

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

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British Medical Association

SPECIAL REPRESENTATIVE MEETING

COMPLETION OF REPORT OF PROCEEDINGS, JAN. 28

The Negotiating Committee (continued)

After discussion the Special Representative Meeting approved the procedure for the election of the Negotiating Committee on the lines suggested by the Secretary, namely, to accept beforehand the members to be proposed for election by the Council on the following day, and subsequently to elect its own eight direct members by postal ballot of the representatives.

In reply to Dr. W. Jope (Lanarkshire), an assurance was given that the wishes of Scotland on both the composition and mode of election of the Scottish Subcommittee would be consulted. The meeting agreed to a proposition by Dr. Douglas Boyd (Belfast) that in the postal ballot for the election of members of the committee there should be set out against the names of the nominees their experience and qualifications for the position.

Confidence in the Council

Three motions on the agenda criticized the Council for precipitate action or vacillation, but one, by East Yorkshire, was withdrawn. Mr. C. E. Beare (Reigate) moved a resolution deploring the action of the Council in proposing two resolutions which in the eyes of the public appeared contradictory. Dr. W. Gunn (Greenwich and Deptford) moved to censure the Council for its action in saying one thing in December, 1946, and the opposite in January, 1947. His Division, he said, felt strongly on this subject. It might seem rather foolish to ask for this resolution to be passed when that meeting had already by an overwhelming majority endorsed what the Council had proposed, but he still felt that the Council had let them down over this matter. Dr. I. G. Innes (East Yorkshire), while not censuring the Council, felt that there was something sinister about this episode, something behind it all which they had not been told, and the result was seen in the lack of "guts" at the present meeting. Dr. W. S. Macdonald (Leeds) said that it would be difficult for representatives to support any such motions as these when it had already, in effect, declared its full confidence in the Council by adopting the Council's resolution. In his own view what the Council had done by this change of wording was to effect the change "from an irremovable mass into an irresistible force."

There were motions to proceed to the next business, but the Chairman of Council strongly objected to this course: "What sort of Council do you want—one that went to sleep on what has happened or one that is quick to take action when circumstances arise to justify it? It is the business of the Council to keep in close touch with events, to move with the altered circumstances, and to offer you the opportunity of seeing the situation in any new development. The suggestion that you should censure the Council for passing a resolution which you yourselves to-day have passed almost with unanimity strikes me as the most unbusinesslike thing proposed at this meeting."

A few hands were held up for the motion deploring the action of the Council, which was overwhelmingly defeated.

Dr. Mark Fraser (Cumberland) moved to deprecate the action of the Presidents of the three Royal Colleges in approaching the Minister of Health, and to insist that in future any such approach should be made by the Negotiating Committee as a

whole, and not by individuals. This was one of seven motions of similar tenor from different Divisions, and he moved it formally. Mr. C. E. Beare strongly supported the motion. "If the Presidents had not taken this unilateral action we should not have had this horrible meeting to-day."

The Chairman of Council moved to proceed to the next business. They did not know what led the Presidents of the Colleges to take the action they did. It was not for that meeting to propose votes of censure without hearing them, and they were not suggesting that they be invited to the meeting to defend themselves.

The motion to proceed to the next business was carried.

Appointments under the Act

The following motion stood in the name of Winchester, and was formally moved by the Chairman in the absence of the representative:

That the resolution of the Representative Body which debars members of the Association from accepting appointments on Boards and Committees under the Act be rescinded, in that it hands over for a number of years control of such boards and committees to persons who do not represent the views of the Association.

The Chairman of Council said that he thought they should hold their hands in the matter of taking any appointments until they had the Minister's answer to the resolution which had been carried that day. If a favourable answer from the Minister was forthcoming the embargo on accepting appointments on these boards and committees should be withdrawn, on the understanding that if at any time the discussions broke down those who had accepted such appointments would retire from them.

The course indicated by the Chairman of Council was agreed to and the motion was withdrawn.

Dr. W. Gunn (Greenwich and Deptford) moved to instruct the Council to ask every practitioner to give an undertaking not to take part in the Service under the existing Act if a majority of the profession reached such a decision. He said that it was the fear of many that the recreant action of others would embarrass the situation which was preventing that complete unity of the profession so necessary at the present stage. Dr. S. Noy Scott (Plymouth) suggested that the word "majority" be replaced by "not less than two-thirds." It was obvious, he said, that many voted "Yes" in the plebiscite because they were afraid of what their colleagues were going to do, especially the younger men.

The Chairman of Council said that at this late hour of the meeting, when the attendance had greatly dwindled, it was hardly fitting to pin the Association down to take certain action the occasion for which had not arisen and might not arise for twelve months. He protested against the spirit of fear and distrust which lay behind such resolutions.

It was agreed to pass to the next business.

There still remained nine motions on the agenda, dealing with such matters as freedom of consultants, the Public Relations Department of the Association, the formation of liaison committees with representatives of dentistry and pharmacy, and the wording of future plebiscites. Dr. W. D. Steel (Worcester

and Bromsgrove) proposed that all these remaining resolutions be referred to Council. Dr. W. Gunn (Greenwich and Deptford) objected strongly to this proposed procedure. He and other representatives had come instructed on these remaining resolutions as on those already considered.

