

NEWS AND NOTES

EPIDEMIOLOGY

Brucella melitensis

The following notes are compiled by the Epidemiological Research Laboratory of the Public Health Laboratory Service from reports submitted by public health and hospital laboratories in the United Kingdom and Republic of Ireland.

Most reports of brucellosis in the British Isles are of cases due to *Brucella abortus*. *B. melitensis* infections are less common and apart from those in laboratory workers are either acquired abroad or due to the consumption of contaminated imported dairy products. Two such cases of *B. melitensis* infection were reported recently.

The first patient was a 24-year-old Italian porter from Palermo who had been in this country for six weeks. He was admitted to hospital complaining of severe pain over the front of the right ankle and feeling hot. On admission he had a temperature of 38.5°C,

the liver edge was palpable and tender, and there was a swollen, tender, and hot area over the lower end of the right tibia. When the tibia was explored surgically, the periosteal bone looked normal, and there was no purulent material. He was treated with ampicillin and flucloxacillin for a possible acute osteomyelitis, but a swab taken at operation yielded skin flora only. Other investigations included a white cell count of 4600/mm³, E.S.R. (Westergren) of 63 mm/h, and a raised aspartate transaminase of 29 IU/l. However, serology showed identical high antibody titres to both *B. abortus* and *B. melitensis*, and *B. melitensis* biotype 3 was grown from blood cultures taken at the time of admission. His treatment was therefore changed to tetracycline 2 g daily, to which he responded well; this was continued for two months. On questioning he denied ever eating goat's cheese or milk, saying he drank only "clean"

milk. He also denied direct contact with animals.

The second patient was a 31-year-old professional man who was admitted with a two-month history of sweating, headaches, anorexia, weight loss, and musculoskeletal pain. These symptoms had become worse in the previous 10 days. Three months before admission he had been to Spain, where he had eaten goat's cheese. On examination he had a temperature of 38°C, there was a small mobile lymph node in the right axilla, and the liver edge was palpable and tender. His white cell count was 6700/mm³, E.S.R. (Westergren) 5 mm/h, and aspartate transaminase 36 IU/l. Raised antibody titres to brucella were found, the titres to *B. melitensis* being somewhat higher than to *B. abortus*. *B. melitensis* biotype 1 was grown from blood cultures, and he responded well to tetracycline 2 g daily, which was given for two months.

MEDICOLEGAL

Manslaughter Charges against Doctors

FROM OUR LEGAL CORRESPONDENT

After a three-day inquest on a 2-year-old boy who died of peritonitis, two Weston-super-Mare doctors, Dr. John Butchart and Dr. George Papworth, have been committed for trial by the Bristol coroner charged with manslaughter. The court had been told¹ by the boy's mother that when her son had developed severe stomach pains she had taken him to see Dr. Butchart on 16 August last year. The doctor had prescribed kaolin, but he and the boy's mother disagreed over whether he had examined the boy on this occasion. The next day, according to her evidence, the mother had taken the boy to see Dr. Papworth, who had prescribed syrup of figs and kaolin. Both doctors told the court that they had diagnosed gastroenteritis. On 24 August another doctor saw the boy, diagnosed peritonitis, and sent him to hospital for an operation. Two days later the child died.

"Better Chance"

The surgeon who performed the operation said that the boy would have had a better chance if he had been dealt with earlier. A consultant pathologist, Dr. Norman Brown, concurred in this opinion: he said that an operation up to five days after he was taken to the doctors could have saved his life. If he had been in the doctors' position he

would at all times have considered appendicitis as a possible diagnosis.

The jury returned a manslaughter verdict after having retired for 75 minutes. They had been told by the coroner in his summing-up that to justify such a verdict they must look for disregard of the boy's life and safety: they had to be convinced that the doctors had departed from usually accepted standards so as to show disregard for human life.

This is not the only coroner's committal of a doctor for trial in recent months. In October 1974 the Croydon coroner, Dr. Mary McHugh, committed a Pakistani doctor, Dr. Chander Notaney, on a charge of manslaughter after the death of a 9-year-old boy from lack of oxygen to the brain during an emergency appendicectomy. Dr. Notaney, who was not qualified as an anaesthetist, had been sent by an agency to Orpington Hospital, where he had given an anaesthetic to the boy. On his appearance at the Old Bailey the prosecution offered no evidence against him. Counsel said that after consulting medical experts it would be wrong to proceed. Mr. Justice Chapman therefore quashed the inquest verdict, discharged the doctor, and ordered the payment of his costs from public funds.

