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UNDERGRADUATE COURSE IN GENERAL PRACTICE

PRELIMINARY OBSERVATIONS

BY

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"General practice; keystone of medicine": some believe it, many pay it lip-service, few refute it.

Of recent years, medical schools have attempted to give their students an insight into general practice by lectures or visits to general practitioners. Since 1952 Charing Cross Hospital Medical School has included in its curriculum compulsory attendance at a general practice for its final-year students (who have passed Part I M.B., B.S.). The student resides with the general practitioner for three weeks and accompanies him on all his work. This is termed a general-practice firm.

The scheme is still very much in its infancy. Little has been written on how this project is being tackled or how it may be improved so that the student can obtain the maximum benefit from his brief contact with general practice. For the general practitioner this is also a new problem, and several years will be required before the different methods and ideas crystallize.

The general-practice firm will of necessity, and we think with advantage, always be highly individualistic. As experience grows the teachers will be able to incorporate not only their own improvements but those of others into the running of this scheme. Regular conferences of general-practice teachers and the staff of the medical school are essential for the interchange of ideas and the eventual success or failure of the project.

This report reviews the ground covered on such a firm, and in no way attempts to define what a general-practice firm should aspire to.

GENERAL CONSIDERATIONS

The method of introducing the student to the patient is important. We think the term "student doctor" is best;

it is both truthful and ethical, and at the same time maintains professional dignity. The student examines all patients, both in the surgery and on visits, and, so far, on no occasion has a patient raised any objection. The general practitioner has to work more slowly than usual, but if properly organized his actual day's work need not be prolonged by more than a fifth. This can be increased according to the circumstances, so that the student may obtain the maximum experience.

The general practitioner must also be willing, after the day's work (i) to discuss in more detail the patients seen; (ii) to debate non-clinical medical problems (as shown below); and (iii) to study academic medicine with the student. It was impossible to fulfil the last-mentioned requirement during this particular firm, but it was carried out by one of us (E. A. W. M.) on a previous firm and will be reintroduced. We consider it most important, as the student is in the middle of his final examinations, and it is exhilarating to the general practitioner to pit his memory and experience against the more theoretical knowledge of the student.

It is difficult to give a complete list of what is learnt in general practice, but the following, we believe, are the main aspects (excluding those mentioned later) with which the student becomes acquainted: (1) co-ordination of general medical care; (2) doctor-patient relationship; (3) medical ethics; (4) application of theoretical medicine to general practice; (5) care of the young and aged; (6) midwifery; (7) common ailments; (8) early symptoms of serious disease; (9) treatment of serious disease in the home; (10) emergencies in general practice; (11) use of hospital and ancillary facilities; (12) preventive, social, and industrial medicine; and (13) health education.

Quantitative Data

One of us (A. P. A.) attended 16 morning, 12 evening, and three antenatal surgeries. Table I shows the quantitative

TABLE I.—Surgery Visits

	Adults	Children	Total
No. of consultations	363	95	458
Repeat cases	218	28	246
New	128	67	195
Attending for certificates only ..	17		17

tive work done in these surgeries, and the breakdown into new and repeat cases both for adults and for children. Table II is similar, but deals with patients visited in the home. It is to be noted that all new cases were new

TABLE II.—Home Visits

	Adults	Children	Total
No. of visits	101	113	214
Repeat cases	89	88	177
New	12	25	37

diagnoses to the practice, although many of the repeat cases were new to the student. During the three weeks of the firm we saw 674 patients. Of those seen at the surgery, the following were referred elsewhere for diagnosis or treatment:

	Adults	Children
To hospital for diagnosis	12	2
" " " treatment	18	2
" dentist	2	—
" chest clinic for routine x-ray examination	5	4

Of the patients visited the following were referred to hospitals:

	Adults	Children
Emergencies	3	—
To out-patient department for treatment	2	—
" " " " " diagnosis	—	1

The high proportion of patients referred to hospital for diagnosis is due to the fact that no open x-ray facilities exist and that those sent for exclusion of fractures, etc., are included. In those referred for treatment the diagnosis was firmly made, but treatment could be carried out only in hospital—for example, operative intervention, physiotherapy. The period under review occurred at the tail-end of a mild epidemic of pertussis, and all these cases have a routine x-ray examination on clinical recovery. The adult routine x-ray films of the chest are O'Deala films, while those requiring a large film after a serious lung condition are included under cases sent to hospital for diagnosis.

The three emergencies were a case of peritonitis due to a ruptured ectopic gestation, and two cases of inevitable abortion; while cases referred to the out-patient department were a case of recurrent subacute appendicitis for interval appendectomy and a case of hysteria for a psychiatric opinion.

The following case report on one of these emergencies is included because the family doctor often feels a sense of inferiority when he receives the hospital report giving a precise diagnosis after full investigation.

Case Report.—A woman aged 37 had symptoms suggestive of gastric ulcer in October, 1950. This was confirmed radiologically. There was no other relevant past history. In the early hours of the morning of December 1, 1953, she awakened with severe central abdominal pain and vomiting. Later shoulder-tip pain developed. She looked ill, with ashen-grey complexion and cold sweat. Her pulse was 88, temperature 99.4° F. (37.4° C.), and blood pressure 116/82. No abnormality was detected on examination of the throat and the respiratory, cardiovascular, and central nervous systems. The abdomen revealed generalized tenderness with guarding. There was no board-like rigidity or diminution of liver dullness. On palpation the impression was gained that the site of maximum tenderness was in the hypogastrium, but no mass was found. Micturition and bowel action were normal and the urine was clear. Her menses had been entirely regular and normal, and on direct questioning she denied any intermenstrual bleeding and thought it most unlikely that she was pregnant. Her last menses had started a fortnight previously, there was no vaginal discharge, and rectal examination revealed tenderness only. The clinical diagnosis made was peritonitis with diaphragmatic irritation, ? perforated ulcer, ? pelvic cause.

We telephoned the hospital the following day to find out the correct diagnosis. The patient had a ruptured ectopic gestation, but on inquiry the doctor stated frankly that this had not been diagnosed pre-operatively. The hospital report, after discharge of the patient, stated: "On admission she was found to have a ruptured ectopic gestation. At laparotomy . . ." Had we not previously made inquiries we should have believed our diagnostic ability to have been lacking.

Table III shows the analysis of the consultations and visits into system groups. The high incidence in the upper

TABLE III.—Analysis of Consultations and Visits

	Consultations				Visits			
	Adults		Children		Adults		Children	
	New	Re-peat	New	Re-peat	New	Re-peat	New	Re-peat
Upper respiratory virus infection	28	7	21	4	2	3	7	9
E.N.T.	10	16	11	3	3	5	5	23
Chest disease	4	11	7	4	1	37	4	20
Cardiovascular disease	7	31	1	1	1	12	0	0
Alimentary system	11	22	3	1	2	9	0	1
Skins	9	10	1	0	0	0	2	0
C.N.S.	2	14	0	1	1	2	0	2
Psychiatric	9	21	0	0	0	2	0	1
Obstetric and gynaecological	11	9	2	0	2	11	0	0
Orthopaedic	13	28	1	0	0	4	1	1
Ophthalmic	6	9	2	0	0	1	1	2
Injuries	3	5	4	0				
Infections	4	5	1	3				
Infectious disease	1	0	3	2	0	1	2	27
Public health	1	4	3	6				
Genito-urinary	0	2	5	2	1	1	1	1
Miscellaneous	9	24	2	1	1	1	2	1
Certificates only		17						
Total	128	235	67	28	14	89	25	88

respiratory virus infections and the E.N.T. group is to be expected in the late autumn, and the large number of orthopaedic cases is explained by the inclusion in this group of disorders of the locomotor system.

The "psychiatric" group comprises less than 10% of all cases seen in consultation; this is much lower than expected, but no importance can be attached to a percentage obtained in this short period. The immense importance of the family doctor in this field is well shown in the following case report.

A married woman moved into the area of the practice about three and a half years ago. She had received psychotherapy without much improvement. A report in 1948 stated: "She is a very determined neurotic, and one who would not respond readily to psychotherapy." She had attended the practice frequently since 1950.

The following history was elicited at an appointment two days before the arrival of the student. The mother of the patient (whom we shall call Mrs. A.) was deserted by her husband before our patient was born. Mr. A. went to live with another woman (whom we shall call Mrs. B.). Mrs. A. contacted Mr. B. who was then serving in France, to tell him the state of affairs. Eventually Mrs. A. and Mr. B. met, and after a time tried unsuccessfully to obtain their respective divorces, and then lived together as man and wife. Mrs. A. had two children and Mr. B. also had two. Mrs. A. then had two children by Mr. B. out of wedlock (the patient and a younger sister). The patient's mother was good to them but very strict. The children were often left alone, and the patient and her sister were put to bed by the elder children, who, to amuse themselves, used to tell the youngsters frightening stories. Until after the age of 17 the patient could never go to bed without first looking underneath it.

