

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

LONDON SATURDAY FEBRUARY 27 1943

Correspondence

The Panel Conference

SIR,—I am asked to forward the following resolution, which was passed at a meeting of the Bristol Panel and Local Medical Committee on Feb. 16, for publication in the *Supplement*:

"This committee, having heard its Representative's report, is dissatisfied with the proceedings at the Conference of Representatives of Local Medical and Panel Committees on Nov. 12, 1942, particularly relating to: (1) the arrangement of the agenda; (2) the amount of time occupied by the chairman of the Insurance Acts Committee and by resolutions put forward by the Insurance Acts Committee; (3) that a motion was accepted for the agenda which was saved from being ruled out of order only by its withdrawal."

—I am, etc.,

Bristol.

J. A. BIRRELL,
Hon. Secretary.

Insurance Capitation Fee

SIR,—In the report of the proceedings of the Council (*Supplement*, Feb. 13, p. 25) I note that you have named me as the one dissentient against the resolution deploring the Ministry of Health's rejection of a wartime increase in the capitation fee. I consider that either you should have reported the statement I made on the motion or you should have omitted my name.

I stated that while the reasons for demanding a wartime increase were valid, my own feeling was that our position should be considered against the background of an almost completely mobilized nation of forty-five millions, the vast majority of whom were working extremely long hours, and whose economic standards were much lower than those of the medical profession.

Under these circumstances I thought: (a) that we should be most unlikely to obtain a bonus, even after further pressure by the Insurance Acts Committee, as stated by Dr. Gregg; and, therefore, (b) from the strategical standpoint it might be wiser to keep our eye firmly fixed on our real object, which is an overall increase in the capitation fee, irrespective of war conditions, and that our sacrifice of a war bonus claim would be made use of at the appropriate time. This, I hope, will make it quite clear that my opposition was not on a question of principle but purely on a question of strategy.—I am, etc.,

WILLIAM W. FOX.

SIR,—I see that the Minister has finally refused our just claim for an increased capitation fee on the grounds that "it was contrary to Government policy to recognize additional work as establishing a case for a war bonus," and has com-

pletely ignored the prime cause of our dissatisfaction—namely, the altered insurance risk.

We have at our disposal a ready means of obtaining for ourselves the increase so curtly refused by the authorities. All that is required is three months' notice to the Minister that the terms of service will be altered—by us, this time, for a change—and that (*re* para. 6 of the Terms of Service) we propose to make a charge of 1s. for every insurance certificate issued. On the assumption that a practitioner with a 1,500 list will issue 10 certificates—first, intermediate, or final—each week-day, this charge will amount to about 3,000s. a year, and will be equivalent to an increased capitation fee of 2s.: not enough, but probably as much as one could have hoped for at the present time. This notice, and a large placard for the waiting-room to be exhibited well in advance of the proposed change, are all that are necessary.

We must do something about this refusal forthwith. Every month's delay lends weight to the assumption that we are only mildly discontented with our present lot. I can well foresee the time when a future Minister of Health will use the return of our A1 patients from the Forces as a reason for lowering the capitation fee again. What about it, I.A.C.?—I am, etc.,

Preston.

L. F. UNSWORTH.

Freedom from Want for Doctors

SIR,—Has not the moment arrived when the most pressing need is for the profession to give serious attention to "social security" and "freedom from want" for doctors? Both in and out of the Press we are in danger of being smothered with plans, which, it is alleged, will improve the standard of medical care of the public, but always the question of the material well-being of the doctor is dismissed with vague phrases such as "adequate remuneration will be paid."

Now that meetings are to be held to consider the Beveridge report, would it not be well for all Divisions of the B.M.A. to be asked to express a definite opinion on this matter? The view of Government circles on the matter is shown by Service, industrial, and E.M.S. salaries—£600 for the G.P. and £900 for the consultant, with a few administrative posts at a slightly higher figure.—I am, etc.,

Whetstone, N.20.

A. C. ELKIN.

Industrial Medical Attendance

SIR,—I gather that Dr. A. H. Driver's letter (*Supplement*, Feb. 6, p. 22) is, in effect, a statement that there is no need for an industrial M.O. to be limited by such ethical duty advised by the B.M.A. as referring a case of industrial accident to the practitioner concerned, despite the factors created if he does not do so. At

least, I cannot find any clarity in his letter on this point, as he states that most M.O.s use the green certificate provided by the B.M.A., signifying the patient is not referred to the G.P., and then contradicts himself by stating that the usual practice is to give the patient a note to take to his panel doctor. The latter is, of course, the correct procedure, and by offering the facilities of the industrial clinic on the same note the industrial M.O. can still continue his interest in the treatment of the case if he so wishes.

