

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, MAY 12TH, 1917.

CONTENTS.

	PAGE		PAGE
British Medical Association.			
PROCEEDINGS OF COUNCIL	10	INSURANCE:	
IRELAND: IRISH MEDICAL COMMITTEE.—POOR LAW MEDICAL COMMITTEE	108	THE NEW INSURANCE ADVISORY COMMITTEE	110
CURRENT NOTES: CENTRAL MEDICAL WAR COMMITTEE.—NON-PANEL COMMITTEE.—WIDOWS AND ORPHANS OF SOLDIERS AND SAILORS	109	YORK LOCAL MEDICAL AND PANEL COMMITTEE	111
MEETINGS OF BRANCHES AND DIVISIONS	109	MILEAGE SCHEME OF THE COUNTY OF LANARK	111
ASSOCIATION NOTICES	110	GLASGOW	111
NAVAL AND MILITARY APPOINTMENTS... ..	113	LOCAL MEDICAL AND PANEL COMMITTEES	112
		AN OUTSIDE VIEW OF THE PANEL SYSTEM	113
		QUESTIONS AND ANSWERS	113
		VACANCIES AND APPOINTMENTS	114
		BIRTHS, MARRIAGES, AND DEATHS	114
		DIARY	114

British Medical Association.

PROCEEDINGS OF COUNCIL.

A MEETING of the Council was held at 429, Strand, W.C., on Wednesday, April 25th, 1917, and there were present:

Dr. J. A. Macdonald, Chairman of Council, in the chair; Sir T. Clifford Allbutt, President; Mr. E. B. Turner, Chairman of Representative Meetings; Dr. G. E. Haslip, Treasurer; Dr. John Adams, Lieutenant-Colonel Sir James Barr, Surgeon-General P. H. Benson, Dr. M. G. Biggs, Dr. H. B. Brackenbury, Dr. H. J. Campbell, Dr. Francis W. Clark, Major Russell Coombe, Dr. J. Singleton Darling, Dr. Edward J. Domville, Major A. C. Farquharson, Captain E. Rowland Fothergill, Dr. T. W. H. Garstang, Dr. Joseph Giusani, Mr. N. Bishop Harman, Lieutenant-Colonel W. T. Hayward, Dr. I. W. Johnson, Major Albert Lucas, Fleet Surgeon F. D. Lumley, Dr. H. C. Mactier, Colonel C. H. Milburn, Lieutenant-Colonel J. Munro Moir, Dr. E. N. Nason, Major George Parker, Dr. F. J. Smith, Dr. W. Johnson Smyth, Dr. John Stevens, Dr. T. Jenner Verrall, Dr. O. R. M. Wood, and Dr. Claude Wilson.

MINUTES.

The minutes of the last meeting, held on October 25th, 1916, having been printed and circulated, were agreed to and signed.

APOLOGIES.

Letters of apology for non-attendance were read from Lieutenant-Colonel R. A. Bolam, Dr. Adam Fulton, Colonel James Galloway, Dr. John Gordon, Dr. James Green, Dr. Major Greenwood, Major T. Duncan Greenlees, Major J. Livingstone Loudon, Dr. Rayner, and Dr. Gardner Robb.

DEATHS.

The CHAIRMAN reported the deaths of Dr. Duncan Burgess, of Sheffield; Mr. R. H. Kinsey, of Bedford; and Dr. H. H. Phillips-Conn, of Reading, former members of Council, and resolutions of condolence were ordered to be forwarded to the respective families.

LOAN FUND.

A Special Committee was appointed in October to determine the character, and, if thought proper, to initiate such a fund. The Committee consisted of representatives from the Royal College of Physicians of London; Royal College of Surgeons, England; Royal College of Surgeons, Edinburgh; Epsom College; Royal Medical Benevolent Fund; and, from the British Medical Association: The President, Chairman of Representative Meetings, Chairman of Council, Treasurer, Chairman of Central Medical War Committee, Lieutenant-Colonel R. A. Bolam, Dr. William Collier, Mr. Bishop Harman, Dr. C. O. Haythorne, Dr. R. McKenzie Johnston, and a representative of the Scottish and Irish Committees.

A subcommittee was appointed, and in January reported that at that time it was of opinion that it would be inadvisable to proceed with the launching of the scheme, since (1) it would clash with the issue of the War Loan; (2) its success might be affected by uncertainty concerning the possible mobilization of the medical profession.

APPOINTMENT OF SOLICITOR.

Mr. W. E. Hempson was reappointed Solicitor to the Association.

FINANCE COMMITTEE.

The TREASURER, in presenting the minutes of the Finance Committee, also submitted the financial statement for the year ending December 31st, 1916, as certified by the auditors, which was approved. (Full details appear in the Annual Report of Council, published in the SUPPLEMENT of May 5th.)

QUARTERLY ACCOUNTS.

The accounts for the December and March quarters were approved, and the Treasurer authorized to discharge those accounts still outstanding.

ORGANIZATION COMMITTEE.

The Council adopted the report on the question of putting the propaganda work of the Association on a permanent and systematic basis, and authorized certain procedure.

GRANTS TO BRANCHES FOR 1917.

Grants for 1917 were authorized to Home Branches as follows, provided that in each case a report for 1916 satisfactory to the Grants Subcommittee has been received:

Aberdeen, 2s. 6d.; Border Counties, 3s. 6d.; Cambridge and Huntingdon, 1s.; Dorset and West Hants, 2s.; Fife, 4s.; Kent, 1s. 6d.; Metropolitan Counties, 2s.; North of England, 4s.; Northern Counties of Scotland, 2s.; Oxford and Reading, 3s.; Shropshire and Mid Wales, 1s.; Southern, 4s.; South-Eastern of Ireland, 4s.; Staffordshire, 3s. 6d.; Stirling, 2s.; Wiltshire, 1s. 6d.; Worcester and Hereford, 2s., per member.

No grant for 1917 was made to the following Branches, each of which had in its possession at December 31st, 1916, including moneys in the hands of Divisions, a balance sufficient to meet its average approved expenditure and leave the Branch in hand at the end of the year a balance equivalent to at least 2s. per Branch member: East York and North Lincoln, Munster, South-Western, and West Somerset.

In the event of any of the Home Branches which have not so far reported for 1916 forwarding a report for the year satisfactory to the Chairman of the Grants Subcommittee, the Treasurer is empowered to make a preliminary grant of 1s. per member to such Branch.

The grants to Home Branches for 1917 will be paid as follows: 50 per cent. as soon as possible after publication of the 1917 annual list; 25 per cent. in mid September, 1917; 25 per cent. in mid November, 1917.

CONFERENCE OF SECRETARIES IN 1917.

It was left to the Chairmen of Representative Meetings, of Council, and of the Organization Committee, to make all necessary arrangements for the holding of a Conference of Secretaries in 1917, if in their opinion such a Conference is desirable.

SCOTTISH COMMITTEE.

The annual grant to the Scottish Committee for the current year was increased by the sum of £200.

JOINT COMMITTEE WITH BRITISH SCIENCE GUILD.

No meeting of the Joint Committee has been held since the last meeting of the Council. Communications have, however, been addressed to the Secretary of State for the Colonies and to the London County Council, asking that a deputation be received from the Joint Committee in order to discuss the proposals of the British Science Guild regarding the payment of scientific experts called in by Government departments and municipalities. A reply was received from the former to the effect that, owing to the pressure of his engagements at the present time, the Secretary of State for the Colonies could not conveniently arrange to receive the proposed deputation; and from the latter to the effect that the practice of the County Council when employing experts of any kind was to remunerate them in accordance with the scale generally accepted as adequate for the services rendered, and that in such circumstances the committee of the County Council dealing with the matter did not think the attendance of the deputation would serve any useful purpose.

NON-PANEL COMMITTEE.