At the Croydon inquest² on 30 October 1974 Dr. Raymond Saunders, the con-

sultant anaesthetist at the hospital, had said that for the dead boy's operation Dr. Notaney had used a thin-walled nasal tube which was capable of kinking at the teeth or the back of the tongue. Dr. Saunders said that personally he did not believe in passing nasal tubes orally. Dr. Michael Crompton, a pathologist, told³ the inquest that he had been given the 6 mm McGill nasal tube used in the operation and had attempted to kink it. He found that once past the teeth it would not kink, but it was a different matter if the unsupported weight was taken on the tube near the teeth.

Dr. Notaney said in evidence that during the operation the connecting pipe with the anaesthetic machine had become loose. He had used sticking-plaster to fix it, but when he had realized that something was wrong he had undone the plaster and discovered a kink. On this evidence the coroner's jury returned a verdict of manslaughter. At the Old Bailey the judge commented that how or why the boy was deprived of oxygen was very mysterious and whose fault it was they did not really know.

Massive Publicity

The continuing use by coroners of their power to commit for manslaughter is a matter of great concern, particularly where

verdicts are returned against doctors accompanied by massive publicity in the national press. This must inevitably have the effect of colouring the minds of potential jurors. Had the committal been from magistrates the Criminal Justice Act 1967 would have prevented publication of the evidence.

Few convictions result from coroners' inquisitions. In 1957 the authors of *Jervis on Coroners* stated that "it is unfortunately true that only very rarely is a person convicted on committal by a coroner's inquisition." The Brodrick Committee,⁵ which (like Lord Wright's Committee in 1936) recommended the abolition of the power to commit, found that between 1960 and 1970 there were 105 committals by coroners for murder, manslaughter, infanticide, or causing death by dangerous driving. In two-thirds of the cases the accused was committed for trial on indictment as well as on the coroner's inquisition. Not a single conviction was recorded on a coroner's inquisition alone.

The Brodrick Committee suggested^{5,6} that coroners should be given greater discretion than at present to terminate the inquest and refer the papers to the Director of Public Prosecutions. At that stage, the committee thought, provided the coroner could certify the medical cause of death, he should send his certificate to the local registrar with an endorsement that the D.P.P. was now considering the matter. This limited measure of

reform has now become extremely urgent and could no doubt be achieved simply and quickly by statutory instrument.⁷

The argument⁸ that coroners act as long-stops in the investigation of homicide is not without attraction. The forum is clearly better suited than magistrates' courts to the ventilation of difficult medicolegal problems. It has been argued, too, that the laxity in the rules of evidence (which permits the admission of hearsay excluded in the criminal courts) permits a better opportunity to find the truth. This is really belied by the Brodrick Committee's figures. It also ignores the lack of safeguards for the suspected person: he cannot get legal aid, and he may well be prejudiced by the admission of hearsay. Difficult issues of law and fact may have to be summed up to the jury by a coroner not legally qualified, and all the evidence (including that which may be inadmissible at the trial) will be reported extensively in the press.

¹ *Daily Telegraph*, 26 March 1975.

² *The Times*, *Daily Telegraph*, 31 October 1974.

³ *Evening Standard*, 30 October 1974.

⁴ *Jervis on Coroners*. London, Sweet and Maxwell, 1975, p. 206.

⁵ *Report of the Committee on Death Certification and Coroners*. London, H.M.S.O., 1971, Cmnd. 4810, para. 16.

⁶ *British Medical Journal*, 1971, 4, 499.

⁷ *British Medical Journal*, 1974, 1, 589.

⁸ Havard, J. D. J., *British Medical Journal*, 1971, 3, 108; and *The Detection of Secret Homicide*, Cambridge Studies in Criminology, Vol. XI. Cambridge, 1960.

MEDICAL NEWS

Medicines and Child Safety

The pharmaceutical industry would need two to three years to equip itself for unit-packaging of dangerous medicines, said Dr. David Owen in a written Parliamentary answer last week. That estimate had emerged after Government consultations with the industry on a report from the Medicines Commission which had listed the ingredients of medicines for which it recommended this form of safety packaging.

