SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

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CONTENTS

HEALTH SERVICE CHARGES

1s. ON PRESCRIPTIONS

The Chancellor of the Exchequer, Mr. R. A. Butler, announced in Parliament on January 29 that the following changes in the Health Service would be introduced:

(1) A charge of 1s. on prescriptions.

(2) A charge for some appliances such as surgical belts and boots, hearing-aids, and wigs when these are supplied through the hospital service to out-patients.

(3) Hospital amenity beds will cost more.

(4) The powers of local authorities to charge for the use of day nurseries will be extended.

(5) In the dental service £1 will be charged, or the full cost if less, for all treatment except dentures, where a charge is already made. This new charge will not apply to children or to expectant and nursing mothers.

The Chancellor stated that in cases of hardship help would be given in meeting the charges.

Estimated Revenue

The shilling on prescriptions in general practice will bring in some £12m. in a full year, and on hospital out-patient prescriptions about £500,000. Charges to hospital out-patients for appliances are expected to save a little less than £500.000, and increased charges for day nurseries just under £250,000. The amenity bed charges will bring in some £200,000, and the dental charges about £7½m.

Emergency Meeting

The General Medical Services Committee held an emergency meeting on February 7 to discuss the new charges. Its views will be reported here next week.

THE NEW CHARGES

The charge of 1s. on prescriptions is to be made under the National Health Service (Amendment) Act, 1949.

The other charges are to be made under a National Health Service Bill introduced by the Minister of Health on February 1. Under this Bill 1s. will be charged for drugs and medicines supplied through hospital out-patient departments. A charge up to half the cost will also be made for surgical boots and shoes, surgical abdominal supports (not hernia belts), elastic hosiery, wigs, and hearing-aids and batteries. It is proposed to charge the full cost of repairs undertaken through the Health Service. Exempted from charges are children under 16 or in full-time attendance at school, persons or their dependants receiving national assistance, and war pensioners in respect of an accepted disability.

The full cost of dental treatment (apart from dentures) will be charged up to £1. Excluded are schoolchildren, expectant and nursing mothers, and hospital patients. Where both treatment and dentures are provided the total cost to the patient must not exceed the present maximum of £4 5s.

The Bill empowers local health authorities to charge for the use of day nurseries in accordance with the person's means. (At present they may charge only for meals and articles provided.)

The charge for amenity beds in hospitals is to be doubled. The new charges will be half the cost up to 12s. a day for a single room and a quarter of the cost up to 6s. for a bed in a small ward.

Penalties for Evasion

For deliberate evasion of charges a fine not exceeding £100 may be imposed, or imprisonment for three months, or both.

ADJUDICATION EXPECTED IN MARCH

As announced last week, respective counsel of both sides met Mr. Justice Danckwerts on January 30 to discuss the procedure for the hearing of the general practitioners' remuneration claim. As a result of this meeting it is expected that the actual hearing will take place during March. Further details will be announced as soon as possible. Meanwhile frequent meetings are being held with counsel and the team of advisers who are completing the case to be submitted to the judge.

DETAILS OF GENERAL PRACTICE SCHEME

Dispensing doctors and chemists are the people that the scheme makes responsible for collecting the charges from the patients.

One shilling is to be charged in respect of an item or items ordered on any one Form E.C.10 or supplied by a dispensing doctor on any one occasion. The definition of "any one occasion" is as

follows: drugs and appliances will be deemed to be supplied on one occasion, even though supplied at different times, if they are supplied at or following a visit or attendance and before a succeeding visit or attendance takes place. A repeat supply is not deemed to take place on the same occasion as the original supply even though there has been no intervening visit or attendance.

Doctors are asked not to increase the quantities normally ordered on any one occasion.

The following charges will be made for elastic hosiery; 5s. each for elastic anklets, knee-caps, leggings, and thigh pieces; and 10s. each for elastic knee-leggings, stockings, thigh knee-caps, knee stockings, thigh leggings, and thigh stockings.

Dispensing doctors are required to collect and retain the charges. Their remuneration will be adjusted in accordance with the following scheme.

Doctors Paid on Drug Tariff

Adjustment of Executive Council Payments.—A deduction of 1s. will be made in respect of each form submitted for pricing which does not contain an order for elastic hosiery, and an appropriate deduction will be made (5s. or 10s.) in respect of each item of elastic hosiery supplied.

Payment on Account.—This will be calculated on the same basis as at present but will be reduced by 1s. in respect of each form declared when the prescriptions are submitted for pricing. This reduction will be adjusted when the pricing offiee certifies the correct amount after making additional deductions in respect of elastic hosiery.

Dispensing Doctors Paid by Capitation Fee

An appropriate deduction will be made (5s. or 10s.) from the doctor's payments for dispensing each item of elastic hosiery. A prescription to claim payment for elastic hosiery should be written on a separate form. A deduction of 1s. will be made for each prescription for any other item or items on the special list supplied on any one occasion for a particular patient (for definition of "any one occasion" see above). Such items when given to a patient on one occasion should, for purposes of payment, be written on one prescription form.

Refund Claims by Patients

Patients being treated for a war disability accepted by the Ministry of Pensions may claim a refund for drugs or appliances prescribed in the treatment. Persons or their dependants receiving assistance grants from the National Assistance Board may apply for a refund if there is hardship.

People claiming these refunds should be given a receipt on Form E.C.57, supplies of which will be sent to dispensing doctors and chemists.

Other people may also claim for a refund on grounds of hardship through the National Assistance Board, but will be required to disclose their means.

SOME COMMENTS

The Amendment Act

The Act enabling the Minister of Health to make charges in the Health Service is the National Health Service (Amendment) Act, 1949, which became law on December 16, 1949, when Mr. Aneurin Bevan was Minister of Health. The relevant words in it (Section 16) are as follows:

> Regulations may provide for the making and recovery, in such manner as may be prescribed, of such charges, in respect of such pharmaceutical services, as may be prescribed, and may provide for the remission or repayment of the charges in the case of such persons as may be prescribed.

The First Announcement

It was on October 24, 1949, that Mr. Attlee, then Prime Minister, announced his Government's proposal to make a charge of not more than 1s. for each prescription under the National Health Service. He said that the purpose was to reduce excessive and in some cases unnecessary resort to doctors and chemists. The resultant saving would contribute about £10m., although this was not the primary purpose of the charge. Old-age pensioners would not have to pay it. The clause giving effect to this proposal was inserted into the N.H.S. (Amendment) Bill in the House of Lords on November 17, 1949.

Views of Annual Conference

Meanwhile the Annual Conference of Local Medical Committees had met on October 27, 1949. It carried unanimously the resolution:

> *This Conference places on record its opinion that under no circumstances whatever shall the doctor be required to be an agent to collect a Government charge on prescriptions.*

Views of Representative Body

At the last Annual Representative Meeting held in June, 1951 (*Supplement*, June 23, 1951, p. 272), *a motion proposing a token payment was lost.* It read as follows:

> That, in the interest of national economy and in order to minimize both abuse of the Service and of general practitioners' time, this meeting favours the imposition of a token payment for every prescription or similar service rendered by a practitioner, this confirming the decision previously made by H.M. Government.

Speakers favouring the token payment argued that it would improve the doctor–patient relationship and deter excessive demands for drugs. Speakers against the motion emphasized that there should be no financial barrier between the patient and all necessary treatment, that the suggestion was impracticable, and that it was impolitic.

Isle of Man Experience

There is already a 6d. charge on prescriptions in the Isle of Man Health Service. It has been working for just over a year, after an initial dispute between the Tynwald (the Manx Parliament) and the doctors and chemists.

Charge and Counter-charge

In a statement on the new National Health Service Bill issued by Mr. Aneurin Bevan on February 1 he said: "If this is carried into law it means that the free Health Service is dead. The present charges on dentures and spectacles were to end in 1954. This Bill makes them permanent. . . . The temporary financial crisis has been eagerly seized upon as an excuse to destroy the National Health Service."

Speaking in London on February 2, Mr. David Gammans, Assistant Postmaster-General, said (*The Times*, February 4): "Mr. Bevan wants us to believe that a country which spends £778m. on tobacco, £488m. on beer, £650m. on gambling, and £107m. on going to the cinema every year cannot afford this charge of £10m. to put the National Health Service on a sound basis."

See leading article in Journal at p. 312.

YOUNG DOCTORS HIT

NEW HIRE-PURCHASE ARRANGEMENTS

The Government has decreed that for any article bought by hire-purchase a deposit of at least one-third of the price must be paid, and payment must be complete within 18 months. This scheme will seriously affect young doctors starting in practice.

A car is essential for them, but some doctors have already reported to B.M.A. Headquarters that they cannot find the money to put down the deposit of one-third; nor would they be able to pay off within 18 months. The position is particularly serious, because the doctor must take up a car as soon as it becomes available; otherwise it passes to the next man on the list who can pay for it.