A Committee was appointed to represent the interests of medical practitioners not on the panel, and to consider in what manner the British Medical Association can best promote the interests of members who have not entered into agreements with Insurance Committees.

The Committee consists of the President, Chairman of Representative Body, Chairman of Council, and Treasurer, *ex officio*, and Dr. Kennish, Dr. M. G. Biggs (Battersea), Dr. J. Stevens (Edinburgh), Dr. Howell (Putney), Dr. H. B. Densham, Dr. Nason, and Dr. H. B. Brackenbury (Stroud Green, N.).

ELECTION OF MEMBERS.

Sixty-seven candidates came up for consideration and were elected members of the British Medical Association.

ANNUAL REPORT OF COUNCIL.

The annual report of Council was published in the SUPPLEMENT of May 5th, and many of the matters included therein were the subject of debate. The Council met at 11 a.m., and, with an adjournment of forty-five minutes, completed its business at 8.35 p.m.

IRELAND.

IRISH MEDICAL COMMITTEE.

A MEETING of the Irish Medical Committee was held in the Royal College of Surgeons, Dublin, on April 20th. Mr. R. J. Johnstone was in the chair, and the following members were present: Drs. J. S. Darling, J. R. Davison, W. F. Delaney, S. Gawn, J. Giusani, Captain H. S. Laird, R.A.M.C., T. G. McGrath, W. A. Morton, B. C. Powell, R. J. Rowlette, Lieutenant-Colonel E. C. Thompson, R.A.M.C., Denis Walshe. Dr. T. Hennessy, Medical Secretary, and Mr. C. H. Gick, Secretary, were also in attendance.

Number of Insured and Exempt Persons in Insurance Areas and Dispensary Districts.

A statement from the Insurance Commission, Ireland (April 20th, 1917), was considered, showing the number of insured and exempt persons as determined by the Commissioners in each certification area numbered 1 to 19, and in each dispensary district included in certification areas numbered 20 to 52 inclusive, in the schedule to the Agreement. The Commissioners stated, in a covering letter, that if the Local Medical Committee in any of the certification areas numbered 20 to 52 inclusive was of opinion that the number of insured persons in any dispensary district was incorrect, the Commissioners would be prepared to consider any suggestion submitted by the Local Medical Committee concerned, with the consent of all the doctors certifying in the certification area, with a view to a revision as between the dispensary districts in the area of the figures referred to.

The Irish Medical Committee ordered (1) That a return showing the number of insured in each insurance area 1 to 19 inclusive, and in each dispensary district included in the certification areas numbered 20 to 52, as determined

by the Commissioners, be sent to the secretaries of all Local Medical Committees for the information of the doctors certifying in such insurance areas. (2) That the Commissioners be informed that the Irish Medical Committee consider that in cases in which medical certifiers can show reasonable grounds for questioning the accuracy of the official returns of the number of insured and exempt persons in any insurance areas or dispensary district, and in cases where doctors have already made complaints of having suffered by the Commissioners changing the area of payment from the dispensary district to the county area, the Commissioners should deal with such cases on their merits, and, in the particular instance mentioned in their letter, without making the consent of any or of all the doctors in the certification area an indispensable condition.

That the Irish Medical Committee note from the Commissioners' letter that though the Commissioners are not prepared as requested, in view of the great labour which would be involved, to furnish each medical certifier with his pay order at the end of the quarter, the names of the other medical certifiers in the district and the amount paid to each, they are prepared, in any instance in which the Irish Medical Committee is satisfied that a case for inquiry is justified, to furnish the Irish Medical Committee with particulars of the amounts paid to each doctor in the district affected, and the manner in which such payments were calculated.

Ministry of Health.

The Irish Medical Committee unanimously adopted the following resolution passed by the Irish Poor Law Medical Committee:

That we approve of the principle of a Ministry of Health, and believe its establishment in this country to be a very urgent necessity; that we urge any legislation for this purpose should embody the unification of the different medical services on the lines of a national medical service, with a compulsory superannuation and entered by competitive examination, in accordance with the report of the Vice-regal Commission, 1906.

Certification of Sickness Benefits.

The Committee had before it a case in which a medical certifier claimed to continue to issue weekly certificates for a person at one time under his treatment for irremediable affection of the eyes; the dispensary doctor, under whose care she now was, also claimed to issue a certificate. The Committee approved a letter sent by the Medical Secretary to the Insurance Commissioners stating that so long as the dispensary doctor was the sole medical attendant of the insured person in question he was the proper doctor for the time to issue the necessary certificates, and that when an insured person was suffering from an incurable disease and was not under the treatment of any doctor it was open to such an insured person to choose her doctor for certification.

Medical Representatives on County Insurance Committees.

In connexion with a complaint made by Dr. E. C. Thompson, co. Tyrone, that the Insurance Commissioners had refused to appoint Dr. Lyle, Newtown Stewart, who was elected on two different occasions by the County Tyrone Local Medical Committee to represent it on the County Insurance Committee, the following resolution was passed unanimously:

That this Committee request the Insurance Commissioners to recognize the members nominated by the Local Medical Committees as their representatives of the County Insurance Committees, and desire to direct the special attention of the Commissioners to the fact that, although Dr. Lyle of Newtown Stewart, co. Tyrone, had been nominated twice by the County Tyrone Local Medical Committee as its representative on the County Insurance Committee, he has been refused recognition by the Commissioners, notwithstanding the fact that the doctor appointed by the Insurance Commissioners in opposition to the wishes of the Tyrone Local Medical Committee has not attended a meeting of the County Insurance Committee for over twelve months.

POOR LAW MEDICAL COMMITTEE.

A meeting of the Irish Poor Law Medical Committee, held on the same day, was attended by the following members: Dr. J. S. Darling (in the chair), Drs. S. Gawn, B. C. Powell, R. J. Johnstone, D. Walshe; Dr. T. Hennessy, Medical Secretary; and Mr. C. H. Gick, Secretary.

A letter was read from Dr. G. U. Macnamara, co. Clare, approving of the establishment of a Ministry of Health for

Ireland, if it were administered by the proper authorities. A resolution was proposed by Dr. B. C. Powell, Roscrea, seconded by Dr. D. Walshe, Graigue, and passed unanimously, that a Ministry of Health was much needed in Ireland. (See resolution adopted by Irish Medical Committee regarding the establishment of a Ministry of Health.)

Proposed Midwives Legislation for Ireland.

A letter was read from Dr. Power, Ardfinnan, stating that his views had been asked for by the Local Government Board regarding the proposed midwives legislation for Ireland. Dr. Power mentioned that his opinions were known to the Medical Secretary, and were published in the medical journals last July, but he did not wish to take action without consulting the Poor Law Committee, of which he was vice-chairman.

The Medical Secretary explained that, amongst other matters, Dr. Power objected to the liability, under the proposed midwives legislation for Ireland, of Poor Law medical officers being called to attend, under the Medical Charities Acts, cases of midwifery with untrained women under the conditions such women were permitted to attend women in childbirth under the Scottish and English Acts. Dr. Power urged that provision should be made in the Irish Act that in all cases where parturient women refused the services of the trained Poor Law midwife that the dispensary doctor should not be called, for the purposes of the Midwives Act, to attend confinement cases when handy women or untrained registered nurses were in charge. The Committee directed that Dr. Power be informed that representations would be made to the Local Government Board that Poor Law medical officers would be protected on the lines suggested by him.

CURRENT NOTES.

CENTRAL MEDICAL WAR COMMITTEE.

