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EDMONTON'S CASUALTY SERVICES

A CO-OPERATIVE SCHEME

BY
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The experience gained in August and September of last year showed there were marked shortcomings in casualty service organization generally. Medical man-power was being wasted. The importance of mobile units in urban districts was being over-estimated, and the existing system of payment to the medical officers in charge was causing dissatisfaction among general practitioners, particularly those attached to fixed first-aid posts. The advantage of having a medical man at the site of an incident to classify the casualties instead of permitting the onus to lie with the stretcher-bearers was not fully appreciated. With these points in mind, and the apprehension that the Treasury would not continue payment to medical staff of three mobile units, the practitioners associated with the services in the borough of Edmonton met together to consider a "pooling system."

Scheme.—A scheme was launched last October on the following lines. An association of the medical men attached to first-aid posts and mobile units together with the medical officer of health and A.R.P. medical officer was formed and the usual officers were elected. Two rotas, which became interchangeable each month, were formed: the first rota (Rota "A") covers the duty of the incident medical officer, the second (Rota "B") the duty to man the first-aid posts as required. The member on Rota "A" is on call for a period of twenty-four hours each week and is paid as a mobile unit medical officer for "standing by" during an alert. (Up to November 17 there were two men on this rota each day, as payment was then permitted in respect of each mobile unit; after that date, one.) It is his duty to maintain contact with the medical officer of health's representative in Control on a red warning by day and to sleep at the Control Centre during the hours of darkness in the event of an "alert" being sounded. The members on Rota "B" are on call for two days each week, and work in pairs so that they take it in turn to be first and second on duty during these periods. The medical officer of health and A.R.P. medical officer assist the member of Rota "A" and act as liaison officers to the Control Centre.

Payment.—The men nominally attached to the posts, both fixed and mobile, receive their basic fee for training their personnel, and the men who lecture to the stretcher-party personnel receive the appropriate fees for any course of lectures they give. A book is kept at each first-aid post and at the Control Centre for the doctor to sign, recording the time of summons and the duration of his attendance. Payment is made quarterly to each practitioner for the actual work he has done on a sessional basis, together with the basic salary and lecture fees to which he is entitled. He then renders a statement to the treasurer of the association, who divides out the total income equally between all the members, other than the medical officer of health and the A.R.P. medical officer.

The scheme has now been in operation for over five months, and has proved very satisfactory both to the practitioners and to the local authority. Its advantages would appear to be:

1. Equal distribution of work and equal payment.

2. The knowledge a week ahead of the day on which the members' services are expected to be available: surely a very important factor to a general practitioner at any time, particularly in the busy winter months.

3. The presence of a medical officer at the Control Centre enables him to be sent to an incident on the receipt of an express message.

4. The sorting out of casualties is conducted by a medical man at the incident so that the right cases are conveyed to hospital, and the first-aid posts are not inundated with seriously injured persons.

5. First-aid treatment is supervised, and the injured who need morphine get it before transit to hospital.

6. The mobile unit is not ordered out indiscriminately, but at the discretion of the medical officer on the spot, who is surely the best person to judge its value.

7. The scheme permits of elasticity in the event of numerous incidents occurring. Four men (three practitioners and the medical officer of health or his assistant) are immediately available. This allows the medical officer's representative in Control to telephone other members to act as reserves to those already called out.

In fairness it should be pointed out that the above scheme only includes work associated with the casualty service. All the remaining doctors in the borough who are not on one of these two rotas are included in the medical officer of health's scheme for inspecting and visiting shelters, so that a source of income will be opened up to those members of the profession who, through no fault of their own, were not associated with the A.R.P. services at the outbreak of war.

Correspondence

State Medical Service—A Caution

SIR,—All must admit that Dr. Pybus's article on this subject (*Supplement,* March 15, p. 29) is revolutionary in the extreme. It brings at once a question to our minds: Are our present methods of conducting practices, running hospitals, etc., so hopelessly inadequate that they deserve the wholesale "scrapping" recommended? These present methods have been built up on a system of trial and error over the course of centuries. My own hospital, St. Thomas's, for instance, dates back to the eleventh century. Its traditions have developed gradually but firmly and progressively. Surely traditions must count for something! Or are we to abandon all the efforts of our fathers and grandfathers as worthless?

Then let us take general practice, which Dr. Pybus dismisses in one line. It is probably the most highly criticized branch of the profession, the strongest critics usually being those who have never tried it. It is often referred to, and rightly in my opinion, as "the backbone of the profession." The G.P. is the great sorting-house man from whom the consulting specialists, the tuberculosis authorities, the hospitals, etc., draw their cases. This, however, is only a side-line of his job. His main effort is to treat all the hundreds who do not fit into any specialist's domain, such as the cases of influenza and acute tonsillitis on the organic side, and the multitude of anxieties, hysteria, etc., on the "functional" side. These types of case, I contend, are better dealt with by a "family doctor," who knows the individual and his environment from long acquaintanceship, than they would be by the "clinic doctor" of the State Medical Service.