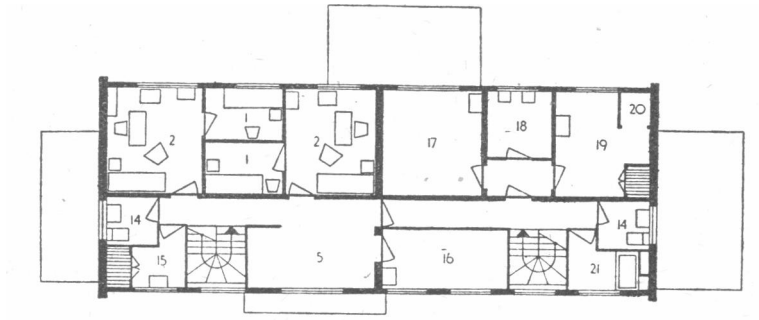
The B.M.A. is bringing the matter before the Treasury.

HEALTH CENTRE FOR NEW TOWN

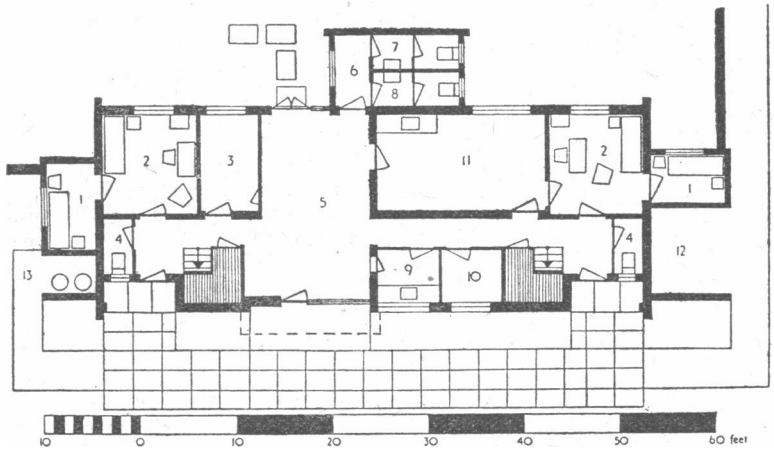
PIONEER DEVELOPMENT IN ESSEX

The new town of Harlow, which is rising out of the void in the flat country of Essex, has 664 dwellings completed, 978 in course of erection, and a further 462 out to contract. It has also 11 factory units occupied, 12 in course of erection, and 9 projected, and 25 shops are under construction and due to be completed within a few weeks. A temporary primary school has been opened, two club-rooms are available, and a cinema is threatened for the autumn. The town is ringed and intersected with 14 miles of roads, and is planned to be self-contained, not to be another dormitory suburb of London, 20 miles away.

Amid all this hustle of development a health centre has been established and is busily at work. It is a finished job, including the two cheerful waiting-rooms, the four consulting- and examination - rooms, and the accommodation for the local authority clinics, down to the kitchenette and the pram shed. The centre had been already in service for a week when it was officially opened on January 28 by Mr. A. E. Marples, Parliamentary Secretary deputizing for the Minister of Housing and Local Government. The company present included Sir Ernest Rock Carling, a trustee of the Nuffield Provincial Hospitals Trust, which has made this venture possible by means of a grant, Dr. Stephen Taylor, a member of the Harlow Development Corporation, who has been the moving spirit in the whole affair, and many members of Essex local authorities and of the medical profession in the area.



FIRST FLOOR PLAN



GROUND FLOOR PLAN

1. Examination
2. Consulting-room
3. Office
4. W.C.
5. Waiting-room
6. Lobby
7. Women's toilet
8. Men's toilet
9. Kitchenette
10. Nurses or cleaners
11. Weighing and neo-natal
12. Pram shed
13. Dust-bins
14. W.C. and lavatory
15. Clinical side-room
16. Minor ailments and consulting
17. Main dental surgery
18. Dental mechanics' room
19. Subsidiary dental surgery with *x*-ray
20. Dark-room
21. Cleansing-room

Reprinted from *The Nuffield Provincial Hospitals Trust Report*, 1948-51, p. 46.
Architects: E. Maxwell Fry and Jane Drew.

General Practitioners and County Clinics

This health centre claims to be the first in which general practitioners and county clinics are working under the same roof, and such a pioneer effort in the middle of what appears to be at first glance a vast estate given over entirely to builders and contractors, a town in the making, has been possible only as the result of specially good fortune. No permanent premises for health centre purposes could be provided by the Essex County Council until the population of the new town reached 10.000, and it is at present some 2,000. The Harlow Development Corporation, however, felt that the forelock of time should be vigorously pulled, and that health services should function from the very beginning and be grouped to avoid so far as possible the growth of individual practices attached to houses. This meant a compromise in the acceptance of a minimum of space and of expenditure and the rendering of a maximum of service and co-operation. A pair of semi-detached "lower-income-group" houses (three-bedroomed) were made into one unit to serve as a centre for group practice and local authority clinic services.

The county council and the local executive council gave assistance, the former by leasing from the Development Corporation part of the accommodation for five years for their own clinics, and the latter by agreeing to the direct letting by the Corporation of accommodation for medical and dental practice. The financial problem, however, had still to be solved, for the Government subsidy on the two houses would be forfeited, and the cost of conversion, adaptation, and furnishing had to be faced. At this juncture the Nuffield Provincial Hospitals Trust stepped in and made a grant of £2,450 towards the cost of the building, which, including the equipment, is expected to be about £6,500.

Economical Use of Space

The accommodation at the centre is small, even inconveniently small. Each of the consulting-rooms measures only about 10 ft. by 10 ft., but built-in cabinets and other devices ensure the use of every inch of space, and the usual facilities for general-practitioner examination are available. Adjoining each consulting-room is a smaller examining-room containing couch and lamp. There are four sets of consulting- and examination-rooms. One of them is fitted up as a dental surgery, with a subsidiary surgery containing *x*-ray apparatus, and beyond this a dental mechanics' room and a dark-room. Only two of the three doctors' consulting-rooms are so far furnished, and only one doctor at present works at the centre. As the population grows there will be a second and a third doctor. The appointments are the responsibility of the local executive council.

There are two waiting-rooms, one on each floor, curtained and carpeted to give a homelike appearance, with chairs of different sizes, small for children, and capacious for portly adults, and an electrical indicator which informs the waiting patient that the doctor is disengaged. Other rooms in the building are fitted for the purpose of a maternity and child welfare clinic, a clinic for minor ailments, and the school medical service. The nearest general

hospitals are at Epping and Bishop's Stortford, but there is not any special link with the centre.

Use It Well

It is considered that the centre will be capable of serving ultimately a population of 10,000. After the five years' lease has expired it may be necessary to put up a special-purpose building instead of using adapted private houses. The doctors, we understand, will each pay a rent of about £275 a year for their premises, with the facilities. The day-to-day running of the centre is to be done by a small house committee, to consist of the doctors and the dentist, with representatives of the county council and the Development Corporation.

The centre is named Haygarth House, and a portrait of John Haygarth, M.D., of Chester, hangs in the waiting-hall. There appears to be no local link with Haygarth; the name was chosen because it suggested a good example of the old-time family physician, who was also an epidemiologist.

At a luncheon following the opening the Minister congratulated all concerned, especially the woman architect (Jane Drew) who was responsible for much of the skilful and pleasing design. A tablet was unveiled on which it was stated that Haygarth House is a place of healing and health planned for the people of Harlow. It placed on record an appreciation of the timely help of the Nuffield Trust, and concluded with the exhortation: "This is your health centre: use it well."

RADIOLOGY AND PATHOLOGY

ACCESS FOR GENERAL PRACTITIONERS

It has often been contended that general practitioners should have easy access to *x*-ray and pathology facilities, and especially that the contact should be direct with the department—the "open door" policy. Critics have contended that there might be far too many requests, so that the departments would be overloaded with work, or that a considerable number of the requests would be ill-informed and the better for being weeded out early on. Some general practitioners have direct access to such departments, but many others have not. The latter are prevented from having it partly, perhaps mainly, because the departments are already full of work and feel that their services might be abused if they opened their doors to the family doctor.

In order to obtain some evidence on this state of affairs from pathologists and radiologists, an inquiry has been carried out among 10 of them by the General Practice Review Committee of the B.M.A. This Committee is inquiring into all aspects of the conditions in general practice by means of questionaries and personal interviews. A short account of the evidence given by the pathologists and radiologists is set out below.

Practically No Abuse

The outstanding point they all make is that there is practically no abuse of their services. As one pathologist puts it: "In general we do not find that general practitioners abuse any facilities that are available to them." Another says, "Occasionally an examination may be requested that seems to us to be pointless, but a short talk on the telephone usually clears up the trouble, and we are either convinced that this is a reasonable request and deal with it or we convince the practitioner that it is not reasonable and throw the specimen away." "With the exception of pregnancy diagnosis," another pathologist states, none of the requests are frivolous, but he does think that requests from one or two practitioners are sometimes unnecessary. He links this with the amount of private practice they have, and he mentions that one doctor uses the laboratory "to impress his private patients with the speed with which he can get investigations done."

A radiologist, who states that frank abuse of his department is rare, points out that general practitioners recognize the use of it as a privilege which they would be loath to lose. He finds that tactful handling of wasteful requests is essential, and he refuses to do certain kinds of unnecessary routine work. Two radiologists who refer to abuse of their services say that more of it comes from inside the hospital than from outside.

Useful Relationship

Most of these consultants agree that while the open-door policy brings more work it also brings a useful and friendly relationship between themselves and the general practitioners. But one of them doubts whether in fact the work is increased.

