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CONTENTS

PUBLIC MEDICAL SERVICES

FIRST CONFERENCE OF REPRESENTATIVES

A conference of representatives of Public Medical Services, called by the British Medical Association, was held at B.M.A. House in London on Thursday, December 19th, 1935. Nearly sixty services, in being or proposed, in all parts of the country, including Scotland and Wales, were represented, and members of the Medico-Political Committee and the Public Medical Services Subcommittee also attended. In most cases there were two medical representatives from each service; a number of lay representatives were also present in an advisory capacity, but did not vote.

Dr. E. Kaye Le Fleming, Chairman of Council of the Association, presided over the preliminary proceedings, and afterwards was unanimously elected chairman of the conference for the day. At a later stage Dr. Alfred Cox was also unanimously elected chairman of the next conference, and, Dr. Le Fleming having to leave for another engagement in the late afternoon, Dr. Cox presided during the last part of the proceedings.

The Conference had before it the Association's model scheme, an explanatory memorandum concerning the establishment and development of Public Medical Services, and a synopsis of the subscription rates, capitation payments, and other particulars of existing services.

Statement by the Medical Secretary

Dr. G. C. Anderson, after saying how gratifying it was to see so large an attendance, gave a brief review of the past and present position. At the beginning of the century there were a few Public Medical Services in existence, termed Provident Medical Schemes, and serving only persons a little above the necessitous class. The Association began to take an active interest in the subject in 1909, when it drew up model rules, which guided many areas in the establishment of services until the beginning of the war. There were about fifty schemes in existence when the war started, but during the war many of them disappeared. One of the first schemes to be developed in the post-war era was that of Essex; it was followed by schemes in London, Gateshead, and elsewhere, until in 1932 the Association, realizing that it must pay more attention to the provision of medical attendance for dependants of the wage-earning classes, revised its model scheme and took active steps in the encouragement of these services. Since 1932 seventeen new schemes had been started.

To provide adequately for the medical attendance of the dependants of the wage-earning classes some system of insurance was necessary. The best way would be an extension of the national health insurance scheme, but that seemed a long way off. In various parts of the country there was a tendency for contract practice to start afresh on terms particularly unfavourable to practitioners, and this would react to the detriment of the profession in future negotiations over the capitation fee. The way to stop such developments was by the organization of a Public Medical Service based on the Association's model, and with payment which would compare adequately with that obtaining under national health insurance.

As for the development of present schemes, he thought that in many areas the income limit of subscribers would have to be raised, with an increased rate of payment for those whose incomes were above the existing limit. It would be necessary to look forward to the inclusion of consultant and specialist benefit; that had been brought home to him during the recent fight at Llanelly. Some system for the transfer of benefits when a subscriber moved from one area to another would have to be thought out, also a scheme for temporary residents. It might be that the schemes would come to be organized in such a network that some system of central control might be desirable and possible. The objective was to provide dependants of the wage-earning class with medical attendance in such a way as to be within their means. They were accustomed to weekly budgets, they paid their other insurances week by week, and why should they not pay in that manner for the provision of medical attendance? Dr. Anderson added that the newly appointed Assistant Medical Secretary, Dr. Durand, would be available to give such help in the furtherance of schemes along the lines of the Association's model as was desired, and to bring the subject to the notice of the Divisions.

Public Medical Services and "Encroachments"

Dr. Alfred Cox, secretary of the London Public Medical Service, addressed the Conference on the Public Medical Service and encroachments on private practice. In his early days, he said, contract practice had an evil reputation, both with the public and with the profession; but it had lost many of its terrors since the national health insurance system had embodied it, and, thanks to the labours of the British Medical Association, had shown

that contract practice need not be derogatory either to doctor or to patient. The Public Medical Service idea foreshadowed much of the policy which the Association adopted in fighting the original national health insurance scheme. The first place to adopt the name was Coventry in the 'nineties. Faced with the intense competition of a particularly virulent form of contract practice which then prevailed in that area, he did not suppose those concerned spent much time in talking of ideals. Leicester, under the guidance of Dr. Wallace Henry and Dr. Astley Clarke, was the first place to form a large idea of what a Public Medical Service should be, and it offered the model which was adapted some thirty years ago by the Association, and on which Public Medical Services had grown up all over the country.

The Public Medical Service enabled a doctor to offer to the people a family practitioner service which might be called upon at any time without the restraining thought of a future bill. It offered an opportunity for giving attention to the preventive side of medicine in a way that ordinary private practice could never do. It was not a mere collecting agency, and it was only as the larger idea of what the service intended and might embody took possession of their minds that they could honestly offer it to the profession and public as a means of combating encroachments. The origin of most of the encroachments, of which a growing and justified complaint was made, was a desire on the part of local authorities to do things which the general practitioner was not doing, sometimes because he was not able to do them, but more often because he knew that if he did them he was not likely to receive payment. It was this which led to the provision of treatment of school-children for defects found on medical inspection, and later to ante-natal and maternity and infant welfare centres. Once these centres were established, often with a whole-time staff, there was a natural tendency to magnify their importance and extend their scope. Again, the use of the hospital out-patient department had been allowed, or even encouraged, for the treatment of comparatively trivial or minor ailments which the general practitioner was quite competent to treat. The answer to protests was that large numbers of these people had no family doctor and many could not afford to pay for one. In areas which had no Public Medical Service or its equivalent the profession would never have any valid case against such encroachments. It was not the ability of the majority of general practitioners which was in question; but the public had to be convinced that practitioners could do the work and were willing to organize their services so as to make it easier for the public to accept them and easier for the public health and the hospital authorities to refuse their own services because the requirement was more properly met through the general practitioner. If the profession could prove that it had organizations which provided most of the things done for the people at the municipal centres and hospital out-patient departments there would be a strong case for the restriction of the work of these centres and departments to services which the general practitioner was not in a position to undertake. In this way a great deal of public money could be saved and much overlapping prevented, with no detriment to the working classes, and, indeed, to the encouragement of their self-respect. But it must be first proved that there was a well-organized and popular Public Medical Service available, and that every member of it was prepared to provide certain services, as, for example, ante-natal attention, attention in childbirth, with or without the co-operation of a midwife, and as good an infant and child welfare service as could be afforded at any centre. Moreover, the enormous advantage of continuity of service could be offered.

In the London Public Medical Service, Dr. Cox said in conclusion, a modest beginning had been made. The service had encouraged a number of its members to hold infant welfare clinics in their own consulting rooms, to take special courses in child welfare, and so forth. But much leeway had to be made up. It was of no use simply grumbling about encroachments. The profession must prove that it had learned its lesson and was prepared to supply a complete general practitioner service which the people could afford and which had the enormous advantage of being rendered by the doctor who was in general charge of the health of the whole family. If Public Medical Services, having the larger view, could be organized all over the country they would go far to bring into being a very important part of the Association's Proposals for a General Medical Service for the Nation.

In the course of a brief discussion on Dr. Cox's address Dr. A. McCARTHY (Birmingham) said that a well-organized Public Medical Service offered a means of preventing further encroachments, because the service, when successful, became a recognized part of the social work in the area, and as such it could demand representation on public bodies. In that way it was possible to nip projected encroachments in the bud. He was afraid that, legally, unless the Public Medical Service was prepared to form a company and pay company fees, it must be regarded as a collecting agency only, but that need not prevent it from taking what Dr. Cox had called the "larger view." Dr. COX, in reply to this and other points, said that if the service was to be made really popular and effective it must be at least as good as any private practice could be, and in some ways it could be much better than private practice, which necessarily hardly touched the field of preventive medicine.

Advertisement of Public Medical Services

Dr. S. WAND (Birmingham) addressed the Conference on the advertisement of Public Medical Services. He said that the Annual Representative Meeting a couple of years ago laid down certain criteria for a service—namely, that there should be an open list for all practitioners, a clause for non-co-operating practitioners, and a meeting of the whole profession in the area at which a resolution should be passed that the formation of a service was in the public interest. It was also required that all publicity should be accompanied by the words "You may choose your own doctor." Publicity was aimed at those who customarily attended doctors' surgeries but did not pay their bills, those who attended public clinics, those who did not often have occasion to seek medical service at all, and employers of labour. It was important to form a publicity subcommittee in each area. Publicity was directed to the members of the profession, pointing out to them what were the objects of the service, also its growth and economical administration. The public to be served was addressed by means of leaflets and waiting-room notices. It was important to bring the service to the notice of women, for in wage-earning families it was usually the wife who paid the doctor's bill. The women should have it suggested to them that they might budget for their medical attendance in the same way as they budgeted for other items of domestic expenditure. As for newspaper publicity, he was not sure that the ordinary advertising columns of the newspapers were of much value to a Public Medical Service. Such advertisements had to be repeated over a long period to yield results, and that was expensive. Some advertising had been done in Birmingham through the medium of local magazines and programmes of events, and in backward areas it was useful to have an advertisement thrown on the screen at the local cinema. It had been suggested that leaflets should be sent out with overdue accounts, but that was judged to be unethical. It was arranged with the medical officer of health and the hospitals to have leaflets and posters in the clinics. Booklets were sent to employers of labour, who were also furnished with leaflets to hand to their employees. The important thing was to get it known that the Public Medical Service was properly constituted, efficient, and approved by the profession, and, when all was said and done, the service which its members gave to their patients was its best advertisement.

Several questions were asked following the address, in particular as to the position and attitude of non-co-operating practitioners. Some representatives expressed themselves averse from organized advertising. A London representative, Dr. A. N. MATHIAS, said that London had

tried various methods, including a Press campaign, but the direct returns had been very small, and the indirect returns scarcely paid for the advertising. The most satisfactory way of publishing the service was by satisfying the patient. Dr. G. IRVING (Stockton) said that without adopting any of these methods, beyond a preliminary notice in the Press, his service had 15,600 subscribers. Dr. LEWIS LILLEY (Leicester) said that the subscribers to the Leicester Public Medical Service numbered 44,000, and very little had been spent on direct advertising. Dr. C. H. PANTING (Essex) said that the service in his area had never advertised and had no present intention of advertising.