At the age of 7 or 8 one of the boys (a son of Mr. and Mrs. B.) used to interfere with her. She did not know what it all meant, but "used to wonder where the mess came from." At school she used to feel that she was not the same as the other children, because her sisters and brothers had different surnames.

She met her husband at the age of 15½ and married him at the age of 20. She was constantly afraid that on her honeymoon he would find out she had been interfered with. Also as an adolescent she had severe dysmenorrhoea, but defied everyone, including the family doctor, by refusing to go to hospital because of the same fear.

When she was a married woman her parents obtained their respective divorces and became legally man and wife. At this time she had been at one firm for 14 years and liked it very much. One of her friends saw notices of the divorce, and it became known at the firm. Until this time the patient had no idea she had been born out of wedlock, and it was a great shock to her. She left the firm where she had been happy for so long.

Apart from the patient and her family doctor no other person knows this distressing story of her childhood, any part of which would be sufficient to produce a neurosis in later life.

Additional Activities

Two factories were visited—one manufacturing plastics from the basic material, the other manufacturing end-products. The factories provided, apart from general interest in plastic manufacture, excellent examples of the application of some of the principles of industrial medicine—in particular (1) pre-placement examinations and their importance; (2) rehabilitation of sick or injured back to full routine or work suitable to their functional capacity; (3) safety devices on machinery; (4) local exhaust ventilation, protective barrier creams, and protective clothing in dermatitis-risk occupations; (5) respirators and protective clothing in the formaldehyde sheds; (6) precautions in the cyanide processes; and (7) routine lay-out and ancillary services of an industrial medical department.

A meeting between the medical officer of health, the general-practitioner obstetricians, and the midwives, to improve and co-ordinate their efforts in domiciliary midwifery, took place during the three weeks under review, and the opportunity was taken for the student to be present. It is interesting, if not amusing, to record that one of the main points of the discussion was the correct designation of status of midwives on a particular form.

Two lectures were attended: one dealt with the relationship between sinus infection and lung lesions; the other was of a non-medical nature, and other professions were invited. The meeting was mainly attended by doctors, magistrates, and the teaching profession, and the motion was put that "Corporal Punishment has no Place in the Penal Code of an Enlightened Civilization."

The value of a courteous and helpful pathologist, who affords every facility that he and his laboratory can provide, was demonstrated to the student. A completed request form is all that is required for ambulant patients, who then attend the local hospital laboratory on any day between 10 a.m. and 2 p.m., where a technician takes the samples for the doctor. For the non-ambulant patient ill at home, a specially constructed case with dry sterile syringes and the necessary equipment has been designed by one of us (E. A. W. M.), and is always kept in the car. When investigations are required on a patient visited, all the doctor has to do is to walk to the car for his case and take the sample—a matter of minutes. A relative takes the specimens at once to the laboratory.

It is often thought that the general practitioner's work is mainly concerned with trivial ailments, and, although these do form a part (often an important part towards maintaining positive health), the keeping of the records gives a clear indication of the interesting clinical material seen in so short a period as three weeks. The following is an example of only some of this material: *acute otitis media; *atypical pneumonia; *severe hypochromic anaemia, presenting as cardiac pain; *Raynaud's disease; *thrombophlebitis; *carcinoma of oesophagus; idiopathic mesenteric adenitis; *pityriasis rosea; *cholecystitis; *malignant pleural effusion; *pleural tap in the home; severe hypertensive retinitis; multiple myelomatosis; myeloid leukaemia; *Manson's wood dermatitis.

Non-clinical Subjects

We considered and discussed a broad range of subjects appertaining to general practice. Often the student had not even heard about some of these, let alone given them serious thought. These discussions took the form of "armchair talks" after the day's work, the general practitioner and the student obtaining each other's opinions and reasoning. The subjects were considered in a broad sense, and any tendency to become entangled in detail was avoided.

Many hours were spent in discussion, and it is impossible, without going into lengthy detail, to give any real indication of the ground covered. The subjects are therefore grouped for convenience under the following main headings, with only occasional comment.

*These were new diagnoses occurring in the period under review.

Surgery.—(1) Surgery lay-out; (2) ideal surgery for single-handed practices; (3) ideal surgery for group practices; (4) ancillary services (secretary, receptionist, nurse, laboratories, x rays); (5) financial considerations. The planning of the general practitioner's own surgery; the good points, the deficiencies, and the improvements required are shown. The student proves very interested in the running of the surgery, and the general practitioner must be on his guard not to omit this, although to him it is ordinary routine. A general outline of the many articles on surgery planning are conveyed to the student, and one of the evenings ended by planning and drawing sketches of how to adapt an imaginary double-fronted house. We consider that one of the prime needs of general practice to-day is, without doubt, well-designed premises and full ancillary services. The office worker has a "pending" tray, and the hospital doctor an appointment system to buffer any sudden increase in work, but the general practitioner has to deal forthwith with the work to hand. Therefore it is all the more necessary that lay help should be available to relieve him of non-clinical duties. The young general practitioner not only wishes to learn the art and skill of his older colleagues, but desires, and justly considers it his right, to have readily available the modern scientific aids, which in hospital he has taken for granted, to maintain a high and satisfactory standard.

National Health Service Administration.—(1) Advantages and disadvantages of present organization. (2) Integration of the three services. (3) Modifications and alternatives to the N.H.S. (4) Executive council, terms of service. The administration of the general medical services is explained to the student and discussed with him.

Group Practice or Health Centres.—(1) Ideal health centre: lay-out and number required; financial impracticability. (2) Group practice: advantages and disadvantages.

Financial Considerations in General Practice.—(1) Present method of payment. (2) Disadvantages of capitation system: lack of financial inducement to better medical practice, lack of incentive to develop ancillary services, non-provision for capital expenditure. (3) Alternatives. It is thought that the *per capita* method of payment can never take into account the conscientiousness, skill, experience, and amount of work of a particular doctor. It is purely a quantity payment, and as such cannot provide a financial inducement (theoretically unnecessary) to higher standards of practice. All the alternatives we have discussed presented difficulties and flaws on detailed examination, but their consideration is stimulating and tempers one's criticism.

Paper Work.—(1) Records. (2) Certificates. (3) Letters to hospital. (4) Miscellaneous. The student obtains an insight into this when with the firm, but one evening is set aside to talk about it. Medical note-keeping is of prime importance, and can, in general practice, so easily become a voluminous jumble among which the important data are difficult to locate. The back of the medical record envelope is used only for major diagnoses, and not, as so often at present, for entering trivial detail of no future significance. If a patient is a potentially dangerous schizophrenic it is obviously desirable that this little detail should catch the doctor's eye immediately he takes out the record envelope, and not the various placebos which in long past years have served to facilitate the patient's egress from the surgery. On the continuation cards are entered the medical notes, divided into years by an ink line, while the diagnoses are underlined with red ink, and investigation results entered in red. Reports, when they become bulky, are filed in a separate filing cabinet, after a précis of them has been entered and a distinguishing mark to note the fact added to the top left-hand corner of the face of the record envelope.

Midwifery.—(1) Antenatal and post-natal care. (2) Delivery: home or hospital. (3) Liaison with consultants and midwives. (4) N.H.S. regulations. Normal pregnancy, as a natural phenomenon and dealt with in its natural environment when this is suitable, is seen.

Public Health.—(1) Preventive medicine; notification. (2) District nurses and midwives. (3) Welfare centres; school medical service. (4) Ancillary services: health visitors; domestic help; meals on wheels; tuberculosis aftercare committee. (5) Sanitary considerations. The student, who has mainly learnt his public health from a course of lectures, sees the practical application of this branch of medicine. He sees that practically the whole of public health is closely connected with the work of the family doctor, who often needs one or other of its services to bring to his patient comprehensive care and treatment.

Industrial Medicine.—(1) Industrial medical service. (2) Pre-placement examination. (3) Ancillary services. (4) Rehabilitation. On this particular firm we spent an evening discussing industrial medicine because one of us (E. A. W. M.) is interested in this branch. On other firms some subject the general practitioner has a detailed knowledge about would doubtless be substituted. The general practitioner is the ideal person, if he is willing to acquire the knowledge and experience, to furnish the part-time personnel for this service.

