British Medical Journal Supplement

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CONTENTS

General-practitioner Pay

Review Body Receives Deputation

The profession's representatives—Mr. J. R. Nicholson-Lailey, Dr. A. B. Davies, and Dr. C. J. Swanson (appointed by the B.M.A.), and Sir Thomas Holmes Sellors and Dr. K. Robson (appointed by the Joint Consultants Committee)—met the Review Body on Doctors' and Dentists' Remuneration on 2 January for a general discussion "to enable the Review Body to give preliminary consideration to the business which may require its attention in the coming period." Lord Kindersley and his colleagues were told that a detailed case for an increase in general-practitioner remuneration was likely to be ready for presentation in April.

The case has been prepared by a panel appointed by the B.M.A. and the Joint Consultants Committee and consisting of Mr. Nicholson-Lailey, Dr. Davies, Dr. Swanson, Mr. H. H. Langston, and Sir Thomas Holmes Sellors. They have been advised by Counsel (Mr. J. T. Molony, Q.C., Mr. S. B. R. Cooke, Q.C., and Mr. R. Gatehouse) instructed by Mr. N. Leigh Taylor, of Messrs. Hempsons, Solicitors to the B.M.A., and by Professor R. G. D. Allen, Professor of Statistics, University of London; Mr. D. T. Jack, Chairman, Air Transport Licensing Board and formerly David Dale Professor of Economics, University of Durham; and Mr. R. T. Bucknill, chartered accountant, of Messrs. Price Waterhouse and Co.

The G.M.S. and the Joint Consultants Committees considered the case on 8 January, and the Council of the B.M.A. will consider it on 15 January. After that it will be published and presented for approval in March to special meetings of the Conference of Local Medical Committees and of the Representative Body.

Diminishing Value of Compensation

No Concessions From Government

Year after year resolutions are passed unanimously by the Annual Representative Meeting and the Conference of Local Medical Committees demanding changes in the provisions of the National Health Service Acts as they affect compensation for the loss of the right to sell the goodwill of practices. Representatives of the B.M.A.'s Compensation and Superannuation Committee have seen Ministers of Health on three separate occasions and each time have obtained no concessions on major questions.

Inflation has greatly depreciated the value of the capital asset of the goodwill of doctors' practices, which was frozen in 1948 in a global sum out of which payments have been made from time to time as doctors retired or died. Interest on the capital is paid at the rate of 2¾% less tax.

B.M.A.'s Claims

The B.M.A. has asked, first, that the balance of the global sum should be paid forthwith to those doctors to whom it is owed or alternatively that it should be transferred to them in the form of negotiable securities. Secondly, the B.M.A. has asked that, as an interim measure, the interest rate should be brought into line with current rates. The low rate in itself constitutes hardship, the B.M.A. has pointed out. Thirdly, the B.M.A. has asked, in accordance with the principle agreed in 1946 that compensation should be paid when goodwill would ordinarily have been sold, that the appropriate proportion of compensation should be payable when a principal surrenders a share of his practice. This is in line with the provisions of the Amendment Act, 1949, but this Act applies only to partnerships in existence on 5 July 1948. The Ministry has refused to consider this demand, though without producing any convincing arguments.

Ministers of Health have always taken the line that what Parliament decided in 1946 on the payment of compensation was a once-for-all settlement. They would not accept the B.M.A.'s submission that there could be no such thing as a once-for-all settlement in an evolving service and in an era of inflation. Mr. Enoch Powell, when he was Minister, stated that he would not ask Parliament to amend the Act and that he could offer no prospect of that being done.

Hardship

Last July, however, the Minister of Health and the Secretary of State for Scotland agreed that in some exceptional circumstances they would apply less stringent criteria in sanctioning compensation payments on grounds of hardship (*Supplement*, 6 July 1963, p. 7). These related to (1) doctors over the age of 70 who take a partner or who in some other way reduce their practice commitments; (2) cases of genuine hardship; and (3) doctors in need of capital for purchasing a house two to three months before retirement.

"Hardship" in the context of the Compensation Regulations has never been defined. The Ministers have complete discretion in these cases. The Health Departments have always applied very strictly the rigid criterion that hardship is limited to an onerous debt incurred by the purchase of goodwill before the appointed day. There has been a series of minor relaxations, but the Compensation and Superannuation Committee thinks it unlikely that further progress will be made until the Ministry, or Treasury, is prepared to interpret the law in the spirit rather than the letter. The Committee believes, however, that some claims might have more chance of success if they are presented in the right way, and it suggests that advice should be sought from the B.M.A. before a claim on hardship grounds is submitted.