Dr. WAND, in reply to questions, said that the General Medical Council would not give an answer to a hypothetical case, but the British Medical Association, with the help of certain of its members who were also members of the General Medical Council, had tried to devise by what means publicity could legitimately be carried out. He was not advocating lay publicity; he agreed entirely that the best advertisement was the value of the service. Lay publicity was simply a predisposing factor. In Birmingham the total cost of publicity since its inception two years ago had been less than £110. As for non-co-operating practitioners, in Birmingham any subscriber might have his own doctor, whether a member of the service or not.

Business Aspects of Public Medical Services

Dr. C. H. PANTING (Essex Public Medical Service) gave a short address on business aspects. If the capital was not adequate the service would start on a hand-to-mouth existence, a most expensive method of living. The capital required would, of course, depend upon circumstances. The ideal plan for getting the capital was to have, say, a hundred doctors, pledged to support the new service, each lending £5. In Essex £220 was borrowed from members of the local profession, and £400 from the National Insurance Defence Trust, and the whole of the money was repaid at the end of six years. The weekly collections in Essex had grown every year—from an average of £90 a week in 1925 to an average of £395 in 1934. It was too optimistic to hope to run the office on a 5 per cent. deduction from collections. Even now in Essex, with an annual collection exceeding £20,000, the office could not be run on a 5 per cent. deduction. In 1934 the 5 per cent. deduction brought £902 into the office income, but a further £931 was brought by means of levies, the levy being a quarterly charge of fourpence on each subscriber's book.

He urged that a whole-time secretary should be appointed. Many services were handicapped by the appointment of a part-time or an honorary secretary with a paid clerk. Small troublesome matters were frequently arising between doctor and patient, and subscriber and collector, which needed immediate attention. The collectors stood in the same relation to the service as travellers for a business. Collecting was skilled work. The best type of man for the purpose was one who was on the regular collecting staff of a reputable insurance or friendly society. For town areas Essex had five women collectors, who did their work admirably. Some of the collectors earned from £4 to £7 a week; the only limit to their earnings, as time went on, was their physical ability to do more work. When the work of an area increased to such an extent that the collector could not do it properly an extra collector was appointed, and the boundaries fixed for both, but in the division the old collector was given first choice. Collectors should be selected carefully, given as large an area as they could work properly, and made to understand that it did not matter how much their earnings increased so long as they were doing the work in a satisfactory manner. Every collector should be required to get a fidelity guarantee bond.

The retention of subscribers was partly a question of efficiency at the office and on the part of the collectors. The Essex "casualty list" was almost entirely due to "natural causes"—that is, deaths, removals, joining national health insurance at 16, or women entering employment. The reduction of arrears to a minimum again depended on the efficiency of the office staff and of the collectors. The arrears in Essex at the end of a quarter amounted only to 0.5 per cent., and most of this was recovered in the following quarter. Arrears were not tolerated, and the secretary had power to strike off any subscriber who was persistently in arrear, even if the actual amount was small. Only those who had paid regularly for two years were eligible for grants from the extra benefit fund, a fund which helped towards specially expensive medicines, appliances, and other necessaries.

Dr. W. DABBS (Coventry) described the working of the service in his area, where it was inaugurated in 1893. It was now almost analogous with the B.M.A. model scheme, except that advertising was not done. Dr. A. MCCARTHY (Birmingham) considered that collectors should, if possible, have insurance experience. As whole-time collectors men were better than women; as part-time collectors women were to be preferred. Collectors should be advised to take non-committally any complaint made by a patient against a doctor, merely saying that it would be brought to the proper authority. Arrears were never more in Birmingham than equivalent to a normal week's collection. Collectors took the line of least resistance, and the subscriptions which were difficult to collect were allowed to lapse; only by surprise test inspections by the head collector were they kept up to the mark in this respect. Dr. LEWIS LILLEY (Leicester) thought there must be local variations in the fees charged to subscribers according to the economic condition of the area. Variations must also be allowed in the content of the service. In Leicester the Public Medical Service provided the dispensing of drugs and made special arrangements for ophthalmic cases, ear, nose, and throat cases, and dental cases. There were reduced rates for certain persons—for example, old age pensioners—and the blind and cripples were treated free of charge. The capitation rate in Leicester was per individual at risk. Dr. S. A. FORBES (Croydon) described a special system obtaining in his area, whereby the chemists were responsible for the collections.

At the close of the discussion on this subject Dr. PANTING proposed that the British Medical Association should be asked to issue a pamphlet dealing with the management and practical or business side of Public Medical Services—for example, finance, account books and forms, collectors, etc.—for the information of those who contemplated the formation of a service. He knew that a memorandum containing a certain amount of detail was issued, but it was evident from the large amount of correspondence from other areas that the Essex Public Medical Service received that there was need for something more complete.

The MEDICAL SECRETARY urged that it was too soon to get out any stereotyped information of this kind. All possible information was given to areas contemplating a Public Medical Service, but the office did not want to be tied down at this stage to particular detail. The information must depend on the area and the proposed conditions.

Dr. PANTING withdrew his motion, saying that he had learned that the Head Office had more information available than he had thought.

Subscription Rates of Services

Dr. G. IRVING (Stockton and District) moved to ask the Association to prepare scales of minimum rates of subscription to Public Medical Services, which rates should be submitted to all services, with a strong recommendation that none of them should function below the rates laid down; thus a definite minimum capitation fee could be maintained. The minimum, he said, should be fixed on what the subscribers in the service could reasonably be expected to pay, and the fact must not be lost sight of that the doctor should be paid adequately for his services. In his own service there were 6,250 subscribers, representing 15,600 units. The subscription rates were 6d. per week for persons aged 16 and over whose names were entered alone on the card, 7d. for one adult and one child, 8d. for one adult and two children, 9d. for one adult and three or more children, and 4d. for each

additional adult. This was considered a moderately low level. He noticed in one service special rates where the family income was under 20s. per week. He failed to see how there could be any case of husband and wife who received under 20s. a week, because they would receive that on the dole. In this particular instance the subscription rate was fixed to yield 6s. 6d. a year for the wife and 2s. for each child. In the case of another service in the South of England he noticed that adults and juveniles were taken at 3d. per week, and all children in excess of four were taken free. The very people to whom the service had shown this magnanimity would be the first to take advantage of it when the time came for discussion as to inclusion of dependants in national health insurance. In Stockton they did not want to impose a maximum on anyone ; if people could afford to pay more they ought to be charged accordingly, but he thought some standard minimum ought to be fixed reasonably commensurate with the expected services, having due regard to future negotiations.

Dr. A. K. TOWERS (Wallsend, Willington Quay, and District) said that although Stockton had one of the most prosperous industries in the North-Eastern area, while Tyneside as a whole was distressed, the people in his service were quite glad to pay the same rates as Stockton, and if this could be done in a distressed area there was no reason why it should not be done in any part of the country. When during recent months some insured persons were removed from their lists on account of unemployment the service sent round a circular to them, pointing out that they could be under medical care until they entered national insurance again, and of those circularized some 15 or 20 per cent. availed themselves of the Public Medical Service.

Dr. PALMER (Nottingham) considered that the time was not yet ripe for standardization. The present arrangement whereby each area fixed its own rates under some sort of control from the central office was the best. He was afraid of fixing a standard minimum which might tend to become a maximum. Dr. BALCK FOOTE (Andover) took up a reference which Dr. Irving had made to his service, and pointed out that 20s. a week would be the income of a married couple receiving the old age pension. He agreed that the Andover rates were low, but most of the people in his area were of the agricultural class, and the income of the average family of from four to six was 30s. to 35s. The rates followed the subscriber's income, and might in certain cases go up to 1s. a week. Dr. J. J. DAY (Kent) asked whether those present really believed that in an extension of the national insurance service to dependants the capitation rate for each dependant would be even approximately that received at present for the wage-earner. When he had raised this question during a deputation to the Ministry of Health the late Permanent Secretary had said that the rate would be " nothing like you get for your adults at the present moment."

Dr. KEITH GIBSON (London) begged the Conference to look at the position, not from the point of view of exceptional cases, such as blind persons and old age pensioners, but to have regard to the great mass of hard-working people in the industrial classes, having small families and modest means. The people were not stinting themselves on expenditures for entertainment and the like. Even in a depressed area he did not think it should be the policy of the Conference that there must be depressed practitioners. District medical officers were appointed to look after the people who could not afford to pay for medical attendance, and these people should not be taken into account in deciding the rates for a service. He supported the Stockton resolution as part of a forward policy.

Dr. S. WAND (Birmingham) said that because he agreed with Dr. Gibson he was going to ask the Conference to vote against this motion. He did so because he thought a minimum inevitably became the maximum and the quoted rate, and as a minimum rate the Stockton rate was not enough. The capitation payment at Stockton was 9s. 11d., and allowing 1s. 9d., which was the lowest figure, for dispensing it worked out at 8s. 2d., comparing very badly with the 9s. capitation fee under national health insurance. He thought that matters ought to go on as they were for at least another year. Many factors had to be considered, such as distressed areas and content of service. In some areas there was a sliding scale for dependants, in others not. Unless one strong county-wide service could be formed, having the same content and the same restrictions for all areas, it was of little use to put down minimums or maximums.

Dr. CHARLES HILL (Deputy Medical Secretary) said that from the particulars of existing services it was evident that the capitation rate did not bear a direct relation to the rates of subscription. In some areas, while the subscription was high, the capitation fee was low simply because, owing to the high rate, a sufficient number of subscribers were not attracted to keep down the administrative costs. On examining the various schemes, indeed, it seemed that the subscription rate was not the primary factor in deciding the capitation fee. Therefore he suggested that if any resolution was passed it should be to the effect that for the time being the services should be asked to base their schemes on such scales of subscription as would produce a capitation rate of not less than the national health insurance payment. To tie it to a minimum rate of subscription in large and small schemes alike was to lose sight of the fact that a scheme with a relatively low rate of subscription but with a large membership might yield a capitation fee considerably higher than another because of the small administrative expenses.

