

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 8 1944

NEWS AND NOTES

The Minister and a New Deal

The Insurance Acts Committee in its time has had encounters with twelve Ministers of Health, including great industrialists like the late Sir Alfred Mond (Lord Melchett), who dealt with it as if he were bargaining with an employees' union, labour leaders like Mr. Arthur Greenwood, men who themselves had a medical background like Dr. (now Lord) Addison and Col. Walter Elliot, and those who, without disparagement, may be called pre-eminently politicians, like the late Mr. Neville Chamberlain, the late Sir Kingsley Wood, and the last to vacate the office, Mr. Ernest Brown. But in meeting Mr. H. U. Willink for the first time the other day the committee was conscious of a rather different atmosphere from that which generally had hung heavily in the past. Mr. Willink, as Ministers go, is a young man, not yet out of his forties, and he is, as he told the committee, a professional man—he is a King's Counsel with a distinguished career at the Bar—who approaches the members of a sister profession with understanding and sympathy. He gave an impression that he understood that it is no easy or congenial thing for professional men to be haggling continually over remuneration, urging the case for an extra shilling, when they would infinitely rather be concerned with effecting improvements in the service. Particularly pleasing was Mr. Willink's reference to himself as the father of four children, with a family doctor to whom he is much attached, thus learning from the domestic sphere the nature of the strain imposed by wartime conditions on the medical profession, apart altogether from his contacts with it in his own constituency of Croydon, and in Whitehall during the short time he has been in office.

Ten-and-six

The capitation fee, with the wartime bonus, is now to be half a guinea, a sum which, whatever may be said about its adequacy, sounds more professional, somehow, than one which brings in a trail of odd pence. The Minister's refusal to itemize the offer, and to say that so many pence were due to this factor and so many to that, made detailed analysis a matter of guesswork and to some extent irrelevant. Although Dr. Gregg in his reply rightly objected to the adjective "generous," the Minister himself did not use that word as descriptive of the offer, but merely said that, taking the parallel of the Civil Service bonus, it was on the generous side. It was useful to have his explicit assurance that he stood by the undertaking given by his predecessor—indeed he put it in the form of a pledge—that immediately after the war the whole situation concerning

the basic capitation fee should be examined from the ground floor up. It was with this assurance in view that the committee accepted the offer. It was accepted also as a gesture of good will, as an augury of better feeling between the Ministry and the committee, but not as meaning the waiving of all differences over remuneration with changing conditions. The question of the capitation fee has for years been a stumbling-block to co-operation, not, we believe and hope, because practitioners have been unreasonable in their claims, but because the Department, with its nicely calculated less and more, has seemed to be grudging in its recognition of practitioner service. Mr. Willink's brief speech—it did not take more than ten minutes—may inaugurate a new era. Certainly it produced a favourable impression on the members.

Public Medical Services

While the White Paper is awaited, the uncertainty as to the future of general medical practice has caused the present forms of contract practice to come into the limelight and to be the subject of some controversy and criticism. It is interesting to note that Public Medical Services, in which the terms and conditions of service are fixed and controlled by the doctors themselves, continue to make most satisfactory progress. A recent inquiry shows that, in spite of wartime conditions, shifts of population, and the large new entry of potential subscribers into national health insurance, the scope of the movement has increased by roughly 25%, and covers on a minimum estimate 650,000 subscribers. The general influence of war conditions is not so great as had been expected, though there are naturally administrative difficulties. Most of the services have made some adjustment of subscription rates since the outbreak of war, and report that the increases have been well received. As a result the average net capitation payment to doctors has increased by not less than 3s. 9d., and with few exceptions the rate is at a comparatively satisfactory level.

Towels for Professional Use

During 1943 the B.M.A. arranged with the Board of Trade for coupon certificates to be issued to doctors in private practice to enable them to obtain towels for surgery use without having to surrender personal clothing coupons. We are glad to announce that the Board of Trade has agreed to continue this arrangement in 1944. Any doctor in private general or consulting practice who requires new towels for professional use should apply to the Secretary of the B.M.A., marking the envelope "Towels" in the top left-hand corner, and enclosing a stamped addressed envelope for reply. He will then receive a certificate to the value of four coupons.

