

this treatment has a vasoconstrictive effect on the intraocular vessels.

Many of the bacteria that have always been man's most lethal enemy have been tamed during the last two decades and may nowadays be no more than nuisances or scavengers, but in isolated instances they can be as damaging as ever. So far no eye with proved gas gangrene panophthalmitis has ever been saved by antibiotic treatment alone.

¹ Bhargava, S. K., and Chopdar, A., *British Journal of Ophthalmology*, 1971, 55, 136.

² Bristow, J. H., Kasser, B., and Sevel, D., *British Journal of Ophthalmology*, 1971, 55, 139.

The N.H.S. Reorganization—Mark III

In keeping with its theme of efficient management Sir Keith Joseph has kept the Government's Consultative Document on National Health Service Reorganization¹—the long-awaited third "green paper"—commendably brief (see summary at p. 477). He has done so by confining it to those areas where this Administration's proposals differ from those of Mr. Richard Crossman in February 1970,² and by referring some of the more difficult problems, such as details of management and co-operation between local government and health authorities, for further study. In an accompanying press statement the Secretary of State's objective is declared as a "unified and efficient management in a new two-tier structure of regional and area health authorities."

This introduction of responsible bodies with executive powers between the area authorities and the central Department is welcome, since it will permit proper organization of regional services, particularly hospitals, a point made by the B.M.A. when it recommended a regional structure.³ The Government wants a clear definition and allocation of responsibilities, with maximum delegation downwards matched by accountability upwards. To achieve this in such a massive structure as the N.H.S. will not be easy but by keeping the size of the 70 or so proposed area health authorities small (about 15 members) and by basing their membership on management ability and not on the representation of different interests the Government hopes to do so. The Department of Health will not be restricting the N.H.S. reorganization to the regions for its own organization is to be reviewed, a welcome and necessary move for it will continue to determine national priorities and standards and, of course, allocate resources.

The document is surprisingly reticent about resources. This is a pity because no amount of good management, not to say good medicine, can ensure an effective Health Service if resources are inadequate and this problem cannot be wished away by either Governments or the public. All three sets of proposals for N.H.S. reform have fallen down on this aspect, and a major opportunity for a thoroughgoing financial review seemingly passed by.

With members of area health authorities being chosen for their management ability the concept of participation in management proposed by Mr. Crossman is firmly discarded, with the public being relegated to community health councils. Whether the local voice will be heard or heeded from such a position remains to be seen, but precedents are not en-

couraging. Many doctors will be concerned whether the strong professional advisory councils at regional and area level will guarantee an effective medical voice in the planning and running of the N.H.S., for the number of doctors on the area authorities will be small according to Sir Keith. However, general practitioners are to retain their independent status, with similar bodies to present executive councils being set up at area level. These will have a direct link to the central Department and will deal with matters affecting family doctors' contracts.

The Government's proposals confirm—as was to be expected—the division between personal social services, the responsibility of local authorities, and personal medical services. But the importance of co-operation between the two is recognized and the new area health authorities are to have the same boundaries as the new local government bodies, and the respective reforms will be simultaneously introduced in 1974, a sensible arrangement. Thus public health doctors at last have a time limit set on their present uncertainties and with Sir Keith Joseph initiating a special study on detailed N.H.S. management and emphasizing at his press conference his faith in the future role of the community physician, their prospects should be rather more settled.

The consultative document, published as the *B.M.J.* was going to press, refers to England only. It omits many details which should emerge in discussion. The Government has asked for views on it by the end of July and is planning a Bill for the autumn. This is barely enough for such an important document, and it seems that the study groups proposed by it cannot report before legislation is under way.

¹ Department of Health and Social Security, *National Health Service Reorganization, Consultative Document*. London, 1971.

² Department of Health and Social Security, *The Future Structure of the National Health Service*. London, H.M.S.O., 1970.

³ *British Medical Journal Supplement*, 1970, 2, 132.

Leicester Meeting

The programme for the Annual Meeting of the B.M.A. at Leicester this year is published in the *Supplement* this week. As it is being held slightly later than usual, towards the end of July, accommodation will be available in the university halls of residence as well as in the local hotels. Early application is recommended. With Sir John Peel as the President-elect, medical and social problems of women take a prominent place in the programme. Discussions are scheduled on their health in employment, some of the diseases to which they are commonly subject, and even their place in the "permissive society"—on which it would be interesting to know if they differ from Jane Austen's day. Among the many other topics to be broached is the growing specialty of community medicine, and allied to that are symposia on imported diseases and the population explosion.

Enjoying excellent communications and attractive historical remains, Leicester offers visitors to the meeting a pleasant prospect beyond the call of duty in the lecture halls. A warm welcome awaits everyone who attends, and any member who has not previously been to an annual meeting is cordially recommended to go along, for he will find the clinical discussions instructive and the company sociable. As usual, financial allowances for general practitioners have been approved in terms set out in the programme.