Dr. F. W. GRANT (Jarrow and Hebburn) said that the capitation payment in his service was 11s. On studying a schedule which had been prepared for the Conference he was ashamed to think that areas much more prosperous than his were content to have a capitation fee so low that in future negotiations it would be used in evidence against them. Dr. H. W. POOLER (Medico-Political Committee) hoped the Conference would not pass the resolution. He was in complete sympathy with making the capitation rate as high as possible, but to have an established minimum subscription rate would prevent that elasticity which was at present so necessary. The model rules stated that the subscriptions should be such as would ensure the payment, in respect of each subscriber, of a sum equivalent to the capitation rate paid to an insurance practitioner. Whether they ever hoped to get that amount under a national system which brought in dependants was another question, but it would be highly dangerous to fix a fee suitable for Public Medical Services lower than the fee suggested generally under that rule. Exceptions were possible, in view of the conditions in particular areas, subject to approval by the Council, such approval being conditional upon an insertion in the rules of the service that the economic conditions in the area justified the different treatment. That was as far as they ought to go at present.

The discussion was continued by Dr. D. REVIE (Ashington) and Dr. STANBURY PHILLIPS (Bedford), and after Dr. IRVING had replied the Stockton resolution was lost by a large majority. At this point Dr. Le Fleming vacated the chair, and his place was taken by Dr. Alfred Cox. Dr. LE FLEMING, in response to a vote of thanks, said that no one realized more than he did the great bearing of the establishment of Public Medical Services on the future welfare of the profession.

Dr. J. L. O'FLYN (Barry) moved a resolution affirming that it was desirable that a reduced rate of subscription should be made applicable to unemployed persons desirous of joining a Public Medical Service. He said that many subscribers who had fallen into arrears would be kept within the service if some concession of this kind were made. Dr. F. W. GRANT (Jarrow), speaking for an area in which 70 per cent. of the people were unemployed, opposed the motion, as did Dr. KERR (Swansea), who pointed out the difficulty of learning when a subscriber had ceased to be unemployed. Dr. H. F. WATTSFORD (Newcastle) considered it dangerous to have two rates of payment, because the lower would inevitably come to be regarded as the standard. Dr. MATTHEW BRUCE (Ashington) also opposed.

The motion was lost, only two votes being recorded in its favour.

Dr. J. H. WILLIAMS (Barry) moved that it was desirable that the income limit in Public Medical Services should be increased from the present basis of £250 per annum to £300, with a slight increase in the subscription rates. A family man with an income of £250 to £300 was often worse off than an insured person.

Dr. ALFRED COX, from the chair, pointed out that this was covered by the resolution of the Annual Representative Meeting, which gave the Council power to make exceptions if the local profession desired.

The motion was withdrawn.

Content of Service

Dr. A. K. TOWERS (Wallsend, Willington Quay, and District) moved that certain additions be made to the "limitation of benefits" clause in the model service scheme. These suggested additions included as services in respect of which subscribers should not be entitled on their ordinary subscriptions: attendance on miscarriages, inoculations, treatment by injection, specialist treatments (oculist and aurist), also certain medicaments, sera, and vaccines, and bacteriological examinations. He said that, of course, where a doctor was provided with serum by the authorities it was not proposed that the patient should be charged for it.

Dr. ALFRED COX said that he had considered, when the long list of exceptions was taken out of the model rules and replaced by the present short list, that it was done to give an answer to those people who said that the Public Medical Service was charging more money than under national health insurance and giving less service. It would be a retrograde step to introduce a list of exceptions. Dr. F. W. GRANT (Jarrow) said that if miscarriages were accepted the practitioner was not entitled to collect a fee from the local authority when called in by a midwife. Dr. KEITH GIBSON (London) begged the Conference not to insert a large number of exceptions. If the full content of service as envisaged in the model rules were accepted and an adequate fee claimed for it it would clear the way for those who might have to argue for a capitation fee before the Ministry when Public Medical Services were used in illustration. The model rules said that "all ordinary medicines" were included in the benefits, but it was quite possible in any area to have regard to local custom.

Dr. A. P. ELDRED (Essex) could not see why the Conference should object on principle to these limitations. If there were to be exceptions it was well to have them closely defined; otherwise borderline cases constantly arose in which there were disputes between doctor and patient as to what was and was not allowable. Dr. J. C. ARTHUR (Gateshead) said that with regard to injections he told his Public Medical Service patients that he was perfectly willing to administer them, but they must pay for the material themselves, and most of them regarded that as a perfectly reasonable state of affairs. Dr. A. N. MATHIAS (London) opposed the resolution on the ground that it was not good propaganda to present a service to one's patient and then to hand him a long list of things which it did not include. Dr. N. C. BURNS (East Worcestershire) said that in his area attendance for miscarriages was not chargeable under national health insurance, and if it was desired that the Public Medical Service should come into line with the insurance service such attendances ought not to be in the list of exceptions.

The MEDICAL SECRETARY pointed out that the model scheme was still open to local option if it was desired to exclude one or two or three things which did not appear in the "limitation of benefits" clause. But it would be a grave mistake to include all these exceptions in that clause. The idea of the service was to try to give to the dependants of insured persons the same scope of medical attendance and treatment as was available to the insured themselves.

Professor R. M. F. PICKEN (Medico-Political Committee) said that if any such resolution were passed it would need a great deal of "brushing up." With regard to miscarriages he thought the representative of Jarrow was out of date, because as a result of the case which was taken up on behalf of the practitioners against the Monmouthshire County Council not very long ago the Ministry of Health had withdrawn the regulation that a claim might not be made when a practitioner was called in by a midwife if such practitioner was under contract with the patient. The resolution as a whole required much more thought to be given to it, and the matter might very well be left to local initiative.

Dr. TOWERS replied that on Tyneside in odd cases where miscarriages occurred it was the practitioner who was sent for, not the midwife, and then it was said that the patient was in the Public Medical Service, that this was an ordinary treatment, and that no claim could be made from the local authority. Local Medical Committees spent hours in deciding what was and what was not within the scope, but in the Public Medical Service, if the details were clearly and indisputably set out in the model scheme, there need be no quibble or argument.

The resolution was lost; 20 voting in favour, and 27 against.

Co-ordination of Services

A motion by London asked that there should be a Public Medical Service Committee of the British Medical Association, fully representative of the Public Medical Services, on lines analogous to those of the Insurance Acts Committee. Similar motions by Reading and by Wolverhampton and District were withdrawn in favour of the London motion.

Dr. A. N. MATHIAS, in moving, said that there were many matters awaiting the consideration of such a body. There was, first of all, the co-ordination of services throughout the country, especially with regard to fixing a minimum standard of service. The committee would also be required to revise the model scheme in the light of experience. Another question would be the fixing of a minimum capitation rate. The Public Medical Service was the profession's own supplement to national health insurance, and for the credit of the profession it required central co-ordination. Other functions of the central committee would be to set up machinery for the treatment of temporary residents and the arrangement of transfers for people moving from one area to another. London also suggested that the proposed committee should discharge the functions of the Public Medical Services Subcommittee and the Contract Practice Subcommittee. The basis of membership might be one member for each service or group of services embracing 20,000 subscribers. The British Medical Association might not see its way to carry all the expenses of the committee, and a levy of ½d. for each subscriber a year might be made from the service funds. This would provide £750. The Public Medical Services were now responsible for the medical care of about 380,000 persons, and the number was increasing every day. It was high time that the activities of the services should be co-ordinated and made as uniform as conditions would allow.

Dr. R. S. V. MARSHALL (Wolverhampton) supported the resolution. His service had in mind either a national co-ordinating committee or regional ones, but he was prepared to accept London's proposition.

Discussion arose on the procedure to be adopted in the election of members of the committee, the Chairman (Dr. Cox) suggesting that the question should be referred for the consideration of the Council, to be reported on at the Annual Representative Meeting.

After some discussion it was agreed that the motion be referred to the Council.

Dr. A. K. TOWERS moved that in all services the only contract should be between each individual subscriber and his medical attendant. Subscribers often united to form some sort of association to deal collectively with doctors. Dr. F. W. GRANT said that his own service went into this matter at the beginning, with a view to ascertaining whether the service itself might become a party in any action in which an individual doctor was involved. The opinion of one of the medical defence societies was asked, and on its recommendation it was made a rule in the service that all the doctors in its membership should become members of such a society. Dr. A. MCCARTHY

said that in the model scheme the contract was between doctor and patient; otherwise it was difficult to see how any service could exist apart from forming itself into a limited company. Dr. ALFRED COX failed to see in what way the motion differed from the model rules, whereby the contract of the subscriber was with his medical attendant only, and not with the service or other members of the service.

It was agreed to proceed to the next business.

Temporary Residents

Dr. E. A. GREGG (London) moved to express the view that there should be some mutual arrangement amongst Public Medical Services for dealing with subscribers who were temporarily resident in areas other than their own. One of the best ways of advertising the usefulness of the service would be to show that continuity of treatment could be maintained wherever the subscriber went. Dr. A. MCCARTHY, while supporting the motion, said that it would require very elaborate machinery, and might be one of the first questions to be dealt with by the proposed central committee. Dr. KEITH GIBSON said that the object of the motion was to bring into action the local machinery of the British Medical Association without undue delay. There must come a time in any area when, a service having been established, it would be possible to go to various authorities who were providing services for nothing or next to nothing and put the case before them in a certain way. For example, it could be pointed out to the local Maternity and Child Welfare Committee that the Public Medical Service was available to provide continuity of service, and that a large number of people would prefer their own family doctor, and it might well become the duty of the medical officer of health, having satisfied himself that good advice was available through general practitioners, to mention the fact to mothers who might wish to take advantage of it.

Professor R. M. F. PICKEN suggested that it was of no use going to a medical officer of health and saying, "Now, we can do all this sort of thing ourselves; it should not be done at public clinics." The medical officer of health must be shown that it could be done at least as well as at public clinics, possibly better. It must not be disregarded that a large machinery was in existence, set up by local authorities, for guarding the health of the people, especially mothers and children. It had encroached on the work of the private practitioner, but primarily it was preventive work, which the average general practitioner had very little opportunity of carrying out. That machinery would not be readily scrapped. He agreed that there were advantages in such work being done by the family practitioner, because of the knowledge he had of the health of the whole family, his contact with the home, and the preference of many mothers for such a practitioner as against a public clinic. On the other hand, public clinics were often attractive places, with satisfactory waiting accommodation, and staffed largely by women practitioners to whom some women would rather talk on occasion than to a man. If the Public Medical Service was to do something equal to what the local authorities were doing those concerned must make up their minds to see people, especially children, who were well, and not those who were ill or in the incipient stages of disease.

