

TRADE UNION MEMBERSHIP

The following is a list of local authorities which are understood to require employees to be members of a trade union or other organization:

County Borough Councils.—Barnsley, Gateshead. (Barrow-in-Furness have now decided that their trade union membership resolution shall not apply to medical officers.)

Metropolitan Borough Councils.—Finsbury, Fulham, Hackney, Poplar.

Non-County Borough Councils.—Dartford, Leyton, Radcliffe (limited to future appointments), Tottenham, Wallsend.

Urban District Councils.—Denton, Droylsden, Houghton-le-Spring, Huyton-with-Roby, Portslade, Redditch (restricted to new appointments), Stanley (Co. Durham), Tyldesley.

Scottish Burghs.—Motherwell and Wishaw.

Association Notices

B.M.A. LIBRARY

The Association's Library is to be transferred from its present accommodation in the main building at B.M.A. House to the first and second floors of the Garden Court wing. To facilitate the removal the Library will be closed from 12.30 p.m. on Saturday, Nov. 1, until 9.30 a.m. on Monday, Nov. 17.

Diary of Central Meetings

OCTOBER

29. Wed. Council, 10 a.m.

Branch and Division Meetings to be Held

BATH, BRISTOL AND SOMERSET BRANCH.—At Royal United Hospital, Bath, Wednesday, Oct. 29, 8.30 p.m. Annual General Meeting, Presidential address.

BIRMINGHAM: CENTRAL DIVISION.—At 154, Great Charles' Street, Birmingham, Tuesday, Oct. 28, 8.15 p.m. Clinical meeting conducted by Dr. Ernest Bulmer.

BOURNEMOUTH DIVISION.—At Burlington Hotel, Owls Road, Boscombe, Friday, Nov. 21, at 7.30 p.m. for 7.45 p.m. Annual dinner. Owing to the limitation to less than 100 persons at public dinners, early application for tickets should be made to the honorary secretary, Dr. N. Ross Smith, 9, Poole Road, Bournemouth.

CLEVELAND DIVISION.—At Middlesbrough General Hospital, Thursday, Oct. 30, 2.30 p.m. Address by Mr. Bryan Williams: The Conduct of Pregnancy and Present-day Antenatal Work. To be followed by x-ray and cine-film demonstration.

MID-ESSEX DIVISION.—At Chelmsford and Essex Hospital, Sunday, Nov. 2, 10 a.m. Dr. Richard Price: Staphylococcal Skin Affections.

Meetings of Branches and Divisions

EAST AFRICAN BRANCHES

The business meeting was held on the afternoon of Sept. 5 at Mulago Hospital, with Dr. A. J. Boase, President, Uganda Branch, in the chair. An account of other features of the Interterritorial Meeting appears at p. 665 of this issue of the *Journal*. There being no agenda on submitted resolutions, a discussion on conditions in East Africa was opened by Dr. J. Scott Brown. He said that from discussions with medical officers in Uganda he knew that many were dissatisfied with the conditions of service. Briefly, the so-called "grievances" (though he disliked the word) appeared to be: (1) that the average district medical officer was called upon to do so much administrative and clerical work that his professional interests suffered, to the detriment of his patients and of his own professional advancement; (2) that the available hospital facilities were primitive in equipment and staff; (3) that the understaffing of the Colonial Medical Service resulted in a regrettable lowering of the general standard of efficiency; (4) that the salaries were inadequate, particularly the normal maximum of each scale; (5) that, while the status of other Civil Servants had steadily improved during the past 20 years, that of the medical officer had deteriorated, not only relatively but actually; (6) that the abrogation of medico-legal fees and the curtailment of private practice had deprived the medical officer of a reward to which he was morally entitled for extraordinary services; (7) that not only was promotion slow, but there was an unwarrantable delay in filling vacancies in senior posts already provided for in establishment.

Formerly there was compensation for some of these disadvantages in the right to private practice and medico-legal fees. To-day the newcomer was denied these rights. Something would have to be done about it, because in a few years' time, when the men who were joining the Service now would have the problems of a family and its education to face, they would find their salaries inadequate for the purpose. They were, however, fortunate in having some kind of an organization to which most of them belonged—the

B.M.A. For many years the B.M.A. had apparently taken little interest in the affairs of the Colonial Medical Service—judging from results and from the many bitter criticisms of the Association from serving officers. At home, he believed, the Branch Councils consisted of men with more knowledge than the average of how affairs should be conducted, but in the Crown Colonies he doubted if this was so. The Branch Council was usually recruited from hospital clinicians and laboratory workers, whose interest was predominantly concerned with their work. The important office of secretary tended to be wished on to some junior new arrival. On the whole these officers had a congenial occupation, amenities, and consulting practice, and were reasonably contented with their lot, for which reasons they were not likely to start and sustain any campaign for the relief of "grievances" in the Service generally.