Postgraduate Study in General Practice.—(1) Public lectures, local B.M.A. lectures. (2) Local medical societies. (3) N.H.S. courses: part- and full-time. (4) Home reading. (5) College of General Practitioners/research in general practice. (6) Access to cases in local hospitals. Ample facilities exist in most areas for the general practitioner to keep abreast with the advances in medicine, but the single-handed doctor must experience difficulties in finding the necessary time. General practice is an exacting and time-consuming occupation and, even in the less busy part of the year, the day's work is usually so arranged (for the convenience of the patient) that the family doctor has never more than two or, at the most, three consecutive hours free at any time of the day or evening.

Conclusion

We feel that this course has something to offer to the student. It widens his field of vision beyond the boundaries of the hospital, he sees the only branch of "medicine" left in which he can obtain an overall picture, and he also realizes the value of continuous care with intermingling of early diagnosis, curative, preventive, social, and occupational medicine, and public health. He should become increasingly aware that the patient is not a case; that the patient is indivisible, and therefore "medicine" is also indivisible; that specialization can fulfil its proper aims only when co-ordinated with the general care of the patient.

This report relates to the student in his final year; the course lasts three weeks, and usually begins at the end of November. We realize that many arguments can be made against these present arrangements, but, in this experimental stage, we feel they should not be changed until more experience is gained.

The type of practice the student attends is important. We have no knowledge which is the most suitable, but this will become evident at the conferences. One thing, however, is certain: if the general practitioner believes that he has a service to give and is enthusiastic the student's time will not be wasted.

Summary

The undergraduate course in general practice is a compulsory part of the curriculum of Charing Cross Hospital Medical School. The final-year student resides with the general-practitioner teacher for three weeks.

The ground covered, the material seen, and the methods adopted are recorded.

We regard the scheme as a useful one, and urge the interchange of ideas and experience.

We wish to thank Dr. F. Sanders, the other principal and partner in the practice concerned, for his help and advice at all times.

GENERAL MEDICAL SERVICES COMMITTEE

DISTRIBUTION OF REMUNERATION

A meeting of the General Medical Services Committee lasting a day and a half was held on April 21 and 22 under the chairmanship of Dr. A. TALBOT ROGERS. The Committee dealt with a number of matters which will be included in the Supplementary Annual Report to the Conference.

The second report of the Working Party on the distribution of remuneration among general practitioners (published in the *Supplement*, May 1, p. 206) was presented. The CHAIRMAN said that this report—an agreed one—followed upon the resolution passed by the Special Conference in 1952 that if, in the light of experience, it was found that the new scheme of distribution arrived at after the Danckwerts award left certain groups of practitioners—small-list men—without the benefit to be expected under the terms of reference of the Working Party, an appropriate proportion of the final settlement moneys might be allocated for the remedying of any such obvious defects.

By passing this resolution, the Chairman went on, the Conference desired that help should be given to men in practice who were doing a good job of work but with very small lists. Obviously the lower limit had to be drawn somewhere, and the Working Party had drawn it at a list of 300. It proposed, in addition to the ordinary capitation fee, a basic payment of £250 per annum for doctors with lists of not less than 300 or more than 1,200, together with a special additional fee of 10s. for each patient above the 300th and up to the 500th. It was believed that the number of single-handed practitioners to whom the scheme would apply would be between 500 and 600.

Asked for an estimate of the cost of the new proposals, the Chairman said that the gross sum would be about £120,000 a year at present. It was expected that this would be a diminishing amount as some of the elderly doctors—who comprised the largest category of practitioners with small lists—retired from practice. He pointed out that this was not new money; it was part of the total amount allocated to all practitioners.

Dr. WOOLLEY suggested certain anomalies in the scheme. The practitioners who would gain most advantage would be those with lists of 500. They would receive an additional £350 a year, an amount per patient which contrasted rather sharply with the smaller amount received per patient by practitioners with larger lists. After all, the Working Party was authorized only to make sure that nobody suffered under the redistribution, not that certain groups were enriched.

The CHAIRMAN mentioned the numbers of single-handed practitioners graded according to size of lists, and said that there was a fairly even spread from the lowest to the highest numbers. The amount of money which had to be paid out in the last financial year because of the extra loading and the number of new partnerships formed and claiming payment on the basis of notional lists had come already to a very considerable sum—a good deal more than was paid out in the previous financial year. This was offset, however, by an appreciable increase in the number of principals, and there was more than enough to cover the extra amount of money already absorbed and to allow £120,000 to meet these extra payments. A more extravagant scheme might not have been possible to maintain for years ahead. Another point was that there was no means test in relation to the scheme. Further, the modification proposed was not a major change necessitating parliamentary approval.

Dr. BRUCE CARDEW said that the Working Party had done a good piece of work, and even if it had been a little over-generous it entailed a very small sacrifice for the general body of practitioners. Dr. P. J. GIBBONS and others spoke to the same effect, and the scheme was accepted by the Committee.

Scheme for Restoration of Goodwill

The Committee discussed at length the scheme for the restoration of the right to buy and sell goodwill. The scheme had been worked out by the Amending Acts Committee on the instruction of Council, following the resolution of the Representative Body.

The CHAIRMAN said that the scheme had occupied the Amending Acts Committee for a considerable time, and its discussions had been attended by observers from the G.M.S. Committee. All that the G.M.S. Committee was asked to do was to say whether or not this was a practicable scheme on which further negotiations might proceed. It was not asked to say what should be done with the report. That was for the decision of the Council.

The committee's conclusions were expressed in the following resolution:

"The General Medical Services Committee, whilst paying tribute to the constructive efforts of the Amending Acts Committee to produce a scheme for the restoration of the right to buy and sell goodwill, does not support the scheme which has been submitted. This view is endorsed by opinions expressed by the Assistants and Young Practitioners Subcommittee and by the British Medical Students Association. Further, from the information contained in the memorandum by Mr. Dixon [Medical Insurance Agency] the Committee has reached the firm conclusion that the very difficult economic circumstances which have developed since 1948, in addition to the many practical difficulties involved, would render it impossible to carry out this or any other similar scheme for the restoration of goodwill."

Central Pool Calculations

A report was given of a meeting between representatives of the Committee and officers of the Ministry of Health for the discussion of the calculation of the size of the central pool. The CHAIRMAN said that he and the other representatives, as well as the experts who had accompanied them, had urged that the expenses ratio of 32.23% which had emerged from the inquiry by the Inland Revenue was for a number of reasons lower than the actual expense ratio for the period. The exclusion of non-typical practices from the accounts upon which the survey had been based was one of these reasons. He contended that an appropriate adjustment was necessary, and in this he was supported by Professor Allen, the economist, who gave grounds for the opinion that an addition of between 0.5 and 0.8% should be made.

The Ministry had since written to the effect that they would like to do a little research into the sort of doctors who had been omitted from the sample before making any reply to the proposal that the ratio used in the calculations should be higher than the figure set out. It will probably be some time before a final answer can be given.

It was also stated that, although both sides had agreed to accept the continuation of the use of the figure of £2m. for private practice pending a more accurate assessment of this source of income, the Ministry felt that a start should be made with a view to obtaining further information on this subject. The Committee's representatives had pointed out the obvious fallacy in using the practice expenses inquiry for this purpose, the sample on which the inquiry had been based not being sufficiently representative. This might very well result in a distortion of the picture, and here again they had been supported by Professor Allen, who said that, in his view, if private practice earnings were to be revealed by any form of survey this should be on a very much broader basis. The Chairman said that some of them felt that nothing short of an inquiry of all doctors in the country could give the real answer, but it seemed to be felt by the Ministry that such an inquiry would be too expensive and time-consuming for the offices of inspectors of taxes. He added that it was for the Committee to say whether it insisted on a 100% inquiry or whether anything short of it was acceptable in the interests of an agreed settlement which would continue for a period of years. A factor to be borne in mind was that the amount which practitioners were earn-

ing from private practice was steadily diminishing and would continue to diminish as older patients died and were not replaced by younger.

After some discussion it was agreed that the matter be taken up with the economics experts who had been concerned in these discussions, and that a report should be made again to the Committee.

Miscellaneous Business

The composition of the Joint Committee on Prescribing again came forward. Dissatisfaction was expressed with the extent of the general-practitioner representation. It was felt that this was far too small and it was agreed to submit a recommendation to this effect to the Council.

A highly detailed question was brought forward by the London Local Medical Committee concerning the succession to a vacant practice by a partner. This led to a long discussion, and in the end it was suggested that the Local Medical Committee should seek an interview with the Medical Practices Committee, and, if still dissatisfied, reopen the matter with the General Medical Services Committee.

The question of eligibility of general practitioners for grants to attend courses on occupational health arose on a case from Scotland, in which the Ministry of Health was quoted as having given the opinion that general practitioners were not eligible. It was agreed that the general position should be explored with the Ministry.