Introduction in the U.S.A. of re-closable containers for drugs such as aspirin had led to a fall in the number of suspected cases of child poisoning, said Dr. Owen; but the publicity campaigns that had also taken place might have had some effect, too. Nevertheless, he thought it reasonable to encourage the use of these containers while waiting for the industry to get unit-packaging machinery. He hoped that dark-tinted, child-resistant containers would soon come into use for preparations of aspirin and paracetamol other than those in unit-packaging. From January 1977 all preparations of aspirin and paracetamol would by law have to be sold either in child-resistant containers or in unit-packaging, and soon after that, said Dr. Owen, he hoped that other drugs such as tricyclic antidepressants would be brought within the same regulations.

Nurses and the Pill

A joint working group is to examine the possibility of nurses prescribing oral contraceptives (under medical supervision), as proposed in a letter to the *B.M.J.* last October (1974, 4, 161). Announcing this in answer

to a Parliamentary question on 22 April, Dr. David Owen said that the group would include representatives of the Central Health Services Council, the Medicines Commission, the Committee on Safety of Medicines, and the Standing Medical, Nursing and Midwifery, and Pharmaceutical Advisory Committees.

British Cardiac Society

At the annual general meeting held on 17 April, Professor J. F. Goodwin was re-elected president, and Dr. L. G. Davies, Dr. G. Howitt, and Dr. D. S. Short were elected as new members of council.

Help Extended to General Practice

The Women Doctors' Retainer Scheme, which the Government introduced in 1972, has encouraged women to continue in hospital medicine by paying them £50 a year towards expenses, in return for a specified number of educational and paid service sessions each year. But those who wished to do general practice had to make arrangements to be employed by a general practitioner who, until now, has had to meet the full cost. The Secretary of State has now arranged that family practitioner committees should pay £6.15 per session (up to a maximum of one a week) for a member of the scheme in general practice.

Any woman doctor under 55 who cannot work more than two sessions a week is eligible to take advantage of the scheme, which, as Mrs. Castle has said, should enable them "to maintain a link with their

profession while they are bringing up their families and to encourage them to resume their medical careers . . . as soon as their domestic commitments permit."

Honorary Professor at Bradford

Dr. R. L. Turner has been appointed to an honorary chair at the University of Bradford from 1 April 1975. Dr. Turner, who is 52, graduated from Queen's University, Belfast, and started his career as house physician in the Ulster Hospital. Subsequent appointments included regional medical officer at the Liverpool Radium Institute, registrar in pathology at Bradford and Sheffield, senior registrar in pathology at the Manchester Royal Infirmary, and Sybil May Pilkinton Fellow at the University of Manchester. He has been chairman of the Postgraduate School of Medical and Surgical Sciences at the University of Bradford since 1971 and is consultant haematologist and consultant in cancer chemotherapy with the Bradford Group Hospitals. Dr. Turner's research interests are in cancer chemotherapy and molecular biology, with special reference to the structure of the connective tissues and problems of blood coagulation and fibrinolysis.

COMING EVENTS

Royal College of Psychiatrists.—6-7 May, royal quarterly meeting, Glasgow. Details from Miss N. Cobbing, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. (Tel. 01-235 2351-5).

Royal College of Surgeons of England.—Programme of lectures "Immunological Aspects of Surgery," 2 June. Details from the Secretary, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN. (Tel. 01-405 3474, ext. 169 or 163.)

Forest Group Hospitals Medical Education and Research Trust.—Details of the session May-August are now available from Medical Education Centre, Whipps Cross Hospital, London E.11.

Winchester and Central Hampshire Medical and Dental Federation.—Details of the programme May-August are now available from The Secretary, Postgraduate Medical Centre, Royal Hampshire County Hospital, Winchester.

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institution concerned.*

Monday, 5 May

INSTITUTE OF DERMATOLOGY.—4.30 p.m., Dr. D. M. S. Dane: Virological Methods.
ROYAL POSTGRADUATE MEDICAL SCHOOL.—4.15 p.m., Professor J. Widdicombe: The Role of the Autonomic Nervous System in Lung Disease.

Tuesday, 6 May

BIRMINGHAM MEDICAL INSTITUTE, SECTION OF PSYCHIATRY.—7 p.m., Professor M. L. Marinker: Mental Illness and the Non-psychiatrist.
ROYAL ARMY MEDICAL COLLEGE.—5 p.m., Mr. C. E. Drew: Chest Emergencies.
ROYAL POSTGRADUATE MEDICAL SCHOOL.—4.15 p.m., Dr. D. A. Warrell: Respiratory Disease in Tropical Africa.