THE precipitate action of the War Office in the third week of April, by which all medical men of military age were called up, naturally caused upheaval in the work of the Central Medical War Committee, which had not been consulted before the step was taken. Lord Derby's letter to the Committee, written in consequence of the resolution passed at the joint meeting of the Central Medical War Committee and the Committee of Reference on April 25th, undid some of the harm, however, and the work of the Committee is now straightening out. As soon as the calling up notice was published the Committee issued "certificates of reservation" valid for one month to all medical men of military age who communicated with it. Most of these certificates expire about May 19th, and the Committee is engaged in making arrangements with the War Office for dealing with the situation which will then arise. In furtherance of its task of maintaining the supply of medical men for the army, the Central Medical War Committee has asked Local Medical War Committees to furnish it with statements as to the men who, in their opinion, cannot be spared under present conditions, and the Local Committees are being sounded as to the possibilities of voluntary substitution by medical men over military age. As there seems to be no immediate prospect of compulsory substitution, the task is very difficult both for the Central and the Local Committees. With the approval of the Director-General A.M.S., the Central Medical War Committee has informed the Local Committees that military work carried on by civil practitioners, such as in local auxiliary military hospitals and work on medical boards, must not stand in the way of securing doctors of military age for commissions in the R.A.M.C. The question of the distribution and staffing of voluntary war hospitals constantly arises in the course of the Committee's discussions, and it is hoped that as time goes on economies in medical personnel may be effected without detriment to the treatment of the sick and wounded.

NON-PANEL COMMITTEE.

Owing to the outbreak of war, at the close of the annual meeting at Aberdeen the Non-Panel Committee first appointed in October, 1913, was not reappointed. At that time an undertaking was given to the British Medical Association by the Insurance Commission that contentious extensions of the National Insurance Acts would not be introduced during the war. The situation has, however, been changed lately by the action of the Local Govern-

ment Board, which has brought the whole question of the health services of the country into the political foreground. The possibility of extensions and modifications of the Insurance Acts has thus arisen during war time. A new Non-Panel Committee was accordingly appointed by the Council, on April 25th, 1917, to represent the interest of medical practitioners not on the panel, as noted above (p. 108). It held its first meeting on May 7th. Dr. M. G. Biggs (London) was voted to the chair, and the following were also present: Drs. H. B. Brackenbury (London), H. B. Densham (Stockton-on-Tees), J. Kennish (London), E. Nason (Nuneaton), J. Stevens (Edinburgh), and Dr. G. E. Haslip, Treasurer of the Association. Dr. Charles Buttar also attended by invitation of the Committee. The Chairman briefly explained the origin and purpose of the Committee. Throughout the proceedings it was taken for granted that the Government is considering an extension of the medical treatment of the industrial and poorer classes. A discussion on very general lines arose upon the means by which this should be carried out, and the policy which the medical profession should adopt in the best interests of the public. The history and tendencies of the Insurance Act were debated from various points of view. The merits of free choice of doctor and the advantages and disadvantages of a general permission to contract out of medical benefit were reviewed. Assuming that the Government means to extend and reorganize the medical services of the community, it appeared that one of three methods must be adopted: (1) Some kind of panel system whereby doctors volunteer their services, and patients have choice of such doctors; in other words, an optional part-time service; (2) a whole-time salaried State Medical Service; (3) a part-time salaried State Medical Service on some such lines as the Post Office Medical Service. After wide discussion, the Committee decided to narrow its investigations to the study of the existing scheme now before the Association and the profession, and embodied in the Annual Report of Council published in the SUPPLEMENT on May 5th (p. 89), and to base its criticisms and suggestions in the interests of the non-panel practitioner upon this scheme or such other proposals as come before the Association.

WIDOWS AND ORPHANS OF SOLDIERS AND SAILORS.

In paragraph 95 of the Annual Report of the Council (SUPPLEMENT, May 5th, p. 92) the concluding paragraph of the agreed report of the discussion between the deputation from the British Medical Association and the Insurance Commissioners on March 20th was accidentally omitted. The paragraph dealt with widows and orphans of soldiers and sailors, and was in the following terms:

"The Commissioners further intimated that they might also be requested to make themselves responsible for the general practitioner treatment of widows and orphans of sailors and soldiers killed in the present war. In both cases [viz., discharged soldiers hitherto ineligible for medical benefit—see last paragraph of para. 95 of Annual Report—as well as the widows and orphans referred to in this paragraph] the deputation expressed the desire that no rival or competing system of administration should be established, and that the present arrangements for the provision of general practitioner treatment under the Insurance Acts should be applied without differentiation to all individuals for whom provision was to be made, without prejudice, of course, in the former case, to any decision which might be taken as to the adequacy of the present remuneration as regards sailors and soldiers invalided from service, and without excluding the possibility of special provision being made whereby individuals might continue to be attended by those practitioners by whom they had previously been privately attended."

Meetings of Branches and Divisions.

EDINBURGH BRANCH:

EDINBURGH AND LEITH DIVISION.

A MEETING of the Division was held on May 2nd, when Dr. W. STEWART, Chairman of the Division, presided.

Medico-Political Matters.—Dr. STEVENS moved and the CHAIRMAN seconded the following motion:

That the attitude and policy of the British Medical Association towards medico-political affairs should be that, except

in such matters as public health, public medical provision should only apply to those who are not able adequately to provide for themselves; and that in the interests of the State as well as the profession a position of independence and freedom from State interference and control, direct or indirect, should be maintained.

The previous question was moved by Dr. ARMOUR and carried by 10 to 8.

A special committee, consisting of the Chairman, Drs. M. Dewar, J. Craig, Stevens, and Keppie Paterson, was appointed to consider the questions with regard to the future policy in relation to National Health Insurance, and to report to the next meeting of the Division.

Association Notices.

GRANTS IN AID OF SCIENTIFIC RESEARCH.

The Council of the British Medical Association is prepared to receive applications for grants in aid of Scientific Research into the Causation, Treatment, or Prevention of Disease. Preference will be given to medical practitioners and to applicants who propose to investigate the problems directly related to practical medicine.

Applications for grants must be received not later than June 16th, 1917, and must be made on the prescribed form which, together with the regulations governing the suggested grants, can be obtained on application to the Medical Secretary of the Association, 429, Strand, London, W.C.

CHANGES OF BOUNDARIES.

Adjustment of Areas of Oxford and Reading Divisions.

THE following change has been made in accordance with the Articles and By-laws, and takes effect from the date of publication of this notice:

That Wallingford urban district and Wallingford rural district be transferred from the area of the Oxford to that of the Reading Division of the Oxford and Reading Branch.

Representation in Representative Body.—Unaffected.

SUGGESTED CHANGES OF BOUNDARIES.

Proposed Dewsbury Division.

IN connexion with the notice which appeared in the SUPPLEMENT of April 7th (page 61) of a proposal made by the Leeds Division for formation of a Dewsbury Division of the Yorkshire Branch, notice is hereby given to all concerned that the Leeds Division has amended its proposal so as to make the suggested Dewsbury Division consist of the following area:

Dewsbury county borough, Batley and Ossett municipal boroughs, and Birstall, Heckmondwike, and Mirfield urban districts.

Written notice of the amended proposal has been given to the Bradford Division and the Yorkshire Branch, and the matter will be determined in due course by or on behalf of the Council. Any member affected by the proposed change and objecting thereto is requested to notify the fact, and his or her reason therefor, to the Medical Secretary, 429, Strand, W.C.2, not later than June 12th, 1917.

INSURANCE.

THE NEW INSURANCE ADVISORY COMMITTEE.

SIR EDWIN CORNWALL received a deputation from the British Medical Association on May 3rd, 1917, on the subject of medical representation on the new Advisory Committee. The deputation consisted of Dr. H. B. Brackenbury, Mr. E. B. Turner, Dr. Parkes Peers, Dr. B. A. Richmond, Dr. Mabel Ramsay, Dr. J. Hunter, Dr. J. R. Drever, Captain E. R. Fothergill, Dr. T. Campbell, Dr. Ridley Bailey, and Dr. W. A. Hollis, with Dr. A. Cox and Dr. J. Neal. There were also present: Sir Robert Morant, Dr. Smith Whitaker, Mr. Kinnear, Mr. Brock, Mr. Vivian, and Mr. Hackforth.