On the question of the legal position of nurses in respect of giving injections—a subject which has been before other committees of the Association following a conference called by the Royal College of Nursing at which the Association was represented—it was decided after discussion to await a memorandum from the Royal College.

A request was received from the Yorkshire Local Medical Committee that whenever a recruit was rejected by the medical board his own doctor should be notified and given the reasons for the rejection. Dr. Knox pointed out that if the patient's own doctor had any difficulty in learning why a patient had been down-graded he had only to write to the board and he would receive a reply from the chairman. It was agreed to discuss the matter with the Ministry and see if anything could be done to improve the position.

PROPOSED TAX RELIEFS

Some tax relief would be given, especially to married people, if the Government were to put into effect the proposals made in the second report of the Royal Commission on the Taxation of Profits and Income (H.M.S.O., 4s. 6d.). The proposals are an attempt to give some relief to the hard-pressed middle-class. And, while this may be difficult to define, most doctors would probably own, if pressed, to belonging to it. Certainly many would have less income tax to pay if the commission's recommendations were adopted.

Five of the thirteen recommendations are on child allowances. The main one is that the child allowances should vary within limits with the taxpayer's income. Up to £850 the allowance would remain at £85 as at present; between £850 and £1,000 it would be 10% of income; and for incomes over £1,000 it would be £100 plus 6% of the excess of the income over £1,000, but subject to a maximum of £160.

Surplus, which now begins at £2,000, should according to the commission begin at £1,500 for a single man, at £2,000 for a married man without children, and for a married man with children at £2,000 plus £160 for each child. The earned income relief of two-ninths of the income at present reaches a maximum of £450 at an income of £2,025. The commission recommends raising the limit of £2,025 to £2,500 and extending the relief at half the full rate to incomes between £2,500 and £3,000. A minority report signed by four members of the commission dissents in some respects from the report.

British Medical Association

ANNUAL MEETING—GLASGOW, JULY 1-9, 1954

President-Elect: Emeritus Professor Sir JOHN MCNEE, D.S.O., M.D., D.Sc., F.R.C.P., F.R.F.P.S.

Joint General Secretaries: J. INGLIS CAMERON, M.B., Ch.B., F.R.F.P.S.; J. T. MCCUTCHEON, M.A., L.R.C.P., L.R.C.S., L.R.F.P.S.

Science Secretary: J. BASIL RENNIE, M.D., F.R.C.P., F.R.F.P.S.

Executive Officer: G. A. PECK, B.Sc., British Medical Association, Glasgow Regional Office, 234, St. Vincent Street, Glasgow, C.2.

PROGRAMME

The 122nd Annual Meeting of the British Medical Association will be held in Glasgow from Thursday, July 1, to Friday, July 9, 1954, inclusive.

On the evening of Wednesday, June 30, there will be a Cocktail Party for Representatives and their Ladies, arranged by the Glasgow Division.

The Annual Representative Meeting will begin on Thursday, July 1, and continue on Friday, Saturday, and Monday, July 2, 3, and 5.

The Representatives' Dinner and Ladies' Dinner will take place on Thursday, July 1, followed by a dance.

The Overseas Luncheon has been arranged for Friday, July 2.

On Sunday, July 4, an all-day sail on the Firth of Clyde has been arranged, and this will be followed by a concert in the evening.

The Adjourned Annual General Meeting and President's Address will take place in the Kelvin Hall on the evening of Monday, July 5, and the President's Reception, which follows, will be held in the Bute Hall, at the University.

The Annual Scientific Meeting and associated functions occupy the period from Tuesday morning, July 6, to the evening of Friday, July 9.

The Official Religious Service will be held in Glasgow Cathedral on the afternoon of Tuesday, July 6, and arrangements for a Roman Catholic Service, on the same day, are also being made.

The Annual Dinner of the Association will be held in the Central Hotel on Thursday, July 8.

A full social programme is being arranged, including a Civic Reception on Tuesday evening, July 6, and a University Reception on Wednesday evening, July 7. There will also be a dance on Friday evening, July 9.

Several special functions have been arranged for ladies accompanying members, including visits to Loch Lomond, Lake of Menteith and Stirling, the Burns Country, and Edinburgh. Also included among these is an all-day excursion to Loch Katrine and the Trossachs.

The usual golf competitions will take place.

The Overseas Conference will be held on the afternoon of Wednesday, July 7, and there will also be an "At Home" for Overseas Visitors given by the Empire Medical Advisory Bureau on Thursday, July 8.

The Reception Room for Registration will be open in the Kelvin Hall on Monday, July 5, at 9 a.m.

Three Plenary Scientific Sessions have been arranged as follows: Tuesday, July 6, at 9.30 a.m., subject "The Problem of Sleep"; Wednesday, July 7, at 3 p.m., subject "Food and Disease"; Thursday, July 8, at 9.15 a.m., subject "The Problem of Pulmonary Tuberculosis To-day."

Seventeen Scientific Sections have been arranged, the meetings to take place on Wednesday morning, July 7, Thursday afternoon, July 8, and Friday morning and afternoon, July 9 (details are given below).

The Scientific Exhibition will be held in the Kelvin Hall, and will be open daily from July 5 to 9. Demonstrations will be given at fixed advertised times and a wide field of medical interests will be covered. For details see page 226.

The Annual Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications will also be housed in the Kelvin Hall. The Exhibition will be open from 9 a.m. to 6 p.m. from July 5 to 9 inclusive.

The Ladies' Club will be situated in the College Club, University, and will be open throughout the Meeting.

REGULATIONS REGARDING DRESS

Academic Dress is to be worn at the President's Address, the President's Reception, the Official Religious Service, the Roman Catholic Service, the Civic Reception, and the University Reception.

Robes may be hired from Messrs. Ede and Ravenscroft, Ltd., 93, Chancery Lane, London, W.C.2, or, in the case of Glasgow graduates, from Messrs. Thomson, Sons and Wright, Ltd., 173, St. Vincent Street, Glasgow, C.2. Early application is advised, as the supply of gowns is limited, and it is suggested that the gowns be sent to the home address of the individual concerned.

Evening Dress (Tails or Dinner Jacket), with Decorations, is to be worn at the President's Reception, Civic Reception, University Reception, and Annual Dinner. Evening Dress without Decorations should be worn at the Representatives' Dinner, the Representatives' Dance, and the Dance in the Union on July 9.

REGISTRATION FEE

Members attending the Annual Meeting (other than members of the Representative Body and overseas visitors) are required to pay a fee of one guinea towards the expenses of the Meeting. The fee will be payable when members register at the Reception Office.

TICKETS

All tickets for functions up to Sunday, July 4, will be available for Representatives at the A.R.M. Inquiry Office at the Bute Hall, University, on June 30, July 1, 2, and 3, and for ladies at the Ladies' Club, the College Club, University.

Tickets for all other functions after Sunday, July 4, will be available from Monday, July 5, at the Reception Office, Kelvin Hall, or at the Ladies' Club.

BADGES

Members will not be admitted to Plenary Sessions, Scientific Sections, or Exhibitions unless wearing badges. They should therefore visit the Reception Office, Kelvin Hall, on the first day of the Annual Meeting to obtain their handbook, badge, registration card, and tickets.

Officers of Scientific Sections and other office-holders should inquire for special badges at the Reception Office.

HOTEL ACCOMMODATION IN GLASGOW

The following is a list of hotel and hostel accommodation still available for the Glasgow Meeting.

For hotel accommodation, reservations should be made direct with the hotels and *not* through the B.M.A.

For *hostel* accommodation, all requests should be made to the *Executive Officer, B.M.A. Glasgow Regional Office, 234, St. Vincent Street, Glasgow, C.2, and not direct to the hostels.*

REVISED HOTEL LIST

Name and Address of Hotel	Tel. No.	Distance from University	Rooms Available	Tariff, 1953 B/B
*Buchanan St. Station Hotel, Buchanan St., Glasgow, C.2	Douglas 9016	1½ miles	Single Double	24/- 48/-
*Central Hotel, Glasgow, C.1	Central 9680	1¼ "	Double	60/-
*St. Enoch Hotel, St. Enoch Sq., Glasgow, C.1	Central 7033	1¼ "	Single Double	35/- 60/-
Y.M.C.A. Club, 100, Bothwell St., Glasgow, C.2	City 0388	1½ miles	Single (men)	12/6
<i>Hostel Accommodation</i>				
MacBrayne Hall, 11, Park Circus Place, C.3	Douglas 5626	½ mile	Men (share twin-bedded rooms)	12/6 p.p.
Douglas House, Jordanhill College, Southbrae Drive, W.3	Scotstoun 2694	2¼ miles	Men or women (single rooms)	14/6

* Licensed hotels.