Wednesday, 7 May

INSTITUTE OF DERMATOLOGY.—4.30 p.m., Dr. R. D. Catterall: Cutaneous Manifestations of Sexually Transmitted Diseases.
INSTITUTE OF PSYCHIATRY.—5.30 p.m., Professor M. L. Rutter: Treatment in Child Psychiatry: Developments and Evaluations.
ROYAL COLLEGE OF PSYCHIATRISTS.—Gartnavel Royal Hospital, 2.15 p.m., psychotherapy specialist section lecture by Dr. J. D. Sutherland: The Future of Psychotherapy in Scotland.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—6 p.m., Arris and Gale lecture by Dr. D. J. Coltart: Studies to Rationalize the Use of Cardioactive Drugs in Relationship to Surgery.

ROYAL FREE HOSPITAL.—5 p.m., Dr. R. J. Marshall (U.S.A.): Ischaemic Heart Disease—Current Trends in Evaluation and Treatment.

ROYAL POSTGRADUATE MEDICAL SCHOOL.—2 p.m., Professor J. D. Williams: Some Aspects of Antibiotic Use in Pregnancy.

Thursday, 8 May

INSTITUTE OF ACCIDENT SURGERY.—At Medical School Extension, Birmingham, 6 p.m., Ruscoe Clarke Memorial Lecture by Mr. D. Wainwright: The Dilemma of the Accident Services.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—6 p.m., conversazione: Bring a Problem.*

ROYAL POSTGRADUATE MEDICAL SCHOOL.—4.15 p.m., Professor M. Turner-Warwick: Clinical Aspects of Protective Immunology of the Respiratory Tract.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—5.15 p.m., Mr. B. V. Lewis: Modern Management of Labour.

UNIVERSITY OF EDINBURGH.—At Royal Infirmary, 5 p.m., Honyman Gillespie lecture by Dr. T. A. S. Buist: Angiography in Abdominal Disease.

UNIVERSITY OF LONDON.—At Middlesex Hospital Medical School, 5.30 p.m., Dr. D. Noble: The Actions of Autonomic Transmitters on the Heart.

UNIVERSITY OF LONDON.—At Westminster Medical School, 5.30 p.m., Professor Marvin Slesinger: Diagnostic Approaches to Malabsorption.

WELSH NATIONAL SCHOOL OF MEDICINE.—Inaugural Emllyn Lewis Memorial Lecture by Mr. J. R. G. Edwards: The Place of Surgery in the Treatment of Intra-oral Neoplasia.

Friday, 9 May

ROYAL POSTGRADUATE MEDICAL SCHOOL.—11 a.m., Professor H. A. F. Dudley: Lessons of the Vietnam Campaigns.

B.M.A. NOTICES

Diary of Central Meetings

MAY	
6 Tues.	Trainees Subcommittee (G.M.S.), 2.30 p.m.
8 Thurs.	Practice Premises and Organization Subcommittee (G.M.S.), 10 a.m.
8 Thurs.	Executive Subcommittee (C.C.H.M.S.), 10 a.m.
15 Thurs.	General Medical Services Committee, 10 a.m.
15 Thurs.	Hospital Junior Staffs Group Council, 10 a.m.
21 Wed.	Occupational Health Committee, 10.30 a.m.
22 Thurs.	A.R.M. Agenda Committee, 10 a.m.
22 Thurs.	Central Committee for Hospital Medical Services, 10 a.m.
28 Wed.	Committee on the E.E.C., 2 p.m.
28 Wed.	Finance Committee, 2 p.m.
29 Thurs.	Scottish Council (at 7 Drumsheugh Gardens, Edinburgh), 10.45 a.m.
JUNE	
4 Wed.	Council, 10 a.m.
5 Thurs.	General Purposes Subcommittee (G.M.S.), 10.30 a.m.

Branch and Division Meetings to be Held

Members proposing to attend meetings marked* are asked to notify in advance the honorary secretary concerned.

Basingstoke and North Hampshire Division.—At Basingstoke District Hospital, Wednesday, 7 May, 8 p.m., meeting to consider Annual Report of Council and brief representatives to A.R.M.

