How much longer are we going to tolerate the numerous patients who, while retaining a private general practitioner, come for a sight test on the N.H.S. and proceed to purchase an expensive pair of spectacles from the optician made up to our National Health prescription? Was there ever a better example of cut-price medicine?

It is surely time that this abuse of our profession be stopped. It should be made possible for anyone needing glasses to receive a free test and a free pair of glasses made to a limited but adequate specification of frame under the N.H.S., but any person wanting anything more elaborate than this should pay for both the sight test and the glasses. The only alternative is to restore the State sight-testing fee to a proper level, but this would cost the Exchequer considerably more.—I am, etc.,

Redhill.

F. J. CURTIS.

Use of Health Visitors

Sir,—The following is an extract from a letter sent to general practitioners in this area recently:

"If you have not already read the report of the Annual Representative Meeting of the B.M.A. concerned particularly with the Public Health Committee and under the heading Health Visitors! I hope you will do so. It is to be found on pages 25 and 26 of the Supplement to the British Medical Journal of July 18. The meeting carried the following motion:"

"That the Association welcomes health visitors working under the guidance of general practitioners as a means by which such practitioners may increase the help they can give to patients, and that the Council be requested to consider ways whereby the help given by health visitors to general practitioners may be increased."

"Dr. W. E. Dorman (Sheffield) said that his group of medical practitioners had the services of a health visitor placed at their disposal and working to their orders in co-operation with the services provided by the local health authority.

"In this Division the health visitors are available to visit cases at the request of medical practitioners and to assist patients in carrying out the advice and orders of their doctor and to report direct to that doctor any matters of which he should be informed. Health visitors have been instructed that they are to carry out this work if and when requested and to do their utmost to co-operate with general practitioners. Doctors in this area have in the past made little use of health visitors, and I find it difficult to believe that there are not cases where a report of a test feed or other services of the health visitor would not be useful. I hope, therefore, that you will consider whether it is not possible for general practitioners and the local health authority to make a better use of health visitors in the future than in the past."

I shall be gratified if it elicits a favourable response.—I am, etc.,

R. A. W. PROCTOR,
Divisional Medical Officer.

Notes and News

Housing of Nurses.—The Ministry of Health questions whether an unduly large share of the available resources is not being spent on nurses' accommodation, to the prejudice of some other important developments. The practice of "living in," it says, is established by tradition as normal for nursing staff, and it asks whether it continues to be justified by the conditions of the nurses' work or the needs of the service. The Standing Nursing Advisory Committee has now come to the conclusion that, subject to certain reservations, "There are no factors inherent in the work of a hospital nurse that make it necessary that she should live in the hospital in which she works or in near-by accommodation provided by the hospital authority." The chief difficulty is obtaining accommodation at a reasonable cost and reasonably accessible to the place of work. So the Ministry indicates in R.H.B. (53) 83 that hospital authorities should help their nurses and other employees to find suitable living accommodation, and they might consider following the example of university authorities by maintaining registers of approved lodgings to which nurses and others in need of accommodation could be referred.

Assistance to Pay Charges.—The total amount of national assistance granted in 1952 to meet charges raised under the National Health Service was just over £600,000. Of this, £209,000 represented the refund of shilling charges for prescriptions from June 1 onwards, when the charges began.

H.M. Forces Appointments

ROYAL ARMY MEDICAL CORPS

Captain* F. L. Holroyd and I. M. Grant to be Majors.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major W. Mackenzie, having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers.

REGULAR ARMY: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

Lieutenant (War Substantive Major) A. Kirshner has relinquished his commission, and has been granted the honorary rank of Lieutenant-Colonel.

COLONIAL MEDICAL SERVICE

The following appointments have been announced: M. A. Byer, M.B.Ch.B.; R.H.B., Medical Officer of Health, Barbados; H. C. Foster, M.D., D.T.M.&H., Assistant Director of Medical Services, Tanganyika; K. Sperber, M.D., D.P.H., Medical Officer, Gold Coast; L. J. Miller, L.M.S.S.A., Medical Officer, Zanzibar; D. R. Gunn, M.B., F.R.C.S., Orthopaedic Surgeon, Federation of Malaya; L. H. Hatcher, M.B., Medical Officer, Fiji.

Association Notices

SCHOLARSHIPS IN AID OF SCIENTIFIC RESEARCH

The Council of the British Medical Association is prepared to receive applications for research scholarships as follows:

An Ernest Hart Memorial Scholarship of the value of £250.

A Walter Dixon Scholarship of the value of £250.

These scholarships will be awarded to candidates whom the Science Committee of the Association recommends as qualified to undertake research in any subject (including State medicine) relating to the causation, prevention, or treatment of disease.

Each scholarship is tenable for one year commencing October 1, 1954. A current scholar may apply to be re-appointed for an additional year. No scholarship may be held for more than three years. A scholar is not necessarily required to devote the whole of his or her time to the work of research, but may be a member of H.M. Forces or may hold a junior appointment at a university, medical school, or hospital, provided the duties of such appointment will not, in the opinion of the Science Committee, interfere with his or her work as a scholar.

Applications for scholarships must be made not later than March 1, 1954, on the prescribed form, a copy of which will be supplied on application to the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1.

Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated.

Diary of Central Meetings

SEPTEMBER

11 Fri. Public Health Committee, 2 p.m.

23 Wed. Arbitration Committee, 2 p.m.

Correction.—We regret that in our report of the Annual Representative Meeting (Supplement, July 18, p. 26) we attributed to Dr. A. Y. Cochrane (Edinburgh) the contribution to the discussion made by Dr. N. J. Cochran (Burton-on-Trent).