Local Medical Committees

Questionary on Election Practice

The General Medical Services Committee is inquiring into the elective status of local medical committees throughout the United Kingdom. Each committee has been asked how its members are elected, how often elections are held, and when the last one was. Committees have also been asked whether their constitution has been approved by appropriate Ministers, as is required under the N.H.S. Acts.

The matter was raised last month by the Belfast Local Medical Committee in a letter to the G.M.S. Committee. "It would seem from our information to date," the letter stated, "that it is likely that many of the local medical committees in the United Kingdom have not been elected within the past five years, and it is felt that such a situation is detrimental to the proper representation of the views of general practitioners in those areas." The letter went on to ask that measures be taken "to invalidate" members of the G.M.S. Committee and members of the Annual Conference of Local Medical Committees who are representing committees which have not been elected "within the framework of the model scheme" during the past three years.

Constitution of Committees

The N.H.S. Acts state that when the Minister is satisfied that a local committee formed for the area of any executive council is representative of the medical practitioners of that area the Minister may recognize that committee as the local medical committee. At the beginning of the Health Service a model scheme for the constitution of local medical committees in England and Wales was devised and accepted by the Minister of Health as fulfilling the requirements of the Act. Committees are presumed to have been guided by this scheme since 1948, but how faithfully its provisions have been carried out will not be known until the present inquiry is completed.

Local medical committees are supposed to be constituted of representatives of (1) general practitioners on the local executive council N.H.S. list; (2) general practitioners in the area not on the list; (3) consultants and specialists; and (4) the county or county borough medical officer of health or his representative; together with (5) some co-opted members. Elections of nominated candidates should be held in June every third year either by postal ballot or by ballot at a meeting of all entitled to vote. Those elected serve for three years and are eligible to be re-elected for further periods. Casual vacancies may be filled by the committee.

Each committee appoints a secretary, and in many cases he is paid. He need not be a doctor. Some committees appoint a solicitor as secretary. Administrative expenses are paid from deductions made by the executive council from the remuneration of N.H.S. general practitioners in the area either on a voluntary, individual basis or at the request of the local medical committee.

Committees are supposed to circulate to electors before the next election is due a report of their proceedings with a statement of accounts. The model scheme also provides for a special meeting of all the practitioners of the area to be called at the request of not less than two-thirds of either the members of the committee or of the practitioners resident in the area.

Functions of Committees

The N.H.S. Acts state that executive councils must consult with local medical committees "on such occasions and to such extent as may be prescribed," and that the committees "shall exercise such other functions as may be prescribed." These functions are now many, and nearly all local medical committees delegate their duties to subcommittees. London Local Medical Committee, for example, has the following subcommittees: service administration, service development, finance and general purposes, employment of assistants, and ethical. The service administration subcommittee decides on such matters as whether a substance prescribed was not a drug, and it also investigates and advises on cases of alleged excessive prescribing. It authorizes payments for emergency treatment, and it advises the executive council on the removal from the list of non-effective practitioners. The service development subcommittee considers developments in the N.H.S. and offers advice on the general-practitioner aspects of them. The "Hospital Plan," beds for maternity patients, general-practitioner facilities at hospitals, clinical assistantships, casualty and accident services, general-practitioner work in local authority clinics, the care of old people, group practice, manning doctors' telephones, and human relations in obstetrics are examples of the miscellany of matters recently considered by this subcommittee. In addition to controlling the Committee's expenditure, the finance and general purposes subcommittee considers all matters relating to doctors' pay, and it advises on the appointments the Committee has to make to the executive council, the G.M.S. Committee, and the Annual Conference. The subcommittee appoints representatives to the allocation and service committees of the executive council, to the regional board co-ordinating committees, and to the obstetric committees for the London area.

Although the London Local Medical Committee, in common with others in large cities, deals with an exceptional variety of matters, its statutory duties are the same as those performed by all local medical committees, with or without subcommittees. In addition, all committees advise general practitioners in their area generally and individually on general medical service matters.