A radiologist, agreeing that direct contact improves the relationship between hospital and general practitioner, adds that the open-door policy "should be confined to the general-practitioner hospitals" because of the amount of work in the radiological departments. Another radiologist draws a distinction between private and N.H.S. patients. He thinks that in private practice direct contact between general practitioner and radiologist is in the best interests of the patient and of economy. But for N.H.S. patients he concludes that a closed hospital department for *x*-ray examinations is in the best interests of patients: "Being N.H.S. cases, there tends to be less direct consultation with the radiologist, and so it is better that patients should be referred from the out-patient department for their *x*-ray examinations."

While welcoming improved relations with the general practitioners in their areas, several consultants regret that there is too little personal consultation with them.

ACTION OF G.M.S. COMMITTEE

During recent months the General Medical Services Committee has made repeated representations to the Ministry of Health to increase pathological and *x*-ray facilities direct for the general practitioner. The Ministry's response is sympathetic. It states that in about four-fifths of hospital centres there is at least one hospital which provides these direct facilities. Senior administrative medical officers in the remaining areas have been asked to remedy the position as soon as practicable.

Where lack of these facilities is causing difficulties local medical committees have been asked to take the matter up with the local hospital management committee or board of governors. If these requests fail, the G.M.S. Committee will take up individual cases with the Ministry of Health.

COST OF PRESCRIBING

LOCAL VARIATIONS

The latest information from the Joint Pricing Committee for England shows that the average total cost per person of prescriptions varies a good deal between one locality and another. In October, 1950, the average cost per person for England as a whole was 16.79d., in November it was 18.57d., and in December it was 17.64d.

Of the executive councils, Chester headed the list in each of these three months with an average cost of 25.65d. in the first, 29.43d. in the second, and 28.12d. in the third. In each of the three months Huntingdonshire came bottom of the list with an average cost of 10.33d. in the first, 11.21d. in the second, and 10.90d. in the third.

Wigan came second in the list after Chester in each of the three months, and Bournemouth came third in October and November, Southport being third in December, with Bournemouth fourth. Above Huntingdonshire at the bottom of the list came Shropshire in each of the three months, and Northamptonshire came just above that.

See leading article at page 312 of the Journal.

EXCHANGE VISITS WITH CANADA AND U.S.A.

The scheme initiated last year, with the approval of the Bank of England, for exchange visits between members of the American, British, and Canadian Medical Associations will be continued this year.

Exchanges with Canada: Two doctors from Britain may visit Canada in exchange for two doctors from Canada. Each doctor from Britain will be required to make all his own travel arrangements and to deposit up to £200 with the B.M.A. in London. On arrival in Canada he will be met by a representative of the Canadian Medical Association, who will present him with the equivalent in Canadian dollars. Similarly, each Canadian doctor on arrival in Britain will be met by a representative of the B.M.A., who will present him with the sum deposited in sterling.

Exchanges with the U.S.A.: Three doctors from Britain may visit the U.S.A. in exchange for three doctors from the U.S.A. Each doctor from Britain will be required to make all his own travel arrangements and to deposit up to £200 with the B.M.A. in London. On arrival in the U.S.A. he will be met by a representative of the Medical Society of the State of New York, who will present him with the equivalent in U.S. dollars. Similarly, each U.S. doctor on arrival in Britain will be met by a representative of the B.M.A., who will present him with the sum deposited in sterling.

The duration of the visits is left to the discretion of the doctors concerned. The American, British, and Canadian Medical Associations cannot accept any responsibility for a doctor who allows his visit to outlast the money placed at his disposal.

Applications are invited from members of the B.M.A. to take part in such exchanges in 1952. Each applicant must state the object of his visit. Medical practitioners in all branches of the profession, including general practice and public health, are eligible. Applicants should also give approximate dates of the visit desired. (Successful applicants will in due course be required to give exact dates and details of travel.) Applications must be received by the Secretary of the B.M.A. by March 1.

HOSPITAL ALLOCATIONS CUT

The Ministry of Health has told hospitals that they may now spend only 80% of the ordinary capital allocations to them. The previous figure was 85%. Shortage of steel is responsible. In addition investment from a central reserve will not be found for any large schemes unless they have already been awarded starting dates.

APPOINTMENT OF OPHTHALMIC MEDICAL PRACTITIONERS ON OPHTHALMIC SERVICES COMMITTEES

The B.M.A. and the Faculty of Ophthalmologists are at present seeking nominations in connexion with the appointment of ophthalmic medical practitioner members to ophthalmic services committees for the 1952–3 session. A communication has been addressed to every ophthalmic medical practitioner on the Central Ophthalmic List on this matter, but the response so far has been disappointing. There are nearly 400 vacancies to fill, and the co-operation of every ophthalmic medical practitioner willing and able to serve on these committees is sought.

Ophthalmic medical practitioners are therefore asked to nominate any of their colleagues who are willing to serve on the local committee as soon as possible. Additional copies of the appropriate nomination form can be obtained from B.M.A. House, Tavistock Square, London, W.C.1, and should be completed by the nominator and the candidate and returned to the Secretary of the B.M.A. *not later than Friday, February 15.*

Heard at Headquarters

Common Sense on Social Problems

The Council at its long meeting on January 23 was preoccupied with many matters internal to the Association, especially the vexed question of economy, and therefore two pieces of work of a kind which the Association does superlatively well slipped through without appreciative comment. One of these was a memorandum of evidence which a committee under Dr. Dain has drawn up for submission to the Royal Commission on Marriage and Divorce. The proposals put forward were marked by a sound common sense, although one never knows what prejudices may be encountered in such a field. The other piece of work, by a committee under Dr. Doris Odlum, was the evidence which it is proposed to furnish to the Ministry of Education committee on maladjusted children. Here proposals were put forward which may have an important bearing on the future of child guidance clinics and indeed on child psychiatry generally. The evidence of these committees will be reported when it is made public.

Surgeon Prime Minister

London during recent weeks has had the opportunity of hearing several speeches by Sir Godfrey Huggins, Prime Minister of Southern Rhodesia (he has been Prime Minister for nearly 19 years), who is also a Fellow of the Royal College of Surgeons of England and manages to combine with high executive office the practice of his profession in the wide spaces of South Central Africa. Sir Godfrey Huggins's address to the Royal African and Royal Empire Societies the other day showed him to be an alert and forceful speaker. It was said some time ago that he was accustomed to devote two hours each morning to his professional work, and then to take on his daily task of Prime Minister. During recent years he has conducted at least two major operations on governors of Southern African territories. Medicine makes such claims on those who follow it that few medical men have reached high office in the State, but South Africa a generation ago offered another example in Sir Starr Jameson, who was at one time Prime Minister at the Cape. Incidentally, both Jameson and Sir Godfrey Huggins qualified in London, and for health reasons settled in South Africa and took up practice there.

National Presidents

One of the consequences of holding the Annual Meetings of the Association only in certain large centres—a course which is now being proposed—is that the President of the Association, instead of being elected on the nomination of the local Branch, would be elected on a national basis. The method which has obtained up to now, of nomination by the Branch acting as host to the meeting, has resulted on many occasions in bringing to the office of President a man of national eminence in medicine. But with meetings held mostly in the provinces it has meant that many men in London whom it would have been desirable to have as Presidents have necessarily been passed over. It has been necessary often to explain to outsiders why it is that some eminent figure in medicine has never been President, and, occasionally, why someone who was not known beyond his own locality has been chosen for that office.

British Medical Association and Irish Medical Association

JOINT ANNUAL MEETING—DUBLIN, JULY 3-11, 1952

President-Elect: P. T. O'FARRELL, M.D., F.R.C.P.I., D.T.M., D.P.H., Dublin

PROVISIONAL PROGRAMME

The 120th Annual Meeting of the British Medical Association will be held in Dublin from Thursday, July 3, to Friday, July 11, 1952, as a joint meeting with the Irish Medical Association.

The first part of the Meeting—the Annual Representative Meeting—will be held in the Round Room, Mansion House, Dublin, starting at 10 a.m. on Thursday, July 3, and concluding on Monday, July 7.

The Overseas Luncheon and Representatives' and Ladies' Dinners will take place on Thursday, July 3; and there will be all-day excursions for Representatives and their Ladies on Sunday, July 6.

The adjourned Annual General Meeting and President's Address will take place at Trinity College on the evening of Monday, July 7, and will be followed by the President's Reception.

At an early stage of the second part of the Meeting—the Annual Meeting proper—there will be two Religious Services, Protestant and Catholic, held concurrently at 9 a.m. on Tuesday, July 8, preceding the opening Plenary Scientific Section, to be held in the Round Room, Mansion House.

The holding of three Plenary Scientific Sessions on the mornings of July 8, 9, and 10, in addition to the meetings of the Scientific Sections, is an innovation which it is hoped will prove of interest to the majority of members. These Plenary Sessions will be addressed by a number of experts and then opened for questions or general discussion. The subjects chosen are: "Death in Early Adult Life," "The Relief of Pain," and "Body Fluids and Water Balance."