Your correspondent would thereby obtain the co-operation he advocates: he nullifies co-operation by omitting reference to the practitioner. He suggests the advantages he has over the practitioner—i.e., the trained nursing staff, the closeness of touch with the most suitable hospitals, and his greater ability to conserve working-time—and I therefore infer that he doesn't want co-operation from the practitioner but subservience. Finally, I wish to correct his inference that I suggested the industrial M.O. would utilize follow-through treatment to feather his own nest. I stated that by not conforming to ethical rules he would automatically involve himself in such a factor.—I am, etc.,

Tipton, Staffs.

L. H. EUNSON.

** This correspondence is now closed.—Ed., *B.M.J.*

N.H.I. Disciplinary Machinery

SIR,—Dr. A. Harbour's unique interpretation (*Supplement*, Jan. 30, p. 17) of the statement in my article with regard to the N.H.I. disciplinary machinery hardly calls for a serious rejoinder, and your space is valuable. But when he goes on to impugn the conduct of the committee over whose deliberations I have had the honour to preside for fifteen years, may I ask him to accept my assurance that he is gravely mistaken.—I am, etc.,

Croydon.

R. W. HARRIS.

Naval Medical Officers' Pay

SIR,—In the recent increase of pay granted to junior officers in the Navy members of the medical service were excluded, in spite of the fact that the cost of living has risen equally for medical officers. Since the proportion of pay to that of the other branches of the Service was considered equitable before this increase, it is difficult to see why we of the medical branch were excluded. The position and tendency require careful watching, and I hope this is being done.—I am, etc.,

NAVAL MEDICAL OFFICER.

Medical officers of health are asked to inform the Ministry (Circular 2751) of any men born in the year 1925 who have a history of tuberculosis. The information should be given, as in the case of other age groups, on Form T.147.

H.M. Forces Appointments

ROYAL NAVAL VOLUNTEER RESERVE

Prob. Temp. Surg. Lieut. J. MacP. Jolly to be Temp. Surg. Lieut.

ROYAL ARMY MEDICAL CORPS

Major (Temp. Lieut.-Col.) M. C. Paterson, M.C., has been restored to establishment.

Major (Temp. Lieut.-Col.) H. G. P. Armitage has been seconded for service.

LAND FORCES : EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

War Subs. Major H. T. Chiswell from temporary commission to be Lieut., retaining the temporary rank of Lieut.-Col. and War Subs. Major.

War Subs. Capt. J. McD. Dougan has relinquished his commission on appointment to the I.M.S.

War Subs. Capt. W. V. O. Erskine has relinquished his commission on account of ill-health and has been granted the honorary rank of Capt.

WOMEN'S FORCES

EMPLOYED WITH THE R.A.M.C.

The following M.O.s have been granted commissions in the rank of Lieut.: Eleanor Stern, Mary O. Adams, Christina A. Gunn, Pearl Lyons, Eleanor M. Creak, Mary C. Luff, Anny M. Cusack, Mary Darlow, Edith I. Fettes, Eleanor M. Henderson, Margaret Ingham, Margaret Evelyn Peaker, Stella M. B. Perry, Isobel J. Robertson, Margaret J. Walker, Frances H. Heron-Watson, Celia P. Larkins.

ROYAL AIR FORCE

Group Capt. (Temp. Air Commodore) W. A. S. Duck, O.B.E. (retired, but re-employed on the active list) has relinquished voluntarily the temporary rank of Air Commodore and has reverted to that of Group Capt. (Substituted for the notification in a Supplement to the *London Gazette* dated Jan. 19, p. 388, col. 1.)

Wing Cmdr. (Temp.) L. S. Everett to be War Subs. Squad. Ldr.

Mrs. L. I. Thomson, M.O. with the relative rank of Fl. Lieut. has relinquished her commission on account of ill-health.

ROYAL AIR FORCE VOLUNTEER RESERVE

Fl. Lieut. D. M. Anderson to be War Subs. Squad. Ldr. (Substituted for the notification in a Supplement to the *London Gazette* dated Jan. 22, p. 433, col. 2.)

Fl. Lieuts. G. J. Marks and R. R. Foote have relinquished their commissions on account of ill-health and retain the rank of Squad. Ldr.

G. E. O. Williams to be Fl. Lieut. (Emergency).

Fl. Lieut. J. L. Hamilton has relinquished his commission on account of ill-health and retains his rank.

Fl. Lieut. M. A. Margo has relinquished his commission on appointment to the S.A.M.C.

Flying Officers J. S. Barr, K. G. Bowker, G. H. Kilgour, H. B. Wilson, H. Stoll, H. W. Wheate, J. K. Lotinga, S. Wetherell, G. M. Willey, A. P. Gastoni, C. G. F. Smart, J. A. Kennedy, J. R. Hindmarsh, E. N. Gauld, I. D. Gebbie, J. H. McCoy, G. J. F. Rees, A. Ryder-Lewis, and M. Lewis to be War Subs. Fl. Lieuts.