On being put to the vote, 39 voted in favour of referring the resolutions to Council and 33 against, but since a two-thirds majority was required under the standing orders, the motion was not carried. One representative then called attention to the fact that a quorum was not present. On a count the number present was 85, and the number required for a quorum—half the number of accredited representatives—was 145. Therefore the meeting automatically ended. A vote of thanks was accorded to the Chairman (Dr. J. B. Miller), who in turn commended the staff for their work in connexion with the meeting.

PROCEEDINGS OF COUNCIL

Wednesday, Jan. 29, 1947

A meeting of the Council of the Association was held at Headquarters on Wednesday, Jan. 29, the day following the Special Representative Meeting. Dr. H. Guy Dain occupied the chair. The death of a former member of Council, Col. J. Heatly-Spencer, was intimated, and the Council paid the usual tribute. It was reported that honours had recently been conferred by H.M. the King on 21 members of the Association, to whom congratulations had already been conveyed.

Nominations for Negotiating Committee

Nominations were requested for eight members of the Negotiating Committee. On the previous day the Representative Body had agreed to take a postal ballot for the eight members to be directly elected by the representatives and that the Council should appoint the remainder of the Association's representatives on the committee. It was intimated that the President, Sir Hugh Lett, had expressed a desire not to be elected on to this committee owing to the fact that he was no longer in active practice.

The Chairman, Dr. H. G. Dain, was unanimously re-elected one of the Council's nominees, and another place was left open for a nomination from Scotland. Fifteen were nominated for the other six places, and a ballot resulted in the election of the following: Dr. J. A. Brown (Birmingham), Dr. R. W. Cockshut (London), Dr. W. E. Dornan (Sheffield), Dr. F. Gray (London), Dr. E. A. Gregg (London), Dr. S. Wand (Birmingham). The seventh place, if it was agreed to increase the committee, would be filled by Mr. R. L. Newell (Manchester).

Appointments under the Act

Dr. W. D. Steel raised the question of acceptance of appointments on boards and committees under the National Health Service Act. The more medical representation it was possible to get on such bodies the better, and he thought that the embargo on members taking such posts should be withdrawn.

The Chairman reminded members of his statement at the Special Representative Meeting that the matter should remain as it stood until the answer of the Minister to the resolution about discussions had been received. If the answer was favourable—and it could not be long delayed—the embargo should be withdrawn, on the understanding that if at any time the discussion broke down, those who had accepted appointments should retire from them.

Dr. Steel said that some members of the profession wished to be members of the Regional Boards, though not as medical representatives. The Chairman said that as they were members of the medical profession the same rule should apply to them whether they represented the profession or other bodies.

The Chairman's statement on the procedure to be adopted was endorsed by the Council.

Judicial Corporal Punishment

A report on judicial corporal punishment was made by a joint committee of the B.M.A. and the Magistrates' Association, and was presented by Dr. J. G. Thwaites, deputy chairman of the Joint Committee. The report recommended the

abolition of such punishment both for juvenile and for adult offenders. The recommendation, so far as it related to juveniles, was criticized by some members of the Council who thought that birching had a deterrent effect and that the arguments against its continuance were not wholly valid. It was also pointed out that the problem was of small dimensions, because, of nearly 73,000 juveniles found guilty in 1945 only 26 had been birched. On the other hand it was contended that in view of this very small number it would be fairer to abolish the practice and make the code of punishment more uniform.

Dr. N. E. Waterfield commented on the slowness of the medical bearings of the question, which was predominantly sociological, and he proposed:

That as the evidence placed before the Council in the report of the Committee on Psychiatry and the Law concerning judicial corporal punishment for juveniles is in large part sociological and in small part medical, the Council prefers not to express an opinion on whether judicial corporal punishment for juveniles should be abolished or permitted.

Dr. Thwaites said that he was prepared to accept this. It was very difficult for this Joint Committee to enlarge on medical matters, and it was bound to consider the problems submitted to it largely from the sociological side.

Dr. E. C. Dawson thought that the Council ought not to slide out of the position in the way this motion suggested and he wished to propose the setting up of a committee to consider the medical aspects of birching. The Chairman suggested that this was making heavy weather of a problem which scarcely existed.

The proposal to set up a special committee was negative. Dr. Waterfield's motion was carried, and it was agreed that it should apply also to the question of judicial corporal punishment of adult offenders.

The Insurance Capitation Fee

Dr. E. A. Gregg, chairman of the Insurance Acts Committee, gave a short account of the discussions which had led to the Minister's final offer of 15s. 6d. as the insurance capitation fee with effect from Jan. 1, 1946. Dr. R. W. Cockshut considered that the allowance of betterment at 30% on the gross fee was likely to tie the profession down in the future and was a long way towards deciding the fee under the National Health Service. The Spens Report referred to a comparison with incomes obtained in other professions, but it was obvious that the remuneration of doctors could not be equated with that of other people who did not have to provide the "tools of their trade," the cost of which had gone up by far more than 30%.