Organization of General Practitioners

The G.M.S. Committee of the B.M.A. is recognized by the Health Departments as representing doctors providing general medical services in the N.H.S. Local medical committees, whose members need not be members of the B.M.A., nominate for election on a territorial basis 33 members of the G.M.S. Committee, and they appoint the representatives to the Annual Conference of Representatives of Local Medical Committees. The Annual Conference elects six members of the G.M.S. Committee; thus 39 of its 59 members are elected through the auspices of local medical committees. In Scotland local medical committees appoint a majority of the members of the G.M.S. Committee (Scotland). The Annual Conference decides policy on general medical service matters in the United Kingdom and instructs its executive, the G.M.S. Committee.

It is whether this representative machinery is functioning properly that the Belfast Local Medical Committee is now questioning. Some recent correspondents to the *Journal* have raised similar doubts.

Overseas Appointments Fund

The B.M.A. Overseas Appointments Fund was set up in 1960 to help doctors in the United Kingdom taking up short-term appointments in developing countries to meet their incidental expenses. So far eight grants have been made totalling £870. Five were to doctors taking up appointments in Nigeria, one to a doctor going to Gambia, and two to doctors going to medical colleges in India. "Short-term" appointments are defined as those lasting about two years, but grants may be made at the discretion of the Overseas Committee of the B.M.A. for longer or shorter periods.

Applicants for grants must be (*a*) registered either fully, provisionally, or temporarily by the General Medical Council of the British Isles; (*b*) members of the British Medical Association, including the Irish Medical Association. An application may be considered from a doctor who is already in the overseas post in respect of which the application is made, provided that the post was taken up not earlier than 1 April 1960. Applicants are required to furnish evidence that they have taken up the overseas appointment. They are also expected to submit a brief report of their experiences.

New London Boroughs

During the period (beginning 1 April 1965) when the new London boroughs will be taking over new areas and new responsibilities, and will also be recasting the former authorities' plans for the development of health and welfare services, a special transitional establishment will be essential, the B.M.A. thinks, especially in the area at present covered by the County of London, where the personal and environmental health services are administered quite separately. The Ministry of Housing and Local Government has referred to "the desirability of retaining some staff in an advisory or supernumerary capacity in the years immediately following the setting up of the new system."

B.M.A.'s Proposals

The B.M.A. has therefore put to the London Government Staff Commission, the L.C.C., and some of the local authority associations proposals for a transitional establishment comprising one medical officer of health; one associate medical officer of health (whenever possible to be named as medical officer of health designate); four medical officers in charge of services (maternity and child welfare, environmental health, mental health, and school health services); and 7–10 whole-time medical officers (or a corresponding number of part-time officers) for clinical duties.

The proposed establishment does not include provision for an M.O.H.'s direct responsibility for welfare services. The designation "associate medical officer of health" is not intended to imply any divided responsibility at chief officer level but merely an adjustment of relative status. There can be only one chief officer of the health department for each authority, but the orthodox staffing structure, with a deputy M.O.H. as second in command, would not, in the B.M.A.'s view, meet the pressing need of the transitional period, which is to enable senior officers of equal or near equal status to work side by side and thus to make all their existing skills available to the new authorities for some years after the changeover. The associate M.O.H. would be subordinate to the M.O.H.

When the post of medical officer of health is given to a medical officer who was previously responsible for the personal health services the post of associate medical officer of health should normally go to a medical officer who was formerly responsible for the environmental health services, and vice versa.

Associate medical officer of health posts, the B.M.A. thinks, would offer valuable scope for senior public health medical officers who were within a few years of retirement. When, on the other hand, such an officer filled the medical

officer of health post the associate medical officer of health should preferably be a younger doctor who could be recognized as "medical officer of health designate" and who would thus succeed to the medical officer of health post on the retirement of the older officer.

Functions of Greater London Council

The B.M.A. expects that the principal medical functions of the Greater London Council will be as follows. (1) To provide a staff medical service for pre-employment examinations; periodic re-examinations of certain staff; surveillance of staff environmental conditions (including kitchens, canteens, etc.); and first-aid arrangements. (2) To organize the ambulance service. (3) To advise on sewage disposal. (4) To provide a "medical intelligence" service. The Greater London Council, the B.M.A. thinks, will have an important part to play in studying the demography and population trends of Greater London, the health of its people, and such things as the epidemiology of accidents and of mental disorder. It will also have a vital role in incidents of air pollution and fog and in infectious disease control in Greater London. It could also provide a service of operational research to keep under constant examination the question whether the resources of the local health authorities are deployed in the best way to meet the community's needs.