Discussions in the Services

On Dec. 18 we published a letter from the War Office giving the Army Council's permission for medical officers to take part in organized discussions on future health services. A letter just received by the B.M.A. from the Air Ministry states that the Air Council associate themselves with the Army Council's views, and have instructed Air Officers Commanding in home and over-seas on the lines indicated in the War Office letter.

Help for Individual Members

An illustration of the value of the B.M.A.'s support when a member is in difficulties with his employing authority is afforded by a recent case of a retired naval surgeon in receipt of a pension who obtained a factory medical appointment with the Ministry of Supply. From his salary of £750 for the civilian post the Ministry deducted £250 on account of the retired pay he received from the Admiralty. The Association took the matter up with the two Departments concerned and after some delay the Ministry of Supply decided that the full salary of £750 would be allowed and that the balance due since the date of the appointment would be paid. The deduction had apparently been due to a misinterpretation of Treasury regulations.

Short-service R.A.M.C. Commissions

Short-service commissions are once more to be granted in the R.A.M.C. and Army Dental Corps. The schedule to the War Office announcement states that a short-service commission will be granted with effect from the date of an officer's appointment to an emergency commission, or the date of embodiment on full pay for an officer of the Supplementary Reserve of Officers or the Territorial Army, or the date of recall to service for an officer of the Regular or Territorial Reserve, provided there has been no break in service from such date. An officer of the R.A.M.C. completing five years on a short-service commission and a dental officer completing six years may be selected for appointment to a permanent commission.

From the Press Cuttings

Extract from a letter to the Editor of *Truth*, Oct. 29, 1943: "Nothing helps the sick more than to be attended by the doctor of their choice"—Marcus Seneca *Excerpta Controversiarum*, IV, 5."

From "Jacques on Beveridge" by Sagittarius in the *New Statesman and Nation*:
" . . . The next age shifts
To the progressive old-age-pensioner,
With fourteen silver shillings in his poke
Rising in twenty years to five-and-twenty
His lifetime's aches doctored by State
physicians,
Both domiciliary and institutional,
Who sullenly dispense his medicine."

**WAR BONUS FOR INSURANCE
PRACTITIONERS****Minister of Health's Announcement to
Insurance Acts Committee***Capitation Fee to be 10s. 6d. from
Dec. 1, 1943*

The members of the Insurance Acts Committee were invited to meet the Minister of Health (the Right Hon. Henry U. Willink, K.C., M.P.) on Dec. 30 to hear from him a statement concerning the wartime remuneration of insurance practitioners. The Minister announced that it had been decided to offer to practitioners a wartime bonus, analogous to the bonus granted to civil servants, which would have the effect of bringing up the capitation fee to 10s. 6d., the mileage grant for rural practitioners to be raised in proportion.

After a considerable discussion in private the committee decided that it was its duty to reach an immediate decision on this offer, on behalf of insurance practitioners, and that in view of the Minister's reaffirmation of the assurance that the whole question of the basic capitation fee would be reopened after the war, the proposed wartime bonus of 9d. with the corresponding increase in the mileage grant should be accepted.

This was the first occasion on which the representatives of insurance practitioners met the new Minister, and they were impressed by his obvious desire to familiarize himself with the position, and, as a professional man himself, to deal fairly and justly with the claims of a profession. The acceptance of the offer by the committee was not because the new figure was considered adequate to the increased wartime obligations and costs of medical practice, but was, as a member expressed it, an answering gesture to the one made by the Minister.

The Minister was accompanied by Sir John Maude, Secretary to the Ministry, Sir Wilson Jameson, Chief Medical Officer, and other officials, including Miss M. Ritson, Controller of Insurance and Pensions to the Department of Health for Scotland.

Dr. E. A. GREGG, Chairman of the committee, expressed the pleasure of the members on meeting the new Minister for the first time, and said that he believed there were many objects of importance to the common health which could be achieved by co-operation between the committee and the Ministry, and he hoped that opportunities for such co-operation would be forthcoming.