Dr. Gregg said that the negotiators had argued for much more than 30%, but that was the best offer that could be made. They had repudiated completely, in replying to the Minister, the view that the figures derived from these calculations had bearing on any future negotiations concerning the new Service. Dr. S. Wand said that the 30% betterment was a composite addition. It consisted of two parts, one relating to increased practice expenses and the other to increased cost of living, and the former was taken to be much the larger.

The Chairman said that in his view it would have little relation to the fee under the new Service. The betterment and other factors would then be different.

Consultants and Specialists

A report by the Consultants and Specialists Committee was presented by Mr. A. Lawrence Abel. It contained recommended terms of reference of the new Spens Committee on the remuneration of specialists. Dr. Steel said that he found no reference to the part-time consultants. Mr. Abel said that there were five part-time specialists on the Consultants and Specialists Committee, and their interests were carefully watched. The Secretary said that in this particular report the terms of reference were analogous to those of the Spens Committee, which was concerned with the remuneration of general practitioners. The first ground to be covered by the committee would be to define the persons engaged whole-time in this work and to ascertain what their remuneration should be. In the case of general practitioners the B.M.A. was the only body to be consulted, but in the case of the Specialist Spens

Committee there were six other bodies in addition to the Association, namely, the three Royal Colleges and the three Scottish Corporations. Dr. Steel expressed himself satisfied that the position would be watched on behalf of the part-time men.

The Consultants and Specialists Committee had endorsed the views expressed in a memorandum by one of its members (Mr. H. J. McCurrich) on the proposal to divide the East and West Sussex areas under the Regional Hospital Boards scheme and recommended that representations on these lines be made to the Ministry. Dr. Wand suggested that this whole matter should be referred to the Negotiating Committee, because other areas were likely to be affected in the same way and it would be unfortunate to take it piecemeal. Mr. Abel said that he did not mind how it was done so long as it was done.

It was agreed to refer the matter of areas of Regional Hospital Boards to the Negotiating Committee.

Proposal for a Co-ordinating Committee

A recommendation by the Hospitals Committee was that a co-ordinating committee be set up to consider the recommendations of the various Association committees at present concerned with the remuneration of consultants and specialists. It was pointed out that various committees had been dealing with the salary scales or fees for different branches of work which consultants and specialists undertook, and that there was some danger of confusion from lack of liaison.

The Secretary said that now that the new Consultants and Specialists Committee had got going the position had become clarified, and the question was whether there was need for another committee to co-ordinate the various recommendations before they came to Council or whether the Council itself should be the body to examine the recommendations in relation one to another. It did not necessarily help the situation to bring in another committee before Council stage.

Dr. J. Fenton considered that the recommendation would add to the complexity of the procedure without solving the problem, but he had in mind the possibility of a committee being set up to review the whole policy of the Association with regard to the fixing of scales of fees. Dr. F. Gray said that, while co-ordination was essential, a special co-ordinating committee was not necessarily the best way of securing it.

The Secretary described what was done already to secure cross-reference between the committees. The proposed co-ordinating committee would deal with relatively minor issues, but now that their minds needed to be clear about the larger general policy of remuneration it might be well soon to set up a representative committee of the Council to prepare a general statement on remuneration policy.

The proposal to set up a co-ordinating committee was referred back to the Hospitals Committee for reconsideration in the light of this discussion, and the attention of the Consultants and Specialists Committee was also drawn to the proposal.

Another matter in the Hospitals Committee's report concerned the remuneration of visiting staffs of voluntary hospitals. The committee's view, following the sending of the Council's recommendation on this subject to the medical staff committees of hospitals for their guidance, was that the sessional rate used in assessing the amount of annual salary should be stated not as a fixed amount but as a minimum, and that there should be no deduction from salary on account of unavoidable absence due to illness or other cause, provided that the number of sessional attendances was not less than 75% of the total. The Chairman stated that a meeting of the Liaison Committee of the British Hospitals Association and the B.M.A. was being arranged with a view to the discussion of this subject.

The Council appointed the following as its representatives on the Liaison Committee: Dr. Geoffrey Bourne, Dr. R. Gordon Cooke, Dr. R. G. Gordon, Dr. Horace Joules, Mr. R. L. Newell, Mr. M. P. Reddington.

Remuneration for Local Authority Employment

Dr. J. Fenton, chairman of the Public Health Committee, brought forward a scale of fees for medical practitioners employed part-time by local authorities which had been agreed at conferences between representatives of the Association, the

associations of local authorities, and the London County Council. Dr. Fenton reminded the Council that in 1938 a scale of salaries for part-time remuneration was brought out by the Association itself, not in co-operation with the other bodies. He had been shocked to learn the low rates at which consultants were working for local authorities, much lower than the scale of 1938. There was an obvious advantage in having a scale which was accepted by the local authority associations, even if it was not as high as the B.M.A. representatives had claimed. He then particularized the scale, which was summarized in the report of the meeting of the Public Health Committee appearing in the *Supplement* of Jan. 25.