For the services numbered 1 to 4, the B.M.A. estimates that a chief medical officer and about 15 other experienced medical officers would be required.

There are two other medical functions which the B.M.A. thinks may have to be discharged by the Greater London Council. (*a*) Responsibility for the running and efficient conduct of the school health service in Inner London. This function might well be entrusted to the chief medical officer of the Greater London Council. (*b*) Certain important health functions at London Airport at present delegated to the Middlesex County Council. The B.M.A. has suggested that when this county council is abolished these functions should be taken over by the new London Airports Authority. If this suggestion proves to be unacceptable it is considered that the health functions at London Airport should be taken over by the Greater London Council.

Remuneration of Public Health Medical Officers

A claim for an increase in the pay of all doctors in the public health service has been submitted by the Staff Side of Committee C to the Management Side. The figures have been formulated principally by comparison with remuneration in other branches of the medical profession (with which the public health service must compete for recruits), but also by comparison with salaries in other professions, including the higher local government service.

The principal objectives which the Staff Side aims to pursue in the claim are:

(1) To get a standard of remuneration which will encourage recruitment of sufficient staff of the right quality to meet the needs of an expanding service;

(2) to get it recognized that many departmental (assistant) medical officers remain as such and that therefore the assistant medical officer grade must be regarded as a career grade;

(3) to get it accepted that many authorities with populations under 250,000 now wish to employ senior medical officers, and that the responsibilities of senior medical officers now vary much more than hitherto;

(4) to get greater inducements for medical officers of health in the lower population groups to move to the higher groups.

Correspondence

Letters to the Editor should not exceed 500 words.

Mileage Payments

SIR,—The recent letter from Drs. S. A. Agnew and J. S. Rake (7 December 1963, p. 187) places the question of the Rural Practices Fund in the correct perspective. As the allocation from the Central Pool is higher under the new scheme in the case of West Sussex it is obvious that previously West Sussex was not overpaid, and that the changes in the amounts received by individual practices arise from the distribution.

The clerk to the West Sussex executive council has prepared figures showing the results of the allocation. This brings out the astounding facts that the biggest gains occur in the urban practices and the most rural suffer losses. In fact the most rural practitioner in West Sussex is in the highest category of loss. This type of change in favour of the urban practice must be unintentional and even unknown.

I would urge all aggrieved rural practitioners to approach their local medical committees and executive councils and ask them to prepare figures showing the distribution of the gains and losses in their areas. If these show, as seems probable, a distribution in favour of the urban practitioner throughout the country these findings should be forwarded to the Minister of Health. If this type of change is unintentional then we can expect the Minister to take urgent steps to rectify the matter.—I am, etc.,

Petworth, Sussex. W. A. BALL.

General-practitioner Remuneration

SIR,—At an extraordinary general meeting of the Mansfield Division on 19 December last it was the unanimous decision of those present that I should write this letter to the *British Medical Journal* and draw the attention of members of other Divisions to a resolution passed at our meeting on 7 November. At this meeting over 50 of our members were present (nearly half our total membership) and it was unanimously agreed that:

The Mansfield Division of the B.M.A. express their profound dissatisfaction with the conditions of service and remuneration of general practitioners. In view of the manner that the Central Pool is drained by financing services other than general medical services resulting in the substantial reduction of the recent 14% award, we strongly urge that: (1) from 1 April 1964 all G.P.s engaged in activities outside the scope of general medical services and currently remunerated from the Central Pool withdraw these services, with the sole exclusion of the maternity services. (2) B.M.A. Headquarters should canvass the opinion of all other Divisions forthwith, with a view to implementing this measure. (3) Nation-wide publicity should be given to this measure and the reasons for it.

This resolution was sent to Headquarters the following day, but the Secretary felt that nothing could be done about this until the Council met on 11 December. On 17 December he wrote to us again telling us that Council felt that such action was premature as negotiations had not yet commenced with the Government or the Review Body. We had a second meeting on 19 December, therefore, to consider this reply, and we were fortunate to have Dr. D. L. Gullick present to give us a full explanation of the present attitude of Headquarters.

The general feeling of the meeting, however, was that the last statement of the Chairman of Council (*Supplement*, 21 December, p. 197) was far from reassuring, and that to present the G.P.s' case as just another pay claim rather than press for the correction of a gross injustice, the leak from the Pool, is not only very bad for our publicity (the more popular press have already got it wrong) but not likely to be the best way of achieving success.

