

Dr. R. LEVY (Jamaica) said that Jamaica was at the cross-roads and the medical profession had to decide what its relations with the B.M.A. were to be. It was almost inevitable that it should become independent as the Jamaica Medical Association, he added. Whether it would affiliate with the B.M.A., with all that that meant, it was difficult to say. There was a minority voice against affiliation with the B.M.A., and that minority was composed of doctors who had never been to Britain and who had not studied medicine there. The only way in which it was possible for British medicine to survive was by continuing to infiltrate British medicine into overseas countries—professional and academic infiltration—by sending out those who would talk medicine.

As to the Association affording protection, Dr. Levy said that the only thing Jamaica would like to be protected from was a State medical service, and he wondered whether it would be paradoxical to ask the B.M.A. to help in that.

Dr. G. V. HARRY (Jamaica) said that a certain faction in Jamaica wanted to have a Jamaica Medical Association, but at a recent special general meeting the matter was put into abeyance for a time. Most of the Jamaican doctors were British graduates, and there was a desire to continue in the British medical tradition. In his view, the Commonwealth Medical Advisory Bureau should be more extensively used than at present, and it might be possible to organize an exchange system whereby consultants and others could go to Jamaica on an exchange basis with Jamaican doctors who would go to Britain in a similar capacity. The Association might also arrange a quarterly bulletin to affiliated Associations giving news of what was happening in other places.

#### Enthusiasm

The CHAIRMAN said that the purpose of the new Commonwealth Medical Association was to secure communications between one territory and another and to be a clearing house, and it was hoped that it would publish bulletins which could be circulated. One feature of the Commonwealth Medical Association was that each of the member associations would set up in its own territory an organization with someone at its head who would be responsible for seeing that these things were done, and Professor Mekie suggested that one thing which all representatives could carry away with them was that the outcome of many of the ideas depended upon one doctor in each territory being enthusiastic. The methods by which communications could be secured were there and money was available.

Dr. A. TALBOT ROGERS (Council) said he would like to know what the relation of Jamaica and Trinidad was to the remainder of the Caribbean. It would be interesting to know whether without federation there was any basis for co-operation between the doctors and medical units inside the Caribbean area, and where they stood in relation to the Commonwealth Medical Association.

Mr. L. A. H. MCSHINE (Trinidad) said that the problems in Trinidad were much the same as those in Jamaica. There had been independence, although there had been no clamour for an independent Trinidad Medical Association. He personally hoped that it would not come. He agreed with Dr. Grey-Turner that perhaps the Association could do very little for the overseas branches now, but he still felt that the Association could help in an advisory capacity and by sending out specialists to stimulate interest.

Trinidad was still helping the smaller and poorer West Indian islands, and in his view it could be arranged for one representative to represent those small islands, even although there was no federation. It was still possible, of course, for an entire West Indian federation to come about.

#### British System Secure

Professor G. H. COORAY (Ceylon) said that Ceylon always welcomed visitors from the United Kingdom, and would continue to do so. It was desirable to know when distinguished visitors were coming to Ceylon, and it was gratifying to learn that the British Council would assume the responsibility in connexion with such visits. The British system of medicine continued to flourish in Ceylon. The teachers in the university had received their education in Britain, and there was no need to fear that Ceylon would discontinue the British system of medicine.

Dr. R. LEVY (Jamaica) said that the Commonwealth Medical Association seemed to be the obvious answer in an area such as the Caribbean. It was hoped that Jamaica would remain in the Commonwealth, but political considerations bore no relation to medical thinking. In any event it was hoped that the medical organization in Jamaica would be a member of the Commonwealth Medical Association.

Dr. W. F. O'DWYER (Ireland) said that the Irish Medical Association had an unusual history in relation to the B.M.A., which might be of some guidance to countries which were going through the development of nationalism. The protective functions of the B.M.A. in relation to an emergent country would be very difficult to carry out. It was difficult to convince local politicians that advice from Britain was completely without strings, even although doctors knew that it was. It was apparent that the whole development of the B.M.A. in the future in relation to emerging countries was on the professional line. If that were maintained there was no doubt that behind the scenes as an advisory body its mature and long experience could always be of great help.

#### Medical Missions

Dr. R. F. INGLE (South Africa) asked what connexion there was with medical mission bodies, and suggested that they might be represented in the suggested clearing house for visitors. The medical missions, although little known, were quite strong, and he asked that when visits were made to South Africa it should not be forgotten that in the bush there were a large number of British missions and British doctors.

Mr. K. MACCORMICK (New Zealand) said that eminent members of the profession had visited New Zealand, and doctors in New Zealand were very happy that the Sims professorships were founded by a New Zealander. What was also greatly appreciated were the occasions when eminent members of the British profession came and worked in New Zealand for a time. New Zealand had relied almost entirely on Great Britain for its standards, and remained solidly a member of the B.M.A.

Dr. R. B. KHAMBATTA (Pakistan) suggested that the newly independent countries might resent the offer of advice by the United Kingdom or any other ex-governing country at the moment. This attitude would, in his view, die down in time. If the Committee on Overseas Affairs talked to high commissioners or ambassadors or tried to telephone Ministers of Health in the various

countries the cause of British medicine might well suffer and not be strengthened. If the matter were left to the local Associations, although it might mean a certain loss in subscriptions to the B.M.A., the good will which would be created would be ample recompense.

Immediately after Pakistan's affiliation an invitation had been extended for a joint meeting of the B.M.A. and the newly formed Pakistan Medical Association in Karachi in 1966. That invitation had been accepted, to the great satisfaction of the Pakistan Medical Association. If the B.M.A. took the lead in helping newly independent countries to form their own associations it would be of great advantage and would be regarded as a statesmanlike act.

#### Promotion of Exchanges

Dr. G. A. FRASER (Canada) expressed great pleasure at being present, and thanked the B.M.A. for its hospitality.

Dr. A. H. WEBB (New Zealand) moved that the Committee on Overseas Affairs do all in its power to collaborate with the newly formed Commonwealth Medical Association in promoting the interchange when possible of medical opinion and medical men between Commonwealth countries and other countries who might wish to take part.

The motion was carried unanimously.

Mr. G. SWINBURNE (Australia) said that though Australia had formed its own independent Association there was no question of it not being affiliated to the B.M.A.

Dr. A. R. RAY (Assam) said that if the overseas branches were strong and behind the British Medical Association, a great deal could be achieved.

Dr. GREY-TURNER pointed out on the question of negotiation that there was no intention on the part of the Association to intervene except at the request of the local unit. It would not dream of making representations to a high commissioner without being requested to do so by the particular branch of the Association.

Mr. J. R. NICHOLSON-LAILEY (Chairman of Council) said that in 1964 the Commonwealth Medical Association would meet in London. Sir Arthur Porritt would be its President. He had high hopes that the Commonwealth Medical Association would be a potent force in world medicine.

The conference then terminated.

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## CHRISTIAN MEDICAL FELLOWSHIP

The Annual Breakfast of the Christian Medical Fellowship was held in Oxford on July 16. Sir GEORGE PICKERING, President of the B.M.A., was in the chair.

The gathering was addressed by Professor PAUL BRAND, Professor of Orthopaedic Surgery and Principal of the Christian Medical College, Vellore. The title of Professor Brand's address was "Second Thoughts on Pain."

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**Correction.**—In moving a motion in the Representative Meeting on the medical assistant grade Mr. Logan Dahne (Reading) was reported (*Supplement*, July 20, p. 38) as saying that his Division feared that the grade would become "much too mixed and not flexible enough" to allow for really successful careers. The word Mr. Dahne used was "fixed," not "mixed."