TRAVEL RESERVATIONS

Accommodation on trains and on aircraft between London and Glasgow during July is booked at a very early date. It is advisable to make reservations as soon as possible.

ABERDEEN GRADUATES' DINNER

A dinner arranged by the Glasgow Aberdeen University Association will be held in the North British Hotel, Glasgow, on Saturday, July 3, 1954, at 7.30 p.m. Tickets will be 25s.

All Aberdeen graduates and their ladies attending the Annual Representative Meeting will be welcome. Those intending to be present should apply by the end of May to Mr. W. E. S. Thomson, 23, Thorn Drive, Bearsden, Glasgow, for further information.

GLASGOW GRADUATES' DINNER

The Glasgow Graduates' Dinner will be held in the Royal Faculty of Physicians and Surgeons of Glasgow, 242, St. Vincent Street, Glasgow, C.2, on Saturday, July 3, at 7 for 7.30 p.m. The dinner is open to Glasgow graduates and their ladies who are attending the Annual Representative Meeting.

The cost is 30s. each, including aperitifs. Numbers are limited, and early application, with appropriate remittance, should be made to Dr. J. C. Macarthur, Roadmeetings House, Carlisle, Lanarkshire.

CHRISTIAN MEDICAL FELLOWSHIP ANNUAL BREAKFAST

The Annual Breakfast of the Christian Medical Fellowship will be held in the Students' Union, University Avenue, Glasgow, on Wednesday, July 7, at 8.15 a.m. The chairman will be Sir John McNee, and the speaker Mr. Howard Somervell. The proceedings will terminate at 9.15 a.m. Those intending to be present are asked to notify the local secretary, Dr. J. C. Eaton, 19, Boclair Road, Bearsden, Glasgow.

SCIENTIFIC MEETING

PLENARY SESSIONS

Tuesday, July 6, 9.30 a.m.: "The Problem of Sleep"

Chairman: Professor Sir DAVID CAMPBELL (Aberdeen).

Speakers: Professor Sir GEOFFREY JEFFERSON (Manchester), Professor D. M. DUNLOP (Edinburgh), Dr. J. O. McDONAGH (Stanley), Dr. A. H. DOUTHWAITE (London), Dr. MACDONALD CRITCHLEY (London).

Wednesday, July 7, 3 p.m.: "Food and Disease"

Chairman: Dr. W. G. CLARK (Edinburgh).

Speakers: Dr. C. METCALFE BROWN (Manchester), Professor B. S. PLATT (London), Dr. JOAN TAYLOR (London), Dr. J. S. K. BOYD (London), Professor R. CRUICKSHANK (London), Mr. A. E. BURDETT (London).

Thursday, July 8, 9.15 a.m.: "The Problem of Pulmonary Tuberculosis To-day"

Chairman: Sir ANDREW DAVIDSON (Edinburgh).

Speakers: Dr. PETER MCKINLAY (Edinburgh), Dr. A. B. SEMPLE (Liverpool), Dr. J. R. LANGMUIR (Glasgow), Dr. W. D. W. BROOKS (London), Mr. T. HOLMES SELLORS (London), Dr. R. R. TRAIL (London).

SCIENTIFIC SECTIONS

All sessions will be held in the University and details are given of the lecture theatres where the sessions are to be held.

*The names of additional speakers in some sessions will be published later.

MEDICINE

President: G. E. BEAUMONT, D.M., F.R.C.P., D.P.H. (London).

Vice-Presidents: Professor S. ALSTEAD, M.D., F.R.C.P., F.R.F.P.S. (Glasgow); Professor L. J. DAVIS, M.D., F.R.C.P., F.R.C.P.Ed., F.R.F.P.S., F.R.S.Ed. (Glasgow); Professor S. J. HARTFALL, T.D., M.D., B.Sc., F.R.C.P. (Leeds); W. R. SNODGRASS, M.A., M.D., B.Sc., F.R.F.P.S. (Glasgow).

Hon. Secretaries: JOHN H. HUNT, D.M., M.R.C.P., 54, Sloane Street, London, S.W.1; E. G. OASTLER, T.D., M.A., M.B., Ch.B., F.R.C.P., F.R.F.P.S., 4, Woodside Terrace, Glasgow, C.3.

Sessions

Physiology Lecture Theatre.

Wednesday, July 7.—9.30 a.m., Management of Old Age in General Practice, Dr. TREVOR HOWELL (London). Prevention and Treatment of Respiratory Infection in Old Age, Sir GEOFFREY MARSHALL (London), Dr. NEVILLE OSWALD (London), Dr. T. MCEWAN (Glasgow). Treatment of Parkinsonism, Dr. H. G. GARLAND (Leeds), Dr. H. G. MILLER (Newcastle-upon-Tyne). Treatment of Peripheral Vascular Disease in Old Age, Professor E. J. WAYNE (Glasgow), Professor MICHAEL BOYD (Manchester), Dr. WM. FERGUSON ANDERSON (Glasgow), Dr. O. T. BROWN (Dundee).

Thursday, July 8.—2.30 p.m., Medical Treatment of Hypertension, Dr. GEOFFREY BOURNE (London), Dr. J. GIBSON GRAHAM (Glasgow), Dr. GAVIN SHAW (Glasgow). Anticoagulants in Coronary Thrombosis, Dr. RAE GILCHRIST (Edinburgh), Professor R. B. HUNTER (Dundee), Dr. A. BROWN (Glasgow). Anticoagulants in Thrombophlebitis, Dr. BODLEY SCOTT (London), Mr. R. S. MURLEY (London), Mr. R. B. WRIGHT (Glasgow).

SURGERY

President: Sir HENEAGE OGILVIE, K.B.E., M.A., M.D., M.Ch., F.R.C.S. (London).

Vice-Presidents: JOHN DUNBAR, M.B., F.R.F.P.S. (Glasgow); Professor C. F. W. ILLINGWORTH, C.B.E., M.D., Ch.M., F.R.C.S.Ed., F.R.F.P.S. (Glasgow); T. MURRAY NEWTON, M.B., F.R.F.P.S. (Glasgow); Sir ARTHUR PORRITT, K.C.M.G., C.B.E., M.Ch., F.R.C.S., LL.D. (London).

Hon. Secretaries: A. B. KERR, O.B.E., T.D., M.B., F.R.F.P.S., F.R.C.S.Ed., 5, La Belle Place, Glasgow, C.3; IAN M. ORR, O.B.E., M.D., Ch.M., F.R.C.S.Ed., Brooklands, Garstang, Preston, Lancs.

Sessions

Zoology Lecture Theatre.

Wednesday, July 7.—9.30 a.m., The Surgical Treatment of Peptic Ulcer. Panel discussion: Mr. JOHN BRUCE (Edin-

burgh), Mr. R. L. HOLT (Manchester), Professor C. F. W. ILLINGWORTH (Glasgow), Dr. F. AVERY JONES (London). *Short Papers* to be announced later.

Thursday, July 8.—2.30 p.m. (Joint Meeting with the Section of Cardiology), Surgery in the Treatment of Mitral Stenosis, Dr. MAURICE CAMPBELL (London), Professor W. A. MACKEY (Glasgow), Mr. P. R. ALLISON (Leeds), Dr. R. W. D. TURNER (Edinburgh). Arterial Grafting, Mr. W. P. CLELAND (London), Mr. H. G. EASTCOTT (London).

OBSTETRICS AND GYNAECOLOGY

President: Professor R. A. LENNIE, T.D., M.D., F.R.F.P.S., F.R.C.O.G. (Glasgow).

Vice-Presidents: ROBERT M. CORBET, M.B., M.A.O., F.R.C.P.I., F.R.C.S.I., F.R.C.O.G. (Preston), DAVID W. CURRIE M.D., Ch.M., F.R.C.S., F.R.C.O.G. (Leeds); W. F. T. HAULTAIN, O.B.E., M.C., B.A., M.B., F.R.C.P.Ed., F.R.C.S.Ed., F.R.C.O.G. (Edinburgh); JOHN HEWITT, M.B., F.R.F.P.S., F.R.C.O.G. (Glasgow); Professor G. GORDON LENNON, M.B., Ch.M., F.R.C.O.G., M.M.S.A. (Bristol).

Hon. Secretaries: R. MURDOCH, T.D., M.B., M.R.C.O.G., 16, Lilybank Gardens, Glasgow, W.2; R. B. K. RICKFORD, M.D., F.R.C.S., M.R.C.O.G., St. Thomas's Hospital, London, S.E.1.

Sessions

Botany Lecture Theatre.