Sir EDWIN CORNWALL explained that when he took office he found in existence an Advisory Committee of 168 members, which, in his opinion, had lost its usefulness owing to its size and the great cost involved in holding any meetings; it was for this reason that he decided to set up a much smaller and more workmanlike committee. He pointed out that the only statutory function of the Advisory Committee was in connexion with the making and altering of regulations, but said that he had no desire

so to restrict the use of any Advisory Committee or Committees. At the same time he thought it should be clearly understood that outside the statutory functions of the Committee it was for the Minister to seek advice and assistance at such times and in such manner as circumstances required. His present intention was to set up a small separate medical Advisory Committee, and to have one doctor on the general Advisory Committee to serve as a link between that Committee and the Medical Advisory Committee or the medical profession. He had no desire whatever to lose the assistance of the doctors; on the contrary, his desire was to obtain it in the most effective manner, and his only object in the course he was proposing to pursue was to secure in the most convenient and useful way the advice and co-operation of the medical profession. He would be glad to consider any criticisms which the deputation might have to offer on his present proposals, but, at the same time, he wished it to be understood that he was determined not to set up an Advisory Committee of so many members as to make it practically useless for his purposes.

Dr. BRACKENBURY stated that the objects of the deputation and those it represented were identical with those which Sir Edwin had stated to be his own, but that they were not in agreement with him as to the methods by which those objects could best be secured. It should be borne in mind that the statutory Advisory Committee had to advise the Commissioners and the Minister on the making and altering of all regulations, and that amongst these (although the profession was interested in many other regulations also) were included the medical benefit regulations, which were incorporated as part of every panel doctor's agreement. The result of the recent re-organization of the Advisory Committee was that the Statutory Committee now represented practically the approved society side only, and that the medical side was to be relegated to a body having no statutory recognition. It was feared that this would produce the general impression that the approved society side of national insurance was regarded as of greater importance than the medical side, and this would be fatal to the harmonious co-operation of the medical profession in the working of the Acts. It was also contended that the approved society representatives on the general Advisory Committee, being officials of societies, were not as a rule in direct touch with the members of the societies, and could not be looked upon as really representative of insured persons, and that doctors, who were in constant touch with the insured persons, and whose influence with them was at least equal to that of the society officials, might claim to represent the real interests of insured persons on any Advisory Committee on many of the subjects which would come up for discussion. It was therefore the conviction of the deputation that the new statutory Advisory Committee should be constituted in such a way as to make it a suitable body for giving advice on all matters in connexion with the administration of National Insurance. This would necessarily involve an increase in the size of the Committee, but as against this it would be possible for the Commissioners to consult a section of the Committee on matters affecting that section alone before bringing the matter before the full Committee at comparatively infrequent meetings. With regard to the method of selection of representatives of the medical profession, it was urged that the British Medical Association, which represented all branches of the profession and not merely those doctors engaged in panel practice, was the proper body to put forward names from amongst which the Minister would select those for appointment. The Association was, moreover, in close touch with the Local Medical and Panel Committees, which through two successive annual conferences of delegates, at which those committees were very well represented, had decided almost unanimously that the Association should represent those committees as a whole in dealing with the Commissioners. The Association would, if so desired, obtain from all the Local Medical and Panel Committees suggestions of names to be put forward for Sir Edwin Cornwall's consideration.

Other members of the deputation emphasized the strong feeling which existed in the medical profession on the matter, and pointed out the danger that would be caused to the whole administration of National Insurance if the

sympathy of the medical profession was alienated by reason of the changes now under discussion. It was further stated that it was impossible for two or three members of the profession to combine in themselves, or voice to the Minister, all the varieties of experience which should be available for his assistance, and that a committee competent to give the advice he required could not be constituted with a membership of fewer than fifteen to eighteen.

Sir EDWIN CORNWALL said that he would weigh very carefully the views which had been expressed by the deputation, and that he hoped to come to some arrangement which would be satisfactory to them and to himself. In any case, he would not summon any meeting of the Advisory Committee for the statutory purpose of the consideration of proposed regulations until the question of medical representation had been settled in one way or another.

THE YORK LOCAL MEDICAL AND PANEL COMMITTEE.

THE York Local Medical and Panel Committee has recently adopted provisionally an interim report of a subcommittee appointed to consider the working of the Insurance Act as regards medical benefit. The report, which deals specially with urban areas, begins with a summary of the advantages of the Act to the community and the panel doctors. The gains to the doctors are: (1) An income known approximately in advance, which, but for the war, would probably have enhanced the market value of practices; (2) ease in introducing substitutes in absence from illness or other cause; (3) freedom from dispensing and sending out of accounts; and (4) fixed rules for patients. On the other hand, the subcommittee is not sure that the defects of the Act do not counterbalance the advantages. Among minor defects are named the limitation of free choice of doctor, owing both to the number of doctors who still refuse to work the Act and the difficulty which patients have in changing their doctor. Then there are the disadvantages which are inherent in any form of contract practice, and which tend to make it less efficient than private practice. There is also the irritation in the doctors' minds on account of the reduction of payment owing to the alleged inflation of lists, and the further irritation in that complaints against doctors are dealt with by a lay committee. Further irritation arises in connexion with certification and the limitation of drugs to be prescribed.

Of the major defects some arise from the multiplication and overlapping of authorities dealing with health, and a list of nine different authorities dealing with health matters is given apart from the work done in private practice. Especial stress is laid on the gain that would accrue to the community if the work of public health were related to the work of the general practitioner. As one of the greatest defects of the Act is mentioned the gap that exists between the treatment of insured persons under different circumstances—as, for instance, when a patient in order to get certain forms of treatment has to be removed from the care of his panel doctor to a hospital, though the panel doctor might be quite competent to give the treatment if provision were made for it. The report expresses the opinion that the Act breaks down in important directions through failure to provide treatment for much grave disease, facilities for consultations, nursing in serious cases, specialist treatment, anaesthetics, special methods of treatment and diagnosis, and pathological services.

As to remedies, the subcommittee is not able to make any definite suggestion that would entirely secure free choice of doctor, but it is suggested that much of the irritation felt by the doctors might be lessened if, instead of making the doctor's responsibility a daily one, as the Commissioners have, which reduces the principle of insurance to an absurdity, the unit of time for which the responsibility is placed on the doctor were a quarter of a year, and if for any responsibility undertaken during a quarter the doctor were paid for that quarter. The report does not recommend the scheme proposed by Dr. Williamson of Bristol, though it recognizes that it contains some merits.

Of the remedies for major defects, the establishment of a Ministry of Health to co-ordinate all the activities of all

health authorities is regarded as of prime importance. To remedy the gaps in treatment it is recommended that hospitals should be established for the treatment of insured persons staffed by, or mainly by, panel practitioners, and as it is assumed that the Insurance Act will be extended in time to include dependants of the insured, the suggestion involves the provision of hospital accommodation for the bulk of the community. To commence with, arrangements with existing charitable hospitals might be made, and a sketch is given of the proposed connexion of panel practitioners with the hospitals. The proposals for the linking up of the panel practitioners with an extended hospital system are, perhaps, the most valuable part of the report. It is recognized that the proposals would be costly, but the subcommittee considers that the question of cost is one for the experts in finance and not for the medical profession.

THE MILEAGE SCHEME OF THE COUNTY OF LANARK.