Dr. JOHN STEVENSON (Kilmarnock) said that in his area the medical officer of health had interested himself in the Public Medical Service, and generally asked the clinic patients who their doctor was, and in suitable cases referred them to him. Dr. C. F. T. SCOTT said that when medical officers of health were well disposed towards the general practitioner very good work could be done by the Public Medical Services. The CHAIRMAN (Dr. Cox) said that there appeared to be a general feeling that the general practitioner had been too modest about what he could do; it was time he got rid of his feeling of inferiority and started to do those things for which he was quite competent, but which he had allowed others to do in the past.

Dr. Gregg's motion was carried unanimously.

The Conference, before concluding, thanked the Council of the British Medical Association for calling it together, and expressed the hope that it would be an annual event. It was further agreed to ask the Council to arrange from time to time for the publication of Public Medical Service notes in the *Supplement* on similar lines to the Insurance Medical Service notes at present published. A vote of thanks was accorded to Dr. Cox for presiding over the later stages of the Conference.

EMERGENCY TREATMENT IN ROAD ACCIDENTS

FEES UNDER THE ACT OF 1934

Those sections of the Road Traffic Act of 1934 which authorized a payment in respect of emergency treatment of injuries arising from the use of motor vehicles came into force as from January 1st, 1935. Since that date several problems have arisen in regard to the administration of the Act, and, in view of the volume of correspondence received by the Medical Secretary and the *Journal*, which seems to indicate that many practitioners are still not quite clear as to their position, a restatement of the legal position may be helpful.

The Legal Position

Sections 16 and 17 of the Road Traffic Act state that where medical or surgical emergency treatment or examination is immediately required as a result of injury to a person caused by, or arising out of, the use of a motor vehicle on a road, the person using the vehicle at the time of the event out of which the bodily injury arose must pay a fee for such emergency treatment. This fee is 12s. 6d., plus travelling expenses of 6d. a mile, or part of a mile, after the first two miles travelled. The fee is payable to the medical practitioner who first renders treatment or to the hospital if the injured person is first treated in hospital. The liability of the person using the vehicle involved holds good even where the accident has resulted from the "wrongful act of another person." Claims by a practitioner or by a hospital for such fees may be made orally at the time when treatment is rendered; or failing that—and this is the course usually followed—an application for the fee may be made in writing and delivered by registered post to the user of the vehicle within seven days from the day on which the emergency treatment was rendered. This application must be signed by the claimant—that is, by the practitioner or by the executive officer of the hospital. It must state also the name and address of the claimant, describe the circumstances under which the treatment was given, and intimate that the practitioner or hospital making the claim was the first to carry out any treatment or make any examination. Where any difficulty arises the sum is regarded as being recoverable as a simple contract debt. The police are empowered to assist the practitioner as regards the identification of the vehicle and its user.

Some confusion still seems to exist in the minds of practitioners as to their position when the injured person is a pedestrian or a cyclist. Actually the fee is payable whether the injured person is a pedestrian or a cyclist, a driver or a passenger, and in this latter case whether in the same or in another vehicle. Equally, the fee is payable whether the emergency treatment was actually given on the road or in the practitioner's surgery.

Fees for Insurance Practitioners

The Ministry of Health has informed the British Medical Association that it appeared to the Minister that it would be equitable that an insurance practitioner should be entitled to retain fees paid to him under Section 16 of the Road Traffic Act, 1934, in respect of emergency treatment afforded to insured persons, whether such persons were on his own list or on the list of another insurance

practitioner. But the practitioner who receives this fee under the Act should not be paid at the same time and in respect of the same service a national health insurance emergency fee. Except in those cases where the Panel Committee is satisfied that the practitioner is unable, for any reason other than his own default, to recover emergency treatment fees under the Road Traffic Act, then a fee is payable in the case of insured persons as a national health insurance emergency fee. In order to make this position quite clear the necessary alteration in the Terms of Service of insurance practitioners is to be made at an early date. It must be understood, however, that the Road Traffic Act itself does not differentiate between insured and uninsured persons.

The British Medical Association has been largely responsible for securing this statutory provision for payment of these fees ; and, in order to assist practitioners in making the necessary claims, it has prepared a model form together with an explanatory memorandum setting out the legal position in brief. Copies of these documents will be supplied post free to any member of the Association on application to the Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

The position where more than one vehicle is involved in an accident has also been dealt with by the Association. It has been ascertained that in these circumstances the claim can be made against the user of any of the vehicles. The insurance companies have arranged among themselves to bear the cost of claims in such accidents as follows. Where the injured person was in or on a vehicle the cost will be borne by the insurer of that vehicle ; where the injured person was not on or in a vehicle the cost will be borne by the insurer of the vehicle which actually struck the injured person ; in any other case the cost will be borne equally by the insurers of the various vehicles involved. Thus, thanks to the work of the Association, the position of the practitioner with regard to the working of this Act has been clarified and, so far as possible, stabilized. It is hoped that this review of the situation will prove helpful to practitioners generally.

THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Electrotherapy

The following report on two cases of sunlight treatment in the area of the Croydon Insurance Committee shows that in this district there is agreement between the Panel Committee and the Insurance Committee that in certain cases electrical treatment given by an insurance practitioner is regarded as fully within his terms of service. If the practitioner concerned has available the necessary apparatus and considers that it is the appropriate form of treatment for a particular case, the onus rests upon him of showing that the service is a specialist one. We have recently referred to the remarks of the Chairman of the Insurance Acts Committee at the Panel Conference to the effect that the general practitioner must be expected to keep reasonable pace with advances in medical science. The Insurance Acts Committee, in fact, expresses the view in a letter to the Croydon Panel Committee that ultra-violet-ray treatment was not necessarily a specialist treatment, but that the question whether in particular cases the service was within the scope of an insurance practitioner's agreement could only be decided in the full light of all the local circumstances. The Croydon Panel Committee decided a few years ago that six cases of electrical treatment were not of a specialist character. In those cases, as in the present instance, the Minister informed the Insurance Committee that it was not proposed to refer the cases to referees, from which it might be inferred that the Minister did not dissent from the view expressed by the local committees. At the same time it would be of interest if, notwithstanding the agreement between the two local committees, the Minister would refer one of these cases to referees, as it is believed that the view that electrotherapy is sometimes within the scope of medical benefit is by no means a common view in the country generally.

" In two cases the Panel Committee state as their unanimous opinion as regards each of these cases that the service in question was not of a kind which involved the application of special skill or experience of a degree or kind which general practitioners as a class cannot reasonably be expected to possess, and indicate that the grounds upon which their opinion is based are that while in certain cases electrotherapy would have to be regarded as a specialist service, the treatment referred to in these cases is not within that category as, with the modern apparatus now available, any ordinary practitioner should reasonably be expected to have sufficient skill to perform such service.

" The effect of the decision of the Panel Committee in these cases is that the particular services actually rendered are not such as can, in their opinion, be deemed to be outside the scope of the obligations of the insurance practitioner concerned, and that, in these circumstances, such practitioner is not entitled under his terms of service to any special payment, nor has he the right to charge or receive from the insured persons any fees for the services in question. After careful consideration of the particulars furnished in connexion with these cases—which are similar in character to those dealt with by the committee in November, 1932—the subcommittee recommend (1) that in each of such cases the committee agree with the opinion of the Panel Committee, and (2) that the clerk be instructed to take the necessary steps under Clause 10 (2) of the Terms of Service to recover the fees paid to the practitioner and to repay such fees to the insured persons concerned."

An Unusual Case

In a recent case, in which it was found that there was no failure on the part of the practitioner, the patient, who died of tuberculosis within one month of the first diagnosis of this disease, had been treated by the practitioner and at a local hospital for a gynaecological condition. The report of the Medical Service Subcommittee is as follows:

" The insured person had been included in the list of the practitioner for some years, and in March, 1932, she had a two months abortion. She was again seen in July, 1933, when she complained of pain in her left side. She was not seen again until October 6th, 1934, when she was treated for acute abdominal pain and constipation. At that time she was of the opinion that she had again become pregnant, but on examination the practitioner formed a contrary opinion and referred her to a hospital for the treatment of women's diseases, where it was confirmed that she was not pregnant. That hospital reported that her condition appeared to be one of early menopause, but gave no indication that tuberculosis was either present or suspected. In July, 1935, the insured person again attended the practitioner, complaining of amenorrhoea. The practitioner referred her, on July 27th, to a local hospital for investigation, and she was admitted to that hospital on July 31st. During her stay in this hospital tuberculosis was diagnosed, and she died there on August 25th, 1935.

" The complainant stated that the practitioner had attended his wife whenever necessary, and that he had no criticism to offer of his treatment up to the time of his wife's going to the first hospital. He did not blame the authorities of that hospital for not discovering the existence of tuberculosis. He admitted that his complaint arose from a discussion he had had at the second hospital, and stated that it seemed strange to him that a patient could be in the condition of his wife without the practitioner diagnosing the cause of the trouble. He stated that his wife's occupation was that of a pipe polisher, and that she remained at work until the early part of 1935, when she was discharged from her employment, but not on account of her health. He admitted that his wife had never complained of the treatment given by the practitioner, but he was of the opinion that she had never been asked to undress with a view to a complete physical examination. The representative of the approved society informed us that according to the records of the society the insured person remained at work until May 20th, 1935.

" The practitioner informed us that although the insured person ceased work in May, 1935, she did not visit him until July 25th. The insured person had always been rather thin, but never complained to him of cough or of night sweats, and she neither reported nor did he observe any symptom to suggest the existence of tuberculosis. In July, however, he observed a marked change in her condition, and sent her to

a local hospital for general observation. He submitted a copy of the notes made at the second hospital, from which it appeared that on July 31st, on admission, the patient was pale and anaemic, skin dry, temperature normal. She was complaining of pains in the abdomen and amenorrhoea for ten months. There were no crepitations in her lungs. On August 1st she was *x*-rayed, and evidence of chronic fibrosis in the apices of her lungs was demonstrated. Her sputum on that date was negative for tuberculosis. On August 7th the sputum had become positive; on August 8th crepitations of the apices were first heard, and the patient was referred to the tuberculosis ward. On August 10th her faeces were examined and found to be positive for tuberculosis. She developed a fulminating tuberculous peritonitis and died on August 25th.