We therefore felt that it would be wise to find out how many other Divisions in the B.M.A. felt the same way as we do, and would be willing, if necessity presents, to act upon our resolution. In view of the delay that has occurred, and the fact that most of the "out of Pool" jobs require three months' notice, it was decided to postpone the date of our resolution to 1 July. This should give the G.P.s affected time to make up their minds. As this action does not affect the public directly in any way and will not affect our patients at all, it is up to the Public Relations Department of the B.M.A. to point this out to the press in no uncertain way so that talk of "strike action," etc., need not occur. Will all those interested please get in touch with me?—I am, etc.,

PHILIP RUTTER,
Honorary Secretary,
Mansfield Division of the B.M.A.
Kirkby House,
Kirkby-in-Ashfield, Notts.

SIR,—The following scheme might form a basis for discussion with the Minister.

There should be a basic, starting capitation fee of 25s. A loading should be added for every 10 years in practice. After ten years the loading should be 2s. 6d., after 20 years 5s., and after 30 years 7s. 6d. Practice expenses at present allowed by the Inspector of Taxes should be paid for at that rate additionally to capitation fees and loadings. Such expenses would include those of car, telephone, maintenance of premises, etc., in addition to those of a secretary, charwoman, and the costs of a locum up to, say, five weeks in each year. The expenses should be subject to an agreed ceiling.

The capitation fees plus loadings should be for normal medical services only. Emergency treatment, temporary residents, maternity, special examinations, prophylactic injections, and vaccinations for holiday or emigration purposes, etc., should be paid for additionally by the State. If the payment of expenses as suggested were accepted there should be no mileage payments for either town or country practices. There might, however, be a loading for "difficult of access" patients. The general practitioner's earnings should be assessed only on his earnings from his general medical services work. Earnings from hospital appointments, private work, etc., should be regarded as irrelevant.

I appreciate that this scheme would cost more money. The nation has its medical services on the cheap at present. Increased contributions would obviously be necessary, but it should be publicized that out of the weekly insurance contributions only a very small part goes to the N.H.S. Twopence per person per day is in fact what is paid in weekly contributions for medical services. A 50% rise to 3d. per person per day would not be unreasonable, and this would more than offset the extra cost of giving general practitioners a working wage. Negotiations on general-practitioner pay should be divorced from negotiations on pay for hospital medical staff. They should also be divorced from all purely medical matters. Negotiations should be conducted for the B.M.A. or other representative body by a highly paid, highly skilled, ruthless, non-medical man. General practitioners should be willing to withdraw from the N.H.S. if their just demands were not met.—I am, etc.,

Herne Bay. P. RANSOME-WALLIS.

SIR,—It is evident that the B.M.A., as exemplified by the letter of the Chairman of Council (*Supplement*, 21 December 1963, p. 197) and the general tone of the correspondence emanat-

ing from B.M.A. House, is still not alive to the urgency of the discontent of the general practitioner.

There is a fighting fund of £1m. which was to be used in such a contingency. I suggest that a business organization is set up immediately comprising full-time officials, who would call in legal consultants well versed in trade disputes, to utilize this sum to deal with the present crisis, for crisis it is.

For how much longer is this huge amount of money to be hoarded? When will more urgent an opportunity arise to save the general practitioner for the public? This may indeed be the last opportunity when doctors may be free to fight in this way.—I am, etc.,

Ruthin, Denbighshire. TREVOR HUGHES.

SIR,—At a meeting of general practitioners called by the Newport and Monmouthshire Local Medical Committee the following resolutions were unanimously passed.

(1) This meeting does not want the present Pool system of payment, and desires the G.M.S. Committee to consider adequate alternatives as a matter of urgency.

(2) This meeting is dismayed to find that the document to go before the Review Body putting the case for an increase in pay for general practitioners should be prepared by a committee consisting of one general practitioner and three consultants, and calls for an adjustment in the constitution of this committee.

This second resolution refers to the statement (*Supplement*, 14 December, p. 196) that the committee to draw up the document shall consist of the Chairmen of B.M.A. Council, the G.M.S. Committee, the Joint Consultants Committee, and the C.C. and S. Committee.

(3) The meeting upholds the principle of negotiation on behalf of general practitioners being carried out by general practitioners.

This meeting was held on 15 December, and all present were concerned with the inadequacy of the present terms of service and the effect of same on the standard of general practice. It is intended to follow this meeting with a further one in January.