The Secretary stated that the members of the Consultants and Specialists Committee and of the General Practice Committee had been consulted by post, and the majority of those replying had been in favour of the new scale.

Dr. Wand criticized the proposed payment to general practitioners on a sessional basis, namely, for sessions normally of 1½ to 2½ hours, £2 5s. per session, a reduced fee of 30s. to be paid for sessions of not more than one hour. The General Practice Committee (for which he was not now speaking) had previously recommended that a normal session should not exceed two hours, for which a fee of 3 gns. should be payable, and for one hour a fee of 2 gns. Consultants and specialists were to be remunerated at very nearly twice the sum set out for general practitioners (4 gns. for a session of 1½ to 2½ hours and 2½ gns. for sessions of not more than one hour). Government departments were awaiting the results of these deliberations in order to fix their sessional rates—for example, the Ministry of Education was doing so in connexion with the medical examination of pupil teachers entering training colleges—and this wide disparity would set a very dangerous precedent. While he agreed that there should be a higher rate for consultants and specialists in view of their honorary work in hospitals, he felt that here the general practitioner was being sacrificed to make a consultant holiday. He suggested that the rest of the scale be agreed, and that negotiations be reopened on this one issue. Dr. Gray supported Dr. Wand; the very lowest ratio for the general practitioner should be 60% of the consultant's fee. If the figures now proposed were agreed to it would mean in effect their acceptance over a much wider field. Dr. J. A. Ireland pointed out that the sessional periods ate into the busiest part of the general practitioner's day. Dr. Steel thought that issue should also be joined on the question of the length of session. Dr. J. A. L. Vaughan Jones said that in the West Riding at present 1 guinea for each hour was paid. The proposed new fees would mean a reduction.

The Chairman of Council said that if they took the scale as it stood they would have the full support of the associations of local authorities. If they refused a particular item it was conceivable that the whole would be turned down, and that the present rates, which were lower than these, would be continued. This had been a big piece of work, taking a great deal of time, and many points had been gained. Dr. Fenton said that at first a 25% increase on the old rates had been offered, which was not at all satisfactory. He read out some of the fees at present paid by local authorities, and said that the scale represented the doubling of them. Another advantage in the agreed scale was that the Minister would accept it. The discussions were held under the aegis of the Ministry, though the Ministry representatives did not take part in them.

Dr. A. Talbot Rogers suggested the insertion of the words "without prejudice." While there might be a case at present for consultants' fees being higher than those of general practitioners, in view of the work which consultants did for nothing that position would not arise under a National Health Service.

It was agreed to insert the words "without prejudice," and the scale was then accepted by a large majority.

On another question raised in the Public Health Committee's report, that of the interim revision of the Askwith memorandum, Dr. J. C. Arthur said that medical officers of health in the north-east of England were dissatisfied and were concerned as to their position should the negotiations over the National Health Service break down. Dr. Fenton replied that the first business before the Public Health Committee at its next meeting would be concerned with the Askwith memorandum. They would either ask for another "interim" or begin work on the final scale.

Fees for Life Assurance Examinations

Dr. Wand, on behalf of the General Practice Committee, moved to recommend to the Representative Body that it rescind its resolutions of 1920 and 1935 concerning fees paid for life assurance medical examinations and substitute the following:

The approval of a "short" form of medical report (which was duly set out) for all insurances where the amount of the policy did not exceed £300, the fee for completion of the form being 10s. 6d.

The fee for medical examination and report in cases where the amount of the policy exceeds £300 to be 1½ gns.

No attempt to be made to standardize the 1½ gns. form of report, but where the form required by an office was exceptionally extensive, a fee of 2 gns. to be payable.

Where, in the case of a policy not exceeding £300, an office required a fuller examination than was provided in the short form, the ordinary form might be used at a fee of 1½ gns.

In all cases the fee appropriate to the examination and the amount of the policy to be printed on the form.

Dr. Steel said that life assurance offices had argued that it was economically impossible to pay an appropriate fee for a comprehensive examination in the case of insurances for small amounts. They could not have it both ways, and therefore in cases in which the sum insured was over £1,000 the fee should be 2 gns. Dr. Dawson criticized the draft "short" form. One question asked was, "Is there any reason to suspect irregular or intemperate habits?" How could that be answered in the case of a stranger whom one saw for a short time? Other questions were as to abnormalities of heart and lungs, signs and symptoms of renal disease, and result of urine examination. He was disappointed at the shift up from £100 to £300. Many insurance companies were issuing policies of £100-£150, for which at present 1 guinea was paid. The new rate would be 10s. 6d. Dr. G. C. Martin said that in the short form they were only asked questions to which they answered "Yes" or "No," and if they answered "Yes" a longer examination would follow for which an increased fee would be payable.