"We have the greatest sympathy with the complainant in the loss of his wife after such a short illness, but we are satisfied that there was no negligence on the part of the practitioner in connexion with his treatment of the case. Clearly the insured person herself did not regard her condition as serious until after she had ceased her employment in May, 1935, and even then it was not until the expiration of a further two months that she applied to the practitioner for treatment. He treated the case with a proper degree of care, and it would appear unlikely that he could have reached any definite diagnosis at an earlier date, particularly in view of the fact that he had already referred the patient for an opinion at the hospital for women's diseases. Up to July, 1935, both the practitioner and the hospital regarded the case as one of a gynaecological condition. In July, realizing that the patient's condition was worse, the practitioner took the precaution of referring her to hospital for observation and, even then, it was not until she had been a patient for over a week that a second test of her sputum revealed the presence of tuberculosis bacillus. We find that the practitioner was not negligent in his treatment of the insured person, and that there was no breach of the Terms of Service on his part."

THE DENTAL BOARD

Falsification of Dental Letters.—In his address from the chair of the Dental Board at the November session, Sir Francis Acland spoke in serious terms of the not infrequent falsification of dental letters—documents which are issued to members of approved societies to enable them to obtain dental treatment as insured persons. In a number of cases reports have been made to the Board that dentists have obtained, or have attempted to obtain, money under false pretences by giving false certificates on these dental letters. Since the Dental Benefit Regulations came into general operation in 1931 fifty such cases have been reported. In about a dozen of these the practitioners removed themselves from the Board's jurisdiction by failing to pay the prescribed fee for the retention of their names, and in fourteen others the Discipline Committee, on consideration of the facts, did not think it incumbent upon it to cause the practitioners to be summoned to answer a charge, but inquiries in fourteen other cases have been followed by erasure of the name of the dentist, and in eight the finding has been postponed. Sir Francis Acland added that there was no form of conduct which the Board had found it necessary to regard as more reprehensible than falsification of dental letters, and he trusted that this reference to it from the chair would have the effect of a steady diminution in the number of such cases which called for the Board's consideration.

Educational Grants.—The Board offered the University of Birmingham a grant of £500 a year for five years towards the salary of a whole-time professor of dental surgery, subject, among other conditions, to a minimum salary of £1,000 being paid to the person appointed, and a similar grant to the Incorporated Glasgow Dental Hospital and School towards the salary of a whole-time teacher of clinical dental surgery and director of studies. A grant of £250 a year for five years is offered to the University of Durham College of Medicine towards the salary of a whole-time reader in dental surgery and director of studies in the Newcastle Dental School, and a grant of £450 to the London Hospital Dental School towards the cost of installing certain new items of equipment, in particular electrically driven engines and other electrical apparatus in the conservation room.

Post-Graduate Instruction.—It was reported to the Board that six dental schools had availed themselves of the Board's offer to indemnify them against loss in holding approved courses of post-graduate instruction during 1935. These courses have been held at Birmingham, attended by ten practitioners; at Leeds, by six; at Newcastle, by fifteen, and at Guy's Hospital, London Hospital, and Royal Dental Hospital, attended by a total of thirty-three. The Board renewed its offer for 1936.

The Board decided to take steps to secure additional representation on the committee of the Medical Research Council engaged on the investigation of the causes of dental disease.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders J. A. O'Flynn, G. V. Hobbs, and J. G. Boal to be Surgeon Captains.

Surgeon Commanders K. A. I. Mackenzie to the *President*, for course; H. L. Douglas to the *Titania*.

Surgeon Lieutenant Commander T. L. Cleave to the *President*, for course.

Surgeon Lieutenants H. L. Cleave to the *Maine;* J. M. Fitzpatrick to the *Enterprise*; N. C. Hepburn, W. F. Viret, and F. H. Lamb to the *Pembroke*, for Royal Naval Barracks; H. G. Silvester and D. Simpson to the *Victory*, for Royal Naval Barracks; A. E. Ginn, D. Shute, and J. Lees to the *Drake*, for Royal Naval Barracks; J. Carlton to the *Hood*.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commanders G. McCoull and St. G. B. D. Gray to be Surgeon Commanders.

Surgeon Lieutenant P. C. Lewis to Royal Marine Barracks, Plymouth.

W. S. Walton has entered as Probationary Surgeon Lieutenant.

Surgeon Sublieutenant R. V. Jones to the *Victory*, for Royal Naval Hospital, Haslar, for training.

ARMY MEDICAL SERVICES

Colonel J. P. Helliwell, C.B.E., M.R.C.S., L.R.C.P., L.D.S. R.C.S., late Army Dental Corps, to be Major-General, and from Assistant Director-General, Army Medical Services (for the Dental Service), to be Director, Army Dental Service.

ROYAL ARMY MEDICAL CORPS

Lieutenant L. E. Odlum to be Captain.

Lieutenants J. Reeve and C. G. O'Driscoll to be Captains, with seniorities October 25th, 1934, and May 1st, 1935, respectively. (Substituted for the notification in the *London Gazette of* November 1st, 1935.)

The appointments of Lieutenants J. Reeve and C. G. O'Driscoll have been antedated to October 25th, 1933, and May 1st, 1934, respectively, under the provisions of Article 36, Royal Warrant for Pay and Promotion, 1931, but not to carry pay and allowances prior to October 25th, 1934, and November 1st, 1934, respectively.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major G. J. Keane, C.M.G., D.S.O., having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers.

SUPPLEMENTARY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Captain R. W. Agnew has resigned his commission.

MILITIA

ROYAL ARMY MEDICAL CORPS

Major J. Melvin, M.C., has resigned his commission.

Major P. Walsh has retired on attaining the age limit, and retains the rank of Major.

TERRITORIAL ARMY

Colonel L. A. Harwood, T.D., from 56th (1st London Division), has been appointed A.D.M.S., the London Division.

ROYAL ARMY MEDICAL CORPS

Major J. Melvin, M.C., late R.A.M.C., Militia, to be Major, with seniority May 7th, 1926.

Captain R. W. Agnew, late R.A.M.C., Supplementary Reserve, to be Captain, with seniority August 15th, 1931.

Lieutenant R. M. Allardyce to be Captain.

Correspondence

NATIONAL MATERNITY SERVICE

SIR,—The Government through the appropriate Minister has called for reports from medical officers of health on the above subject. The circular asks that they secure the collaboration of eminent obstetric specialists in their areas. These reports are to be in his hands by February 25th, and on these he will frame his Bill. This means that the permanent officials have called, through the Minister, on their local brothers to prepare in collaboration with friendly obstetric specialists a scheme that, whether it solves or not the problem of obstetric morbidity, will certainly suit themselves. We draw the attention of the profession to this further slight to the general practitioner attendant. It is, of course, strictly in keeping with the loaded committees of inquiry and one-sided reports which one and all have shown a bias in favour of the official and the specialist. This is the direct result of the exclusion of the general practitioner from all such commissions. It is a position that the British Medical Association can continue to view with equanimity at its own peril.

There is no need of any elaborate service to control maternal morbidity. If the powers that be would utilize properly the services that already exist the problem would be in sight of solution. Here is what the general practitioner and Queen's nurses can do in Glasgow in the patient's own homes without help of rates or institutions. Out of 967 cases there was not a single death. While the general maternal death rate for the whole of Scotland was 6.7 per 1,000, in the cases attended by Queen's nurse and doctor the rate was 3.2. With the exception of Holland, which cannot fairly be compared to an industrial country like Scotland, this is the lowest maternal death rate in the world.—We are, etc.,

JAMES COOK,
D. M. CAMERON.

Glasgow, Dec. 24th, 1935.

Meetings of Branches and Divisions

EAST YORKSHIRE BRANCH

A meeting of the East Yorkshire Branch was held at Hull on November 13th, 1935, when the president, Dr. L. LAVINE, was in the chair and forty-eight members were present.

Dr. W. MURRAY opened a discussion on "Modern Methods in General Practice." Dr. Murray referred to his long connexion—approximately fifty years—with the medical profession, and said that during that period the expectation of life had increased by sixteen years. Patients were better treated to-day than in his early days, when it was customary to judge temperature by the hand, and pulse rate and volume were measured by two fingers. Typhoid fever was a common complaint, and cases were nursed in the ordinary hospital wards, very little precaution being taken against the spread of infection. Improved drainage and a good water supply were the chief factors in checking the disease. Vitamins as such were unknown, but accessory food factors were recognized, since cases of rickets were treated with cod-liver oil. Waxy degeneration was unknown now, but in his early days every third patient in hospital had it. Scarlet fever and diphtheria were much less severe than they used to be, and typical gout was now a thing of the past. He thought that modern nomenclature had overstepped itself, and he pleaded for simpler names than those applied, for example, to the constituents of the blood. Intensive treatment of spirochaetal disease had made the presence of a gumma a rare thing now. In his early days many of the patients in simple surgical cases died from septicaemia, the chief antiseptic being 5 per cent. carbolic solution. Patients suffering from hernia were very frequently successfully operated upon. Each practitioner had to be expert with the catheter in the treatment of enlarged prostate and urethral strictures. Hydroceles usually provided lucrative fees, as they had to be tapped every two or three months. Primary amputations were common, since compound fractures were treated by amputation.

Dr. T. STIRLING EDDIE referred to some of the newer drugs, with special reference to the anaemias. Dr. A. GILLESPIE discussed various modern methods of treatment, particularly adrenaline in asthma, and adhesive plasters for ulcers and varicose veins. He thought that, despite modern methods, very few sufferers from phthisis were able to lead normal lives again. Dr. D. DIVINE commented on the changes in the relations between doctors and patients. Injuries to workmen, he said, had added to the responsibilities of the doctor of to-day, and the regulations regarding certification did not increase his happiness.