The committee also carried out a postal inquiry. So far, out of eighty replies, only three have answered "yes," and seventy-seven "no," to the question: "Are you satisfied with the present method of remuneration?"—We are, etc.,

J. WADE THOMAS, Chairman.
A. S. JARMAN, Medical Secretary,
Newport and Monmouthshire Local Medical Committee.

Abersychan, Mon.

*** The Council of the B.M.A. decided on 11 December (*Supplement*, 21 December, p. 199) to appoint Dr. J. C. Swanson as an additional general-practitioner member of the panel to prepare the case to put to the Review Body for an increase in pay for general practitioners.—ED., *B.M.J.*

Association Notices

Diary of Central Meetings

JANUARY

14	Tues.	Planning Subcommittee (Occupational Health Committee), 2 p.m.
14	Tues.	Committee on Education in Obstetrics, 2.30 p.m.
14	Tues.	Committee on Increase of Venereal Diseases, Particularly amongst Young People, 2.30 p.m.
15	Wed.	**Council**, 10 a.m.
16	Thurs.	Emergency Subcommittee (Public Health Committee), 10 a.m.
16	Thurs.	G.M.S. Committee, 10.30 a.m.
21	Tues.	Arrangements Committee (Manchester, 1964), Scientific Exhibition Subcommittee (at Boyd House, Upper Park Road, Victoria Park, Manchester), 2.30 p.m.
23	Thurs.	Central Ethical Committee, 10.30 a.m.
24	Fri.	Committee on Overseas Affairs, 2 p.m.
28	Tues.	Committee on Medical Science, Education, and Research, 10 a.m.
28	Tues.	Staff Side, Committee B, Medical Whitley Council, 11.30 a.m., followed at 2 p.m. by meeting with Management Side.
29	Wed.	Joint Consultants Committee (at Royal College of Surgeons of England), 10 a.m.
30	Thurs.	Medical Students and Newly Qualified Practitioners Subcommittee (Organization Committee), 2 p.m.

FEBRUARY

5	Wed.	Occupational Health Committee, 10.30 a.m.
6	Thur.	Chairman's Subcommittee (Organization Committee), 11 a.m.
6	Thur.	Organization Committee, 2 p.m.
14	Fri.	Joint Formulary Committee, 11 a.m.
28	Fri.	Full-time Medical Teachers and Research Workers Group Committee, 2 p.m.

Branch and Division Meetings to be Held

Honorary Secretaries of Branches and Divisions are asked to send notices of meetings to the Editor at least 14 days before they are to be held.

ASHTON-UNDER-LYME DIVISION.—At Broadoak Hotel, Wednesday, 15 January, 8.30 p.m., meeting.

ARMAGH AND WEST DOWN DIVISION.—At Lurgan Hospital, (1) Tuesday, 14 January, 8.30 p.m., Dr. Mary G. McGeown: "Renal Calculi." (2) Sunday, 19 January, 10 a.m., clinical meeting.

CITY DIVISION.—At Committee Room C, B.M.A. House, Tavistock Square, London W.C., Tuesday, 14 January, 8 for 8.30 p.m., Dr. D. Turner: "Why I Believe in Osteopathy."

CROYDON DIVISION.—At Elgin Court Hotel, Tuesday, 14 January, 8.30 p.m., Dr. P. J. Lawther: "Air Pollution and Disease."

ENFIELD AND POTTERS BAR DIVISION.—At Firs Hall, Winchmore Hill, Saturday, 18 January, 6.45 for 7.30 p.m., annual dinner and dance.

FERMANAGH DIVISION.—At County Hospital, Enniskillen, Monday, 13 January, 8 p.m., (1) Dr. J. P. C. Purdon: "Obstetric and Gynaecological Problems." (2) Mr. T. J. Wilmot: "Vertigo."

GUILDFORD DIVISION.—At St. Luke's Hospital, Thursday, 16 January, 8 p.m., clinical meeting.

HASTINGS DIVISION.—At Board Room, Royal East Sussex Hospital, Tuesday, 14 January, 8.15 p.m., symposium: "Medicine in Sussex, as I see it." *Speakers*—Dr. W. Gower, Dr. A. J. Mitchell, Dr. T. H. Parkman, Dr. W. B. Young.

