of the femur, circumstances in which thiamine deficiency is common.[23] Protein supplements have also been given down nasogastric tubes to counteract the catabolic effects of trauma in hip fractures.[24] Whether this approach may also benefit the many cachectic and acutely ill elderly patients who present to geriatric and general medical units remains to be seen.

W J MacLennan

Professor of Geriatric Medicine,
City Hospital, Edinburgh EH10 5SB

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Reviving the Commonwealth Medical Association

When the BMA withdrew from the World Medical Association in 1984[1] it was left with two regular international commitments: the Standing Committee of Doctors of the European Community and the Commonwealth Medical Association. The former, of which the BMA has always been an active member, is influential on the European medical scene. The latter could be an influential body in international medicine. Sadly the CMA is in no shape to do this at present, as the recent biennial council meeting held in Cyprus showed.

In politics an organisation with only seven participating members out of a potential membership of 49 carries little clout. Indeed, it was thanks only to the generosity and efforts of the Pancyprian Medical Association, coupled with the BMA's provision of limited secretarial services for the past two years, that the 1986 meeting took place at all. Not surprisingly the delegates present—representing Cyprus, India, Jamaica, Fiji, Trinidad and Tobago, and the United Kingdom—led by the president, Dr N K Tong from Singapore, concentrated their energies on what to do because all agreed that unless the association could be reinvigorated it would fade into history.

When the BMA led in launching the CMA in the early 1960s the following aims and objectives were agreed: to promote within the Commonwealth the medical and allied sciences and to maintain the honour of the profession; to effect the closest possible links between members; and to disseminate news and information of interest.

Though these general aims have been largely unfulfilled they remain valid today. Only if they can be translated into action, however, will a majority of Commonwealth medical associations join, pay their subscriptions, and contribute to the CMA's operation. A lifeline was offered by the BMA and gladly accepted by the meeting: it will provide the secretariat for the CMA; it will promote the programme of work approved by the CMA's council; it will encourage national medical associations to join; and it will seek additional sources of finance. If, however, within two years the response to this initiative is inadequate the BMA will relinquish the secretariat.

This offer puts considerable responsibility on the BMA. An early target will be to persuade inactive members such as Nigeria and Kenya to take part and the wealthier associations such as the Australians and Canadians to rejoin, as their presence will be essential to boost the CMA's credibility and finances. The BMA's senior officers, who attended the Cyprus meeting, hope that opportunities will arise for personal approaches to these countries' associations. More difficult will be those smaller Commonwealth associations which do not always reply to letters of inquiry. Communications will be improved, however, as the BMA is planning to launch a quarterly CMA bulletin.

Attracting external funds will likewise be hard. The Commonwealth Foundation withdrew its help some time ago and would doubtless be reluctant to restart unless the CMA could prove it was working effectively. But private philanthropic foundations might be willing to consider help, and the pharmaceutical industry and private health corporations are other possible sources of funds. To convince them and Commonwealth doctors of its usefulness, firstly, the CMA must strengthen its link with the triennial conference of the Commonwealth health ministers, at which it has observer status. Secondly, the CMA must explore ways of linking with the World Health Organisation. Thirdly, it should be a source of advice for national medical associations—for example, on ethics, health care financing, and particular national medical difficulties. This year, for instance, the CMA supported a call from the Pancyprian Medical Association to allow patients throughout divided Cyprus access to doctors of their choice. Fourthly, its regular council meetings should be linked with a self financing international conference—perhaps with another profession—on subjects of common professional interest—for example, the quality of drugs, alcoholism, and medicolegal dilemmas. Such a conference is planned for London in 1989.

All this is a tall order, but the BMA has the knowledge and the experience to relaunch the CMA towards these targets. A revitalised CMA might help to fill the international medical role that a lame duck World Medical Association is signally failing to do.

Gordon Macpherson

Deputy Editor, *BMJ*.

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