Flying Officers J. C. Garland and G. Caplan have relinquished their commissions on account of ill-health and retain their rank.

To be Flying Officers (Emergency): W. Burnett, J. K. Lewis, A. R. Macdonald, A. MacLellan, G. R. Millar, W. A. Porter, S. D. Thomson, W. F. Waudby-Smith, J. P. Williamson, J. C. Brennan, H. V. Cross, T. M. Davie, P. D. Ganse, W. F. Harper, C. D. Kennedy, N. M. Macdonald, R. B. McConnell, J. R. B. Peckover, G. C. Roberts, W. C. Robinson, C. M. Ruben, A. Starritt, R. S. Steavenson, and F. J. Zacharias.

R.A.F.V.R. : DENTAL BRANCH

Flying Officer T. Dagger, M.R.C.S., L.R.C.P., to be War Subs. Fl. Lieut.

D. C. P. Battersea to be Flying Officer (Emergency).

INDIAN MEDICAL SERVICE

Major W. D. B. Read to be Lieut.-Col.

EMERGENCY COMMISSIONS

To be Lieuts.: J. G. Webb and S. McClatchie.

ARMY IN BURMA RESERVE OF OFFICERS

EMERGENCY COMMISSIONS

To be Lieuts.: A. B. Rao, W. N. S. Law, N. K. Anandan, R. Prashad, and M. Ghose.

COLONIAL MEDICAL SERVICE

The following appointments are announced: G. C. Franklin, B.Ch., M.R.C.S., L.R.C.P., Medical Officer, Gold Coast; M. P. Hutchinson, M.R.C.S., L.R.C.P., Medical Officer, Sierra Leone; F. N. Macnamara, M.B., B.Ch., O. D. Macnamara, M.B., B.Ch., and V. G. Springett, M.R.C.S., L.R.C.P., Medical Officers, Nigeria; F. A. Milne, M.R.C.S., L.R.C.P., Medical Officer, Northern Rhodesia; L. G. Poole, M.B., Ch.B., Medical Officer, Fiji.

ABSENTEEISM AND CERTIFICATION

At a recent meeting called by the Nottingham Branch to discuss problems of certification, Mr. Raymond Evershed, K.C., Regional Controller for Fuel and Power, was invited to speak on certification among miners, since coal-mining is one of the main industries of the area. It was first pointed out that it was not the case that a man who had been away from work was not permitted by the management to start again unless and until a medical certificate was produced. Mr. Evershed then said that in the coal-mining industry there was the ordinary "civil" contract between the colliery undertaking and its workmen, but there was nothing in that contract requiring a doctor's certificate before a man resumed work after absence. In the ordinary contract with a collier or surface worker the colliery did not guarantee to provide work or to pay the workman, however willing and ready he might be to work, if there was nothing for him to do. Thus, if, by reason of a breakdown or because the company was at the time unable to sell its coal economically, the company decided that a pit or seam must "stand," the workmen affected became unemployed. Under the Essential Work (Coal-mining Industry) Orders, 1941 and 1942, it was a criminal offence for a workman in the industry to absent himself from work "without reasonable excuse"—i.e., if, according to the contract of service, he was bound to offer himself for work six days a week (which was usual), then it was unlawful for him not so to present himself on each of the six days unless he had a "reasonable excuse."

There was no definition of the phrase "reasonable excuse," but it was obvious that incapacity from accident or illness was such an excuse, and also that the best evidence of such incapacity was that of a doctor who had examined the man at the material time. The collier was guaranteed a wage whenever he was ready and willing to work, according to his contract, notwithstanding that, by reason of breakdowns, etc., he might not be called on or permitted to do any work, and a levy was imposed on the industry to provide the necessary funds. This guaranteed wage was a weekly, not a daily, assessment, and the man was not entitled to an essential work payment in respect of a day on which he had been absent, however reasonable the excuse might have been. Thus, if a man was absent for any reason at all on, say, a Monday or a Tuesday, and on the remaining days of the week the pit was working normally, no question of an "essential work payment" arose. If, however, having been away on Monday or Tuesday, he found on Wednesday that his pit was "standing" on account of a breakdown, he would be disqualified from claiming an "essential work payment" unless he could show that his absence on Monday or Tuesday was for a "reasonable excuse"; but having so shown, he still did not get any payment for Monday or Tuesday, his guaranteed weekly wage being reduced by the amount due for those two days.