WHEN the special mileage grant of £50,000 was provided by the Government, and it was found that the proportion allotted to the county of Lanark was only £618, it was soon realized that this sum was altogether inadequate to meet properly the needs of the county. It was evidently the intention of the Commissioners that mileage should only be paid to panel practitioners for what may be called normal miles, and little or no account was taken of difficulties of communication or of general sparsity of population. In some of the southern parts of the county the great bulk of the patients of some doctors lived fairly close together in mining villages, while the patients of other doctors in perhaps the same neighbourhood were more of the farm servant class, and the doctors might have to cover great distances in their day's work, and possibly have to walk over hills and moors where, though the distance in normal miles might not be great, the time consumed in visiting even a few patients might be very great. It was therefore decided, after consultation between the Local Medical Committee and the Insurance Committee that a special clause should be inserted in the doctors' agreement, authorizing the Insurance Committee to deduct from the capitation fee a sum of 2d. per insured person per annum to form what was called the Special Practitioners' Fund. The two committees were then to arrange what mileage fees should be paid, taking into account not only the normal miles, but any abnormal conditions under which any practitioner had to work, and so far as the special Treasury grant proved insufficient to meet such claims, they should be met out of the Special Practitioners' Fund, any balance remaining in the fund being paid *pro rata* to the practitioners on the panel. As a matter of fact, not more than about 1d. per insured person has been required for this purpose, and part of the fund has been used to meet the ordinary expenses of the Local Medical Committee, this making it unnecessary that the committee's balance sheet should be scrutinized or approved of by the Commissioners. As mileage based only on distance was regarded as inequitable, it was agreed to pay as a minimum a fixed sum per mile in respect of each patient resident more than three miles from the nearest doctor, but to supplement this by specific grants having regard to the circumstances of each individual doctor, and it was remitted to a subcommittee, including the clerk of the Insurance Committee, to consider special claims sent in.

GLASGOW.

An interesting memorandum on the difference in numbers of insured persons on Index and Medical Registers and numbers credited by the Insurance Commissioners has been presented to the Medical Benefit Subcommittee by Mr. William Jones, the clerk and treasurer to the Insurance Committee for Glasgow. The report indicates the various causes of inflation of the Index and Medical Registers, and gives the following figures as a measure of the causes of inflation:

The amount finally credited by the Commissioners in respect of the year 1915 was £137,519 16s. 11d. excluding the amount transferred from Sanatorium Benefit Fund account in respect of the domiciliary treatment of tuberculosis.

This amount, divided by 8s. 6d., which is the capitation fee per insured person per annum to which the Committee is entitled for medical benefit purposes, gives the number 323,576, which may be regarded as the average daily number of persons

on the Committee's Registers throughout the year 1915 in respect of whom the Committee has been credited with a capitation fee. The mean number of persons on the Register during the year was 409,942, an excess of 86,366, or 26.7 per cent.

Special records kept by Mr. Jones of late notifications of suspensions show, however, that an average number of 23,536 persons who had enlisted were included in the counts for the year, as well as an average number of 10,601 persons who had ceased to be entitled to medical benefit, a total of 34,137. This reduces the mean count of the Registers to 375,805 and the degree of inflation to 52,229, or 16 per cent.

The mean number of persons on Medical Lists (including "Special Arrangements") during the year was 349,567, an excess of 25,991 over the number credited, or 8 per cent. From this must be deducted 30,383 in respect of enlistments and other suspensions, which leaves a net number of 319,184, or a surplus of 4,392 over the number actually credited for. This represents a surplus of over £1,800 as being available in respect of "unallocated" persons.

It is evident from these figures that the Medical Register, although in excess, more nearly indicates the number of insured persons within the area than the Index Register, and also that the amount credited to the Committee more than meets the liability in respect of persons on Medical Lists and entitled to benefit.

In explanation of the inflation of the Index Register to the extent of 16 per cent. after adjustment, it is suggested :

(a) That there is in the hands of the Insurance Commissioners a very large number of unidentified contribution cards, for which no credit has yet been given either to approved societies or Insurance Committees.

(b) That a number of contribution cards may be lost or destroyed with the same result to Insurance Committees.

(c) That the names of persons in arrears, or who have died or migrated, remain in the Committee's Register till suspension becomes operative over a year later.

(d) That persons in receipt of disablement benefit during the whole of the first half of the year are not given credit for.

(e) That many more men enlisted from the area than were notified by approved societies.

(f) That a greater number of females became insured in the latter half of 1915 than in the first half of that year.

Finally, it is pointed out that whatever measures are adopted there will always remain a residue of excess between Index Registers and credits, and that there is an obvious defect in any system which results in such wide variations between registers of insured persons apparently entitled to benefit and the actual number of persons for whom credits are received.

LOCAL MEDICAL AND PANEL COMMITTEES.

LONDON.

It is announced in the April number of the London Panel Committee *Gazette* that arrangements are proposed for holding further courses of instruction during the coming summer in the diagnosis and treatment of venereal diseases at the Military Hospital, Rochester Row. It is intended to extend the next course to six weeks to give opportunity for more lectures and practical work, and Lieutenant-Colonel Harrison is prepared to give those practitioners who have already attended the hospital a further opportunity of attending practical demonstrations. Practitioners who wish to avail themselves of the course should send their names to the secretary of the Panel Committee at 51, Chancery Lane.

The Committee announces that as the conditions prevailing owing to the war are the same as last year, it has decided to continue to take advantage of the regulations of 1916 in order that the present members of the Committee shall be deemed to be re-elected until July, 1918.

The Local Medical Committee recently decided that an operation for the removal of part of a toe nail of an insured person was such as could properly be undertaken by a panel practitioner of ordinary professional competence and skill, but that it was inadvisable that the operation should be done without a general anaesthetic. Arising out of this, the Panel Committee considers it most inadvisable that any part of the already depleted practitioners' fund should be earmarked to pay for the cost of anaesthetics, the Commissioners who have been informed of this opinion take the view that every encouragement should be given to neighbouring practitioners to arrange with each other for the administration of anaesthetics.

Referring to the scheme for the assigning of insured persons and the crediting of the additional capitation fees, the Committee states that the following arrangements took effect from January 1st, 1917: that every practitioner entitled to share in the further capitation fees "shall be

credited at the beginning of each quarter with further capitation fees bearing the same proportion to the aggregate number of further capitation fees referred to in Art. 35 (1) of the Medical Benefit Regulations, 1913, as the number of persons included in his list at the beginning of the quarter bears to the aggregate number of persons included in the lists of all the practitioners on the panel entitled to participate in the distribution of further capitation fees at the beginning of such quarter." In the case of persons who apply for inclusion on doctors' lists, but are not accepted, the Insurance Committee proposes to furnish practitioners with forms or post cards which may be used for referring the patients to a second doctor and informing the Panel Committee that they have been refused acceptance.

As the amount advanced to practitioners by the Insurance Committee in the first quarter of 1916 at the rate of 1s. 3d. a person proved to be in excess of the sum actually received by the Committee, it was proposed to advance only 1s. 2d. for the first quarter of 1917. As no figures showing the need for this were furnished, the Panel Committee at first objected, but they have now received an assurance that if, when all the figures have been obtained, it is proved that the higher advance could have been safely made, the difference will be added to the amount to be advanced for the second quarter. The Panel Committee has passed a resolution that the Commissioners should do all in their power to enable the Insurance Committee to make a final settlement of practitioners' accounts for 1916 as early as possible on the lines adopted for 1915.

As the staff of the Insurance Committee is at present greatly depleted, the Panel Committee urges that practitioners should send in their acceptances more frequently, and not keep them to be sent in one batch at the end of the quarter. By sending them more frequently the Insurance Committee will be able to forward credit notes and index cards without delay.

BEDFORDSHIRE.

At a meeting of the Local Medical and Panel Committee on April 3rd, the circular M. 21, issued by the British Medical Association on the circular by York Local Medical and Panel Committee on the organization of the medical profession, was approved.

BIRMINGHAM.