As regards H.Q. in London, he could only give sketchy impressions gained through representing the Uganda Branch on two occasions at the A.R.M., from both of which he came away with the feeling that any mention of grievances or dissatisfaction by a Colonial Servant was liable to be brushed aside as a trifling nuisance. His opinion had been that B.M.A. H.Q. had been defeatist in their attitude to the Colonial Office and that they had not been deeply concerned with anything outside the U.K., certainly not in the Crown Colonies. He did not think that the B.M.A. had no other function than to redress the grievances of its members, but none of its functions could operate properly unless its machinery was in good order. The aims, objects, and ideals of the B.M.A. were sound, but he believed that its machinery as it functioned in relation to Crown Colonies was definitely in need of an overhaul.

So far he had criticized the B.M.A., but some thought must be given to the authorities with which the B.M.A. had to deal. Gathering together these rather disconnected ideas, he was forced to the opinion that doctors in the Colonial Medical Service had need *now* of protection and that their only hope lay in the B.M.A. Further, they would have to help themselves. If the machinery was wrong, let them put it right. He proposed that an endeavour be made to develop a close liaison between the different Branches in each group of the Crown Colonies. It should be possible, and it would certainly be helpful, for every Branch in East Africa to send copies of their minutes to every other Branch and in the same way to exchange copies of all correspondence to and from H.Q. in London. If this were done, matters of common interest would soon become apparent, and they could iron out differences and develop their case. Giving the Crown Colonies a section of their own with appropriate and active representation at the "highest level" at H.Q. was a good move. "Do not let us delay unduly in assessing what grievances we have, if any, and in deciding what to do about them, if anything, remembering that in unity lies strength."

On behalf of the Council of the Uganda Branch, Dr. Davies proposed the following resolutions:

(1, seconded by Dr. McKenzie, Tanganyika) That closer co-ordination between the East African Branches of the Association is essential and that the Branches should take steps in this matter and should seek assistance from the parent body.

(2, seconded by Dr. Scott Brown) That this meeting requests the Council of the parent body to send to East Africa from time to time a secretary to assist the Branches, and particularly to assist the Branches in the discussions which will be needed consequent upon the report of the East African Salaries Commission.

(3, seconded by Dr. Carman) That this meeting fully endorses the view of Council as stated in Minute 134 of the Council's Report to the Annual Representative Meeting 1946-7.

(4, seconded by Dr. Raper, Uganda) That this meeting states that the salaries paid to members of the Colonial Medical Service should be based upon the Spens Report plus an expatriation allowance.

All were carried *nem. con.*

H.M. Forces Appointments

COLONIAL MEDICAL SERVICE

The following appointments have been announced: E. G. R. Butler, M.B., B.Ch., Medical Officer, Tanganyika; S. C. Ferguson, L.R.C.P.&S.I., Medical Officer, Nigeria; A. B. G. Laing, M.B., Ch.B., Medical Officer, Malaya; T. L. McCullagh, M.B., B.S., Medical Officer, Aden; J. R. Murley, M.R.C.S., L.R.C.P., Medical Officer, British Somaliland; A. Ettmayer, M.B., Ch.B., Medical Officer, Windward Islands; N. A. St. C. Marley, L.M.S.S.A., Medical Officer, Jamaica; J. P. Murray, M.B., B.Ch., and H. D. Wilson, M.B., B.Ch., House Doctors, King Edward VII Hospital, Malaya; H. B. Taylor, M.B., Ch.B., District Medical Officer, Bahamas; T. Thornton, F.R.C.S., Surgeon Specialist, Palestine; J. E. O'N. Gillespie, M.D., Specialist (Physician), Cyprus; A. T. Howell, M.R.C.S., L.R.C.P., Deputy Director of Medical Services, Northern Rhodesia; J. H. Pottinger, M.B., Ch.B., Senior Medical Officer, Nigeria.

Correction.—Referring to a dispute between the North of England Branch of the Association and the officers of the National Union of Mineworkers, we reported in the *Supplement* of Oct. 18 (p. 91) that the Branch had sought an increase in the payments under the scheme by 1s. 6d. a fortnight for each family for medical attendance. This should have read "an increase to 1s. 6d. a fortnight."