In addition to the Plenary Sessions there will be 14 Scientific Sections, meeting in the afternoons of Wednesday and Thursday, July 9 and 10, and all day on Friday, July 11, at Trinity College and University College, Dublin. These Sections will be:

Medicine	(Two sessions) July 10 (p.m.), 11 (a.m.)
Surgery	(Two sessions) July 9 (p.m.), 10 (p.m.)
Obstetrics and Gynaecology	(Two sessions) July 11 (a.m. and p.m.)
Anaesthetics	(One session) Date not settled
Cardiology	" "
Child Health	" "
Ophthalmology	" "
Orthopaedics	" "
Oto-rhino-laryngology	" "
Pathology	" "
Psychiatry	" "
Radiology	" "
Social Medicine and Occupational Health	" "
Tropical Medicine	" "

Individual programmes for these Sections will be published in a later issue of the *Journal*.

The Annual Dinner of the Association will be held on Thursday, July 10, and it is hoped that the Popular Lecture will be given on the evening of Friday, July 11.

Among the many social functions to be arranged it is hoped to hold a Reception for Overseas Delegates on the evening of Tuesday, July 8; a State Reception on the evening of Wednesday, July 9; a Garden Party at Trinity College on the afternoon of Thursday, July 10; and a dance at the Royal College of Surgeons in Ireland on Friday, July 11.

It is proposed to hold the Secretaries' Conference in Dublin on the afternoon of Tuesday, July 8, and the Overseas Conference on the afternoon of Wednesday, July 9.

The Reception Room for registration in University College, Earlsfort Terrace, will be opened on Monday, July 7, at 9 a.m. The Ladies' Club will be situated at Newman House, St. Stephen's Green, and will be open throughout the Meeting.

The Annual Exhibition of Surgical Appliances, Foods, Drugs, and Books will be housed in University College, Dublin. The official opening will take place on Monday, July 7, at 9 a.m., and the Exhibition will remain open on July 8, 9, 10, and 11, from 9 a.m. to 6 p.m.

It is hoped also to hold a small Scientific Exhibition in University College, Dublin (in place of the Pathological Museum); particulars of this will be given later.

ACCOMMODATION AND TRANSPORT

Dublin is a capital city of great charm and beauty which cannot fail to provide something of interest to every visitor. It is rich in history, architecture, variety of scenery, and variety of entertainment.

There is adequate hotel accommodation in the city itself, but for those who prefer it there are, within easy travelling distance, a number of seaside and country areas where pleasant accommodation can be found.

An abridged list of hotels, together with approximate costs, is given below, and members are asked to make their reservations direct with the hotel concerned, and to state that they are attending the B.M.A. and I.M.A. Meeting. The Irish Tourist Association, of 14, Upper O'Connell Street, Dublin, is available for information and advice to any members who would like further particulars regarding accommodation.

There are a number of alternative routes open to members visiting Dublin, but traffic on *all* these routes during the summer months is very heavy. For the comfort and convenience of members, therefore, the Association has approached the transport companies with a view to securing reservations on trains and 'planes. These reservations can be made, however, only if the companies receive in good time an indication of the number of passengers likely to travel by the various routes.

The Shirley James' Travel Service, Ltd., of Tavistock House South, Tavistock Square, London, W.C.1, the official Travel Agency for B.M.A. House, has been asked to handle these travel inquiries, and members are invited to communicate with this Agency *as soon as possible*, stating the route selected, the proposed date of travel to and from Dublin, and the number of passengers. Briefly, the alternative direct routes open to visitors to Dublin are as follows:

Air	*Rail and Sea*
Birmingham–Dublin	Holyhead–Dun Laoghaire (Kingstown)
Bristol–Dublin (restricted service)	Liverpool–Dublin
Glasgow–Dublin	Glasgow–Dublin (restricted service)
Liverpool–Dublin	
London–Dublin	
Manchester–Dublin	

GENERAL INFORMATION

Passports or travel permits are necessary when visiting Ireland, but no ration cards are required. There is no Customs restriction upon taking in reasonable personal effects.

Visitors may hire motor-cars in Dublin, thus avoiding the expense and trouble attached to taking cars over. The cost of hire is approximately £12 12s. a week for self-driven cars, and chauffeur-driven cars may be hired for about 1s. 3d. a mile. Those wishing to take over their own cars are advised to get in touch with the A.A. or R.A.C. as early as possible, as facilities are restricted.

FIRST LIST OF HOTEL ACCOMMODATION

Name and Address of Hotel	No. of Rooms	Bed and Breakfast per Day From	Full Board per Day From (Minimum 3 Days)
DUBLIN CITY			
*Central, Exchequer Street ..	107	21/6	34/-
*Clarence, 6–8, Wellington Quay	70	30/-	—
*Four Courts, 9–12, Inns Quay	82	20/-	—
Ivanhoe, 7, 8, Harcourt Street	40	18/6	31/-
*Jury's, College Green	77	25/-	—
*Royal Hibernian, Dawson Street	88	30/-	47/6
*Russell, 102–104, St. Stephen's Green	35	30/-	—
Standard, 82, Harcourt Street	70	21/-	32/6
*Wicklow, Wicklow Street ..	33	21/-	—
*Wynn's, 35–39, Lower Abbey Street	62	30/-	—
DUN LAOGHAIRE (7 miles from Dublin)			
*Pier, 3, Victoria Terrace ..	24	21/-	37/6
*Ross's, Victoria Terrace ..	63	21/6	36/-
*Royal Marine	102	21/6	39/-
HOWTH (9 miles from Dublin)			
*Claremont	25	25/-	35/-
*St. Lawrence, Harbour Road ..	32	18/-	35/-
LUCAN (8 miles from Dublin)			
*National Spa and Hydro ..	44	21/-	33/-
BRAY (13 miles from Dublin)			
*Bray Head, Esplanade ..	52	21/-	36/-
*Esplanade, Esplanade	36	21/-	36/-
*Royal, Quinsboro' Road ..	60	19/6	30/-

* Licensed hotels.

TIME-TABLE OF MEETING

Thursday, July 3

9.00 a.m.—A.R.M. Inquiry Office opens at Mansion House, Dawson Street.
9.30 a.m.—Ladies' Club opens at Newman House, St. Stephen's Green, for registration of Ladies and for tours.
10.00 a.m.—Annual Representative Meeting opens at Mansion House, Dawson Street.
11.00 a.m.—Welcome by Lord Mayor of Dublin to A.R.M.
1.00 p.m.—Overseas Luncheon, Royal Hibernian Hotel, Dawson Street.
2.30 p.m.—Excursions for Ladies.
7.30 p.m.—Dinner for Representatives at Gresham Hotel, O'Connell Street.
7.30 p.m.—Dinner for Representatives' Ladies at Metropole Restaurant, O'Connell Street.
The dinners will be followed by a Reception and Dance at Gresham Hotel.

Friday, July 4

9.00 a.m.—A.R.M. Inquiry Office open, Mansion House.
9.30 a.m.—Ladies' Club open, Newman House.
9.30 a.m.—A.R.M., Mansion House.
2.30 p.m.—Excursions for Ladies.
7.30 p.m.—Abbey Theatre or evening excursions.
7.30 p.m.—Edinburgh Graduates' Dinner.

Saturday, July 5

9.00 a.m.—Council Meeting, Council Chamber, Royal College of Physicians.
9.00 a.m.—A.R.M. Inquiry Office open, Mansion House.
9.30 a.m.—Ladies' Club open, Newman House.
10.00 a.m.—A.R.M., Mansion House.
2.30 p.m.—Excursions for Ladies.
7.30 p.m.—Glasgow Graduates' Dinner.
7.30 p.m.—Welsh Dinner.
7.30 p.m.—Abbey Theatre or evening excursions.

Sunday, July 6

a.m.—Long excursions by coach.
p.m.—Short excursions by coach.
Evening Concert.

Monday, July 7

9.00 a.m.—A.R.M. Inquiry Office open, Mansion House.
9.00 a.m.—Opening of Exhibition by President-Elect, University College, Earlsfort Terrace.
9.00 a.m.—Reception Room opens at University College, Earlsfort Terrace, for registration.
9.30 a.m.—A.R.M., Mansion House.
10.00 a.m.—Annual Meeting, Irish Medical Association, Physics Theatre, University College, Dublin.
12.30 p.m. (or as soon thereafter as the business of the A.R.M. is concluded).—Annual General Meeting, Mansion House.
Council Meeting (at conclusion of A.R.M.).
8.30 p.m.—Adjourned Annual General Meeting and President's Address, Trinity College.
9.30 p.m.—President's Reception, Trinity College.

Tuesday, July 8

9.00 a.m.—Roman Catholic Service, Pro-Cathedral.
9.00 a.m.—Protestant Service, Christ Church Cathedral.
9.00 a.m.—Reception Room and Exhibition open, University College.
9.30 a.m.—Ladies' Club open, Newman House.
10.45 a.m.—Scientific Plenary Session, Mansion House.
2.30 p.m.—Secretaries' Conference, Royal College of Physicians.
8.00 p.m.—Reception for Overseas and Foreign Representatives and Delegates.

Wednesday, July 9

8.30 a.m.—Annual Medical Missionary Breakfast.
9.00 a.m.—Reception Room and Exhibition open, University College.
9.30 a.m.—Ladies' Club open, Newman House.
10.00 a.m.—Scientific Plenary Session, Mansion House.
10.00 a.m.—Notts Ladies' Challenge Cup Golf Competition.
10.00 a.m.—Leinster and Childe Cup Golf Competition.
10.00 a.m.—Excursion and tours.
12 noon.—Visit to St. James's Brewery.
2.30 p.m.—Overseas Conference, Royal College of Surgeons.
2.30 p.m.—Scientific Sections, University College and Trinity College.
2.30 p.m.—Short tours.
8.00 p.m.—State Reception.