At a meeting of the Panel Committee on May 1st it was decided to reply to a communication from the York Panel Committee on the subject of the future policy of the British Medical Association with regard to the working of the National Insurance Acts, that the report of the Birmingham Committee would be sent to the British Medical Association, and that when the York Committee had sent in its report to the British Medical Association the latter would no doubt embody it in an interim report. The Secretary reported that he had informed the Pharmaceutical Committee, which had offered to take over the private dispensing of those doctors remaining at home during the war, that practitioners were satisfied with the present arrangement as to private dispensing. It was decided to ask the Insurance Acts Committee for an authoritative opinion as to what entitles insured persons to medical treatment.

RENFREWSHIRE.

The Panel Committee has approved the Ayrshire Medical Referee Scheme and the issue of a letter to practitioners on the panel dealing with questions arising between practitioners and insured persons where treatment is asked for and no medical card or other evidence of insurance is produced. When the person applies for treatment as an insured person but fails to produce a medical card or other evidence of insurance, the Committee recommends that he should be told to fill up the form Med. 50, which the doctor should mark "accepted," and sign the marking. If the insured person is able within a reasonable time to show a medical card no fee should be charged, but it would be proper for the doctor to protect himself against loss by charging a fee on the understanding (expressed at the time to the patient) that the fee will be returned provided the medical card is produced within a reasonable time. When the person presenting himself for treatment, although he is insured, fails in any way to inform the doctor that he

claims treatment as an insured person, the Committee recommends practitioners to endeavour to ascertain in each case whether the new patient is or is not an insured person. Should genuine misunderstandings occur, practitioners must deal with each case on its own merits, and use their own discretion as to insisting on fees or not. The Committee is of opinion that the onus of establishing a claim to treatment as an insured person rests upon the insured person and not upon the practitioner.

AN OUTSIDE VIEW OF THE PANEL SYSTEM.

Some interesting comments on panel practice have been received from a practitioner over military age who has come from one of the Dominions specially to assist in carrying on the work of practitioners now with the forces. At present he is temporarily carrying on a panel practice. Without definitely suggesting an increase in the nominal capitation fee, he regards the deductions that are made as most unjust, and thinks that the doctor should receive at the end of every month a cheque at the rate of 7d. for each person on his list, or who ought to be on his list, and that such a thing as having to attend persons three months for nothing because they come on his list on the third day of the month is most unfair. In the case of persons who have never taken the trouble to be put on the doctor's list for perhaps three whole years but then send for him for some serious illness such as typhoid fever or pneumonia, he considers that the doctor then chosen should receive the whole 21s. for the past three years, as the essence of insurance is that payment is made while well against the time when illness comes. To avoid the difficulty, he suggests that every insured person should be compelled to have his name on some doctor's list from the time when he joins the insurance. He thinks there should be a limit of 2,000 for one doctor, or 3,000 where two doctors work as partners. He believes that the "panel" has been a great boon to the honest poor, and, if properly carried on, is much to be preferred to a whole-time salaried service. It is clear from the above that, apart from any misconceptions arising from insufficient acquaintance with the system, our correspondent has soon recognized that there is real ground for the complaints of so many panel practitioners.

QUESTIONS AND ANSWERS.

Insufficiency Capitation Rates for Drugs and Appliances in Rural Practices.

Dr. R. A. Welsh, of Felton, Northumberland, who apparently has agreed as a panel practitioner to supply drugs and appliances to insured persons on his list at a capitation rate, writes that he has never been paid "the full 2s. per head per year allowed under the Act for this" and indeed has never received more than 1s. 6d., while according to his last payment he is now only paid 1s. per head per year; it is, he says, quite impossible with drugs at their present prices to do justice to the insured for this sum.

In reply, though it may be correct to say that 2s. is "allowed" under the Act in the sense that it is permissible if the fund is sufficient, there is nothing in the Act or regulations that guarantees this amount. In fact, it is practically certain that 2s. will rarely, if ever, be paid for each person on a doctor's list for whom the doctor supplies drugs at a capitation rate. The provisions that regulate the amount are long and extremely complicated, but are to be found in the Medical Benefit Regulations, 1916, sections 4 to 8, which replace the earlier regulations on the subject. It is difficult to understand how the amount can be reduced to 1s. except as a mere payment on account, but there can be little doubt that the total capitation fees actually received by rural practitioners for the supply of drugs are almost absurdly inadequate to ensure justice being done to the insured.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

The following appointments are announced by the Admiralty: Staff Surgeon A. F. Fleming, D.S.O., to the *Fearless*, vice Rusack. Temporary Surgeons: W. Hassard, M.D., to the *Neptune*, vice Moser; P. H. S. Smith, M.B., J. S. MacGrath, and D. S. Stevenson, M.B., to Plymouth Hospital; S. L. Harke to hospital ship *Garth Castle*; E. S. Bowes and E. S. Orme to the *Vivid*, additional, for Plymouth Hospital; A. C. Ballance, M.B., and A. J. Muirhead, M.B., to Chatham Hospital; G. C. Scott, M.D., to the *Orion*, vice Ballance; R. W. Pritchard to the *Emperor of India*, vice Cooper; J. C. McClelland, M.B., to the *Agamemnon*. To be temporary Surgeons: A. Rose, M.B., S. S. Barton.

ROYAL NAVAL VOLUNTEER RESERVE.

To be Surgeon Probationers: F. A. Smorätt, W. de M. Scriver, C. L. Wilson.

ARMY MEDICAL SERVICE.

Colonel H. A. Bruce, formerly of the Canadian Medical Services, has been appointed a Consulting Surgeon with the British armies in France.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel H. W. Grattan to be temporary Colonel whilst employed as Assistant Director of Medical Services of a Division.

Lieutenant-Colonel T. H. J. C. Goodwin, C.M.G., D.S.O., to retain the acting rank of Colonel whilst employed as an Assistant Director of Medical Services at the War Office.

To be acting Lieutenant-Colonels: Temporary Captain J. G. Johnston whilst commanding a field ambulance, Major N. Low, D.S.O., whilst commanding a casualty clearing station.

Captain C. W. Bowle relinquishes the acting rank of Lieutenant-Colonel on reposting.

J. G. Blandford to be temporary Major.

Temporary Captains to be temporary Majors: J. H. Spencer, N. H. Oliver, J. Bowes, M.D.

Temporary Captains relinquish their commissions: E. G. Wheat, W. W. Scott, M.B., L. A. Walker, W. N. Rishworth, M.C., E. J. Eedley, F. L. Gill, W. T. Smith, W. A. Kennedy, H. R. Brown, J. L. Digby, C. Farranridge, W. P. Noall, J. N. Glaister, J. J. Crawford, A. H. Corley, A. D. Howard, R. Williams, C. A. Robinson, C. Butler, W. B. Lawrence, A. R. Rendle, W. J. Hill, J. W. Heekes, J. M. Twentymán, H. H. Clarke, H. M. Meyrick-Jones, A. F. Yonge, W. A. H. Birrell, D. T. Fraser, M.C.

Temporary Lieutenant-Colonel A. H. Burgess, M.B., F.R.C.S. (Major R.A.M.C.(T.F.)), having resigned his appointment relinquishes his commission.

Temporary Lieutenant-Colonel F. D. Bird, M.B., F.R.C.S., relinquishes his commission.

Major A. W. Mayo Robson, C.V.O., C.B., R.A.M.C.(T.F.), to be temporary Lieutenant-Colonel.

The undermentioned are granted temporary rank whilst employed at the Sunderland Hospital:—As Lieutenant-Colonel: Lieutenant-Colonel J. W. Alexander, D.S.O., M.D., West Yorkshire Regiment (T.F.); as Majors: T. C. Sqaunce, M.D., W. Robinson, M.D., F.R.C.S.; as Captain: W. H. Maling.

Temporary Captains relinquish their commissions on account of ill health: H. D. Welby, J. F. Stevens, D.S.O. R. F. Jones.