KINGSTON-UPON-THAMES DIVISION.—At Kingston Medical Centre, Gloucester Road, Tuesday, 14 January, 8.30 p.m., Dr. C. W. Kesson: "Human Chromosomes."

LAMBETH AND SOUTHWARK DIVISION.—At Committee Room, Lambeth Hospital, Wednesday, 15 January, 8.30 p.m., business meeting, Dr. C. Josephs: "Impressions of Oxford."

METROPOLITAN COUNTIES BRANCH.—At Conway Hall, Red Lion Square, London W.C., Sunday, 19 January, 2 p.m., Special Meeting to enable members of the Branch to discuss recent negotiations concerning National Health Service with members of Committee responsible. Dr. D. P. Stevenson (Secretary, B.M.A.) will be present.

MID-GLAMORGAN DIVISION.—At Out-patients Department, Bridgend General Hospital, Thursday, 16 January, 7.45 p.m., clinical meeting.

MIDLAND BRANCH.—At Birmingham Medical Institute, Thursday, 16 January, 8.15 p.m., symposium: "Anticoagulant Therapy." *Speakers*—Dr. O. Brenner, Dr. J. N. M. Chalmers, Dr. M. A. R. King, Dr. S. Sevitt.

RICHMOND DIVISION.—At Reception Room, Watney's Brewery, Friday, 17 January, 9 p.m., Dr. J. Cyriax: "Manipulative Medicine."

SCARBOROUGH DIVISION.—At Board Room, Scarborough Hospital, Thursday, 16 January, 8.30 p.m., annual clinical meeting.

SHROPSHIRE AND MID-WALES BRANCH.—At Lion Hotel, Shrewsbury, Wednesday, 15 January, 8.30 p.m., jointly with Shropshire Law Society, Mr. R. Fabian: "Behind the Scenes at Scotland Yard."

SOUTH ESSEX DIVISION.—At White Hart Hotel, Romford, Wednesday, 15 January, 8.30 for 9 p.m., Dr. D. L. Gullick (Assistant Secretary, B.M.A.): "Terms of Service and Remuneration of General Practitioners."

WEST DERBYSHIRE DIVISION.—At Physiotherapy Department, Whitworth Hospital, Darley Dale, Wednesday, 15 January, 8.30 p.m., Dr. T. Galla: "Depressive Illness and its Treatment."

WEST ESSEX DIVISION.—At Harlow Hospital, Thursday, 16 January, 8.30 p.m., Dr. J. S. Ross: "Remuneration and Terms of Service of General Practitioners." Discussion will follow.

Meetings of Branches and Divisions

DUMFRIES AND GALLOWAY DIVISION.—A meeting of the Division was held on 17 November 1963 in the Cresswell Maternity Hospital, Dumfries. Dr. T. W. Miller was in the chair and 24 members were present. Dr. J. Watson was presented with the scroll of admission to the Roll of Fellows of the Association. An address on "Some Problems of Aviation Medicine" was given by Dr. A. S. R. Peffers.

Branch and Division Officers Elected

FOLKESTONE AND DOVER DIVISION.—Chairman, Dr. D. Kennedy. Chairman-elect and Vice-chairman, Dr. D. W. J. Radcliffe. Honorary Secretary, Dr. P. G. T. Ford. Assistant Honorary Secretary, Dr. G. T. Whitaker. Honorary Treasurer, Mr. B. Blacklay.

HYDE DIVISION.—Chairman, Dr. R. Clark. Chairman-elect and Vice-chairman, Dr. F. D Edmondson. Honorary Secretary and Treasurer, Dr. J. C. B. Bennett.

MARYLEBONE DIVISION.—Chairman, Dr. R. Cove-Smith. Honorary Secretary, Dr. M. M. Dobson. Honorary Treasurer, Dr. D. Norris.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—President, Dr. C. F. G. Gill. President-elect, Dr. T. R. Bryant. Honorary Secretaries, Dr. J. E. Crane, Dr. D H. Jones. Honorary Treasurer, Mr. J. T. Rice Edwards.

STOCKPORT DIVISION.—Chairman, Dr. J. Edwards. Chairman-elect, Dr. J. Salem. Honorary Secretary and Treasurer, Dr. L. Dawson. Assistant Honorary Secretary, Dr. J. P. Allen.

CORNWALL DIVISION.—Chairman, Dr. R. N. Curnow. Chairman-elect and Vice-chairman, Dr. J. Collins. Honorary Secretary and Treasurer, Dr. E. Townsend.