Dr. J. B. Miller said that there were two sides to any bargain, and he thought the committee was to be congratulated on what it had obtained. Dr. Gregg hoped they would not allow themselves to be bemused by the "short" form; it was the length of the examination, not the length of the report, which was the important thing. Dr. Frank Gray thought the committee had done well to get a new agreed "short" form. The "short" form which had been in existence hitherto had been getting less and less "short." Dr. H. H. D. Sutherland hoped it would be understood that the companies would not be at liberty to add in writing additional questions which would mean an extra investigation.

Dr. Wand read a letter from the actuary of one of the largest insurance offices which suggested that some offices had no intention of using the short form at all. It was certain that the option to use the short form for insurances up to £300 would not be exercised in anything like 100% of cases. Dr. I. D. Grant said that that accorded with his experience.

The recommendation was agreed to.

The General Practice Committee also brought forward for recommendation to the Representative Body a revised scale of fees for police calls and for attendance on members of police forces. This also was adopted.

Dr. Wand stated that his committee had discussed with the Board of Trade the possibility of relaxing the present controls on the supply of surgical corsets. The controls could not at present be relaxed, but practitioners might give certificates for the supply of such corsets in ante- and post-natal conditions. Dr. Arthur and Dr. Steel spoke of an unsatisfactory position in this respect, the latter commenting on the type of corsets supplied.

Scotland and Wales

Dr. G. MacFeat presented the report of the Scottish Committee. An endeavour was being made to secure interim increases in the Scottish scale of salaries of whole-time medical officers of local authorities, but there was no arrangement with the Scottish associations of local authorities like that which existed in England. The co-operation of the Department of Health had accordingly been sought, and at the request of the committee the Department had sent a communication to the three associations concerned commending the proposed

increases to their favourable consideration. The "closed shop" policy had been giving the committee a good deal of trouble, but the Scottish Secretary had acted very promptly and the matter was now well in hand. He believed that the Motherwell Town Council, which had decreed as a condition of employment that every employee should be a member of the appropriate trade union, would suggest that doctors be excluded from the operation of this order.

On the National Health Service (Scotland) Bill the committee had been in touch with a number of Scottish Conservative members, who had been very helpful in putting up amendments. It was also hoped to meet by deputation the Scottish Labour members during the present Committee stage of the Bill.

The resolution on the pasteurization of milk, passed at the last Annual Representative Meeting, had been sent to the Department of Health, which, in reply, had drawn attention to the policy of the Government with a view to the production of clean and germ-free milk, in the meantime urging the adoption of heat treatment.

Dr. H. R. Frederick, for the Welsh Committee, said that the committee welcomed the recognition of Wales and Monmouthshire as an autonomous region for the Hospital Board organization in relation to the National Health Service, but it still considered that under present conditions satisfactory interim arrangements should be made in respect of areas more readily linked with university centres in England. Liverpool had always been the consulting hospital centre for a large part of North Wales.

Dr. W. E. Dornan referred to a feeling expressed in the Welsh report that a resident whole-time secretary of the Association should be appointed for Wales. Wales, he said, had a relatively small number of members, and the total subscriptions of Welsh members would be absorbed in running a regional office. Dr. Frederick said that what was wanted was a central building of suitable capacity. He added that the proportion of members of the Association to total membership of the profession was very high in Wales—he thought it was about 90%. Dr. J. A. Pridham, chairman of the Organization Committee, said that his committee had promised to give sympathetic consideration to the Welsh views.

National Prescribers' Formulary

Dr. Frank Gray reported for a joint committee of the B.M.A. with the British Pharmaceutical Society which had been considering the question of compiling a national prescribers' formulary for the purposes of the National Health Service. The pharmacists had said at first that they did not think a formulary was desirable, but they had agreed that it was much better there should be a national formulary rather than a number of separate ones. It was felt to be very important that in the new National Health Service there should be no suggestion of cheap medicine for State patients, and to avoid this the best plan would be for the new formulary to be based on the *British Pharmaceutical Codex*. It was accordingly proposed that a joint committee of members of the medical and pharmaceutical professions be appointed to compile a standard prescribers' formulary based on the formulary section of the *Codex*.

The Chairman pointed out that this was not a pharmaceutical problem—except that doctors should not order preparations that were pharmaceutically impossible. It was a medical problem on which they desired pharmaceutical advice. It was unnecessary to have a committee on which the medical members and the pharmaceutical members were in equal proportions. It must not be considered as an invitation to pharmacists to say what sort of things should go into the formulary.

Dr. Gray said it was considered that there should be twelve medical members, six representing general practitioners and six the consultant and professorial side. When the committee had been formed it was proposed that the Ministry of Health be invited to nominate representatives.

The Council agreed that the following should represent general practitioners: Dr. Frank Gray, Dr. E. A. Gregg, Mr. Lewis Lilley, Dr. J. G. Pearce, and Dr. Smith Pool, with one other member to be appointed by the Insurance Acts Committee. The other members proposed were: Prof. A. E. Barnes, Prof. J. H. Burn, Mr. Zachary Cope, and Prof. F. R. Winton,

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with two physicians to be nominated by the Royal College of Physicians. Authority was given to co-opt two more members.