Wednesday, July 7.—9.30 a.m., Management of Labour in Contracted Pelvis, Dr. H. R. MACLENNAN (Glasgow), Professor W. I. C. MORRIS (Manchester), Dr. J. BRUCE DEWAR (Dumfries). Early Recognition of Cancer of the Uterus, Dr. R. M. CORBET (Preston), Professor G. GORDON LENNON (Bristol), Professor H. C. McLAREN (Birmingham), Miss M. E. ATTWOOD (Birmingham).

Thursday, July 8.—2.30 p.m., Indications for Induction of Labour, Dr. R. A. TENNENT (Glasgow), Mr. MASLEN-JONES (Wolverhampton), Mr. LESLIE PATRICK (Sheffield). Endometriosis, Mr. LESLIE WILLIAMS (London), Dr. JOHN STURROCK (Edinburgh), Mr. W. HAWKSWORTH (Oxford).

ANAESTHETICS

President: JOHN GILLIES, C.V.O., M.C., F.R.C.S.Ed., M.R.C.P.Ed., F.F.A. R.C.S., D.A. (Edinburgh).

Vice-Presidents: H. H. PINKERTON, M.B., F.R.F.P.S., F.F.A. R.C.S., D.A. (Glasgow); F. G. WOOD-SMITH, M.B., F.F.A. R.C.S., D.A. (London); RONALD WOOLMER, V.R.D., B.M., F.F.A. R.C.S., D.A. (Bristol).

Hon. Secretaries: W. AUKIN, M.R.C.S., L.R.C.P., D.A., Wyncroft, 35, Gladhow Wood Road, Leeds, 8; I. M. CAMPBELL DEWAR, M.B., F.F.A. R.C.S., 57, Kelvinside Gardens, Glasgow, N.W.

Session

Physiology Lecture Theatre.

Friday, July 9.—2 p.m., Medico-Legal Hazards in Anaesthesia, Professor W. W. MUSHIN (Cardiff), Mr. W. MAIR, B.L., LL.B. (Glasgow). *Occasional Papers*: Hand Blood Flow During Sleep, Dr. I. D. FERGUSON and Mr. A. PRINGLE, B.Sc. (Glasgow); Hand Blood Flow During Anaesthesia, Dr. A. C. FORRESTER (Glasgow); The Effects of Spontaneous and Artificial Pulmonary Ventilation on the Alveolar Carbon Dioxide Content in Man under Thiopentone Anaesthesia with Muscle Relaxant Drugs, Dr. R. P. HARBORD (Leeds); Second Thoughts on Neonatal Anaesthesia, Dr. G. JACKSON REES (Liverpool).

CARDIOLOGY

President: J. H. WRIGHT, J.P., M.D., F.R.C.P.Ed., F.R.F.P.S. (Glasgow).

Vice-Presidents: I. MACPHERSON, M.D., F.R.C.P. (Leeds); ALBERT A. F. PEEL, M.A., D.M., F.R.F.P.S. (Glasgow); K. SHIRLEY SMITH, M.D., B.Sc., F.R.C.P. (London).

Hon. Secretaries: G. J. AITKEN, M.B., B.Sc., F.R.F.P.S., 31, Kenmuir Avenue, North Mount Vernon, Glasgow, E.2; C. J. GAVEY, M.D., F.R.C.P., 106, Harley Street, London, W.1.

Sessions

Zoology Lecture Theatre.

Thursday, July 8.—2.30 p.m. (Joint Meeting with the Section of Surgery), Surgery in the Treatment of Mitral Stenosis, Dr. MAURICE CAMPBELL (London), Professor W. A. MACKEY (Glasgow), Mr. P. R. ALLISON (Leeds), Dr. R. W. D. TURNER (Edinburgh). Arterial Grafting, Mr. W. P. CLELAND (London), Mr. H. G. EASTCOTT (London).

Physiology Lecture Theatre.

Friday, July 9.—9.30 a.m., Coronary Artery Disease: (1) The Aetiology of Coronary Artery Disease, Professor J. E. DUGUID (Newcastle-upon-Tyne); (2) The Significance of Cholesterol in the Caustion of Atheroma and Coronary Artery Disease, Dr. T. D. V. LAWRIE (Glasgow); (3) Electrocardiography in Coronary Artery Disease, Dr. WILLIAM EVANS (London); (4) The Use of Oestrogens in the Treatment of Coronary Artery Disease, Dr. M. F. OLIVER (Edinburgh); (5) Treatment of Shock in Myocardial Infarction, Dr. K. SHIRLEY SMITH (London).

CHILD HEALTH

President: Professor STANLEY G. GRAHAM, M.D., F.R.C.P.Ed., F.R.F.P.S. (Glasgow).

Vice-Presidents: P. R. EVANS, M.D., M.Sc., F.R.C.P. (London); Professor J. L. HENDERSON, M.D., F.R.C.P.Ed. (Dundee); BERNARD E. SCHLESINGER, O.B.E., M.D., F.R.C.P. (London); MATTHEW WHITE, M.B., F.R.C.S.Ed., F.R.F.P.S. (Glasgow).

Hon. Secretaries: J. H. HUTCHISON, O.B.E., M.D., F.R.C.P., F.R.F.P.S., 21, Victoria Park Gardens North, Glasgow, W.1; A. P. NORMAN, M.B.E., M.D., M.R.C.P., D.C.H., Institute of Child Health, the Hospital for Sick Children, Great Ormond Street, London, W.C.1.

Sessions

Natural Philosophy Lecture Theatre (new building).

Wednesday, July 7.—9.30 a.m., Recent Views on the Aetiology and Treatment of Marasmus: A General Survey of the Problem, Professor J. M. SMELLIE (Birmingham); The Social Aspects of Marasmus, Professor W. S. CRAMP (Leeds); Feeding Difficulties in Marasmus and their Correction, Professor R. W. B. ELLIS (Edinburgh); Renal Acidosis and Idiopathic Hypercalcaemia, Dr. REGINALD LIGHTWOOD (London); Fibrocystic Disease of the Pancreas, Dr. R. A. SHANKS (Glasgow). Acute Haematogenous Osteitis: The Changing Picture, Mr. MATTHEW WHITE (Glasgow); The Diagnosis of Osteitis, Dr. G. A. NELIGAN (Newcastle); The Treatment of Osteitis, Mr. J. S. MASON BROWN (Edinburgh); Osteitis in the Newborn, Mr. R. B. ZACHARY (Sheffield); The Choice of Antibiotics in Osteitis, Dr. I. A. B. CATHIE (London).

Thursday, July 8.—2.30 p.m., The Care and Management of the Epileptic Child: Epilepsy as a Social Problem, Dr. J. ROMANES DAVIDSON (Bridge of Weir); Disturbances of Behaviour in Epileptic Children, Dr. DESMOND A. POND (London); The Medical Treatment of Epilepsy, Dr. J. P. M. TIZARD (London); The Surgical Aspects of Epilepsy, Mr. F. J. GILLINGHAM (Edinburgh).

DERMATOLOGY

President: BRIAN F. RUSSELL, M.D., F.R.C.P., D.P.H. (London).

Vice-Presidents: F. F. HELLIER, O.B.E., M.A., M.D., F.R.C.P. (Leeds); J. FERGUSON SMITH, M.A., M.D., F.R.F.P.S. (Glasgow); JAMES SOMMERVILLE, M.B., F.R.F.P.S. (Glasgow); H. J. WALLACE, M.A., M.D., F.R.C.P. (London).

Hon. Secretaries: A. GIRDWOOD FERGUSSON, M.D., F.R.F.P.S., 3, Ashton Road, Glasgow, W.2; I. B. SNEDDON, M.B., M.R.C.P., 4, Claremont Place, Sheffield, 10.

Session

Dermatology Lecture Theatre.

Friday, July 9.—9.30 a.m., The Preventive Aspect of Dermatitis and Allied Disorders, Dr. F. F. HELLIER (Leeds),

Dr. G. A. HODGSON (Cardiff), Dr. C. N. D. CRUICKSHANK (Birmingham), Dr. E. COLLIER (Glasgow). *Occasional Papers*: Otitis Externa, Mr. C. A. KEOGH (London); Treatment of Haemangiomas, Dr. W. L. LISTER (Plymouth). 2.30 p.m., Demonstration of Clinical Cases.

FORENSIC MEDICINE

President: Professor JOHN GLAISTER, M.D., D.Sc., F.R.F.P.S., F.R.S.Ed., Barrister-at-Law (Glasgow).

Vice-Presidents: FRANCIS E. CAMPS, M.D., D.T.M.&H. (London); Professor CYRIL J. POLSON, M.D., F.R.C.P., Barrister-at-Law (Leeds); R. DONALD TEARE, M.A., M.D., M.R.C.P. (London).