Thursday, July 10

9.00 a.m.—Reception Room and Exhibition open, University College.
9.30 a.m.—Ladies' Club open, Newman House.
10.00 a.m.—Scientific Plenary Session, Mansion House.
10.00 a.m.—Treasurer's Cup Golf Competition.
10.00 a.m.—Excursions and tours.
12 noon.—Visit to St. James's Brewery.
2.30 p.m.—Short tours.
2.30 p.m.—Scientific Sections, University College and Trinity College.
4.00 p.m.—Garden Party at Trinity College.
7.30 p.m.—Annual Dinner.

Friday, July 11

9.00 a.m.—Reception Room and Exhibition open, University College.
9.30 a.m.—Ladies' Club open.
10.00 a.m.—Scientific Sections, University College and Trinity College.
10.00 a.m.—Excursions and tours.
2.30 p.m.—Scientific Sections, University College and Trinity College.
8.00 p.m.—Popular Lecture.
9.30 p.m.—Dance in aid of R.M.B.F. Society of Ireland at Royal College of Surgeons in Ireland.

DOCTORS' HOBBIES

EXHIBITION AT ANNUAL MEETING

It is proposed, if sufficient response from intending exhibitors is received, to hold an exhibition of doctors' hobbies at this year's meeting of the B.M.A. and I.M.A. in Dublin.

The exhibition will be of paintings, drawings, literature, practical handwork, and collections of various objects from stamps to silver and glassware. Will those willing to ensure the success of this venture please communicate at once, giving particulars of proposed exhibit, with Dr. F. S. Bourke, 14, Fitzwilliam Square, Dublin? Any articles loaned for exhibition will be covered by insurance.

Correspondence

Sale of Goodwill

SIR,—Scarcely a week passes without one or more letters appearing in your columns complaining of difficulties created by that part of the National Health Act which prohibits the sale of practices or partnerships. Hundreds of recently qualified doctors are unable to get into practices; older doctors are unable to leave the busy urban practices and finish their time in quiet country areas; retiring doctors find that the compensation offered is hopelessly inadequate with present-day costs; widows are afraid to sell their houses to incoming doctors, and so on, *ad infinitum*.

It would be interesting to know exactly *who* has benefited by these oppressive and cumbersome clauses in the Act. They have certainly done no good to the patients, and it is clear that they are nothing but an incubus to the profession. However, Socialist principles, as laid down by the late unlamented Minister of Health, were satisfied.

I suggest that, now that Socialism has been rejected by the country, these clauses should be wiped out of the Act, and the profession should regain the right to sell and buy "goodwill." The country would save the £66m. and interest payments thereon, and the *Journal* would soon be full of columns of practices and partnerships for sale. But what about the £8m. or so of "compensation" already paid to certain doctors? This could be repayable to the Ministry on subsequent sale of the practice or, better still, wiped out as one of the losses caused by Socialist mismanagement—on a par with the groundnuts.—I am, etc.,

Coventry. D. MURRAY BLADON.

Trainee Assistant Scheme

SIR,—I have been in communication with many trainee assistants, past and present. From these statements, and very little from my own personal experience, I have come to the following opinion. In theory it is an excellent scheme, but in practice it is merely feather-bedding many of those fortunate practitioners who have been allowed to take on a trainee assistant.

I am convinced the scheme should be either withdrawn and the training brought into the medical curriculum, and thus save a small sum of money for the country, or else there should be laid down (1) definite facts about what the trainee should be taught, and (2) what is considered to be the minimum off-duty for the young doctors undergoing initial training in the ways of practice (it must be stressed at this point that the assistant is not paid by the practitioner).

The local medical committee should be made to take a greater interest in the work that the trainee is being asked to carry out, and not merely to give the said permission to established practitioners (these doctors are themselves usually associated with the committee) and then lose complete interest in the young medical man.

I agree with Dr. R. P. Gammie (*Supplement*, January 12, p. 13), who stated that no practitioner or firm should be allowed more than three trainees—consecutive or otherwise. Since so many of the trainees have so varied off-duty, I ask, What is considered to be the minimum off-duty of complete freedom that a *trainee* should expect to receive?—I am, etc.,

Evesham, Worcs. P. J. LEWIS.

SIR,—So Dr. R. P. Gammie (*Supplement*, January 12, p. 13) feels that having had a trainee assistant for three years he should now be able to get a further grant because his latest trainee has been taken into partnership. And he goes so far as to say: "From the start my partners and I set out to facilitate the introduction of an assistant to the practice with the definite aim of offering a satisfactory trainee a practice share. . . ."

Surely this is an abuse of the trainee scheme, as it appears that an assistantship with a view would have met the requirements of this practice. So far from helping young doctors to enter practice, the trainee scheme directly hinders them because of such abuse, and its total abolition is much to be desired.—I am, etc.,

Northampton. J. LEAHY TAYLOR.

Frequent Change of Doctor

SIR,—In the "Evidence from Birmingham" (*Supplement*, January 19, p. 18) it is stated that "the introduction of the waiting period of 14 days before people can change their doctors does not seem to have had as much deterrent effect as expected." It is my very strong impression that it has had none at all.

Those who wish to change seem to do so either because their home location is nearer to the doctor of their choice or because they have no use for their old doctor, and they are not to be put off by a stupid bit of red tape. All the procedure appears to effect is waste of time of patient and of doctor (two interviews of five minutes—about long enough for a *very busy* G.P. to see two patients), waste of time of the executive council's clerk and of paper and envelopes, doubling the postage, and irritation all round—and all this at a time when rigid economy is said to be of paramount importance.—I am, etc.,

Thame, Oxon. C. H. BARBER.

Charge on Prescriptions

SIR,—I wonder if it is generally realized how the charge for prescriptions will affect the rural doctor who does his own dispensing? The actual collection of the shilling will in many cases have to be done by the doctor in person, and this unprofessional conduct will undoubtedly spoil the good relationship existing between a doctor and his patient which is vital for good medical practice.

I hope it is not too late for our legislators to think again before taking a step which will undermine the prestige of the country medical practitioner. Collection of contributions by a doctor in person was unknown in club and contract practices before the Health Service. In many cases the doctor will pay the proposed shilling himself rather than take this retrograde step to the position of the "Sixpenny Doctor" of the Victorian slum areas.—I am, etc.,

Bishop Auckland, County Durham. L. CAMA.

Public Health Award

SIR,—Assistant medical officers will be heartened to know that at the meeting of the staff side of Whitley Committee C on January 22 (*Supplement*, February 2, p. 42) the question of the revision of the assistant medical officers' salary award under the Industrial Court was raised.

The cost of living has increased 12% during 1951 and shows no sign of halting. It is not unreasonable to ask that the staff side will not accept an increase of less than this amount. The practitioners of preventive medicine should not receive a lower betterment factor than their colleagues in general practice, whose case is now due to go to arbitration.

I understand that 20% of the local authorities have not implemented the award of the Industrial Court to public

health medical officers. Whatever the figure, what does the Association propose to do now that its bluff of "black listing" and "important notices" has been called? My resolution in the name of the Darlington Division to the 1951 Annual Representative Meeting that "in the event of an authority having failed to implement the award of the Industrial Court in full by September 1, 1951, the matter should be referred to the Ministry of Labour" was scorned as serving no useful purpose. Events have proved that I was right and the Association wrong. The general practitioners have obtained arbitration at long last by naming a date of withdrawal from the Service if it was not granted. This indicated that they meant business.

If the office bearers do not wish the Association to be brought to derision by their failure to have the award implemented, then I suggest that the British Medical Guild be instructed forthwith to notify the Minister of Labour that a dispute exists with these authorities which have not implemented the award to date, requesting him to refer the dispute to an industrial tribunal. Unless the Association takes this action, what hope is there of a revision being accepted?—I am, etc.,

MAURICE B. GRIFFITH,
Darlington. Hon. Sec., Durham County M.G. Guild.

"Piracy"

SIR,—I am sure that there must be many besides myself who would wish to applaud most heartily the letter from my old fellow house-man Dr. H. B. Walker (*Supplement*, January 19, p. 22). I have been hoping for some time that some abler member of the depressed class than myself would take up the cudgels in defence of the rights of private property. The profession has surely sunk to about the lowest depth when the ordinary right to dispose of one's own to the highest bidder is stigmatized as "piracy."

Deprived of the right to sell our practices to the best advantage and offered instead so-called compensation on the lowest terms, having no right to superannuation, it seems that we are expected meekly to hand over our houses on similar terms, as Dr. Walker says, to "some individual whom I do not know on the instructions of some committee whom I shall certainly despise." To read some of the letters of your correspondents it would seem that the only option to be left to us of the older generation is to be the freedom of the gas oven. *O tempora, O mores!*—I am, etc.,

Bridlington, Yorks. C. J. GORDON TAYLOR.

Unhelpful Attitude

SIR,—I read with interest Dr. Wand's address (*Supplement*, January 12, p. 9) to the Annual Meeting of the Executive Councils Association. We all expect help and guidance from our executive council. But the following case would show how the unhelpful attitude of an executive council can cause untold misery to a doctor.