The Minister's Speech

THE MINISTER addressed the committee as follows: I am very grateful indeed to Dr. Gregg for the words he has used. I am glad that this occasion has arisen quite early in my time here for every sort of reason, not least because I am a man with twenty years of professional life behind him, and I am filled with the most genuine desire that there should be the utmost friendliness and co-operation while I hold this office—and indeed always—between the medical profession and the Minister of Health. I fully agree with what Dr. Gregg was good enough to say, that meetings between this committee and myself from time to time will be a most valuable contributory factor in that direction, and I hope that those meetings will take place.

To-day you have accepted our invitation to come to see me here on an issue which is quite inevitably difficult in many

fields of our national life—that of remuneration in this long and hard war. It is a difficult issue and apt, I know, to be controversial in those exceptional conditions, and you will think it right for me to say quite frankly that in this particular field it is an issue with which I have been able to familiarize myself only during very recent weeks. I want to make that quite clear, because I am not claiming to know all about it.

In this particular field it has been difficult, and I since I have been here—and my predecessor before then—have been trying to reach an equitable solution. It is an encouragement to me, and I hope a source of satisfaction to you, that on this occasion of our first meeting circumstances have combined which make it possible for me to put before you an offer which I hope will commend itself to you as it commends itself to me. I feel that in present circumstances the principle of an increase in remuneration must take the form of a war bonus on lines analogous—I say “analogous” deliberately—to the war bonus granted to civil servants.

Until recently we were all finding great difficulty in translating that principle into terms of an acceptable formula, but fortunately for me—at least I hope it will turn out to be fortunate for me and fortunate for all concerned—there has recently been approved for the civil service an increased bonus which gives us a fresh opportunity, and I hope that on those lines the solution which I am going to propose will be thought acceptable. It is one that is true to the principle of a war bonus, but one which is expressed in terms of an all-round increase in the capitation fee. It is an all-round increase of money bringing the fee to 10s. 6d., and the proposal is, as you will appreciate, I think, from that first statement, that it should be applicable to all insurance practitioners, that it should be applicable therefore irrespective of income, and without any necessity for declaration of income.

I want to say quite clearly that in my mind this increase is offered as a result of an assessment of all the relevant circumstances of the total situation. With a family of four children of my own, and a family doctor to whom I am much attached, I know even from the domestic sphere what a strain there is on the medical profession. I knew it also as an ordinary back-bench member of Parliament in connexion with my own constituency, and I know it from what I hear in this building.

It would not be possible for me to itemize this offer, and it is right for me to say that it has been calculated with regard to the war bonus given to those in the civil service and others, but not strictly or rigidly calculated. Calculated in that way it is what, in terms of a calculation, one properly describes as being on the generous side. Therefore we hope that small variations in the civil service bonus will not be considered as something immediately relevant. This matter does not closely or exactly run parallel to, but it is based upon, the situation in other fields.

There are two other points which I should like to mention at once. The first is this, that an increase in the capitation fee alone would not, I am certain, meet the needs of the rural practitioner. Consequently it is proposed that mileage fees should be increased in the proportion that 10s. 6d. bears to 9s. 9d. Secondly,

there has been, I understand, a quite recent arrangement with regard to men discharged from the Forces on medical grounds, whereby a capitation fee of 16s. 6d. has been fixed in the case of these men. That recent arrangement is not affected by the proposals I am now outlining.

That, I think, covers the proposals which I am able to put before you, but I should like to make two points in addition. One is that I recall and reaffirm my predecessor's undertaking that this whole situation should be examined from the ground after the war. That is my intention, and indeed my pledge. As you all know, a document [the White Paper] is expected to be published before too long, on which I hope we shall have the fullest and most friendly discussions in the course of this coming year.

One last point with regard to the actual proposals which I am putting before you. Under Treasury rules a war bonus offer can only be made retrospective as far back as the first day of the month in which it becomes an agreed matter. That is why this meeting has had to be—hope not uncomfortably—hastened. We got into touch with Dr. Hill on the very day that we were first in a position to put this offer before you, and it was for those reasons that our invitation was given at such short notice.

I understand that it may be convenient to you to have a discussion on the proposals in this room, which is, of course, at your disposal for as long as you please. Any of my officers will be available for clarification of any point on which you desire such assistance or for further information.