It followed, Mr. Evershed continued, that from the point of view of wages it was hardly ever necessary to give a certificate, and the only cases in which the production of a certificate would be a real and proper protection to a man after a day or two's illness would be when an "essential work payment" was affected. In most of these cases a certificate could as easily be given four or five days after the cessation of the illness as one or two days thereafter. No special form of certificate was required. In all cases the main consideration was that the practitioner must have examined the man on the date of the illness. He could then certify his opinion of the man's condition and of his fitness or unfitness for work.

Mr. Evershed concluded by saying that he had sent a circular to all concerned to make certain there was no misapprehension on the part of managements about the legal position, and that men were not denied the right to resume work in the absence of a medical certificate.

B.M.A. : Diary of Central Meetings

MARCH

4 Thurs. Journal Board, 1.45 p.m.

31 Wed. Joint Conference of Members of the Special Representative Meeting and of Members of the Special Conference of Representatives of Local Medical and Panel Committees, 9.30 a.m.

Special Representative Meeting, 1.45 p.m. approximately.

Special Conference of Representatives of Local Medical and Panel Committees, 3.15 p.m.

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

BELFAST DIVISION.—At Whitla Medical Institute, Belfast, Wed., March 3, 4.15 p.m. Dr. F. M. B. Allen: How the Wishes of the Medical Profession in Northern Ireland can best be Expressed, and How the Interests of the Profession can best be Maintained.

BLYTH DIVISION.—At Thomas Knight Memorial Hospital, Blyth, Sun., Feb. 28, 3 p.m., Consideration of the motion on the Beveridge report published in the Supplement of Feb. 13, and instruction of Representatives to Special Representative Meeting on March 31. All medical practitioners are invited to attend.

PERTH BRANCH.—Joint meeting with Perth and Perthshire Local Medical and Panel Committees at Station Hotel, Perth, Thurs., March 4, 4 p.m. Agenda: Consideration of the Motion on the Beveridge report published in the Supplement of Feb. 13, and instruction of representatives to Special Representative Meeting on March 31, etc.

POSTGRADUATE NEWS

The Fellowship of Medicine announces: (1) Revision course in anaesthetics at Radcliffe Infirmary, Oxford, March 15 and 16; (2) M.R.C.P. course in neurology, Tues. and Fri., 3 p.m., at West End Hospital for Nervous Diseases.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Duncane Road, W.—Daily, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetric and Gynaecological Clinics and Operations. Daily, 1.30 p.m., Post-mortems. Mon., Course on War Surgery of the Extremities begins; 2 p.m., Ear, Nose and Throat Clinic. Tues., 10 a.m., Paediatric Clinic; 11 a.m., Gynaecological Clinic; 2 p.m., Genito-urinary Clinic. Wed., 11.30 a.m., Medical Conference; 2 p.m., Typhus: the Causative Rickettsiae and Immunization against the Disease, by Dr. van den Ende. Thurs., 2.15 p.m., X-ray Demonstration on the Heart and Aorta by Dr. E. J. E. Topham; 3 p.m., Dermatological Clinic. Fri., 12.15 p.m., Surgical Conference; 2 p.m., Gynaecological Conference; 2 p.m., Sterility Clinic.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W. *London Homoeopathic Hospital:* Wed. afternoon, clinical surgery demonstration (limited to 6). *National Hospital for Diseases of the Heart:* Tues. and Wed., 10 a.m., out-patient clinics.

ROYAL NATIONAL THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—Fri., 4 p.m. Mr. S. E. Birdsall: Sinusitis in Children.

EDINBURGH POSTGRADUATE LECTURES.—At Edinburgh Royal Infirmary, Thurs., 4.30 p.m. Dr. R. McWhirter: The Value of Post-operative Radiotherapy in Carcinoma of the Breast.

DIARY OF SOCIETIES & LECTURES

ROYAL SOCIETY OF MEDICINE.—Tues., 5 p.m. General Meeting of Fellows. Wed., 2.30 p.m. Section of History of Medicine; 2.30 p.m. Section of Surgery. Fri., 10.30 a.m. Section of Otolaryngology; 2.15 p.m. Section of Laryngology; 2.30 p.m. Section of Anaesthetics.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—Mon., 4.30 p.m. Discussion: Effects of Underwater Explosion. To be introduced by Surg. Rear-Admiral C. P. G. Wakeley, Surg. Lieut.-Cmdr. W. G. Gill, and Prof. G. R. Cameron.

BIRTHS, MARRIAGES, & 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 first post Monday morning to ensure insertion in the current issue.

DEATH

CRAIG.—At 6, Hermitage Terrace, Edinburgh, on Feb. 16, 1943, Christina Jane Gibson, widow of the late Archibald Craig, M.D., Pathhead Ford, Midlothian, in her 93rd year.