The PRESIDENT, and Drs. R. J. BARLEE, T. CAMERON, S. E. FOURACRE, W. MORTON, and L. I. HARDY took part in the subsequent discussion, and Mr. R. GRIEVE proposed, seconded by Dr. D. MATHESON MACKAY, a vote of thanks to the openers, which was carried unanimously.

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION

At a meeting of the Mid-Cheshire Division, held at Altrincham General Hospital on December 13th, 1935, with Dr. C. E. JENKINS in the chair, the following officers were elected:

Chairman and Auditor, Dr. A. T. Blease. *Vice-Chairman*, Dr. A. E. Lees. *Honorary Secretary*, Mr. Brian P. Robinson. *Representative in Representative Body*, Dr. D. Russell.

The attention of the meeting was drawn to the desirability of members of the medical profession seeking election to local authorities and to the magisterial bench; also to the Report on Immunization, including Vaccination.

LANCASHIRE AND CHESHIRE BRANCH: WIGAN DIVISION

At a meeting of the Wigan Division, held at Wigan on December 3rd, 1935, when forty-six members were present, Sir WALTER LANGDON-BROWN delivered a British Medical Association Lecture on "Changing Standpoints in Medicine." After reviewing the vicissitudes of medicine throughout its early years during the rise and fall of nations, the lecturer dealt with the changes due to researches in biochemistry in the twentieth century. Sir Walter Langdon-Brown concluded by insisting on the importance of the psychological factor in treatment, not only in the neuroses but as a great assistance in organic disease.

LINCOLNSHIRE BRANCH: LINCOLN DIVISION

At a meeting of the Lincoln Division, held on November 28th, 1935, with Dr. W. SHARRARD in the chair, Dr. H. C. BARLOW read a paper entitled "The Routine Examination of the Nervous System and Conclusions to be Drawn Therefrom." Dr. Barlow pointed out that the recent improvement in prognosis of a number of diseases of the nervous system demanded that accurate and early diagnosis should be made. He discussed the physiology of the cranial nerves and the results of lesions affecting them, and pointed out that the Argyll Robertson pupil was not always syphilitic, being encountered occasionally in epidemic encephalitis. Lumbar puncture was essential, he said, to clinch a diagnosis of meningitis and to exclude the pseudo-meningitis seen in acute specific fevers. Dr. Barlow then dealt with the anatomy and physiology of the upper and lower motor neurones and with the tendon reflexes. The abdominal reflexes, he said, were central reflexes, and their absence on one side might be the first sign of cerebral tumour. In conclusion, Dr. Barlow dealt with the effects of a complete transverse block of the spinal cord.

On the motion of Dr. S. J. LAVERTY, seconded by Dr. G. C. WELLS-COLE, a hearty vote of thanks was accorded Dr. Barlow for his address.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION

A general meeting of the South-West Essex Division was held at Leyton on December 3rd, 1935, when it was announced that the British Medical Association Charities Fund had benefited by the sum of £61 7s. 3d. as a result of the annual dance of the Division.

Dr. CEDRIC SHAW gave an interesting address on "The Scope of Psychotherapy in General Practice." Dr. Shaw said that three psychological principles had to be borne in mind when dealing with patients: (1) the existence of the subconscious mind; (2) the patient's emotional reactions; and (3) his relationships in the spheres of work, sex, and the community. Dr. Shaw then dwelt on the allergic diseases—asthma, urticaria, angioneurotic oedema—so many cases of which were evoked by factors of a purely psychological origin. He also referred to cases of hyperthyroidism, which, according to Israel Braun, could often be treated solely by rest, carbohydrate diet, and psychotherapy. Dr. Shaw emphasized the need for complete and thorough physical

investigation, but mentioned the frequency of the psychological factor in cases of paroxysmal tachycardia, of "selective tiredness," and of dyspepsia. The treatment must of course be twofold, as the psychological cause had set up a physical mechanism. Forty per cent. of all cases attending hospitals or doctors were psychological, but the general practitioner could certainly attempt to deal with most cases, as the psychological factor was either in consciousness or only just below the surface. A discussion followed, and on the motion of Dr. H. P. WARNER, seconded by Dr. F. SANDERS, a vote of thanks was accorded Dr. Shaw for his address.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION

At a meeting of the Stratford Division, held at Ilford on December 17th, 1935, with Dr. L. WELPLY in the chair, Mr. VICTOR LACK gave an address on "Menopausal Difficulties and their Treatment."

The proposed alterations in the new model rules of organization of the Division were agreed upon and adopted unanimously.

The attention of the meeting was directed to the altered scale of fees of the National Deposit Friendly Society with reference to its "grant-in-aid" character. A resolution on workmen's compensation and accident cases was approved, and a memorandum from headquarters with reference to contract rates operative in the area was referred to the Executive Committee. The meeting heartily endorsed the activities of Dr. P. I. Watkin, vice-chairman and charities secretary, in relation to the Medical Benevolent Fund.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION

The annual dinner and dance of the Willesden Division was held at the May Fair Hotel on December 12th, when Dr. Alfred Cox and Sir Harold Gillies were the guests of the evening. A large number of members and guests enjoyed a very successful social event. The toast of "The British Medical Association" was proposed by Dr. Cox, who complimented the Division on its efforts and paid a well-deserved tribute to Dr. William Paterson, the honorary secretary, and to Dr. C. F. T. Scott, its representative in the Representative Body. Dr. Cox castigated those members of the profession who garnered the profits from the labours of the British Medical Association, but who remained outside its ranks, indifferent or critical. The chairman, Dr. M. BRISCOE, responded, and endorsed the tributes to Drs. Scott and Paterson. He recalled the loss suffered by the Division in the sudden death of one of its active and popular members, Dr. Melville Harvey. Dr. W. E. Turner, another active member, would be missed on his retirement from the post of superintendent of the Central Middlesex County Hospital. Unfortunately Dr. Turner was unable to be present to receive the handsome silver tray presented by the practitioners of Willesden. The toast of "The Guests" was proposed by Dr. W. W. STOCKER, and Sir HAROLD GILLIES replied. The health of "The Chairman" was proposed by Dr. J. G. FREEMAN HEAL, who drew attention to the chairman's war service with the King's African Rifles in German East Africa and in the Union of South Africa in the South African Medical Service. Dancing followed the dinner, and in the intervals a programme of songs was provided. The success of the occasion was largely due to the labours of the Entertainments Committee and its energetic secretary, Dr. J. Walker Brash.

A further meeting of the Willesden Division was held on December 18th, 1935, when an address was given by Dr. MAURICE DAVIDSON on "Some Points in the Early Diagnosis of Chest Diseases." Dr. Davidson dealt principally with the early diagnosis of pulmonary tuberculosis, and emphasized the necessity of radiological examination in every case. He showed a series of very fine *x*-ray pictures to illustrate his lecture. Dr. Davidson also dealt with the early diagnosis of bronchiectasis and new growths of the lung, illustrating his remarks with further *x*-ray photographs. A long discussion followed in which many members took part, and a cordial vote of thanks was accorded Dr. Davidson for his address, on the motion of Dr. C. F. T. SCOTT, seconded by Dr. J. W. BRASH.

SUDAN BRANCH

At a meeting of the Sudan Branch, with Dr. E. D. PRIDIE in the chair, Dr. H. RICHARDS read a paper on "Enteric Fever in the Sudan." Dr. Richards produced figures showing the notifications of enteric in Khartum during the period 1914–34. These demonstrated a rapid increase during the last two years, which could not be sufficiently accounted for by such factors as improved methods of diagnosis and increased hospitalization. Statistics of the incidence among foreigners and Sudanese respectively showed that while at one time there were a large number of cases among foreigners, the incidence to-day was mainly among the Sudanese. The disease was probably originally imported from abroad, but had now become established among the local population.

Dr. E. S. HORGAN opened the subsequent discussion, and pointed out that the importance of changes in the pathogenicity of the infecting organism had not been sufficiently emphasized in epidemiology. From recent experimental work it would appear that the virulence of typhoid strains, which seemed to be associated with VI antigen, varied very considerably. Felix has shown the importance of temperature in incubation in dealing with VI antigen, and had suggested the possibility of climatic influence playing a similar part under field conditions.

The meeting closed with a vote of thanks to Dr. Richards for his address.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION

The autumn programme of the West Suffolk Division closed on December 14th, 1935, when Dr. RALPH NOBLE delivered a lecture on "The Psychological Problems of General Medicine." Other lectures have been given before the Division as follows: October 12th, Dr. Wilfred P. Sheldon on "The Unexplained Fevers of Childhood"; October 19th, Dr. James Mennell on "The Treatment of Strains and Muscle Injuries" (arranged in co-operation with the Chartered Society of Massage and Medical Gymnastics); November 9th, Mr. R. Vaughan Hudson on "The Surgical Treatment of Thyrotoxic Heart Disease"; and November 30th, a British Medical Association Lecture by Mr. Hugh Cairns on "Diagnosis and Treatment of Intracranial Tumours." On November 17th Dr. C. E. Lakin held a medical clinic. The attendance of members and visitors at the meetings was good, and the lectures were all very much appreciated. The Division is indebted to the Association for the inclusion of the B.M.A. Lecture by Mr. Cairns.

YORKSHIRE BRANCH: LEEDS DIVISION

At a meeting of the Leeds Division, held at Leeds General Infirmary on December 10th, 1935, with Professor H. COLLINSON in the chair, Professor JOHN FRASER (Edinburgh) delivered a British Medical Association Lecture on "Paediatric Surgery in General Practice." Professor Fraser gave his address in a most original and delightful manner by imagining himself in consultation with a busy general practitioner over three cases—namely, cervical adenitis, acute abdominal pain, and nocturnal enuresis in children. The meeting was one of the most successful that the Leeds Division had held, over seventy members being present. The proceedings closed with a vote of thanks to Professor Fraser for his address, on the motion of Professor E. R. FLINT, seconded by Professor C. W. VINING.