The Chairman's Remarks

DR. GREGG said: We are indebted to you for your statement. As you have indicated, we do propose to discuss this matter afterwards. Regarding your opening words, it was a matter of great comfort to us to realize that we were dealing with someone whose outlook, like our own, was that of a professional man. We do most sincerely look forward to opportunities of co-operating with you and your Ministry. That is a perfectly sincere desire in the minds of every member of the Insurance Acts Committee. This committee represents, practically, the family doctors of the country. Its members are picked men and women from their own localities. They know the conditions under which practitioners work and they are responsible to an annual conference of representatives of Panel Committees at which these matters are discussed. If any body of doctors is knowledgeable on the subject of health matters in the homes of the people it is this committee. Sir Wilson Jameson will forgive me for saying that that is an aspect of health matters which the Ministry of Health as such must find it difficult to include, for there are no statistics on the subject, everything depends upon personal contact between doctor and patient in the home and in the surgery. The committee would like to offer its assistance to you and your Ministry on matters on which its members are fully qualified to speak, and which are not amenable to tables and returns.

We have no desire to press you concerning the items the consideration of which has resulted in this proposal which you have just placed before us, but I should be untrue to my position as chairman of the committee if I did not say

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that the offer you have made to us is not one which evokes in our minds, considering the history that is behind all this, the term "generous" as a fitting description of it. I am perfectly sure on your side that it was your desire to make it as generous as it could be made. We realize your difficulties. But we have met so many of those who have preceded you in the position you hold to-day, and we are perhaps rather hardened.

May I put it to you on this first occasion of our meeting in your new capacity that not the least difficult of the tasks which the doctor has to face in connexion with his work is that of asking people what they should pay him. The majority of doctors err on the side of charging too little. Especially is this true of family practice. It is very difficult to assess one's own value, and it would be almost impossible to put a money value on the service asked of a doctor who conscientiously and generously discharges his function. But we feel like this towards the Ministry. We want to do a good job of work, and we rely on the Ministry to do all in its power to see that we are treated decently and adequately in connexion with the work we do. We look to it to safeguard our financial interests, and we are anxious—and have always been—to do the best possible job of work that we can.

The Minister and his officers then withdrew, and the committee considered the offer in a private meeting.

GOVERNMENT AND MEDICINE

It is at least interesting and may be salutary as well to know how doctors elsewhere are viewing the extent, actual and potential, of Departmental concern in medical and health services. There are some reflections on this in an article on public influences of the medical profession by Prof. E. G. D. Murray in a recent issue of the *Canadian Medical Association Journal*. He starts off by pointing out that the advances in modern medicine, which are not confined to curing disease but are effective in promoting public health and preventing ill-health, substantiate the truth of the saying that the medical profession has served the people well. Few other human achievements had meant so much to the world as the control of epidemic diseases, yet the exercise of the control remained to a limited extent only with the medical profession, who were fast assuming the "subservient position of technical experts." Some objective history of the public debt to medicine was needed to overcome the prevailing idea that medical care was a purchasable commodity like any utility. "It was needed as a basis on which to restore to the medical profession the guidance and development of public health, together with the control of pernicious tendencies and practices. It was needed for a proper realization—particularly by those entrusted with national or local government—that the medical profession must be consulted on matters, great or small, which are its concern."

Contributory health insurance is being discussed in Canada, and Prof. Murray regarded it as "a warning and a sign that medicine had to raise its voice to force a hearing of its opinion on this question." Power had lapsed, he said, too completely into the hands of officialdom, and the situation was not improved by the relatively few medically trained per-

sons in positions of authority. With Prof. Murray's remark that official health departments are good or bad according to the quality of their personnel, the liberty of action and authority accorded to them, and the support they receive from the medical profession, there will be no disagreement. But he explains that in Canada, health departments have not always commanded the unqualified support of the profession because of the part played by politics in the choice of personnel, or in limiting action and authority, with the result that the practice of preventive medicine in Canada was quite inadequate. "This was a sorry case and the magnitude of its ills could only be appreciated properly by the medical profession. No lay person or committee had the knowledge to judge the cause or assess the values. We must prescribe the cure ourselves or it will be treated with the quack medicine of political expediency." In Canada there are, of course, Provincial Governments with as many departments of health, and in Prof. Murray's opinion not only should health services be the Central Government's responsibility and freed from political influences, but they should not be under a Ministry but directly under the Crown as a "Council of State for Public Health and Preventive Medicine." Prof. Murray sees the individual doctor being relegated to a civil service appointment subject to political expediency and patronage, through an uncontrolled development of State medicine, unless present tendencies are checked.