Bath District Division.—At postgraduate centre, Tuesday, 6 May, 7 for 7.30 p.m., a.g.m.; 8.30 p.m., debate on Annual Report of Council. (Buffet supper, 8 p.m.)*

Belfast Division.—Wednesday, 7 May, 2.30 p.m., annual industrial tour, British Enkalon factory at Antrim.*

Birmingham Division.—At Local Medical Committee Room, Tuesday, 6 May, 8 p.m., a.g.m.

Bradford Division.—At medical societies' room, Bradford Royal Infirmary, Wednesday, 7 May, 8.15 p.m., a.g.m.

Brighton and Cuckfield Division.—At Postgraduate Medical Centre (Elm Grove), Tuesday, 6 May, 8.30 p.m., ordinary general meeting to discuss motions for the 1975 A.R.M.

City and Hackney Division.—At Hackney Hospital, Wednesday, 7 May, 12.30 p.m., meeting to discuss the Morrison Report, elect a representative for the A.R.M. and "Physicians Puzzles" competition.

Croydon Division.—At medical centre, Mayday Hospital, Tuesday, 6 May, 8.30 p.m., a.g.m.

Darlington and Northallerton Division.—At King's Head Hotel, Darlington, Tuesday, 6 May, 7.15 for 8 p.m., informal dinner and presentation of scroll of Fellow of the B.M.A. to Dr. J. T. A. George.*

East Dorset Division.—At Royal Victoria Hospital, Bournemouth, Friday, 9 May, 8 for 8.15 p.m., a.g.m.

East Hertfordshire Division.—At Lister Hospital, Stevenage, Thursday, 8 May, 8 p.m., a.g.m.

East Kent Division.—At Roman Galley, Thanet Way, Thursday, 8 May, a.g.m. and business meeting.

East Norfolk and Norwich Division.—At teaching centre, Norfolk and Norwich Hospital, Wednesday, 7 May, 8.15 p.m., meeting to formulate motions for A.R.M.

East Yorkshire Branch.—At Hull Royal Infirmary, Tuesday, 6 May, 7.30 p.m., meeting.

Halifax Division.—At Royal Halifax Infirmary, Wednesday, 7 May, 8 p.m., a.g.m.

Huddersfield Division.—At postgraduate centre, Royal Infirmary, Huddersfield, Monday, 5 May, 8.15 p.m., ordinary meeting.

Huntingdonshire and Peterborough Division.—At postgraduate centre, Peterborough District Hospital, Wednesday, 7 May, 8.15 p.m., a.g.m.

Ipswich Division.—At Ipswich Hospital, Thursday, 8 May, 8 p.m., meeting to discuss Annual Report of Council.

Isle of Wight Division.—At St. Mary's Hospital, Newport, Friday, 9 May, 8.30 p.m., meeting to discuss Annual Report of Council and brief representative to A.R.M.

Islington Division.—At 58 Aberdeen Park, Tuesday, 6 May, 8.30 p.m., a.g.m.

Manchester Division.—At Boyd House, Tuesday, 6 May, 8 for 8.30 p.m., scientific meeting, speaker Dr. F. W. A. Turnbull: "Management of Peak Expiratory Flow in General Practice."

Northallerton Division.—At Friarage Hospital, Friday, 9 May, 7.30 for 8 p.m., inaugural dinner.*

North Clwyd Division.—At Oriol House Hotel, Wednesday, 7 May, 8.30 p.m., general meeting.

North East Essex Division.—At Essex County Hospital, Thursday, 8 May, 8.15 p.m., Professor W. St. C. Symmers: "Curiosa and Exotica." Preceded by supper (provided).

North/Mid Staffordshire Division.—At Medical Institute, Stoke-on-Trent, Wednesday, 7 May, 8.15 p.m., a.g.m.

Nottingham Division.—A City Hospital, Friday, 9 May, 8.30 p.m., memorial lecture to the late Nigel Colley by Sir Geoffrey Howe, Q.C., M.P.*

Reading Division.—At Royal Berkshire Hospital, Wednesday, 7 May, 8.30 p.m., a.g.m.

Rotherham Division.—At Brecon Hotel, Monday, 5 May, 9.15 p.m., a.g.m. (Dinner, 7.40 for 8 p.m.)*

South Middlesex Division.—At Red Lion Hotel, Hounslow, Monday, 5 May, 8.30 p.m., meeting to discuss Annual Report of Council.

St. Marylebone and North-east Westminster Division.—At Royal Society of Medicine, Tuesday, 6 May, 8.30 p.m., a.g.m.