Hon. Secretaries: GILBERT FORBES, M.D., B.Sc., F.R.C.S.Ed., F.R.F.P.S., Department of Forensic Medicine, The University, Sheffield, 10; J. A. IMRIE, M.D., F.R.C.S.Ed., Police Headquarters, 21, St. Andrew's Street, Glasgow, C.1.

Session

Chemistry Lecture Theatre.

Friday, July 9.—2 p.m., Forensic Medicine in Relation to the General Public,* Professor D. J. A. KERR (Edinburgh). Forensic Pathology, Professor CYRIL J. POLSON (Leeds); Police Surgeons, Dr. RALPH SUMMERS (London) and Dr. J. A. IMRIE (Glasgow); Forensic Psychiatry, Dr. J. C. MATHESON (London); Forensic Chemistry, Mr. MAGNUS HERD (Glasgow).

MICROBIOLOGY AND PATHOLOGY

President: Professor D. F. CAPPELL, M.D., F.R.F.P.S., F.R.S.Ed. (Glasgow).

Vice-Presidents: Professor ROBERT CRUICKSHANK, M.D., F.R.C.P., D.P.H. (London); Professor J. W. HOWIE, M.D. (Glasgow); Professor G. L. MONTGOMERY, M.D., Ph.D., F.R.F.P.S. (Glasgow).

Hon. Secretaries: H. E. HUTCHISON, M.D., Department of Pathology, Western Infirmary, Glasgow, W.1; JOAN TAYLOR, M.B., D.P.H., Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

Session

Chemistry Lecture Theatre.

Wednesday, July 7.—9.30 a.m. (Joint Session with Section of Preventive Medicine and Infectious Diseases), Poliomyelitis. Recent Advances in Knowledge of the Virus, Dr. ALLAN P. GOFFE (London); Epidemiology, Dr. W. H. BRADLEY (London); The Acute Case, with Special Reference to Respiratory Failure, Dr. A. B. CHRISTIE (Liverpool).

NEUROLOGY

President: MACDONALD CRITCHLEY, M.D., F.R.C.P. (London).

Vice-Presidents: WYLIE MCKISSOCK, O.B.E., M.S., F.R.C.S. (London); D. W. C. NORTHFIELD, M.S., F.R.C.S. (London); J. ERIC PATERSON, M.B., F.R.F.P.S. (Glasgow); JOHN D. SPILLANE, M.D., F.R.C.P. (Cardiff).

Hon. Secretaries: A. M. G. CAMPBELL, D.M., F.R.C.P., 79, Pembroke Road, Bristol; J. S. M. ROBERTSON, M.B., F.R.C.S., 23, Kingsborough Gardens, Glasgow, W.2.

Session

Botany Lecture Theatre.

Friday, July 9.—2 p.m., *Symposium* on Occupational Neurological Diseases. Pressure Neuropathy, Dr. H. G. GARLAND (Leeds); Metallic Poisons and the Nervous System, Dr. J. W. ALDREN TURNER (London); Damage to the Nervous System from Gas Poisoning, Dr. R. S. ALLISON (Belfast); The New Insecticides and the Nervous System, Dr. A. M. G. CAMPBELL (Bristol). Cerebral Abscess, Mr. J. E. PATERSON (Glasgow); Mr. W. S. LEWIN (Oxford).

OCCUPATIONAL HEALTH

President: Professor THOMAS FERGUSON, C.B.E., M.D., D.Sc., F.R.C.P.Ed., D.P.H., F.R.F.P.S. (Glasgow).

Vice-Presidents: H. ALEXANDER, M.B., D.P.H. (London); JOHN CRAW, M.B., F.R.F.P.S. (Whitehaven); J. J. O'DWYER, C.B.E., M.D., D.P.H. (London).

Hon. Secretaries: GEO. BUCHANAN, B.L., L.R.F.P.S., D.P.H., D.P.A., D.T.M.&H., D.I.H., 28, Langside Drive, Newlands, Glasgow, S.3; M. E. M. HERFORD, D.S.O., M.C., M.B.E., M.B., D.P.H., Ferneham, Farnham Royal, Bucks.

Session

Ophthalmology Lecture Theatre.

Friday, July 9.—9.30 a.m. (Combined Session with the Section of Ophthalmology), The Employment of the Visually Handicapped, Dr. WILLIAM HUNTER (Glasgow), Dr. EDWIN GORDON MACKIE (Sheffield). Short papers related to the same subject will also be read by Dr. JAMES H. BELL (Glasgow), Dr. M. E. M. HERFORD (Slough), Dr. ARCHIBALD R. MILLER (Glasgow), and Mr. JOHN T. STEWART (Glasgow).

OPHTHALMOLOGY

President: Professor W. J. B. RIDDELL, M.D., F.R.F.P.S., F.R.S.Ed. (Glasgow).

Vice-Presidents: C. DEE SHAPLAND, M.B., M.R.C.P., F.R.C.S. (London); S. S. SUMNER, M.B., F.R.C.S.Ed. (Preston).

Hon. Secretaries: R. LEISHMAN, M.D., 11, Sandyford Place, Glasgow, C.3; S. J. H. MILLER, M.D., F.R.C.S., 21, Wimpole Street, London, W.1.

Sessions

Ophthalmology Lecture Theatre.

Friday, July 9.—9.30 a.m. (Combined Session with the Section of Occupational Health), The Employment of the Visually Handicapped, Dr. WILLIAM HUNTER (Glasgow), Dr. EDWIN GORDON MACKIE (Sheffield). Short Papers related to the same subject will also be read by Dr. JAMES H. BELL (Glasgow), Dr. M. E. M. HERFORD (Slough), Dr. ARCHIBALD R. MILLER (Glasgow), and Mr. JOHN T. STEWART (Glasgow).

Friday, July 9.—2 p.m.; Ocular Headache, Professor W. J. B. RIDDELL (Glasgow). *Occasional Paper*: Field Defects in Disseminated Sclerosis, Dr. R. J. MCWILLIAM (Glasgow).

ORTHOPAEDICS

President: Emeritus Professor Sir HARRY PLATT, M.D., M.S., F.R.C.S., F.A.C.S. (Manchester).

Vice-Presidents: ROLAND BARNES, F.R.C.S., F.R.F.P.S. (Glasgow); H. E. HARDING, F.R.C.S. (London); JAMES PATRICK, M.B., F.R.C.S. (Glasgow); Professor GEORGE PERKINS, M.C., M.Ch., F.R.C.S. (London).

Hon. Secretaries: J. G. BONNIN, M.B., F.R.C.S., Central Middlesex Hospital, Park Royal, London, N.W.10; ATHOL R. PARKES, M.B., F.R.C.S.Ed., Western Infirmary, Glasgow, W.1.

Session

Chemistry Lecture Theatre.

Friday, July 9.—9.30 a.m., *Symposium* on Poliomyelitis. The Management of the Infectious Phase of Poliomyelitis, Dr. T. ANDERSON (Glasgow); The Prevention of Deformity, Mr. J. M. P. CLARK (Leeds); The Flail and Shortened Limb, Mr. ROBERT ROAF (Liverpool). *Occasional Papers*: Treatment of Hallux Valgus by Arthrodesis, Mr. A. MACDOUGALL (Glasgow); Penicillin Nerve Lesions, Mr. A. R. PARKES (Glasgow).

PHYSICAL MEDICINE

President: W. S. TEGNER, B.M., B.Ch., F.R.C.P. (London).

Vice-Presidents: P. BAUWENS, M.R.C.S., L.R.C.P. (London); H. A. BURT, M.A., M.B., B.Ch., F.R.C.P. (London); DONALD WILSON, M.B., B.S., M.R.C.P. (Chichester).

Hon. Secretaries: A. C. BOYLE, M.D., M.R.C.P., D.Phys.Med., Department of Physical Medicine, the Middlesex Hospital, W.1; T. N. FRASER, M.D., F.R.C.P., F.R.F.P.S., 112, Southbrae Drive, Glasgow, W.3.

Session

Zoology Lecture Theatre.

Friday, July 9.—2 p.m., Recent Developments in Rehabilitation, Group Captain C. J. S. O'MALLEY (London), Dr. F. S. COOKSEY (London), Lieutenant-Colonel J. FRASER (Inverness). Management of Degenerative Joint Disease, Dr. H. A. BURT (London), Dr. LOGIE S. BAIN (Aberdeen), Dr. DONALD WILSON (Chichester). Electro-Diagnosis, Professor A. E. RITCHIE (St. Andrews), Dr. A. T. RICHARDSON (London), Squadron Leader C. B. WYNN PARRY (Farnham Common).

PREVENTIVE MEDICINE AND INFECTIOUS DISEASES

President: T. ANDERSON, M.D., F.R.C.P.Ed., F.R.F.P.S. (Glasgow).