Correspondence

Locumtenents' Fees

SIR,—A few simple calculations will demonstrate the fact that it is actually cheaper to employ a locum at £12 12s. a week to-day than it was to employ one at £8 8s. a week before the war, when the income tax saved was only 5s. in the £, especially when it is considered that half the cost of the locum's board is now saved in income tax in addition to half his fee.

A large proportion of war locums are experienced men and women who have had their own practices, and who have saved enough to bring in an income sufficient to cancel their allowances, and who consequently have to pay the full 10s. in the £ on their earnings. Few newly qualified locums before the war had private means, and so nearly the whole of their £8 8s. a week was net income.

I think that locumtenents' fees should be increased to make the net earnings of an experienced locum at least equal to the net earnings of a newly qualified locum before the war.—I am, etc.,

Perivale, Middlesex.

J. DUFFIN.

State Medical Service

SIR,—May I thank Dr. Raymond Greene for his very full reply to my letter (Dec. 18, p. 102) and congratulate the organizers of the Aylesbury Plan—an ideal plan for those doctors who think it is possible to have a controlled health service which will be of benefit to the public as well as to the medical profession.

There are doctors who fear that if they vote in favour of a health service a change may take place which would be far from in accordance with their views. Therefore, except for the extension of

the panel services to 90% of the population, they refuse to consider, much less vote in favour of, any health service. This state of affairs may be due to the address given by Dr. Hill to the London members, when he quite rightly advised us to wait and not be stampeded into any action. Since then the official view has been one of caution, with prospects of future changes. This attitude is partly governed by the absence of so many doctors in the Forces.

In view of the Government's White Paper, soon to be made known, is not the position changed? Surely the profession will be in a stronger position if, while stating they are not in favour of any revolutionized changes, they have a complete alternative plan which would be satisfying to the genuinely ambitious G.P.s.

This is where Dr. Raymond Greene may be of further help if he can state how the Aylesbury Plan has been received by consultants, G.P.s, medical officers of health, hospital committees, etc., who have had the opportunity of studying the plan in full detail. If his answer is impressive then it is worth while the B.M.A. considering its adoption as an alternative plan to the forthcoming White Paper.—I am, etc.,

G. FOSTER SMITH.

Woodford Green, Essex.

ECONOMY IN DRUGS IN WARTIME

A revised edition of the Medical Research Council's War Memorandum No. 3 (*Supplement*, Mar. 22 and Nov. 15, 1941) on economy in the use of drugs in wartime is in preparation. Meanwhile the principal changes and additions are published for comment.

Drugs which are at present either regarded as essential or are readily available.

Drug	Substitute or Equivalent and Remarks
Acetomenaphthone	
*Acidum salicylicum	
Acidum tribromoethylcum	
*Alumen	Delete "Use ammonium alum only."
*Aluminii acetat	Delete "Not to be made from potassium alum."
*Aluminii hydroxidum	
Amyleni hydras	
Arsphenoxide (mapharside)	
Brilliant green	
Calcii phosphas	
Crystal violet	
Ethisterone	
Hexoestrol	
*Insulinum	The stronger concentrations are more economical of materials.
Lethane	Lethane 384 special, for medicated (lethane) hair oil, N.W.F.
Liquor ethylis nitratis concentratus	
Lonchocarpus	
Methyltestosterone	
Papaveretum	
Papaverine and its salts	
Pentamidine	
Pentothal sodium	
Pethidine	
hydrochloride	
*Phenol	
Pheniodol	
Picrotoxinum	

* Indicates that an entry in War Memorandum No. 3 or in the first supplement has been changed; the other entries are additional.