Health and Safety in Places of Employment

Dr. Vaughan Jones, on behalf of a special committee concerned with the health, welfare, and safety of persons in places of employment formed by representatives of the B.M.A., the Society of Medical Officers of Health, and the Association of Industrial Medical Officers, presented the memorandum of evidence which has been submitted to the Departmental Committee inquiring into this subject. Dr. Vaughan Jones and Dr. E. H. Strange, two of the four B.M.A. representatives on the committee, also submitted a minority report, in which they dissented from the opinion of the committee that it is undesirable to extend the powers of the Secretary of State by making it a statutory requirement that there should be medical supervision in all cases. Medical supervision, they pointed out, was most needed in the smaller establishments which can only be covered at the moment by voluntary combination on a group basis, but that did not prevent legislation for a policy of perfection, and universal medical supervision could not be successfully achieved on a voluntary basis. These dissentients also were not convinced by the arguments put forward in the memorandum that the responsibility for enforcement should be that of a local health authority; in their view the responsibility should naturally fall to the Factory Department of the Ministry of Labour.

Dr. Vaughan Jones paid a tribute to the work of Dr. C. F. White as chairman of the committee, and of Dr. L. S. Potter, of the B.M.A., and Mr. Elliston, of the Society of Medical Officers of Health, as secretaries. Dr. J. B. W. Rowe criticized the paragraph in the main memorandum headed "Supervision of persons handling food." It should be strengthened. It stated, for example, that those suspected to be suffering from tuberculosis should not be employed in the handling of milk; but it ought to be made definitely certain that persons suffering from tuberculosis were not so employed.

Both the memorandum and the minority observations were approved by the Council.

B.M.A. Scholarships and Prizes

Mr. H. S. Souttar, chairman of the Science Committee, presented recommendations for the appointment of the Ernest Hart memorial scholar, the Walter Dixon scholar, and two ordinary research scholars for 1947, and the renewal of two ordinary research scholarships granted last year. He also stated that the committee had been considering the question of the adequacy of the awards in view of the increased cost of living, and in particular whether the award of a smaller number of full-time scholarships of higher monetary value would be more useful. It had come to the conclusion, however, that the present policy was to be preferred. A man could hold one of these scholarships and at the same time be engaged in other remunerative employment. Another matter for consideration was whether research scholarships or essay prizes should be offered to medical students with a view to stimulating their interest in the future work of the Association. Research properly so called was a little out of place in student days, and the Science Committee thought the matter would be best met by offering four prizes, each to the value of £25, for the best four essays submitted by medical students in open competition on selected subjects.

Dr. J. A. Pridham, chairman of the Organization Committee, thought this a too limited offer, and the proposal was referred back to the Science Committee, which, it was understood, would call the chairman and perhaps other members of the Organization Committee into consultation.

The recommendations for scholarships were agreed to as follows, each scholar having a specific research subject: Ernest Hart memorial scholar: W. G. Cross, London; Walter Dixon scholar: R. E. Moore, London; Ordinary Research scholars: J. B. Brierley, Bristol; Emilie E. Guthmann, London; Renewals of scholarship: M. Anderson, Gateshead; Mary Savory, London.

The Abstracting Service

Copies of the first numbers of *Abstracts of World Medicine* and *Abstracts of World Surgery, Obstetrics, and Gynaecology*

were distributed in the Council; the Editor of the *British Medical Journal*, and the Editor and Assistant Editor of *Abstracts* were congratulated on their production. Dr. O. C. Carter, chairman of the Journal Committee, gave a highly satisfactory account of the circulation and the financial prospects. He also stated that the Editor of the *Journal*, Dr. Hugh Clegg, to whom a hearty welcome was given on his first appearance in Council in his new office, had been over in Paris with Dr. G. M. Findlay, Editor of *Abstracts*, to discuss the possibility of collaborating, under the auspices of Unesco, with *Excerpta Medica*, a somewhat similar organization to the Association's Abstracting Service, controlled by a Netherlands commercial firm and subsidized by the Netherlands Government. It had been decided that such collaboration was not practicable, but an inquiry was to be made about possible collaboration with Unesco.

Policy Regarding Alien Doctors

A report of the Central Medical War Committee on this subject was placed before the Council. Mr. H. S. Souttar, speaking on this subject, said that the alien doctors concerned fell into several groups. There was one group of about 150 doctors who had been accepted as on the full *Register*; there was a larger group, of about 1,500, on a temporary *Register*, which would come to an end this year, when they would cease to be employable as doctors. The question was whether these should be placed on a permanent *Register*. Finally, there were a number of Polish doctors employed in connexion with the Polish Forces in this country. If the Poles remained here it was reasonable that these doctors should remain in medical charge of them. The really important group was the second group he had mentioned, those under the temporary registration order. It was suggested that it would be impossible to turn these men out of the country, but if they remained here it would be extremely difficult to prevent them from practising. The position might be safeguarded by "screening" them, that is to say, examining their qualifications and then, if they were satisfactory, placing them on the *Register*.

