHTON DIVISION, South-Eastern Branch, Ordinary Meeting, Lecture Hall, New Road, Brighton, 4 p.m.
17 WEDNESDAY ..	{ LONDON: Finance Committee, 3 p.m. CITY DIVISION, Metropolitan Counties Branch, Meeting of Profession, Council Chamber, Shoreditch Town Hall, Old Street, E.C., 4 p.m.
18 THURSDAY ..	{ LONDON: Metropolitan Counties Branch, Council, 4 p.m. GLOUCESTERSHIRE BRANCH, Stroud Hospital, 7 p.m.; Dinner, Imperial Hotel, Stroud, after Meeting.
19 FRIDAY ..	{ HAMPSHIRE DIVISION, Metropolitan Counties Branch, Meeting of Profession, Hall of Blind School, Swiss Cottage, N.W., 8.30 p.m.

Date.	Meetings to be Held.
<b>APRIL (continued).</b>	
20 SATURDAY ..	
21 Sunday ..	
22 MONDAY ..	
23 TUESDAY ..	
24 WEDNESDAY ..	{ BATH AND BRISTOL BRANCH, Bath. RICHMOND DIVISION, Metropolitan Counties Branch, Richmond, 8.30 p.m.
25 THURSDAY ..	{ EAST ANGLIAN BRANCH, Spring Meeting, East Dereham. SOUTH-WEST ESSEX DIVISION, Metropolitan Counties Branch, Walthamstow Hospital, 4 p.m. CITY DIVISION, Metropolitan Counties Branch, General Meeting, Brooke House, Upper Clapton, 9 p.m. WORCESTERSHIRE AND HEREFORDSHIRE BRANCH, Spring Meeting, Worcester.
26 FRIDAY ..	{ BIRMINGHAM BRANCH, Pathological and Clinical Section, Medical Institute, Edmund Street, 8 p.m.
27 SATURDAY ..	
28 Sunday ..	
29 MONDAY ..	
30 TUESDAY ..	