To be temporary Captains: H. L. Tidy, M.D., B. M. Collard (late temporary Captain), J. T. Smeall, M.C., M.B. (late temporary Captain), R. S. Dobbin, M.D., H. H. Prentiss, M.B., R. I. Wolfe (Captain R.A.M.C. Reserve of Officers).

The notifications regarding Captain H. J. Couchman, Lieutenant E. Derner, and L. P. Anderson in the *London Gazette* of January 10th, 1917, March 10th, 1917, and July 15th, 1916, respectively, are cancelled.

B. H. Alton to be temporary honorary Captain whilst serving with No. 22 General Hospital.

W. Martin to be temporary honorary Captain whilst employed with the British Red Cross Hospital, Netley.

Temporary Lieutenants to be temporary Captains: G. E. Kinnerly, R. L. Bell, W. R. H. Smith, G. A. Back, W. V. Pegler, H. W. Evans, A. Hendry, H. E. Whittingham, J. Nunan, J. W. Tonks, L. R. F. P. Marshall, J. A. Fretton, G. E. Dodson, G. G. Old, H. Mohan, S. Macnaughton, S. C. W. Iredale, G. B. King, J. F. Nicholson, I. O'Keefe, D. Morrison, T. R. Hunter, W. Halliwell, J. A. H. Telfer, F. J. H. Begg, F. L. Keith, T. P. Hutchison, T. B. Brandon, V. Wallace, C. J. McCarthy, J. T. Bleasdel, J. A. C. Roy, E. J. Dyke, H. B. Maxwell, S. Littlewood, W. B. Anderson, D. Ross, S. Robson, R. T. Taylor, A. E. Pinniger, W. Ward-Smith, J. P. Lowson, J. McF. Donnan, P. Milnes, R. A. Leembruggen, J. F. C. O'Meara, C. G. Skinner, A. M. Bayne, C. E. A. Trow, G. Stewart, L. B. W. Braine, E. C. A. Reynolds, R. A. McKay, J. E. O. Donnell, H. G. Joyce, J. C. Houston, C. W. Aikman, J. G. Ackland, W. R. White-Cooper, A. T. Edwards, A. C. Pickett, J. H. Lechler, F. E. Fielden, V. J. P. Clifford, W. S. Allan, W. H. W. C. Carden, S. H. L. Archer, C. Dundee, S. Pool, M.C., A. Beeley, A. H. Smith, C. Cameron, E. Hudson, A. A. Hill, A. D. Millington, J. V. Watson, A. C. Price, D. A. Chalmers, F. F. Carr-Harris, E. A. T. Green, L. L. McKeever, J. D. Wright, H. C. Davies, A. Ball, W. G. Shaw, G. J. McGorty, M.C., E. H. Shaw, L. Walton, T. D. Miller, R. C. B. Briscoe, F. R. Wilson, P. A. Rostant, J. Dickson, C. Harris, R. J. Arundel, J. P. Pegum, J. F. Penman, D. Corry, A. Wilson, A. Sunderland, K. M. Walker, J. F. Blackett, M.D., A. E. Gravelle, J. B. Wood.

Temporary Lieutenants relinquish their commissions: J. C. Buckley, D. R. Taylor, A. Whitmore, E. Slack, H. B. Thomson, D. A. Crow, H. A. Macdonald, C. M. Eadie, W. F. Cornwall, F. J. MacManus, R. A. Slater, R. S. Novis, W. H. Soady, R. C. Corbett, W. W. W. Watt, J. E. Harford, J. G. Ross, A. E. Harrison, H. L. Morrow, J. R. Hall, P. J. Murray, J. E. C. Maguire, D. J. Jackson, W. Patey, W. A. Steen, M. F. Taylor, A. F. Seacombe, A. H. Arnott, H. C. Terry.

Temporary Lieutenant J. E. Middlemiss relinquishes his commission on account of ill health.

Temporary honorary Lieutenant D. H. D. Cran to be temporary honorary Captain whilst serving with the Scottish Red Cross Society.

F. Packard to be temporary honorary Lieutenant whilst serving with No. 22 General Hospital.

OVERSEAS CONTINGENT.

CANADIAN ARMY MEDICAL CORPS.

Lieutenant-Colonels to be temporary Colonels whilst employed as indicated: F. Etherington, C.M.G., whilst O.C. Canadian General Hospital, France; J. D. Courtenay whilst O.C. Canadian Special Eye and Ear Hospital; E. C. Hart whilst O.C. Canadian General Hospital; A. E. Snell, D.S.O., whilst holding the appointment of Assistant Director of Medical Services.

Lieutenant-Colonel W. N. Nasmyth, from a Canadian Infantry Battalion, to be temporary Lieutenant-Colonel.

Majors to be temporary Lieutenant-Colonels: E. R. Brown, R. Raikes, H. C. S. Elliott, A. J. MacKenzie, D. A. Clark, C. E. Doherty, R. A. Bowie, F. Guest, E. S. Ryerson.

Temporary Major A. S. Donaldson to be temporary Lieutenant-Colonel.

Temporary Majors to be acting Lieutenant-Colonels: A. T. Bazin, J. J. Fraser, A. L. C. Gilday, P. G. Bell.

Majors to be temporary Lieutenant-Colonels whilst employed as indicated: D. P. Kapelle whilst O.C. Canadian Cavalry Field Ambulance; J. A. Amyot whilst Consultant in Sanitation; T. A. Starkey whilst Sanitation Officer; R. Wilson whilst Consultant in X-Ray and Medical Electricity; L. E. W. Irving, D.S.O., whilst O.C. Canadian Convalescent Hospital.

Temporary Major S. A. Smith, D.S.O., relinquishes his temporary commission on appointment to R.A.M.C.

Temporary Captains to be temporary Majors: W. L. Hutton, J. H. Wood, R. H. McDonald, A. H. E. Bennett, O. E. Carr, G. G. Greer, J. T. Hill, W. H. Tytler, W. Bethune, J. D. Morgan, R. H. Sutherland, G. H. R. Gibson, H. E. MacDermot, S. Ellis, G. W. O. Dowsley, J. C.

Calhoun, F. A. C. Scrimger, V.C., R. H. McGibbon, C. R. Graham, A. K. Haywood, M.C., W. A. G. Bauld, J. G. W. Johnson, F. H. Mackay, C. H. Robson, D. E. Robertson, A. W. M. Ellis, E. A. Neff, N. V. Leslie, S. Mao V. Fisher, W. M. Hart, M.C., W. G. Turner, G. S. Strathely, L. B. Robertson, J. F. Burgess.

Temporary Captains to be temporary Majors whilst employed as indicated: J. J. Ower, A. C. Croll, and R. H. Smith whilst doing duty at the Canadian General Hospital; H. E. Paul whilst O.C. Canadian Hospital; H. C. Burgess whilst Chief Surgeon at Canadian Stationary Hospital; F. B. Bowman whilst doing duty at Canadian Mobile Laboratory; M. H. Allen whilst in office of the Director of Medical Services; M. M. Crawford and A. Mackay whilst doing duty at Ontario Military Hospital.

R. G. Moffat to be temporary Captain.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captain R. Magill, M.B., relinquishes the acting rank of Lieutenant-Colonel on reposting.

Captains to be acting Lieutenant-Colonels whilst commanding a field ambulance: (Acting Major) E. T. Burke, M.B., W. Tyrrell, M.C., M.B.

Captain J. H. Bell, M.B., relinquishes his commission on account of ill health.

Lieutenants (on probation) relinquish their commissions: T. C. Owen, C. D. Crawford.

To be Lieutenants: T. D. Watt, M.B., J. S. B. Forbes, M.B., and G. R. McRobert, M.B., from the Aberdeen University Contingent O.T.C., A. Black, J. W. T. Thomas, T. H. Rhys, F. G. L. Dawson, from University of London Contingent O.T.C. (substituted for notice in the *London Gazette* of August 5th, 1916).