Just before July, 1948, I set up practice in unsuitable premises. I asked for the lease of a site next door from the corporation. My application was supported by the executive council. The site was advertised, and out of several applicants I was duly selected. I was hoping to have decent accommodation for my surgery early in 1949. But the executive council stepped in and asked the corporation to postpone negotiations. As a condition of support I was asked to close down my branch surgery. Needing the site desperately (the only vacant site in the neighbourhood) I agreed to that condition and closed the branch surgery. I thought that was the end of my troubles and hoped to have the house ready by the end of 1949. But months passed by and no news from the corporation.

A shock was awaiting me when I went to make inquiries. I was told I could not have the site, as the executive council had asked the corporation to build the house and let it to their nominee. The executive council confirmed it. I kept my side of the agreement by closing down my branch surgery, but the executive council did not even have the courtesy to inform me of the change in their plans. Would they promise the tenancy of the house to me? No. I was free to apply, but they could nominate someone else.

I had to appeal to the Minister against this blatant breach of faith. After several months' correspondence the executive council, owing to pressure from the Minister, agreed to reserve the house for me. I am still carrying on practice in my cramped rooms—under notice to quit—and the house is not even half-furnished.

A few weeks ago I was sent a copy of the proposed agreement for the tenancy. Rent? £6 per week. I would be responsible for rates and repairs. Thus the inclusive rental would be about £10 per week. I thought it was rather excessive. A doctor's house and surgery are an essential service and rent should be economic but reasonable.

The contract was for about £4,200. So the corporation want their capital back in 14 years. If I bought this house I would have to pay £168 as interest as against £300 as rent. How did the corporation arrive at this figure?—(1) Loss of subsidy from the Government, which they had received for ordinary houses. (2) Interest on capital. (3) Compensation for loss of site for ordinary houses. (4) Compensation for amount to be spent for conversion of this house into flats, if I moved to a health centre. Would it make any difference if I guaranteed not to move? No. If I did not move during the 15 years stipulated, would they refund me the compensation? No, it would be retained by the corporation. Clear case of profiteering? I leave it to your readers to judge.

I took up the matter with the executive council and requested them to make sure that the rent suggested was fair. I thought it was their responsibility, as they had forced me into this position. No, they cannot take any action. If I was left alone I would have had my house two years ago at a much smaller cost. I may have to wait for the house for another year and pay excessive rent, thanks to the executive council.

Birmingham is going to build several more of these doctors' houses, and perhaps other local authorities would be doing the same. A doctor selected to occupy such a house, without a list or with a small list, will have to work for a long time just to pay this rent, or let it go to someone else who can afford it. Is it right?—I am, etc.,

Birmingham. D. R. PREM.

Middle-class Practices

SIR,—I was delighted to get a questionary, presumably a B.M.A. Gallup poll, asking me to put forward ideas for improving the N.H.S. It was pretty plain in 1948 that the Socialists were going to ride roughshod over the middle-class practice. As it later turned out, the "vermin" doctors like myself were going to reorientate themselves and send their late private patients off to hospital out-patients. The middle-class practice that might have been the ideal standard for the scheme was no longer a workable proposition.

The doctor who has had access to diagnostic facilities such as the laboratory, *x* rays, hospital beds, and consultants can no longer find too much time for these things. His surgery is choked with colds, repeat prescriptions, and certificates. And yet the problem of the middle-class patient remains. These people are not always eager to be diagnosed and treated in out-patients. As a result it is fair to say that 2,000 middle-class patients, with their expected standard of attention on the one hand, give the vermin doctor the same amount of work as the industrial-practice doctor with his 4,000 patients and the type of attention that they have always had. No recognition of this state of affairs has ever come out of the B.M.A. or the Ministry, and yet anyone who has worked in both types of practice knows it for a fact. The situation has been ignored by all except the bewildered specialist in private practice, who either goes abroad, joins the F.F.M., and/or voices protest in the agony column at the back of the *Supplement*. And

still nothing emerges except a demand for higher capitation rate, which is not really the solution, though it is necessary.

In my opinion nobody should be paid for any patients over 3,000, and that list ought to be worth quite £3,000 a year. In this way there would be no more unemployment for the young entrants into practice, and patients would get a decent type of attention whoever they might be. Secondly, private practice would be easier if patients could elect to contract out of paying their weekly contributions, although they should still be eligible for free hospital treatment and drugs because of their support for the N.H.S. via indirect taxation. This system would help to make middle-class doctoring a more practicable proposition than it is, because the vermin doctor might be able to subsidize his list with fee-paying patients.

There was once an argument that the lists could not be limited below 4,000 in case it standardized practices enough to be the thin end of the wedge for State medicine. When one considers that some districts have an average of 1,600 patients per doctor, there does not seem so much cause for alarm, though perhaps others average 4,000. Anyway, this letter is a plea for better working conditions and a fair chance for entrants into general practice. It is the latter who will ultimately treat the patients one now has.—I am, etc.,

Hampton Hill, Middx. I. E. D. MCLEAN.

Night Call

SIR,—As there is no redress for the G.P. except in the pleasure of letting off steam to you, I thought it might amuse you to hear the following.

My wife and I were out at a dance last week and our maid was got out of bed by the telephone at 10 p.m. The message she took was as follows, from Mrs. A's daughter at Dover: Could the doctor please call in to see her mother, since she hadn't heard from her for a fortnight?

Knowing that to neglect such a call might land me in front of a tribunal, I duly made the call. Mrs. A had a cold in the head and hadn't bothered to write; there was no need for the doctor to call really, but, since he had, could he do this, that, and the other?

Mrs. A was unable to understand why I was offended at the request of her daughter and did not propose to tell her daughter, who was rather a nervous sort of person. As the call had nothing to do with Mrs. A, I could hardly blame her and rendered what services she required. What can we do about it?—I am, etc.,

Hythe, Kent. D. KENNEDY.

Loss of Personal Touch

SIR,—I feel it time now for the leaders of our profession to precipitate the introduction once again of the G.P.s looking after their own cases which are within their scope. There is a gross redundance of young hospital medical officers who are too filled in their own cerebral centres with the rarities of medicine. The danger of over-specialization is all too imminent. Doctors tend to lose that personal and common-sense touch. It is the patient that matters as much as the disease. The patient requires to be educated not on the lines of intravenous pyelograms and arteriographic investigations but on the principal hygienic and prophylactic methods of keeping oneself fit. Surely bizarre electric-wave therapy and fancy massage as given in a physiotherapy department, good as often it is, could be reduced considerably if the patient was instructed to take a hot-water bottle for his lumbago and retire to bed.

Never before in the history of this country of ours have the patients been so neurotic. *X*-ray investigations are needlessly desired, and the patients very often have their wish fulfilled. The time will come when doctors will be doing platelet counts for the smallest possible haemorrhage. We require the cream of medicine, and that is the good general practitioner, to give more judgment on matters and to receive a greater entry into the care and welfare of the patient.

The public have been educated on the wrong lines to a great degree. Let them think of health rather than of illness, and by so doing we can relieve a great burden from the psychologists, who I think will agree that psychosomatic medicine has taken primary place.—I am, etc.,

Brighton. R. K. STEEN.

Tracing Patients

SIR,—I have read the acrimonious comments from doctors who object to checking their lists. I suggest it would be politic to go with the executive councils in this as far as they want to go, and then take the councils twice as far again. How many doctors realize that they have patients on their lists who can produce medical cards, and whose medical record envelopes are in the proper place, and who may be under treatment now, but are still on the free list?

One partner in this firm recently retired, and a check of his patients alone disclosed between 60 and 70 who appear to be normal patients in every way except for the payment.

The only possible answer seems to be for the council to submit a list of his patients to each doctor once a year or thereabouts.—I am, etc.,

Shipley, Yorks. H. S. RUSSELL.

Trade or Profession?

SIR,—I wish to protest at the way in which references are made on the B.B.C. to trade unions as applying to the medical profession. On two occasions within the last 12 months this subject has been the topic of conversation in the "Any Questions?" programme. The members taking part in that programme are presumably educated, intellectual people, yet they seem to think that, because a doctor must first have his name entered in the *Medical Register* before being allowed to practise, the medical profession is a "closed shop" and a strong trade union. Can they not see that the practice of medicine is a profession and cannot be compared with a trade?

I would be interested to know if other doctors feel irritated by these references which are broadcast to the gullible public.—I am, etc.,

Burbage, Wilts. M. J. L. HASSALL.

Rent at Health Centres

SIR,—I do not know how correct Dr. J. F. Robinson's statement (*Supplement*, January 26, p. 32) is that G.P.s at a health centre will be charged a rental, but this is quite within the realm of probability, as anything can happen to a G.P. Most of us and our representatives have been living in a land of fantasy for many years and more so than ever since July, 1948.

The State abolished private practice and N.H.I., and established a totalitarian health service. It bought our practices (assets) at its price, holding on to the capital and paying us the interest on this which it decided should be paid, giving us no option of investing at 4.5 or 6%. It has used our surgeries and/or houses for carrying out its work without rent or allowances for phones, light, heat, paper. Our wives in, I expect, a very large number of cases have to keep the place clean, answer the phones, and answer the doors. An allowance for this is made in income tax, which means that it costs the State the tax on around £150 for these services. It also pays us a camouflaged salary which was very inadequate in 1947, when I think we went from 9s. to 15s. under N.H.I., without prejudice as to the finance of N.H.S.—all according to Spens.