The Chairman pointed out that some of these men had come into this country during the war having lost their certificates of qualification. Their conduct during their stay in this country as well as their original qualifications would come within the "screening" process.

The Council agreed unanimously to a procedure recommended by the Central Medical War Committee as follows:

(a) That the establishment of alien doctors in independent private practice continue to be subject to approval of the alien's choice of locality;

(b) That no objection be raised to alien doctors with British medical qualifications being allowed the same professional freedom as "quota" doctors;

(c) That no objection be raised to temporarily registered practitioners who have been approved, as outlined in para. (d), being placed on the permanent *Register*, and consequently being treated in the same way as other permanently registered alien practitioners;

(d) That a scheme be worked out by the General Medical Council in conjunction with representatives of the Ministry of Health, the Home Office, and the Central Medical War Committee, for the "screening" of temporarily registered practitioners to be transferred to the permanent *Register*;

(e) That no objection be raised to the reopening of the *Medical Register* to admit Polish medical officers enlisted in the Resettlement Corps, and ex-R.A.M.C. alien doctors.

Other Business

Mr. A. Dickson Wright, chairman of the General Medical Council Committee, reported that a meeting had taken place with representatives of the General Medical Council on the question of the penal powers and procedure of the Council in connexion with any amending Bill, but the discussions were not completed and a further meeting had been arranged. It was understood that nothing would be done legislatively for at least nine months.

Dr. J. A. Pridham, chairman of the Organization Committee, reported that discussions had taken place with representatives of the British Medical Students' Association with a view to stimulating the interest of students in the work of the B.M.A.

Various suggestions had been considered. Dr. Vaughan Jones suggested that in centres where there were medical schools the co-option of a medical student on to the Divisional executive committee should be considered. Dr. Dornan also made some suggestions for interesting students in Divisional activities.

A report was made by Dr. Vaughan Jones on behalf of the Rehabilitation Committee, and the Council agreed that representations be made to the Ministry of Health that where a person is receiving rehabilitation treatment in an institution provision should be made for him to undertake remunerative employment while still under treatment on a scale increasing according to physical capacity, such earnings to be permissible up to a maximum of 80% of the normal pre-injury earnings, and that no deduction from treatment allowances should be made by reason of such remunerative employment.

Dr. J. A. Pridham, for the International Relations Committee, reported that a subcommittee had been appointed to deal with the arrangement for B.M.A. lectures abroad in accordance with the scheme already authorized by the Council. There would be co-operation with the Royal Colleges and with the British Council.

Reports dealing with routine matters were submitted from the Ethical, Charities, Public Relations, and Office Committees, and the meeting ended at 5.45 p.m.

TRADE UNION MEMBERSHIP

From replies to a circular letter sent to all local authorities (*Supplement*, Dec. 28, 1946, p. 166), and from correspondence relating to advertisements submitted for publication in the *Journal*, it has become evident that the following local authorities are requiring employees to be members of appropriate trade unions or other organizations:

County Borough Councils.—Gateshead, Leicester, Salford, West Ham, York.

Metropolitan Borough Councils.—Hackney, Fulham.

Non-County Borough Councils.—Erith, Leyton, Newcastle-under-Lyme, Radcliffe (limited to future appointments), Southall.

Urban District Councils.—Aberdare, Denton, Enfield, Tyldesley.

Scottish Burghs.—Motherwell and Wishaw.

Correspondence

The S.R.M. and the Negotiating Committee

SIR,—Having decided by a very large majority at the meeting on Tuesday, Jan. 28, to enter into discussions with the Minister, the representatives then proceeded to undo what good had been done by such decision by demanding the resignation of all the B.M.A. representatives on the Negotiating Committee and the reconstitution of that committee. What a position to place the profession in at this crucial time!

It was pointed out to the Chairman that discussions on the constitution of the Negotiating Committee were "out of order," as the special meeting was called solely to discuss the Resolution of Council and no "other business." Yet after tea, when a large number of representatives had left, tired with a day mainly spent in discussing futile amendments to the Resolution of Council, the meeting was then allowed to discuss such an important matter as the re-formation of that body which is to enter into discussions with the Minister, without there having been the slightest possibility of previously obtaining the views of the Divisions. Surely this is a negation of the democratic procedure upon which the Association has always prided itself and was a grave error of judgment on the part of the Agenda Committee.—I am, etc.,

Birmingham.

FRANK E. GOULD.

Dangerous Drugs Acts: Restoration of Authority

The Home Office announces that the authorities granted by the Dangerous Drugs Regulations under the Dangerous Drugs Act, 1920, have been restored to Dr. John Robert McGilvray.

Association Notices

Branch and Division Meetings to be Held

NORTH OF ENGLAND BRANCH.—At Royal Victoria Infirmary, Newcastle-upon-Tyne, Thursday, Feb. 13, 7.15 p.m. Clinical demonstration by Dr. G. R. Peberdy: Psychiatric Cases; 8.45 p.m., Address by Prof. R. C. Browne: A Department of Industrial Medicine.