British Medical Association

CURRENT NOTE

British Medical Association Treasurer's Cup Golf Competition

Secretaries of Divisions and Branches are informed that the Treasurer's Cup Golf Competition, which is open to all members of the British Medical Association, will again be held in two stages, and that the first (or Division) stage must be completed by June 1st, 1936. The second (or final) stage will take place on a course near Oxford on Friday, July 24th, during the Annual Meeting. The rules and regulations are as follows.

First Stage

Entries to be handed in to the secretary of the Member's Division (entrance fee 2s. 6d.). Arrangements for the first stage to be in the hands of a Special Golf Subcommittee (or, failing this, the Executive Committee of the Division). The form of the competition to be settled locally by the Golf Subcommittee (or Executive), it having been decided by the Secretaries' Conference, 1928, that each Division should find its own winner in its own way. The handicap under which a

member enters should be his lowest club handicap (limit handicap 18) and must not be altered at any time during the first stage of the competition. The first stage must be completed by June 1st, 1936. In the event of the winner of the first stage not being able to compete in the final stage, the runner-up (with the consent of the local Golf Subcommittee) may compete in his stead, in order that the Division may be represented.

Second or Final Stage (for Sweep and Gratuities)

The winners of the first or Division stage will play off under medal play conditions (handicap) on Friday, July 24th, 1936, during the Annual Meeting of the Association at Oxford (entrance fee, 5s.). The handicap allowed for the final stage of the competition will be the lowest handicap of the competitor as at July 24th, 1936. The winner to be the player who returns the lowest score under handicap. In the event of a tie the winner shall be the player who returns the lowest score under handicap for the last nine holes. Those entitled to compete in the final stage will be advised of the arrangements for that stage.

All disputes to be settled by the committee responsible for the completion of each stage.

Association Notices

BRANCH AND DIVISION MEETINGS TO BE HELD

ABERDEEN BRANCH: CITY OF ABERDEEN DIVISION.—At 29, King Street, Aberdeen, Thursday, January 16th, 8.30 p.m. Professor David Campbell: "The New Materia Medica"; consideration of adoption of resolution regarding the Scottish scale of salaries.

DUNDEE BRANCH.—At Draffen's Rooms, Dundee, Wednesday, January 8th, 7.45 p.m. Annual dinner.

GLASGOW AND WEST OF SCOTLAND BRANCH: DUMBARTONSHIRE DIVISION.—At Ca'doro Restaurant, 122, Union Street, Glasgow, Wednesday, January 8th, 4 p.m. General meeting to consider adoption under the Ethical Rules of the Division of resolutions regarding (1) applications for public health appointments in the area of the Division the salaries for which do not conform to Scottish scale of minimum commencing salaries for whole-time chief medical officers of health and medical officers of other grades; (2) domiciliary attendance by (*a*) private practitioners and (*b*) consultants in private practice.

GLASGOW AND WEST OF SCOTLAND BRANCH: LANARKSHIRE DIVISION.—At Western Infirmary, Glasgow, Wednesday, January 8th, 3.30 p.m. Pathological demonstration by Dr. J. F. Heggie.

GLOUCESTERSHIRE BRANCH.—At Gloucester, Thursday, January 9th. Mr. A. Alcock: "Four Interesting Cancer Cases"; Dr. E. N. Davey: "A Few Points in the Investigation and Treatment of the Allergy."

HERTFORDSHIRE BRANCH: BARNET DIVISION.—At Hadley Wood Golf Club, Tuesday, January 7th, 8 p.m. Dr. James Mennell: "The Truth about Bone-setting and Osteopathy."

KENT BRANCH: ROCHESTER, CHATHAM, AND GILLINGHAM DIVISION.—At Café Royal, 113, High Street, Chatham, Wednesday, January 8th, 8 p.m. Dinner. Consideration of adoption of binding resolution regarding domiciliary attendance; election of representatives and deputy representatives; address by Dr. C. M. Wilson: "Mistakes One has Made."

LANCASHIRE AND CHESHIRE BRANCH: BLACKPOOL DIVISION.—At Metropole Hotel, Blackpool, Wednesday, January 8th, 8.30 p.m. Professor John Hay (Liverpool): "Pregnancy and Heart Disease."

LANCASHIRE AND CHESHIRE BRANCH: HYDE DIVISION.—Thursday, January 9th. Theatre party.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Tuesday, January 7th, 9.30 p.m. Dr. T. Jenner Hoskin: "Cardiac Arrhythmias."

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—At Hampstead General Hospital, Thursday, January 9th, 8.30 p.m. Major-General Sir Leonard Rogers: "Tropical Diseases in Relation to General Practice in the British Isles."

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION—At Park Isolation Hospital, Hither Green, S.E., Tuesday, January 7th, 3 p.m. Clinical meeting arranged by Dr. H. S. Banks.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At Education Offices, The Grove, Stratford, E., Tuesday, January 21st, 9.15 p.m. Sir Lancelot Barrington-Ward: "Some Debatable Points in the Surgery of Children." Consideration of adoption of binding resolutions.

METROPOLITAN COUNTIES BRANCH: WOOLWICH DIVISION.—At Woolwich War Memorial Hospital, Tuesday, January 7th, 8.45 p.m. B.M.A. Lecture by Dr. E. W. Adams: "The Relationship between the General Medical Practitioner and the Ministry of Health."

NORTHERN IRELAND BRANCH.—Thursday, January 9th, 4.15 p.m. Branch meeting.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—Friday, January 10th. Annual dance.

SOUTHERN BRANCH: SOUTHAMPTON DIVISION.—At South-Western Hotel, Southampton, Wednesday, January 15th, 8.45 p.m. General meeting. Consideration of adoption of binding resolutions regarding (*a*) the memorandum of recommendations as to the salaries of whole-time public health medical officers, and (*b*) domiciliary attendance by a consultant; election of representative and deputy representative; address by Surgeon Commander Frank H. Vey, R.N.: "Chemical Warfare Gases and First-aid Treatment."

SOUTH-WESTERN BRANCH: EXETER DIVISION.—At Royal Devon and Exeter Hospital, Thursday, January 9th, 4 p.m. Annual meeting. Election of officers; discussion of proposed invitation to Central Council to hold the British Medical Association's Annual Meeting at Exeter in 1940; consideration of adoption under the Ethical Rules of the Division of a resolution regarding domiciliary attendance; short paper by Dr. C. W. Marshall: "Lymphogranuloma Inguinale (Climatic Bubo)."

SURREY BRANCH: RICHMOND DIVISION.—At Richmond Royal Hospital, Friday, January 10th, 9 p.m. B.M.A. Lecture by Mr. W. Sampson Handley: "Cancer Research."

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE TAVISTOCK SQUARE, W.C.1

Departments

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SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)
IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

JANUARY

3	Fri.	Public Health Committee, 2 p.m. Medical Aspects of Abortion Committee, 3 p.m. Physical Medicine Group Committee, 3 p.m. Physical Medicine Group, 4.30 p.m.
7	Tues.	Grants Subcommittee, 11.30 a.m. Organization Committee, 2 p.m.
8	Wed.	B.M.A. Members of Advisory Committee *re* Salaries of Whole-time Public Health Medical Officers, 10 a.m. Medico-Political Committee, 2.30 p.m. Physical Education Committee, Foreign Subcommittee, 2.30 p.m.
9	Thurs.	Workmen's Compensation Subcommittee, 2.30 p.m.
10	Fri.	Consultants and Specialists Group Committee, 2.15 p.m.
15	Wed.	Physical Education Committee, Games Subcommittee, 2.30 p.m.
16	Thurs.	Physical Education Committee, Medical Subcommittee, 2.30 p.m.
17	Fri.	Physical Education Committee, Training of Teachers Subcommittee, 2 p.m.
22	Wed.	Physical Education Committee, Education Subcommittee, 2 p.m.
23	Thurs.	Miners' Nystagmus Committee, 2.30 p.m.
29	Wed.	**Council,** 10 a.m.

FEBRUARY

5	Wed.	Physical Education Committee, Training of Teachers Subcommittee, 2 p.m.
7	Fri.	Science Committee, 2 p.m.
12	Wed.	Physical Education Committee, 2 p.m.

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

Section of Orthopaedics.—Tues., 5.30 p.m. (Cases at 4.30 p.m.) Films by Mr. Denis Browne (Club Feet) and by Mr. Alan Todd (Pes Cavus).

Section of Tropical Diseases and Parasitology.—Thurs., 8.15 p.m. Paper by Dr. J. C. Cruickshank: Modern Methods of Diagnosis by Agglutination.

Section of Ophthalmology.—Fri., 8.30 p.m. (Cases at 8 p.m.) Paper by Mr. J. H. Doggart: Eclamptic Detachment of the Retina.

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY.—At Florence Restaurant, W., *Thurs.* Annual Dinner.

ST. JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE, Ranelagh Road, Pimlico, S.W.—*Fri.*, 4.30 p.m. Dr. Philip Ellman: Physical Methods in the Diseases of the Heart and Lungs.

SOUTH-WEST LONDON MEDICAL SOCIETY, Bolingbroke Hospital, Wandsworth Common, S.W.—*Wed.*, 9 p.m. Dr. H. Crichton-Miller: The Neurotic as the Practitioner's Bogy.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Miller General Hospital, Greenwich, S.E.—*Fri.*, 8.45 p.m. Clinical Meeting.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At West London Hospital, Hammersmith, W., *Fri.*, 8.30 p.m. Discussion: Pain in the Chest. To be opened by Dr. J. F. Halls Dally, Dr. L. S. T. Burrell, and Dr. D. Evan Bedford.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*St. John's Hospital*, 5, Lisle Street, W.C.: Afternoon Course in Dermatology. *West End Hospital for Nervous Diseases*, In-patient Department, Gloucester Gate, N.W.: *Tues.*, 8.30 p.m., Demonstration on Fundus Oculi by Mr. R. Lindsay Rea.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—*Fri.*, 4 p.m., Mr. Harold Kisch, The Tonsil and Adenoid Problem.

LONDON SCHOOL OF DERMATOLOGY, 5, Lisle Street, W.C.—*Tues.*, 5 p.m., Dr. H. Corsi, Syphilis Through Four Centuries. *Thurs.*, 5 p.m., Dr. J. M. H. MacLeod, Ringworm Infections.