Now I submit that, if the State succeeded in getting away with all this, I see no reason why it should not get away with making us pay rent for doing its and our work at a health centre and allowing us to put this down as expenses for income-tax purposes. The N.H.S. is fabulously expensive,

and this rent would reduce the cost by about £6,000,000, less our income-tax rebate. There has been a strong suggestion that it is the doctors who must reduce the cost. We are in the hands of our representatives. What do they think ?—I am, etc.,

St. Osyth, Essex. R. E. CLARKE.

Badly Set-out Form

SIR,—I am constantly being put to considerable trouble and annoyance by having Form E.C.1 (Rev.) presented or sent to me incorrectly completed by the patient. In the majority of cases they have omitted the national registration number and date of birth. This results in needless visits or letters, which are either not answered or answered weeks later. The reason for this omission lies in the fact that the form is badly set out and gives the impression that the words, "For Office Use," apply to the whole of the right-hand corner. May we please have this put to rights ? I believe that this is a prevalent occurrence, and one which adds unnecessary burden to our ever-increasing administrative tasks.—I am, etc.,

Scunthorpe, Lincs. R. H. FOXTON.

B.M.A. LIBRARY

The following books have been added to the Library:

Adelaide Hospital Centenary Book. 1951.
Averill, L. A., and Kempf, F. C.: Psychology Applied to Nursing. Fourth edition. 1951.
von Baeyer, W. R.: Die moderne psychiatrische Schockbehandlung. 1951.
Birch's Management and Medical Treatment of Children in Tropical Countries. Ninth edition. 1951.
Brain, W. R.: Mind, Perception, and Science. 1951.
British Medical Journal: Any Questions ? First Series. 1951.
Brown, A. L.: Technical Methods for the Technician. Fourth edition. 1951.
Burgdörfer, F.: Bevölkerungsdynamik und Bevölkerungsbilanz. 1951.
Clark's Applied Pharmacology. Eighth edition revised by Andrew Wilson and H. O. Schild. 1952.
Consolazio, C. F., Johnson, R. E., and Marek, E.: Metabolic Methods. 1951.
Danaraj, T. J.: Eosinophilic Lung. 1951.
DeLee's Obstetrics for Nurses. Fifth edition by M. E. Davis and C. E. Sheckler. 1951.
DeSanctis, A. G., and Varga, C.: Handbook of Pediatric Medical Emergencies. 1951.
Ferguson, T., and Cunnison, J.: The Young Wage-earner: a Study of Glasgow Boys. 1951.
Fervers, C.: Die Narkoanalyse als initiale Methode in der Psychotherapie. 1951.
Groddeck, G.: The Unknown Self. 1951.
Hoff, F.: Klinische Physiologie und Pathologie. 1950.
Johnstone, M. V.: Manual of Lip-reading: Embodying Twenty-six Practical Lessons. 1951.
Key, J. A., and Conwell, H. E.: Management of Fractures, Dislocations and Sprains Fifth edition. 1951.
Laborderie, J.: Electrothérapie. 1951.
Martin-Doyle, J. L. C.: Synopsis of Ophthalmology. 1951.
Mollison, P. L.: Blood Transfusion in Clinical Medicine. 1951.
Morse, M. E., Frobisher, M., jun., and Sommermeyer, L.: Microbiology for Nurses. Eighth edition. 1951.
Morse, M. E., *et al.*: Microbiology and Pathology for Nurses. Third edition. 1951.
Mulligan, R. M.: Syllabus of Human Neoplasms. 1951.
Nand, D. S.: Preliminary Notes on the Findings of Soul-Analysis (Total Psycho-Analysis). 1951.
Nand, D. S.: Preliminary Report on the Methods of Total Psycho-Analysis (Soul-Analysis). 1951.
Savill, A.: The Hair and Scalp. Fourth edition. 1952.
Schuster, Sir G.: Christianity and Human Relations in Industry. 1951.
Segal, M. S.: Management of the Patient with Severe Bronchial Asthma. 1950.
Sellew, G., and Furfey, P. H.: Sociology and Social Problems in Nursing Service. Third edition. 1951.
Shattuck, G. C.: Diseases of the Tropics. 1951.
Sherwood, N. P.: Immunology. Third edition. 1951.
Shurtleff, F. E.: Children's Radiographic Technic. 1951.
Slavson, S. R.: Analytic Group Psychotherapy with Children, Adolescents, and Adults. 1950.
Smith, K. M.: Recent Advances in the Study of Plant Viruses. Second edition. 1951.
Speer, E.: Die Liebesfähigkeit (Kontaktpsychologie). 1951.
Spence, L.: Second Sight: Its History and Origins. 1951.
Stebbing, L.: Understanding Your Child. 1951.
Templewood (Viscount): The Shadow of the Gallows. 1951.
Terminal Care for Cancer Patients. 1950.
Van Alyea, O. E.: Nasal Sinuses. Second edition. 1951.
Watson-Jones, Sir R.: Fractures and Joint Injuries. Fourth edition. Volume 1. 1952.
Willan, R. J.: Clinical Hat Pegs for Students and Graduates. 1951.
Williams, J. F.: Personal Hygiene Applied. Ninth edition. 1950.
Williams, J. F., and Brownell, C. L.: Administration of Health Education and Physical Education. Fourth edition. 1951.
Yacorzynski, G. K.: Medical Psychology. 1951.

H.M. Forces Appointments

ROYAL NAVY

Surgeon Captain A. W. McRorie, K.H.P., has retired.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Commander S. B. Levy, V.R.D., has retired.

ROYAL CANADIAN NAVY

Surgeon Lieutenant-Commander R. H. Roberts to be Surgeon Commander.

ROYAL CANADIAN NAVY (RESERVE)

Surgeon Lieutenant-Commander J. D. Ross to be Surgeon Commander.

ARMY

Major-General J. M. Macfie, C.B., C.B.E., M.C., K.H.S., late R.A.M.C., has retired on retired pay.

Brigadier (Temporary Major-General) J. C. Collins, C.B.E., late R.A.M.C., to be Major-General.

Brigadier A. G. Harsant, O.B.E., K.H.S., late R.A.M.C., to be Major-General (Supernumerary).

Colonels (Temporary Brigadiers) W. L. Spencer-Cox, O.B.E., M.C., and R. J. Rosie, K.H.P., late R.A.M.C., to be Brigadiers.

Colonel G. W. B. Shaw, late R.A.M.C., having completed four years in the rank, has been retained on the Active List supernumerary to establishment.

Lieutenant-Colonels J. G. Black, E. J. Curran, and A. N. T. Meneces, C.B.E., D.S.O., from R.A.M.C., to be Colonels.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel J. T. Smyth, having attained the age for retirement, is retained on the Active List supernumerary to establishment.

Majors A. L. Pennefather, J. McGhie, G. F. Valentine, and E. Gareh to be Lieutenant-Colonels.

Captain P. L. G. Cole to be Major.

REGULAR ARMY RESERVE OF OFFICERS

Major-General J. A. Manifold, C.B., D.S.O., late R.A.M.C., having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers.

ROYAL ARMY MEDICAL CORPS

Major (Honorary Lieutenant-Colonel) R. H. Wheeler has ceased to belong to the Reserve of Officers.

Major (Honorary Lieutenant-Colonel) J. M. McF. Drew, O.B.E., has resigned his commission.

Major R. R. Simpson, J.P., has relinquished his commission, retaining the rank of Major.

SUPPLEMENTARY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Majors (acting Colonels) G. S. N. Hughes, D.S.O., W. M. Evans, O.B.E., M.C., T.D., and G. M. Frizelle, T.D., to be Colonels.

TERRITORIAL ARMY

Colonel J. B. S. Guy, C.B.E., T.D., R.A.M.C., has retired, retaining the rank of Colonel.

Colonels H. J. D. Smythe, M.C., T.D., and J. E. Rusby, M.C., T.D., R.A.M.C., having exceeded the age limit, have retired, retaining the rank of Colonel.

Lieutenant-Colonel (acting Colonel) W. E. Tucker, M.B.E., R.A.M.C., to be Colonel.

Lieutenant-Colonel W. H. Wolstenholme, O.B.E., T.D., R.A.M.C., to be Colonel.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel R. Mowbray has been granted the acting rank of Colonel.

Major (acting Colonel) A. G. Flemming, O.B.E., to be Lieutenant-Colonel.

Majors (acting Lieutenant-Colonels) I. C. A. D. P. Graham, T.D., N. Pyecroft, M.C., and T. P. Sewell to be Lieutenant-Colonels.

Captain (acting Lieutenant-Colonel) J. F. K. Grieve to be Lieutenant-Colonel. (Substituted for the notifications in *Supplements* to the *London Gazette* dated October 9 and November 6, 1951.)

Captain (acting Lieutenant-Colonel) F. C. Rodger to be Major.

Major I. C. Campbell has relinquished his commission, retaining the rank of Major.

Captain (acting Major) J. T. Mair has been granted the acting rank of Lieutenant-Colonel.

Captains J. R. S. Innes, L. R. West, W. G. Ferguson, D. K. W. Picken, and J. B. Bennett to be Majors.

Captains J. S. Binning, P. J. Duff, R. T. G. Craig, R. B. Raffle, and R. McL. Archibald to be acting Majors.