Tunbridge Wells Division.—At postgraduate centre, Kent and Sussex Hospital, Wednesday, 7 May, 8.30 p.m., special meeting to discuss Annual Report of Council, to consider resolutions to A.R.M., and to instruct representatives.

West Berkshire Division.—At Royal Berkshire Hospital, Reading, Wednesday, 7 May, 8.30 p.m., a.g.m.

West Derbyshire Division.—At Newhaven Hotel, Thursday, 8 May, 7.30 for 8 p.m., a.g.m. and dinner.*

West Dorset Division.—At postgraduate centre, Dorchester, Monday, 5 May, 8.15 p.m., meeting to consider Annual Report of Council and to formulate motions to A.R.M.

Woking and Chertsey Division.—At St. Peter's Hospital, Chertsey, Wednesday, 7 May, 8.30 p.m., first a.g.m.

Worcester and Bromsgrove Branch.—At Ronskwood Hospital, Monday, 5 May, 8.30 p.m., a.g.m.

UNIVERSITIES AND COLLEGES

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the college held on 24 April, the following were elected to the fellowship:

S. M. Katz, S. C. Shore, W. M. Porteous, W. M. Philip, B. G. Shapiro, J. T. Harold, A. O. Bech, P. Harvey, D. N. White, Y. Abdel-Ghaffaar, J. L. Reynolds, A. J. Shillitoe, J. Yudkin, C. A. Storr, M. Symons, K. B. Gibson, D. Landsborough, J. W. Beattie, E. S. Frazer, E. J. S. N. Briggs, J. W. Jordan, N. J. Roussak, Helen C. Grant, O. G. Williams, C. Gresson, M. P. Spence, D. H. P. Streeten, H. R. Thomson, R. G. Benians, J. M. Garvie, B. K. Naik, J. Braham, L. Mandel, C. E. P. Downes, A. Knudsen, B. E. R. Symonds, M. Y. El-Gammal, I. Gordon, R. G. Simpson, T. C. P. Williams, J. H. Thomas, E. G. Brownell, S. E. Large, B. A. D. Curtin, J. M. Mehta, A. B. Mukharji, R. W. Spencer, J. D. Stevens, C. S. Shaw, D. H. Bowden, A. P. Roberts, P. Strickland, H. D. Friedberg, R. A. Melick, W. E. Parkes, H. E. F. Davies, W. E. B. Edge, B. I. Hirschowitz, R. N. Beck, S. K. Biswas, M. Harrington, R. C. Lewis, C. P. T. Alexander, M. H. Sheard, J. F. Hale, A. R. Kagan, R. A. D. Wigley, Stella G. De Silva, Jean McI. Smellie, A. R. Stone, M. K. Alexander, A. T. Cook, W. H. Wolfenden, G. P. Blanshard, R. Hecker, E. E. Hannah, S. G. McAlpine, V. M. Rosenoer, J. R. Golding, B. R. M. Hurt, P. A. L. Horsfall, A. V. Livingstone, H. S. Moore, J. G. Richards, D. H. Davies, S. Zwi, J. M. Greenaway, D. H. Trappell, A. J. Bowdler, P. S. Hetzel, R. Rajakariar, B. J. Fairhurst, Molly Hall, J. B. McGuinness, W. D. Hayley, R. A. Irvine, I. Rachman, A. K. N. Sinha, D. E. L. Wilcken, G. S. McL. Kellaway, I. D. H. Todd, Chrystal H. Ashton, E. V. Pieris, A. E. Stevens, P. Markman, P. D. Mulcahy, K. R. Norton, R. D. G. Peachey, D. C. F. Muir, A. N. Turnbull, B. G. B. Christie,