WAKEFIELD, PONTEFRAC AND CASTLEFORD DIVISION.—At Clayton Hospital, Wakefield, Thursday, Feb. 13, 8.15 p.m. Dr. I. B. Gartside: Clinical Pathologist and General Practitioner—the past and the future.

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—*Fri.* (Feb. 7), *Mon., Tues., Wed., and Thurs.*, 3.45 p.m. and 5 p.m. Lectures on Anatomy, Applied Physiology and Pathology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—*Fri.*, 5 p.m. Hunterian Oration by Sir James Walton: Hunterian Ideals To-day.

ROYAL SOCIETY OF MEDICINE

Section of Experimental Medicine and Therapeutics.—*Tues.*, 5 p.m.
Section of Psychiatry.—*Tues.*, 5.30 p.m. Papers.
Section of Physical Medicine.—*Wed.*, 4.30 p.m., at London Hospital.

Joint Meeting of the Royal Society of Medicine with the Scientific Film Association.—*Wed.*, 5 p.m.

Section of Ophthalmology.—*Thurs.*, 5 p.m. (Cases at 4.30 p.m.)
Clinical Section.—*Fri.*, 5 p.m. (Cases at 4 p.m.)

Section of Anaesthetics.—*Fri.*, 3.30 p.m. Joint Meeting with the Tuberculosis Association at Manson House, 26, Portland Place, W.

BIOCHEMICAL SOCIETY.—At London School of Hygiene and Tropical Medicine, Keppel Street, W.C. *Sat.* (Feb. 15), 11 a.m. Symposium: Relation of Optical Form to Biological Activity in the Amino-Acid Series.

CHELSEA CLINICAL SOCIETY.—At South Kensington Hotel, 41, Queens Gate Terrace, S.W., *Tues.*, 6.30 p.m. for 7 p.m. Discussion: Artificial Insemination. To be opened by Mr. Kenneth Walker, Mr. N. J. Scorgie, and Mr. G. N. Gould.

HUNTERIAN SOCIETY.—At Grosvenor House, Park Lane, W., *Thurs.* Annual Dinner.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.—*Fri.*, 8.30 p.m. Dr. Peter Bishop: The Use of Sex Hormones in Medicine.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—*Mon.*, 8.30 p.m. Discussion: Surgical Treatment of Pulmonary Tuberculosis. To be introduced by Dr. Geoffrey Marshall and Mr. C. Price Thomas.

WEST RIDING OF YORKSHIRE COUNTY COUNCIL.—At Staincliffe County Hospital, Dewsbury, *Thurs.*, 8 p.m. Clinical meeting. Dr. Robert Lees: Treatment of Venereal Diseases in General Practice.

WEEKLY POSTGRADUATE DIARY

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Edinburgh Royal Infirmary, *Tues.*, 5 p.m. Prof. A. G. Ogilvie: The Human Habitat and Social Geography.

EDINBURGH POSTGRADUATE LECTURES.—At Edinburgh Royal Infirmary, *Thurs.*, 4.30 p.m. Mr. A. Logan: Prognosis in Empyema Thoracis.

LONDON SCHOOL OF DERMATOLOGY, 5, Lisle Street, W.C.—*Tues.*, 5 p.m. Dr. A. C. Roxburgh: Cutaneous Syphilis. *Thurs.*, 5 p.m. Dr. G. Duckworth: Chronic Pyoderemias.

ST. STEPHEN'S HOSPITAL (L.C.C.) RHEUMATIC UNIT, Fulham Road, S.W.—*Wed.*, 4.30 p.m. Lecture-demonstration by Dr. Francis Bach: Physical Methods in Treatment.

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. for 18 words or less. Extra words 3s. 6d. for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.

BIRTHS

OAKES.—On Jan. 22, 1947, at St. Austell, to Vera (*née* Cox), wife of Dr. R. L. Oakes, St. Stephens, St. Austell, a son.

RIGBY.—On Jan. 9, 1947, to Joan, wife of Dr. J. P. V. Rigby, 37, South Park Crescent, Catford, S.E.6, a daughter.

ROBERTSON.—On Jan. 31, 1947, at Inverard, Edinburgh, to Patricia (*née* McNaughton), wife of James D. Robertson, M.B., Ch.B., 57, Lockharton Avenue, Edinburgh, a son.

ROSE.—On Jan. 14, 1947, at the Maternity Hospital, Birmingham, to Mary Rose, M.B., Ch.B. (*née* Lavender), wife of G. K. Rose, F.R.C.S., a son.

SPARROW.—On Christmas Day, 1946, at Hull, to Olive Sparrow, M.D. (*née* Midgley), wife of Rev. T. W. F. Sparrow, a son.

DEATHS

ASHE.—On Jan. 25, 1947, at a nursing home, Eastbourne, after two days' illness, Frank Ashe, M.R.C.S., Colonel. R.A.M.C. (retired), aged 73.

TURNER.—On Jan. 29, 1947, at Hillcrest, Bargoed, Glam., Sydney Booth Turner, M.R.C.S., L.R.C.P.