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

Captain (acting Lieutenant-Colonel) A. J. Evans relinquishes his acting rank on ceasing to command a field ambulance.

Major A. H. Burgess is restored to the establishment.

Major C. A. Lees to be acting Lieutenant-Colonel, whilst holding the appointment of Administrator.

Surgeon-Major F. W. Bailey, D.S.O., from R.F.A., to be Major, with precedence as from December 12th, 1915.

Captain (acting Major) T. H. Chittenden relinquishes his commission on account of ill health, and is granted the honorary rank of Lieutenant-Colonel.

Captain A. G. T. Fisher to take rank and precedence in the R.A.M.C. (T.F.) and in the army as if his appointment as Captain bore date July 10th, 1916.

Captain T. W. Morecom-Harneys to be acting Major whilst in command of a field ambulance.

Captain (temporary Major) T. H. Peyton and Captain J. S. Manford to be acting Lieutenant-Colonels whilst commanding a field ambulance.

Lance-Sergeant H. C. Sands to be Lieutenant.

VACANCIES.

NOTICES REGARDING APPOINTMENTS.—Attention is called to a Notice (see Index to Advertisements—Important Notice re Appointments) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.—House-Surgeon. Salary, £150 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Second House-Surgeon. Salary, £200 per annum.

BRISTOL ROYAL INFIRMARY.—(1) House-Physician. (2) House-Surgeon. Salary, £120 per annum.

BURNLEY: VICTORIA HOSPITAL.—House-Surgeon. Salary, £160 per annum.

BURSLEM: HAYWOOD HOSPITAL.—Resident Medical Officer. Salary, £200 per annum.

CARDIFF: KING EDWARD VII HOSPITAL.—House-Surgeon. Salary, £175 per annum.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—House-Surgeon. Salary, £200 per annum.

DERBYSHIRE COUNTY COUNCIL.—Medical Superintendent for County Sanatorium, and Tuberculosis Officer. Salary, £500 per annum.

DERBYSHIRE ROYAL INFIRMARY.—Two House-Surgeons. Salary, £200 per annum.

EVELINA HOSPITAL FOR CHILDREN, Southwark, S.E.—House-Physician. Salary at the rate of £160 per annum.

GLASGOW VETERINARY COLLEGE.—Bacteriologist. Salary not to exceed £250 per annum.

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—Senior House-Surgeon. Salary, £150 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—House-Physician. Honorarium, 30 guineas for six months.

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—House-Surgeon.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Two Lady Residents.

ITALIAN HOSPITAL, Queen Square, W.C.—House-Surgeon. Salary, £80 per annum.

KENSINGTON UNION.—Locumtenent Assistant Medical Officer for the Institution. Salary, £7 7s. a week.

KIRKWALL: PARISH OF EDAY.—Medical Officer.

LEEDS PUBLIC DISPENSARY.—Resident Medical Officer. Salary, £200.

NOTTINGHAM CHILDREN'S HOSPITAL.—Lady House-Surgeon. Salary, £200 per annum.

PAISLEY PARISH COUNCIL.—Resident House-Surgeon for Parochial Hospital, etc. Salary, £260 per annum.

PLAISTOW FEVER HOSPITAL, E.—Temporary Resident Medical Officer (Lady). Salary, £300 per annum.

QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.—Casualty Officer.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Hunterian Professors and the Arris and Gale Lecturer for the ensuing year.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Senior Resident Medical Officer. (2) House-Physician. Salary, £200 and £50 per annum respectively.

ST. PETER'S HOSPITAL FOR STONE, Etc., Henrietta Street, W.C.—Senior and Junior House-Surgeons. Salary, £75 per annum.

SHEFFIELD ROYAL INFIRMARY.—House-Physician. Salary, £120 per annum.

SUNDERLAND: ROYAL INFIRMARY CHILDREN'S HOSPITAL.—Resident Medical Officer (female). Salary, £150 per annum.

SURREY EDUCATION COMMITTEE, Kingston-on-Thames.—School Dentist. Salary, £300 per annum, rising to £350.

UNIVERSITY COLLEGE HOSPITAL, W.C.—Casualty Surgical Officer. Salary, £100 per annum.

WARWICKSHIRE AND COVENTRY JOINT COMMITTEE FOR TUBERCULOSIS.—Temporary Tuberculosis Officer. Salary, £500 per annum.

WELLS ASYLUM, Somerset.—Temporary Assistant Medical Officer. Salary, £300 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces the following vacant appointments: Grosmont (Yorks, North Riding), Tipton (Stafford).

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

COLLIE, Sir John, M.D., Physician to the Hospital for Epilepsy and Paralysis and other Diseases of the Nervous System, Maida Vale, W.

STALEY, Mildred E., M.B.Lond., Deputy Governor and Medical Officer H.M. Prison, Aylesbury.

WYNN, W. H., M.D., M.R.C.P.Lond., Physician to the General Hospital, Birmingham.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s., which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

CAMMOCK.—On May 2nd, at 65, Werneth Hall Road, Oldham, the wife of Dr. Cammock, of a son.

WINSTANLEY.—On May 5th, at Green Bank, Nantwich, the wife of Sydney A. Winstanley, M.B., Ch.B., of a daughter.

MARRIAGE.

GRAY—COOPER.—On April 26th, at St. John's, Red Lion Square, Archibald Montague Henry Gray, M.D., Major R.A.M.C.(T.F.), of 30, New Cavendish Street, W., only son of the late Dr. F. A. Gray, of Ottery St. Mary, Devon, to Elsie, youngest daughter of the late F. B. Cooper, of Newcastle, Staffs.

DEATHS.

ADENEY.—On May 2nd, at Haward Lodge, Tunbridge Wells, Edwin Leonard Adeney, M.D., J.P., passed away peacefully, aged 58 years. Funeral at Tunbridge Wells Cemetery on Friday at 3 o'clock.

DOUDNEY.—On the 29th April, at Komba, Northern Nigeria, of malaria, Dr. Leslie Doudney, W.A.M.S., aged 38, youngest son of George Doudney, of Compton House, Allyn Park, Dulwich, and beloved husband of Margaret Doudney, Matron, The Nightingale Home, Derby.

GIBBINS.—On March 17th, at Holmdale, Parkstone, Kenneth Mayoh Gibbins, M.B., B.S.Lond., aged 43.

DIARY FOR THE WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—8 p.m., General Meeting, 9 p.m., Annual Oration, Sir William Osler, Bt., M.D., F.R.S.: The Anti-venereal Campaign.

TUESDAY.

LONDON DERMATOLOGICAL SOCIETY, 49, Leices'er Square, W.C.—4.30 p.m., Clinical Meeting.

FRIDAY.

SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 11, Chandos Street, W.—8.30 p.m., Dr. H. R. Carter (Washington, U.S.A.): Spontaneous Disappearance of Yellow Fever from Failure of the Human Host.

ROYAL SOCIETY OF MEDICINE.—Section of Dermatology: Thursday, 4.30 p.m., Cases, 5 p.m., Annual General Meeting. Section of Otolaryngology: Friday, 4.45 p.m., Cases and Specimens, 5 p.m., Annual General Meeting. Discussion: The Relation of Diseases of the Ear to Recruiting for the Army and Navy. To be opened by Captain G. J. Jenkins. Section of Electro-Therapeutics: Friday, 8.30 p.m., Annual General Meeting. Dr. Mottram and Mr. Sidney Russ: A Contribution to the Study of Dosage in Radium Therapy.

DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.
MAY.	
15 Tues.	London: Poor-law Medical Officers Subcommittee, 11 a.m. London: Medical Officers of Health Subcommittee, 12 noon. London: Public Health Committee, 2 p.m.
24 Thurs.	London: Insurance Acts Executive Subcommittee.