All would agree that there is room for very great improvement in the realm of general practice. Many of our surgeries are badly equipped: a lot of our visits are unduly rushed; we take on more work than we can do justice to. In fact, there are innumerable sound criticisms. We are conscious of our deficiencies, though, and we are most anxious to remedy them. But would a State Medical Service be a remedy? For some of our troubles it probably would, but such a scheme

would for certain bring with it its own symptom-complex of difficulties, chiefly of the "red-tape" type, as I see it, and in the end we should merely have exchanged the devil for the deep blue sea. I for one must admit that I would prefer to see changes happen by evolution rather than by revolution. The policy adopted by the B.M.A. at the Plymouth Annual Representative Meeting in 1938, incorporated in "A General Medical Service for the Nation," seems to be safer and, in the long run, more progressive. The principle behind this is a gradual extension of existing services. Let us stand together behind that policy. As a member who is at present in the fighting Services, let me say that we would all like you to make a Utopia for us to return to, but please make sure that it *is* a Utopia.—I am, etc.,

PETER N. SHUTTE,
March 22, 1941. Surgeon Lieut., R.N.V.R

Public Health Appointments in Wartime

SIR,—The timely letter of "Deputy M.O.H." (*Supplement*, March 15, p. 30) has raised the question of the wisdom of the British Medical Association's policy regarding the filling of vacancies in the public health service in wartime. This policy would seem to be based erroneously on the experience of the last war and to be partly actuated by an almost sentimental consideration for those who serve in uniform. The actual position is quite different.

Only a minority of those public health officers who are serving with the Forces are out of the country. Those stationed here are perfectly well able to apply for vacancies as they occur. Interviews might be more difficult to arrange, but there is no reason to suppose that the authorities would be reluctant to help where they could, and absence from an interview by reason of military duty would evoke sympathetic consideration from any patriotic committee. Attendance at an interview in uniform would if anything tend to favour the serving candidate. It is further true in this war that many of those officers who have been left at home have been so because their services were considered more valuable there, and actually many of them are doing far more and far harder work at home than some of those attached to the Forces but not engaged on active service. One frequently sees serving medical officers home on a week's leave; how many medical officers of health have had a week's peace since September, 1939? Nor when they get it can they get a first-class seat in a train at a reduced fare, if not free.

We are told that the Home Front is important, perhaps vital. Are the authorities of towns which may be "blitzed" to be content with a temporary M.O.H. to organize their casualty services, having regard to the fact that the keener men in the public health service will not apply for these posts for fear of being left high and dry at the end of the war? And all over the country experienced officers are missing their expected promotion, only to be told later on that they are over the age-limit for senior posts. If the period after this war resembles that after the last there will be a period when candidates will be asked what they did during the war, and most likely many authorities will give preference to those with Naval, Military, or Air Force service to their credit. This should go far to redress any temporary disadvantage that officers serving abroad may be incurring now.

The present policy is only fair to a small minority, even if to them, and cuts right across the democratic principle and the right of a local authority to fill their offices with the best candidate for the job.—I am, etc.,

March 18. MIDLAND M.O.H.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics and Operations. *Daily*, 1.30 p.m., Post-mortem Demonstrations. *Tues.*, 11 a.m., Paediatric Clinic: Dr. R. Lightwood. *Wed.*, 11.30 a.m., Clinico-pathological Conference (Medical). *Thurs.*, 2 p.m., Radiological Demonstration, Dr. Duncan White.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.—*Royal National Orthopaedic Hospital*, Stanmore. Sat., 2.15 p.m., F.R.C.S. Clinical Orthopaedic Course. *Medical Society of London*, 11, Chandos Street, W. Wed., 2.30 p.m., Final F.R.C.S. Theoretical Orthopaedic Course. *Royal Cancer Hospital*, Fulham Road, S.W. Mon. to Fri., 10 a.m. to 1 p.m., Final F.R.C.S. Comprehensive Course. Mon., Thurs., and Fri., 2 p.m., Final F.R.C.S. Operative Surgery Course.

DIARY OF SOCIETIES AND LECTURES

CHADWICK TRUST.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., *Tues.*, 2.30 p.m., Dr. S. L. Wright and Mr. P. O. Reece: Air-raid Shelters—Design and Construction, with Special Reference to Hygienic Considerations.