D. N. Croft, E. L. Harris, A. W. McKenzie, A. Ridley, R. Grahame, Allene I. Scott, I. A. Williams, F. I. Lee, R. W. Portal, J. R. Billingham, D. E. Christian, P. J. Scott, June P. Arnold, B. Ashworth, J. N. MacCaig, J. M. Walker, D. W. Barkham, P. H. M. Carson, M. S. Everest, D. J. Parry, J. S. Stewart, A. S. Truswell, M. L. Clark, Ellen L. M. Rhodes, J. F. Robinson, L. J. Beilin, R. Carlisle, A. G. K. Chew, A. M. Denman, B. K. Adadevoh, J. A. Morgan-Hughes, J. E. Stark, A. R. Tanser, J. A. Thomson, T. Varuganum, S. Lai, A. Pringle, D. A. L. Watt, A. G. Chappell, N. Conway, P. W. M. Copeman, D. J. E. Taylor, R. L. Hewer, E. Jackson, J. K. Bandoh, T. J. Bayley, T. O. Johnson, S. C. Jordan, J. M. S. Pearce, Joanna Sheldon, P. J. Toghiani, G. E. Adams, Theodore I. Francis, P. R. Uldall, A. R. Adamson, R. E. Bourdillon, G. P. Clein, H. A. Lee, B. Hulme, L. S. Illis, J. Martin, R. S. O. Rees, G. E. G. Sladen, G. L. Bolt, D. Davies, D. G. Gibson, J. G. Graham, E. H. Jarvis, J. R. Muir, J. G. Evans, K. E. W. Hagley, C. N. Mallinson, R. J. Robinson, Salah el Din A. Taha, J. Bradley, J. R. Harper, I. M. James, D. J. Lane, C. S. Ogg, J. R. Bennett, J. Fletcher, B. Lewis, N. Segel, H. G. Smith, R. Harris, P. J. L. Holt, A. P. Mowat, D. K. Peters, A. O. Williams, C. W. Burke, J. K. Brown, F. M. Elderkin, J. R. Hampton, F. I. D. Konotey-Ahulu, S. Crown, J. M. Holt, P. J. Watkins, F. F. Fenech, P. Howard, C. D. Marsden, R. H. Cawley, A. F. Lant, E. O. R. Reynolds, W. A. J. Crane, V. Viranuvatti, H. J. Glanville, J. J. Walsh, D. L. Gardner, A. A. Herson, M. D. Warren, R. Kilpatrick, A. A. Sharp, A. Rose, W. T. Smith, L. C. A. Watson, J. F. O'Brien, J. L. Turk, A. H. Crisp, J. A. N. Corsellis, M. M. Glatt, H. A. Sissons, J. M. Stansfeld, J. F. Warin, P. Quilliam, G. S. Kilpatrick, S. F. Damluji, E. S. Anderson, Jean Bernard, O. G. Edholm, J. L. Gowans, F. J. Ingelfinger, A. S. McLean, Surgeon Vice-Admiral Sir James Watt, L. A. Werkö, P. Blackledge, D. W. Boyd, B. O. L. Duke, M. L. Johnson, S. D. Roberts, T. W. E. Robinson, D. E. Sharland, P. K. M. Barrett.

The following were elected to the membership: H. Campbell, J. W. Dundee, G. E. Ffrench, J. D. Pickup, D. Todd.

ROYAL COLLEGE OF GENERAL PRACTITIONERS

At the spring general meeting in Dundee on 13 April with the president, Professor P. S. Byrne, in the chair, Professor Alex Mair was presented with the George Abercrombie Award. The following were elected Fellows:

J. G. Craig, W. F. M. Dorward, A. MacG. Duff, K. C. Easton, N. B. Eastwood, G. Forrester, S. C. Freedlander, Rosentyl Griffiths, J. C. Hasler, A. S. Jarman, R. A. Keable-Elliott, J. McGlone, J. MacKay, A. H. Michael-Phillips, H. M. Rapport, I. C. Reid, G. T. Robertson, J. L. Stevens, M. C. Stone, A. J. Tulloch, Hannah Billig, H. P. Botha, I. F. Cremona, W. G. Daynes, B. M. Fehler, J. Z. Garson, B. Jaffe, J. A. M. Karefa-Smart, Liok Yew Hee, Kwong-Chiu Poon, J. A. Smith, R. Smith, I. T. Spenser, M. Wood, J. T. Yeoh Hone Soo.

Corrections

Appointments

Dr. J. H. J. Durston's appointment as a consultant at the Whittington Hospital and Lister, Watford General, and Hemel Hempstead General hospitals (25 January, p. 223) should have been described as that of consultant neurologist.

AH 5158

In the article *Comparison of Intravenous AH 5158 (Ibidomide) and Propranolol in Asthma* by Dr. C. Skinner, Dr. J. Gaddie, and Dr. K. N. V. Palmer (12 April, p. 59) the drug AH 5158 was erroneously referred to as Ibidomide. This is not the approved name of the drug.

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