Drug	Substitute or Equivalent and Remarks
*Potassa sulphurata	
*Potassii bicarbonas	
*Potassii bromidum	
*Potassii hydroxidum	
*Potassii iodidum	
*Potassii nitras	
Propamidine	
Prostigmine	
*Sodii diphenylhydantoinas	Phenytoinum soluble is identical.
Sodii metabisulphis	
Sodii morrhuas	
*Sodii salicylas	
Stilbamidine	
Terpineol	
Testosterone	
Testosterone propionate	
Theophylline sodium acetate	
Thiouracil	
Toxinum staphylococcicum detoxicatum	
*Tragacantha	Delete "Methyl cellulose and similar synthetics may be tried as substitutes."

Wood alcohols

Drugs which are essential for certain purposes, but not for others, and in the use of which strict economy should be observed.

Drug	Substitute or Equivalent and Remarks
*Acidum acetylsalicylicum	Strict economy is essential; raw materials are in short supply.
Acidum ricinoleicum	For liquor chloroxylenolis.
*Alcohol	Economy is essential; many tinctures could be replaced by concentrated preparations. The use of pharmacopoeial concentrated tinctures or liquid extracts diluted with water in place of alcoholic tinctures is authorized.
Androsterone	
Bismuthi subgallas	Reserved for local application.
*Borax	Delete "In dermatological practice reserve for unguentum aquosum."
*Cinchona	Add "Reserved for use as an antimalarial drug." Under Government Control, S.R. & O., 1942.
*Codeina	
*Desoxycorticosterone acetate	Reserved for Addison's disease.
Eschatin	
Eucalyptol	
Ipomea	
*Kino	
*Krameria	
*Lobelia	Delete "Substitute stramonium."
*Lobelina	
*Menthol	
*Mepacrinae hydrochloridum	Reserved for use as antimalarial drugs.
*Mepacrinae methanosulphonas	
*Oleum anethi	
*Oleum anisi	
*Oleum cadinum	
*Oleum camphorae rectificatum	
*Oleum cardamomi	Delete "unnecessary."
*Oleum cari	
*Oleum caryophylli	

Drug	Substitute or Equivalent and Remarks
*Oleum cinnamomi	
*Oleum hydnocarpi	
*Oleum limonis	
*Oleum menthae piperitae	
*Oleum morrhuae	Delete the reference to substitutes.
*Oleum terebinthinae	
*Oleum vitaminatum	Reserved for use as an antimalarial drug.
*Pamaquinum	
Phenylhydrargyri nitras	
Phenylhydrargyri acetas	
*Potassii chloras	Delete "Not essential."
*Potassii citras	See under Acidum citricum.
*Potassii permanganas	
Pyrethrum	
*Quinidinae sulphas	Reserved for the treatment of cardiac arrhythmia. Reserved for use as antimalarial drugs. Not to be used in compound preparations.
*Quinine salts	
Riboflavine	
*Scammonii resina	
Sodii perboras	
*Sodii tauroglycocholas	Delete "Substitute extract of ox bile."
*Strophanthus	Delete "Countries of origin: Mozambique, Nyasaland. Importation unnecessary. Substitute digitalis." Supplies are limited.
Succinylsulphathiazole	Supplies are limited.
Sulphamezathine	Delete "Raw materials imported. For substitutes see under Acidum boricum."
*Talcum purificatum	
Thymol	
*Totaquina	Reserved for use as an antimalarial drug.
Urethanum	
Zinc peroxide	

Drugs which are not essential and do not justify importation or manufacture for home use in wartime.

Drug	Substitute or Equivalent and Remarks
*Buchu	Delete "Importation is unnecessary."
*Calumba	Delete "Production within the Empire should be encouraged."
*Cassia	Country of origin: delete "China," insert "India."
Dienoestrol	
Ethinylandrostenediol	
Liquor hamamelidis	
Methylandrostenediol	
Syrupus ferri phosphatis cum strychnina	Substitute tablets of Easton's syrup.
Vitamin E	
Biliselectan	Pheniodol is identical.
Sulphasuxidine	Succinylsulphathiazole is identical.

Corrigendum

Major-General R. W. D. Leslie is reported in the Proceedings of Council (*Supplement*, Dec. 25, p. 107) as saying that "the Army had not the facilities for treating varicose veins." This should have read that the "unit medical officers in the Army" had not such facilities, etc.

H.M. Forces Appointments

ROYAL NAVY
Surg. Lieut.-Cmdr. T. McCarthy to be Surg. Cmdr.