DAVYHULME MILITARY HOSPITAL MEDICAL SOCIETY.—*Thurs.*, 3 p.m., Discussion: Venereal Disease in the Army and its Treatment. To be opened by Major H. B. Jones, R.A.M.C. Medical men and women in any Services (including civilian) will be welcomed.

Medical Services of H.M. Forces Appointments

ROYAL NAVY

Surgeon Commander W. P. Vicary, retired, to be Surgeon Captain, retired.
Surgeon Lieut. F. H. Lamb to be Surgeon Lieutenant-Commander.

ROYAL NAVAL VOLUNTEER RESERVE

To be Temporary Surgeon Lieutenants: T. G. Williams, T. S. Stewart, N. J. Higham, and D. R. S. Howell.
Probationary Temporary Surgeon Lieuts. G. D. Channell and A. F. Davy to be Temporary Surgeon Lieutenants.

ARMY

Major-General J. W. L. Scott, C.B., D.S.O., K.H.P., late R.A.M.C., has retired on retired pay.
Colonel (acting Major-General) O. W. McSheehy, D.S.O., O.B.E., late R.A.M.C., to be Major-General.
Colonel A. N. R. McNeill, D.S.O., V.H.S., late R.A.M.C., has retired on retired pay.
Lieut.-Colonel T. O. Thompson, from R.A.M.C., to be Colonel.

ROYAL ARMY MEDICAL CORPS

Lieut.-Colonel R. F. Walker, M.C., has been restored to establishment.
Lieut.-Colonel R. J. Franklin retired pay, has reverted to the rank stated whilst employed during the present emergency.
Major R. McKinlay to be Lieutenant-Colonel.
Major (acting Lieut.-Colonel) M. C. Paterson, M.C., has been seconded.
Captains (temporary Majors) N. P. Breden, C. M. Marsden, and P. T. L. Day to be Majors.
Captain R. E. Waterston, a Short Service Officer, has been appointed to a permanent commission, retaining his present seniority.
The notification regarding Lieut. D. A. Bird in the *London Gazette* of October 18, 1940, has been cancelled.

ROYAL AIR FORCE

Air Vice-Marshal H. E. Whittingham, C.B.E., to be Air Marshal (temporary).
Squadron Leaders T. W. Wilson, R. Thorpe, P. B. L. Potter, and G. W. Paton to be Wing Commanders (temporary).
Flying Officer R. J. A. Morris has been promoted to the war substantive rank of Flight Lieutenant.

VACANCIES

EXAMINING FACTORY SURGEON.—The appointment at Sedbergh (Yorkshire, West Riding) is vacant. Applications to the Chief Inspector of Factories, Cleland House, Page Street, S.W.1, by April 15.

APPOINTMENTS

AIREY, F. S., M.B., Ch.B., Medical Referee under the Workmen's Compensation Act, 1925, for all County Court Districts in Circuits Nos. 18 and 19, with a view to his dealing with cases of dermatitis and certain other diseases of the skin scheduled under the Act.

KEER, K. J. T., M.R.C.S., L.R.C.P., Examining Factory Surgeon for the Wickham Market District (Suffolk).

MACLEOD, DONALD M., F.R.C.S.Ed., Honorary Surgical Officer to Out-patients, Royal Surrey County Hospital, Guildford.

RIBEIRO, C. O., M.R.C.S., L.R.C.P., D.P.H., Examining Factory Surgeon for the Knowbury District (Shropshire).

Diary of B.M.A. Central Meetings

APRIL

23 Wed. **Council**, 12 noon.

B.M.A.: Branch and Division Meetings to be Held

LANCASHIRE AND CHESHIRE BRANCH: MID-CHESHIRE DIVISION.—At Altrincham General Hospital, Sunday, April 6, 2.30 p.m., Election of Local Medical War Committee. All medical practitioners in the area of the Division are invited to attend. 3.45 p.m., annual meeting.

SOUTHERN BRANCH: ISLE OF WIGHT DIVISION.—At County Hall, Newport, Wednesday, April 9, 2.30 p.m., Annual General Meeting, Election of Officers. 3 p.m., Meeting of all medical practitioners in the area of the Division for election of Local Medical War Committee.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements under this head is 10s. 6d. This amount should be forwarded with the notice, authenticated with the name and address of the sender, and should reach the Advertisement Manager not later than the first post Tuesday morning to ensure insertion in the current issue.

BIRTHS

PILKINGTON.—On March 23, 1941, to Francis and Elizabeth Pilkington of Thistley Hill, Hill Farm Road, Nr. Warwick, a daughter.

RAPER.—On March 22, at Salisbury, to Doris (*née* Grainger), wife of Major Alan B. Raper, R.A.M.C., a son.