whether or not the first antenatal visit was included in the general medical services and not the maternity services. The CHAIRMAN said he would have thought that was so.

Dr. Reid said he was not aware of that, though he had been practising medicine for some time.

The CHAIRMAN said it must then be assumed that the amendment referred to the first antenatal examination after the examination which established whether or not the person was pregnant.

A motion to pass to the next business was carried.

Dr. A. Reeves (G.M.S. Committee) opposed Liverpool's motion. He asked the Conference to consider whether or not in stipulating the figure six, it was not getting back to the old item-of-service antenatal system. Stipulating the number of antenatal attendance should be avoided, he said.

Dr. G. R. Outwin (Doncaster) hoped that the Conference would reject the motion, having agreed to the earlier motion by Doncaster, and put the matter in the hands of the G.M.S. Committee. It would give the Committee's hands to pass the Liverpool motion.

Dr. David Williams (Anglesey) opposed the motion. Unless certain basic examinations were included in the "six," there would be some doctors who, having done a great deal of work, would not get the money for it.

Dr. Cameron asked Conference not to pass the motion, and, by leave, it was withdrawn.

An accepted motion by Warley: "That this Conference believes that adequate undergraduate training in obstetrics and gynaecology is essential." was carried.

Local Authorities

Dr. W. R. John (N.E. London) moved: "That this Conference requests the G.M.S. Committee to consider the association of local authorities with a view to nationwide development of the principle of provision of services to local authorities by general practitioners in their own premises as already exemplified by the Gloucestershire scheme for family planning services."

The urgency, he said, arose because the pattern of work, if it were found desirable, must be established before the new area health boards took over in 1974. It was to be expected that after that general practitioners would be doing more work for local authorities than in the past. Furthermore, general practitioners should be able to do local authority work from their own premises, where attached local authority staff was now available to help them, rather than travelling to outside clinics to do the work.

Dr. Cameron said he would like to take the motion as a reference to the Committee. The scheme appeared to be forward looking, and if it could be introduced it would give satisfaction to general practitioners and to patients. He believed that Government policy was not entirely fixed, and the G.M.S. Committee would accept that there was some urgency. The motion was carried as a reference to the Committee.

**Election of Deputy Chairman**

The Conference adopted a new Standing Order that at each annual Conference a deputy chairman should be elected who would hold office from the end of the Conference to the end of the next following annual conference. All members of the Committee would be eligible for nomination and would be entitled to vote.

It was announced that Dr. R. L. Alexander (Manchester) had been elected Deputy Chairman for the ensuing year. Dr. Alexander thanked the Conference for the confidence they had shown in him.

**G.M.S.C. Elections**

It was announced that the following six members of the G.M.S. Committee had been elected by the Conference for 1972-3: Dr. J. C. Macdonnell, Dr. Mervyn Goodman, Dr. J. S. Happel, Dr. P. A. P. Mackenzie, Dr. Joan K. Sutherland, and Dr. M. A. Wilson.

**Designated Area Allowances**

Dr. Cameron moved that the relevant paragraphs of the Report of the Committee dealing with designated area allowances were approved. It was carried.

Dr. M. H. Dale (Walsall) moved: "That there should be a full reappraisal of the definition of a designated area."

He regretted that the problem of designated areas appeared to be no nearer solution. In some ways it could be considered to be further from solution now than last year in that the money available, which in 1969-70 had been close on £2 m., was being reduced as fewer and fewer areas satisfied the criteria. Improvements in area positions were by and large in line with national trends and not on the payment or non-payment of designated area allowance. As a first step, Walsall considered that the designated areas should be looked at anew, because certainly the old definition of list size had proved to be unsatisfactory. The answer must lie in a refining of the definition, and the G.M.S. Committee was asked to do so as a matter of urgency.

Dr. R. G. Troop (N.E. London) agreed with Dr. Dale. The designated area should be regarded as an under-doctored area, he said. The work of an area depended on the morbidity of that area which, in turn, depended on many factors, such as the age of the population, climate, air pollution of the area, and so on.

Dr. J. Frame (Birmingham) supported the motion. Designation had become a nonsensical word and it meant nothing but numbers. He wondered what happened to the phrase "unattractive areas." There was an increasing sense of frustration and injustice among the "have nots," and whatever reason there had been for bringing in the word "designated" had now long since passed.

Dr. Cameron conceded that no one foresaw the designated areas growing in numbers as they had done. "We are stuck with the scheme, and the difficulty is to devise something to replace it," he added. A large sum of money was involved, so keen though practitioners might be to reform, it was necessary to remember that the proposal might have consequences for those working in those areas.

The University of Kent had recently completed an exhaustive examination of the whole designated area problem and the G.M.S. Committee would be discussing it in the near future. It was hoped to go to the Department and discuss various suggestions in the university's document. He accepted the motion on the understanding that the problem would not be solved in six weeks or months.

The motion was carried.

**Other Motions**

Among the other subjects debated by the Conference were motions on heavy goods vehicle licences, age of retirement, B.P. specifications, family planning, cervical cytology, pathology, pharmaceutical warnings on drug containers, the Brodrick Report, research by G.P.s., and vaccination.

The Conference agreed that those motions and amendments in the Agenda not debated by the Conference be referred to the G.M.S. Committee for consideration.

Dr. G. W. Taylor (Reading) proposed a vote of thanks to the Chairman, which was carried by acclamation. Dr. Clark being accorded a standing ovation.

The Conference finished at 6 p.m.

**Correction**

Annual Conference of Representatives of Local Medical Committees

**REVISION OF REGULATIONS AND TERMS OF SERVICE**

The statement (Supplement, 1 July, p. 4) that Dr. R. B. L. Ridge hoped that Conference would pass the amendment moved by Dr. D. V. Cashmun (Tynemouth): "That no terms of service are acceptable which include the assignment of patients" was incorrectly reported. This should have read: "Dr. Ridge hoped that Conference would not pass the amendment."