upon to pay a rent, but, on the other hand, he should not be subsidized in this respect as compared with his colleagues outside. The Interim report was accepted for reference to Council, the Committee giving authority, pending Council's approval, for the document to be used as a basis for any advice or action which might be necessary.

The question of change of doctor was the subject of correspondence which appeared on the agenda. The Ministry had drafted certain documents dealing, among other matters, with the introduction of a waiting period before change of doctor could take place. One point to which the Committee took exception was in the Draft E.C.N. for issue to doctors which stated that "the procedure for immediate transfer of persons to the successor of a doctor who has died or retired, subject to the person's right to choose another doctor at any time, remains unchanged in all cases." The words "at any time" were replaced by "within one month," and with this modification the documents were approved.

Attention was drawn to the appearance of advertisements offering positions of trainee assistant at salaries in excess of the amount allowed by the Government to a principal for employing a trainee assistant. The Assistants Subcommittee was of opinion that such augmented salaries were undesirable, and that practitioners should be required to adhere to the allowance made by the Government for this purpose. After a brief discussion the Committee argued to recommend to the Council that advertisements of the kind to which objection was taken on this ground should not be accepted by the British Medical Journal.

The Committee considered a memorandum, referred to it by the Central Consultants and Specialists Committee, on the appointment of registrars. The dangers of inbreeding, whereby registrars had difficulty in getting appointments outside their own hospital area, were regarded by the General Medical Services Committee as a matter of concern.

In its long session the Committee considered, among a multitude of other matters, ways and means of effecting economy in prescribing, basic salaries, maternity medical services, the protection of practices in a national emergency (the committee originally appointed on this subject being asked to look at it again in the light of the new international situation), the arrangements for the remuneration of doctors when assisting dentists, and the "mileage" question as affecting doctors called to lighthouses. It is proposed to divide lighthouses into those easily accessible (for which £2 per visit should be paid) and others (£5 per visit), but no payment beyond ordinary mileage would be made in the case of lighthouses which are in a centre of habitation.

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**IRISH MEDICAL ASSOCIATION**

**PRESIDENTIAL ADDRESS**

Dr. P. T. O'Farrell was elected president of the Irish Medical Association on July 5, and delivered the presidential address. After paying tribute to the work of the previous president, Dr. Patrick Moran, and to his predecessors, Dr. O'Farrell said that they realized social medicine played an important part in the betterment of the people's health and that as individuals they could not always give an efficient service without some form of State aid, particularly in the province of preventive medicine. "But," he said, "we do resent State interference in professional matters until we have been properly consulted as an association." While this promise had been given to them, it had not always been honoured to their satisfaction. They deprecated a form of controlled medicine which believed in exerting authority before acquiescence. In particular they feared a general extension of State medicine which would make them Civil Servants subservient to a soulless and oppressive bureaucracy.

Modern Governments seemed to have little regard for the niceties of moral obligations, and by a form of insidious propaganda and political clamour were able to make the people subservient to what Lord Horder called "a doctrinaire Socialist adventure." If freedom was threatened, they must be prepared to show the people that State-controlled medicine might be not only bad but sometimes pernicious. To disrupt the doctor-patient relationship could not commend itself to anyone who gave reasonable thought to the subject. The best of medicine should be made available to all citizens, but this did not imply that everyone should be treated free. On both practical and moral grounds they must reject the concept of an exclusive State responsibility for the health and well-being of their people.

Modern medicine was an expensive business not easily borne by a large section of the population, and for that particular group they welcomed some limited form of State aid, provided liberty of action was allowed in the practice of their profession. In pursuance of this policy, they reaffirmed their willingness to work in close collaboration with Government Departments. Their Association had submitted a carefully considered scheme for an improved health service, but it seemed to have been pigeonholed. Acceptance of help should not necessarily entail unquestioned acceptance of authority. When there were differences of opinion between State Departments and the profession, hasty tempers should not be aroused, for peaceful solutions were often better than the enforcement of policies not freely acceptable.

**General Practice**

The keystone of any form of medical service depended in the first instance on the general practitioner, whom Osler had rightly called the "flower of the profession." The general practitioner should be encouraged in every way, and there was no reason why private practice should not be continued side by side with health services organized by the State.

The association did not approve of the principle of a free medical service for those who could afford to pay. If they accepted it, then private practice would to a great extent disappear. There was, however, a public demand for an extension of the present State health service which they would not wish to oppose. Accordingly they must be prepared to arrive at some kind of reasonable understanding. But they could not agree to a complete State control of the profession. No State medical service could ever be satisfactory or work efficiently without the co-operation and good will of the profession. To get this co-operation some fundamental principles must be conceded—namely, free choice of doctor whenever possible, professional secrecy at all times, and adequate remuneration for services rendered. They must also guard against the dangers of overwork.

On the surface the relations of the association with the Ministry of Health might appear to be somewhat strained, but they assured the Minister of their willingness to co-operate in every way they could, for they respected the good work that he had already done. It should be possible by friendly negotiation to smooth out various differences to achieve the common aim of bringing to the people the best of medicine.

In conclusion he touched on affairs of a more domestic nature. Their relations with the B.M.A., he said, were of a most cordial kind, and they had received much guidance and assistance from B.M.A. Headquar ters. At the same time the B.M.A. fully acknowledged the complete independence of the Irish Medical Association, the new name which had recently been agreed upon.

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**Corrections**

In our report of the Annual Representative Meeting (Supplement, July 22) under "General Medical Services (Resumed)" at p. 51, we mistakenly reported Dr. H. F. Moffitt as having made a speech which was in fact made by Dr. J. A. Pridham. Under "Elections to Council," in the report of the Meeting, the term of office for which Surgeon-Admiral Sir Sheldon Dudley was elected should have been recorded as 1949–52, not 1949–50.