ROYAL NAVAL VOLUNTEER RESERVE
Surg. Lieut. D. N. Ryalls to be Surg. Lieut. Cmdr.
Prob. Temp. Surg. Lieut. M. J. Hood, D.S.C. to be Temp. Surg. Lieut.

ROYAL ARMY MEDICAL CORPS
Lieut.-Col. W. S. Martin, M.C., having attained the age limit for retirement has been retained on the Active List supernumerary to establishment.

ROYAL AIR FORCE
RESERVE OF AIR FORCE OFFICERS
Squad. Ldr. (Temp.) D. W. I. Thomas to be Wa. Subs. Squad. Ldr.

ROYAL AIR FORCE VOLUNTEER RESERVE
Fl. Lieut. W. Anderson, M.C., has resigned his commission, retaining the rank of Squad. Ldr.

WOMEN'S FORCES
EMPLOYED WITH THE MEDICAL BRANCH OF THE R.A.F.
To be Flying Officers (Emergency): Grace T. Dawson, Eileen M. Goronwy, Kathleen H. M. Lotinga, Marjory I. H. Murdoch, Muriel H. Reid and Barbara D. Wright.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane 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.*, 10 a.m. Course on Fractures by Mr. R. Watson-Jones opens. *Tues.*, 10 a.m., Paediatric Clinic; 11 a.m. Gynaecological Clinic. *Wed.*, 11.30 a.m. Medical Conference. *Thurs.*, 12 noon, Gynaecological Conference; 2 p.m., Dermatological Clinic. 2.15 p.m., X-ray demonstration on the Gall bladder. *Fri.*, 12.15 p.m., Surgical Conference. 2 p.m., Neurological Ward Clinic; 2 p.m. Sterility Clinic.

DIARY OF SOCIETIES AND LECTURES

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—*Mon.*, 3.30 p.m., Pathological meeting.

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

KENSINGTON DIVISION.—At Kensington Town Hall, Kensington High Street, W., Saturday, Jan. 8, 3 p.m. General meeting. Dr. S. Barling. The Use and Abuse of the Sulphonamides

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.

BIRTHS
CARTER.—On Dec. 20, 1943, at St. Anthony's Hospital, Cheam, to Dorothy (née Crossley) Carter, M.B., B.S., wife of Kenneth Carter, a second daughter.
FAITH.—On Dec. 25, 1943, at the Hill Nursing Home, Reading, to Frida (née Elgrod), wife of Charles N. Faith, M.D., D.P.H., Fl. Lieut. R.A.F.V.R., a daughter.
KELLEHER.—On Dec. 29, 1943, at Ashridge Hospital, to Nora (née Murtough), wife of Lieut. B. J. Kelleher, R.A.M.C., a son.
LEWES.—On Christmas Day, 1943, at the Southern General Hospital, to Daphne (née Wallis) and David Lewes, B.M., M.R.C.P., a daughter. Esmé Joanna.
SINCLAIR.—On Dec. 25, 1943, at Middlesbrough, to Ewen Sinclair (née Stones), wife of Surgeon Lieut. G. F. F. Sinclair, M.D., F.R.C.S.Ed., a son—Ian Fraser.
WORDEN.—On Dec. 25, 1943, at the Red House, Harpenden, to Frances Margaret (née Kirwood), wife of Geoffrey Worden, a daughter.

DEATHS
DORNFORD.—On Dec. 5, 1943, at Headington, Oxford, Arthur Clifford Dorndorf, M.R.C.S., aged 81.
KENNISH.—On Dec. 25, 1943, at the Coppice, Green, Missenden, Bucks, Thomas L. Kennish, M.B. Edin., late of Winslow, Bucks, cremated Oxford and interred at Winslow, Bucks, on Dec. 30, 1943.
ST. CLAIR ROBERTS.—On Dec. 19, 1943, at Stanfield, Upper Wick, Worcester, after a short illness, Bernard H. St. Clair Roberts, M.R.C.S., L.R.C.P. (Lond.), aged 65 years.
STADDON.—On Dec. 7, 1943, at 9, St. Edmunds Road, Ipswich, John Richard Staddon, aged 81, Alderman of the Borough of Ipswich.