LEEDS POST-GRADUATE CLINICAL DEMONSTRATIONS.—At Leeds General Infirmary: *Tues.*, 3.30 p.m., Dr. R. A. Veale, Demonstration of Medical Cases.

LEEDS PUBLIC DISPENSARY AND HOSPITAL.—*Wed.*, 4 p.m., Dr. S. J. Hartfall and Dr. H. G. Garland, Diagnosis and Treatment of Rheumatoid Arthritis.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: *Mon.* and *Thurs.*, 10.30 a.m. Maternity Hospital: *Mon., Tues., Wed., Thurs.*, and *Fri.*, 11.30 a.m.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Post-Graduate Instruction. At Babies' Hospital: *Thurs.*, 2.15 p.m., Lecture and Clinical Demonstration on Infant Feeding. At Royal Victoria Infirmary: *Thurs.*, 2.15 p.m., Dr. Whately Davidson, *X*-Ray Interpretation; 3.15 p.m., Dr. S. Thompson, Diseases of the Skin.

VACANCIES

All advertisements should be addressed to the Financial Secretary and Business Manager and NOT *to the Editor.*

BELFAST: QUEEN'S UNIVERSITY.—Tutor in Obstetrics. Salary £200 p.a.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—(1) H.S. (2) Second H.S. Females. Salaries £115 p.a. and £90 p.a., respectively.

BIRMINGHAM CITY.—Whole-time J.M.O's. (males) at the Selly Oak Hospital. Salaries £200 p.a. each.

BIRMINGHAM CITY MENTAL HOSPITAL.—Whole-time J.A.M.O. (female). Salary £350-£450 p.a.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.—H.P. (male). Salary £120 p.a.

BURY INFIRMARY.—(1) R.S.O. (2) H.S. to the Special Departments. (3) Third H.S. Males. Salaries £500 p.a., £175 p.a., and £150 p.a., respectively.

CHICHESTER: ROYAL WEST SUSSEX HOSPITAL.—J.H.S. Salary £125 p.a.

CONNAUGHT HOSPITAL, Walthamstow, E.—C.O. (male). Salary £100 p.a.

CROYDON COUNTY BOROUGH.—A.M.O. (male, unmarried) at the Croydon Mental Hospital, Upper Warlingham. Salary £350-£25-£450 p.a.

EASTBOURNE: ROYAL EYE HOSPITAL.—Non-resident H.S. Salary £100 p.a.

GLASGOW ROYAL MENTAL HOSPITAL, Gartnavel.—Assistant P. Salary £300 p.a.

HALIFAX COUNTY BOROUGH.—R.M.O. at Hospital for Infectious Diseases. Salary £350-£25-£450 p.a.

HAMPSHIRE COUNTY COUNCIL.—Assistant County M.O. to the Hampshire County Council and M.O.H. to the Havant and Waterloo and Petersfield Urban Districts, and Petersfield Rural District. Salary £800 p.a.

HOVE GENERAL HOSPITAL.—Hon. Physiotherapeutist.

HULL ROYAL INFIRMARY.—C.O. (male). Salary £150 p.a.

ILFORD BOROUGH.—Whole-time R.M.O. (female) at Ilford Council Maternity Home. Salary £350-£25-£450 p.a.

KEIGHLEY AND DISTRICT VICTORIA HOSPITAL.—R.M.O. Salary £180 p.a.

KETTERING AND DISTRICT GENERAL HOSPITAL.—Second R.M.O. (male). Salary £125 p.a.

LARBERT: STIRLING DISTRICT MENTAL HOSPITAL.—Third A.M.O. (female). Salary £250 p.a.

LIVERPOOL ROYAL INFIRMARY.—(1) Senior C.O. (2) Junior C.O. and H.S. to the Skin Department. Salaries £120 p.a. and £60 p.a., respectively.

LIVERPOOL: ROYAL LIVERPOOL CHILDREN'S HOSPITAL.—(1) R.M.O. and (2) R.S.O. at the Heswell Branch. Salaries £120 p.a. each. (3) Two Resident P. and (4) Two Resident H.S. at the City Branch. Salaries £100 p.a. each.

LONDON HOSPITAL, E.—(1) Medical First Assistant and Registrar. (2) Assistant in the *X*-Ray Department. Salaries £300 p.a. and £100 p.a., respectively.

LONDON JEWISH HOSPITAL, Stepney Green, E.—Out-patient Assistant. Honorarium £125 p.a.

LONDON SKIN HOSPITAL.—Hon. Assistant P.

LONDON UNIVERSITY, S.W.—University Readership in Surgery. Salary £800-£1,000 p.a.

MANCHESTER: ANCOATS HOSPITAL.—(1) Medical Registrar. Honorarium £50 p.a. (2) R.S.O. Salary £200 p.a.

MANCHESTER CITY.—R.J.A.M.O. (Grade III, female, unmarried) at the Booth Hall Hospital for Children. Salary £200 p.a.

MANCHESTER ROYAL INFIRMARY.—(1) H.S. to the Aural, Gynaecological, and Ophthalmic Departments. (2) Four H.S. (3) Four H.P. (4) H.S. to the Neuro-Surgical Department. (5) H.S. to the Orthopaedic Department. Salaries £50 p.a. each.

MANSFIELD AND DISTRICT HOSPITAL.—Senior H.S. (male). Salary £200 p.a.

MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—(1) R.S.O. (2) H.P. Males, unmarried. Salaries £175 p.a. and £120 p.a., respectively.

MIDDLESEX COUNTY COUNCIL.—(1) District M.O. for Chiswick. Salary £175 p.a. (2) Public Vaccinator for Chiswick. (3) Resident Anaesthetist and (4) Non-resident Casualty M.O. at West Middlesex County Hospital, Isleworth. Salaries £400-£25-£475 p.a. and £350 p.a., respectively.

NEWCASTLE-UPON-TYNE CITY AND COUNTY.—(1) Two H.S. and (2) Two H.P. at Newcastle General Hospital. Males. Salaries £150 p.a. each.

NEWCASTLE-UPON-TYNE: HOSPITAL FOR SICK CHILDREN.—(1) R.S.O. (male). (2) H.P. (3) H.S. Salaries £250 p.a., £100 p.a., and £100 p.a., respectively.

NOTTINGHAM: GENERAL HOSPITAL.—H.S. Salary £150 p.a.

PENMAENMAWR: PENDYFFRYN HALL SANATORIUM.—Assistant P. Salary £250.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, W.—Clinical Assistant.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—Three Anaesthetists. Salaries £1 1s. per attendance each.

ROCHDALE INFIRMARY AND DISPENSARY.—Senior H.S. (male). Salary £250 p.a.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.—Two H.S. (males, unmarried) at the Country Branch, Brockley Hill, Stanmore. Salaries £150 p.a. each.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—(1) Assistant P. and Assistant Director to the Medical Professorial Clinic. (2) Assistant P.

ST. MARY'S HOSPITAL, W.—Casualty H.S. Salary £100 p.a.

SHEFFIELD CITY.—J.A.M.O. (male) at Lodge Moor Infectious Diseases Hospital. Salary £200 p.a.

SOUTHALL-NORWOOD HOSPITAL.—R.M.O. (male). Salary £100 p.a.

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S.W.—Out-patient M.O. (female). Salary £100 p.a.

STOKE-ON-TRENT: LONGTON HOSPITAL.—H.S. (male). Salary £160 p.a.

SWANSEA GENERAL AND EYE HOSPITAL.—C.O. (male, unmarried). Salary £150-£175 p.a.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.—(1) C.O. (2) H.P. (3) H.S. Salaries £200 p.a., £100 p.a., and £100 p.a., respectively.

WARRINGTON: COUNTY MENTAL HOSPITAL.—A.M.O. (unmarried). Salary £500-£25-£600 p.a.

WEST END HOSPITAL FOR NERVOUS DISEASES, W.—R.H.P. (male). Salary £125 p.a.

WILLESDEN BOROUGH.—(1) Throat, Nose, and Ear S. (2) Anaesthetist. Salaries £2 12s. 6d. per session each.

WORKSOP: VICTORIA HOSPITAL.—(1) Senior Resident. (2) Junior Resident. Males, unmarried. Salaries £150 p.a. and £120 p.a., respectively.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Mochrum (Wigtownshire), Stanley (Perthshire), Cheltenham (Gloucestershire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by January 14th.

APPOINTMENTS

LANGLEY, G. F., Ch.M. Bristol, F.R.C.S., Senior Resident Medical Officer, East Suffolk and Ipswich Hospital.

LIVINGSTONE, Gavin, M.B., B.S., F.R.C.S., Aural Surgeon, Metropolitan Hospital, Kingsland Road, E.

MCCANN, Ivan Bailey, M.R.C.S., L.R.C.P., Senior Medical Officer, Central Home, Union Road, Leytonstone (under the County Borough of West Ham).

LONDON COUNTY COUNCIL.—The following appointments are announced at the hospitals indicated in parentheses. *Assistant Medical Officers, Grade II:* A. B. Donald, M.B., B.Ch., and Muriel O. Gibson, M.B., Ch.B., D.P.H. (North-Western); J. T. R. Lewis, M.B., B.S., D.P.H., and Elizabeth R. M. Wilson, M.B., Ch.B. (South-Western); W. H. A. Picton, B.M., B.Ch. (Park); R. M. Campbell, M.B., B.Ch. (Grove); Maisie F. James, M.B., B.S. (Brook); Euphemia Cardwell, L.R.C.P. and S.Ed., L.R.F.P.S. (Southern); Vida L. Liddell, M.B., B.S. (Western); Laura L. Bateman, M.B., B.Ch., B.A.O. (Northern).

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH

KIDD.—On December 27th, 1935, to Monica (née Hosking), wife of Dr. H. A. Kidd, F.R.C.S.Ed., Halifax General Hospital, a daughter.

DEATHS

GORDON-WATSON.—On December 21st, 1935, Alice Geraldine Mary, dearly loved wife of Sir Charles Gordon-Watson of 82, Harley Street, W.1, after a long and painful illness, most bravely borne.

WOOD.—Alfred Arthur Wood, M.D., of Manor House, Earls Road, Nuneaton, on December 11th, 1935, aged 62.

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