COLONIAL MEDICAL SERVICE

The following appointments have been announced: E. A. Beet, M.R.C.S., L.R.C.P., D.T.M.&H., Specialist Physician, Nigeria; Miss E. Gemmell, M.B., Ch.B., D.T.M.&H., Lady Medical Officer, Aden; V. W. J. Hetreed, B.M., B.S., C.P.H., Specialist (Tuberculosis), Nigeria; H. M. O. Lester, O.B.E., Ph.D., M.R.C.S., L.R.C.P., Director of Medical Services, Federation of Malaya; J. P. P. Mackey, M.B., Ch.B., D.P.H., Senior Pathologist, Tanganyika; L. M. Ram, M.D., Senior Medical Officer, Social Hygiene, Singapore; G. I. M. Ross, M.B., Ch.B., F.R.C.S., Surgeon Specialist, Federation of Malaya; L. A. P. Slinger, O.B.E., M.B., B.Ch., Director of Medical Services, British Guiana; G. G. Smith, M.R.C.S., L.R.C.P., Director of Medical Services, British Honduras; R. J. Grove-White, M.B., B.Ch., M.R.C.P., D.T.M.&H., Tuberculosis Specialist, Singapore; F. S. Carter, M.B., Ch.B., Special Grade Medical Officer, Kenya; Kong Hoi Kit, M.B., F.R.C.S., Medical Officer, Hong Kong; D. Leslie, M.B., Ch.B., Medical Officer, Federation of Malaya; W. S. Lewis, M.R.C.S., L.R.C.P., Medical Officer, Sarawak; P. S. Wright, M.B., Ch B., Gynaecological and Obstetrical Specialist, Hong Kong; J. L. R. Barlow, M.B., Medical Officer, Gold Coast; D. P. Daly, M.B., Ch.B., and R. M. Halahan, M.B., Ch.B., Medical Officers, Tanganyika; P. M. Philpott, M.B., B.S., Lady Medical Officer, Sarawak; T. A. O'Donnell, M.B., B.Ch., Medical Officer, Uganda.

Association Notices

SCHOLARSHIPS IN AID OF SCIENTIFIC RESEARCH

The Council of the British Medical Association is prepared to receive applications for research scholarships, as follows:

An Ernest Hart Memorial Scholarship, of the value of £250.
A Walter Dixon Scholarship, of the value of £250.
Four Research Scholarships, each of the value of £200.

These scholarships are given to candidates whom the Science Committee of the Association recommends as qualified to undertake research in any subject (including State medicine) relating to the causation, prevention, or treatment of disease.

Each scholarship is tenable for one year, commencing on October 1, 1952. A scholar may be reappointed for not more than two additional terms. A scholar is not necessarily required to devote the whole of his or her time to the work of research, but may be a member of H.M. Forces or may hold a junior appointment at a university, medical school, or hospital, provided the duties of such appointment will not, in the opinion of the Science Committee, interfere with his or her work as a scholar.

Applications for scholarships must be made not later than March 31, 1952, on the prescribed form, a copy of which will be supplied on application to the Secretary, B.M.A. House, Tavistock Square, London, W.C.1. Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated.

Diary of Central Meetings

FEBRUARY

12	Tues.	Central Ethical Committee, 2 p.m.
12	Tues.	Subcommittee on Constitution and Procedure of Medical Service Committees, General Medical Services Committee, 2 p.m.
12	Tues.	Office Staff Superannuation Fund Committee, 3.30 p.m.
14	Thurs.	Publishing Subcommittee, 10.30 a.m.
14	Thurs.	Journal Committee, 2 p.m.
15	Fri.	Tuberculosis and Diseases of the Chest Group Committee, 12 noon.
15	Fri.	Ophthalmic Group Committee, 2 p.m.
19	Tues.	B.M.A. and Royal College of Nursing Liaison Committee, 2.30 p.m.
20	Wed.	General Medical Services Committee, special meeting, 11 a.m.
20	Wed.	General Practice Review Committee, 11 a.m.
20	Wed.	Association of General Practitioners with Hospital Work Committee, 2 p.m.
21	Thurs.	Dermatologists Group Committee, 10.30 a.m.
21	Thurs.	General Medical Services Committee, 10.30 a.m.
26	Tues.	Central Ethical Committee, special meeting, 2 p.m.
27	Wed.	Private Practice Committee, 2 p.m.
28	Thurs.	Committee on Control of Medical Manpower in War, 2 p.m.
28	Thurs.	Trainee Assistants Subcommittee, General Medical Services Committee, 2 p.m.
28	Thurs.	Welsh Committee, special meeting (at Raven Hotel, Shrewsbury), 2.15 p.m.
29	Fri.	Library Subcommittee, 12 noon.
29	Fri.	Science Committee, 2 p.m.

MARCH

5	Wed.	General Practice Review Committee, 11 a.m.
10	Mon.	Conference between the B.M.A., Ministry of Health, and associations of local authorities on Dual Appointments (at 1, Richmond Terrace, Whitehall, London, S.W.1), 3.30 p.m.
13	Thurs.	General Practice Review Committee, 11 a.m.
19	Wed.	Joint meeting of B.M.A. and T.U.C. Committees, 11 a.m. (Preliminary meeting of B.M.A. Representatives, 10.15 a.m.)
26	Wed.	**Council**, 10 a.m.
27	Thurs.	**Council.**

APRIL

2	Wed.	General Practice Review Committee, 11 a.m.
16	Wed.	General Practice Review Committee, 11 a.m.

Branch and Division Meetings to be Held

BLACKPOOL AND FYLDE DIVISION.—At Savoy Hotel, Gynn Square, Blackpool, Wednesday, February 13, 7.15 for 7.30 p.m., dinner; 8.30 p.m., lecture by Dr. F. Storey Cliff: "Some Rural Skin Diseases."

BURTON-ON-TRENT DIVISION.—At Stanhope Arms Hotel, Bretby, Wednesday, February 13, 7.45 p.m., dinner, followed by lecture by Brigadier R. A. Broderick: "Ulcers of the Mouth and Allied Conditions."

CITY DIVISION.—At Mildmay Mission Hospital, Austin Street, Bethnal Green, London, E., Tuesday, February 12, 8.30 p.m., clinical meeting.

CROYDON DIVISION.—At Croydon General Hospital, Tuesday, February 12, 8.30 p.m., general meeting. Address by Dr. J. G. Humble: "Recent Advances in the Diagnosis and Treatment of Anaemias."

GUILDFORD DIVISION.—At Royal Surrey County Hospital, Guildford, Thursday, February 14, 8.30 p.m., address by Dr. R. M. Mason: "Cortisone."

HENDON DIVISION.—At Hendon Hall Hotel, London, N.W., Tuesday, February 12, 8.45 p.m., Dr. W. J. O'Donovan: "Drug Rashes."

ISLE OF WIGHT DIVISION.—At St. Mary's Hospital, Newport, Sunday, February 17, 3 p.m., clinical demonstration by Dr. J. C. Harland: "Heart Failure." All Island practitioners are invited.

KINGSTON-ON-THAMES DIVISION.—At Kingston Hospital, Wolverston Avenue, Kingston-on-Thames, Tuesday, February 12, 8 for 8.30 p.m., Mr. R. C. Brock: "Cardiac Surgery." A film and slides will be shown.

LEIGH DIVISION.—At Boar's Head Hotel, Leigh, Tuesday, February 12, 8.30 p.m., address by Mr. J. Kilshaw, A.I.B.P., A.R.P.S.: "Medical Photography in the Teaching Hospital."

ROCHDALE DIVISION.—At Red Lion Hotel, Lord Street, Rochdale, Monday, February 11, 8.30 p.m., meeting to discuss subject of inflation of doctors' lists.

SALISBURY DIVISION.—Tuesday, February 12, 8.15 p.m., B.M.A. Lecture by Dr. K. Shirley Smith: "Surgical Aid in Common Heart Diseases: with Special Reference to Mitral Stenosis, Hypertension, and Angina."

SOUTH ESSEX DIVISION.—At Brentwood Mental Hospital, Sunday, February 17, 10.30 for 10.45 a.m., clinical meeting.

SOUTH SHIELDS DIVISION.—At Ingham Infirmary, South Shields, Friday, February 15, 8.15 p.m., scientific meeting. Mr. A. Smith: "Common Ophthalmic Emergencies."

SOUTH-WEST ESSEX DIVISION.—At Clinic Hall, Thorpe Coombe Maternity Hospital, Walthamstow, E., Wednesday, February 13, 8.30 p.m., lecture by Dr. W. J. O'Donovan: "Modern Practice of Dermatology."

SUNDERLAND DIVISION.—At Royal Infirmary, Sunderland, Friday, February 15, 8 p.m., clinical demonstration by Mr. C. G. Rob, Dr. A. B. White, and Dr. O. Olbrich.

TUNBRIDGE WELLS DIVISION.—At Kent and Sussex Hospital, Tunbridge Wells, Wednesday, February 13, 8.30 p.m., medical films.

WEST SUFFOLK DIVISION.—At Everard's Hotel, Bury St. Edmunds, Tuesday, February 12, 8.30 p.m., annual general meeting. Dr. Walter Hedgcock (Assistant Secretary, B.M.A.) will talk on current affairs.