Vice-Presidents: C. METCALFE BROWN, M.D., D.P.H., Barrister-at-Law (Manchester); S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law (Liverpool); STUART LAIDLAW, J.P., O.St.J., M.D., B.Sc., F.R.F.P.S., D.P.H., B.L., D.P.A. (Glasgow); LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H. (Sheffield).

Hon. Secretaries: JAMES H. LAWSON, M.D., D.P.H., Ruchill Fever Hospital, Glasgow, N.W.; J. B. S. MORGAN, M.B., B.Sc., M.R.C.S., D.P.H., County Health Department, County Offices, St. Mary's Gate, Derby.

Sessions

Chemistry Lecture Theatre.

Wednesday, July 7.—9.30 a.m. (Joint Session with Section of Microbiology and Pathology), Poliomyelitis: Recent Advances in Knowledge of the Virus, Dr. ALLAN P. GOFFE (London); Epidemiology, Dr. W. H. BRADLEY (London); The Acute Case, with Special Reference to Respiratory Failure, Dr. A. B. CHRISTIE (Liverpool).

Thursday, July 8.—2.30 p.m., The Epidemiology of Non-Infectious Diseases: The Epidemiological Method, Dr. J. N. MORRIS (London); The Epidemiology of Old Age, Dr. W. FERGUSON ANDERSON (Glasgow); The Epidemiological Approach to Obstetric Medicine, Dr. ANGUS M. THOMSON (Aberdeen); The Role of the Medical Officer of Health, Dr. JOHN RIDDELL (Edinburgh).

PSYCHIATRY

President: Professor T. FERGUSON RODGER, M.B., F.R.C.P.Ed. (Glasgow).

Vice-Presidents: MURIEL BARTON HALL, M.D., Ch.B., (Liverpool); Professor ALEXANDER KENNEDY, M.D., F.R.C.P. (Newcastle-upon-Tyne); DAVID YELLOWLEES, M.B., Ch.B. (Glasgow).

Hon. Secretaries: T. C. N. GIBBENS, M.D., D.P.M., Institute of Psychiatry, Maudsley Hospital, Denmark Hill, London, S.E.5; HUNTER GILLIES, M.D., F.R.C.P.Ed., D.P.M., Psychiatric Unit, Stobhill General Hospital, Glasgow, N.

Session

Natural Philosophy Lecture Theatre (new buildings).

Friday, July 9.—9.30 a.m., Depression: The Diagnosis of Depression, Dr. W. MAYER-GROSS (Dumfries); The Risks of Suicide in States of Depression, Dr. E. STENGEL (London); The Treatment of Depression, Dr. I. R. C. BATCHELOR (Edinburgh); The Rationale of Electrical Convulsion Treatment, Dr. D. A. POND (London); Failures with Electrical Convulsion Treatment, Dr. J. L. CAMERON (Glasgow); The Effects of Depression on Industrial Efficiency, Dr. M. MARKOWE (London); Depression in Relation to Crime, Dr. J. C. M. MATHESON (London).

RADIOLOGY

President: Professor B. W. WINDEYER, M.B., B.S., F.R.C.S., F.F.R., D.M.R.E. (London).

Vice-Presidents: Professor ROBERT MCWHIRTER, F.R.C.S.Ed., F.F.R., F.R.S.Ed. (Edinburgh); JOHN R. NUTTALL, M.D., F.F.R., D.M.R. (Leeds); S. D. SCOTT PARK, M.B., Ch.B., D.M.R.E. (Glasgow).

Hon. Secretaries: DAVID STENHOUSE, M.B., F.R.F.P.S., F.F.R., D.M.R., X-ray Department, McAlpin Nursing Home, 121, Hill Street, Glasgow, C.3; J. J. STEVENSON, M.D., D.M.R., The Royal Cancer Hospital, Fulham Road, London, S.W.3.

Session

Natural Philosophy Lecture Theatre (new building).

Friday, July 9.—2 p.m., Carcinoma of Bladder, Mr. A. H. JACOBS (Glasgow), Dr. G. W. BLOMFIELD (Sheffield). Leukaemia, Dr. R. BODLEY SCOTT (London), Dr. A. A. CHARTERIS (Glasgow), Dr. S. P. RAWSON (Glasgow).

SCIENTIFIC EXHIBITION

Kelvin Hall, July 5-9, 1954

The Exhibition will be open each day at 9 a.m. and will close on the first three days at 6 p.m. and on the last two at 5 p.m.

The following list gives brief details of the exhibit:

Royal Samaritan Hospital for Women and the Royal Infirmary, Glasgow. Diagnostic survey of the infertile marriage.

Department of Ophthalmology, University of Glasgow. Eye changes in vascular disease with examples of clinical retinal photographs. Retrolental fibroplasia.

Scottish National Blood Transfusion Association, Edinburgh. Economical production in the laboratory of useful plasma fractions and illustrations of their use.

Department of Pharmacology and Therapeutics, University of Sheffield; National Centre of Radiotherapy, Sheffield; Department of Medicine, Royal Infirmary, Glasgow; and Department of Therapeutics, University of Edinburgh. The role of radioactive iodine in modern medicine.

Departments of Pathology and Surgery, Glasgow Royal Infirmary. Phaeochromocytosis—clinical aspects, diagnosis by adrenergic blocking drugs, treatment, and pathology, with special reference to malignancy.

Department of Anaesthesia, Glasgow Royal Infirmary. Hand plethysmography unit for use during surgical anaesthesia, with charts illustrating results.

Department of Child Health, University of Glasgow, and Hospital for Sick Children, Glasgow. (1) Radioactive iodine studies in familial cretinism. (2) Chromatography, bio-assay, and electrophoresis in the hormone treatment of nephrosis. (3) Fibrocystic disease of the pancreas.

Department of Health for Scotland. Statistical presentation of certain topics within the interest of the department.

Rowett Research Institute, Bucksburn, Aberdeenshire. The effect on the skeleton of different levels of dietary calcium during pregnancy and lactation, in experimental animals.

Department of Dermatology, Leeds General Infirmary. Some mycotic infections of the smooth skin and nails.

Department of Child Health, University of Sheffield. Tuberculous meningitis.

Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford. The stomach in anaemia: (1) histology; (2) studies on the intrinsic factor of Castle; and (3) estimation of pepsin and uropepsinogen.

Nuffield Orthopaedic Centre, Oxford. (1) The aetiology of osteoarthritis of the hip. (2) Research on the clinical characteristics of scoliosis.

Departments of Medical Art, Neuroradiology, and Neurosurgery, Manchester Royal Infirmary. The radiological diagnosis of brain tumour.

Liverpool Psychiatric Clinic. Demonstration of modern techniques in child psychiatry.

Department of Psychological Research, Crichton Royal Hospital, Dumfries. Demonstration of psychometric testing.

Department of Psychological Medicine, King's College Medical School, Newcastle-upon-Tyne, and Biophysics Unit, Crichton Royal Hospital, Dumfries. Portable E.E.G. equipment.

The National Maternity Hospital, Dublin. Medical conditions complicating pregnancy.

Cancer Research Department, Royal Beatson Memorial Hospital, Glasgow. (1) Atmospheric pollution tests for (a) arsenic, (b) benzpyrene, (c) radioactivity. (2) Analysis of tobacco smoke. (3) Liver cancer in animals.

Urological Units, Victoria Infirmary, Glasgow, and Hairmyres Hospital, Lanarkshire. (1) Prostatic obstruction. (2) Carcinoma of bladder. (3) Cases of aberrant ureter in the female causing incontinence.

Department of Pathology, Glasgow Royal Infirmary. The effect of A.C.T.H. and cortisone on repair of lesions induced experimentally in animals—for example, in peptic ulceration, hepatic cirrhosis, and quartz granuloma.

Department of Pathology, Glasgow Royal Infirmary. Pituitary and adrenal changes in pathological conditions of man and animals.

Royal Infirmary, Glasgow. Mitral disease. Pre-operation investigation, especially cardiac catheterization and auricular puncture. Comparison of operation findings with pre-operation assessment. Post-operation assessment. Auricular biopsy findings. Pathological specimens showing complications of interest.

Department of Infectious Diseases, University of Glasgow, and Public Health Department, City of Glasgow. (1) Statistics of the City of Glasgow for acute respiratory diseases during the last 25 years. (2) Results of bacteriological examination. (3) Results of virological examination.

Department of Pathology, Western Infirmary, Glasgow. Studies on iron metabolism in man and experimental animals, illustrated by colour photography.

Royal Army Medical College. Mite-borne (scrub) typhus.

National Coal Board Medical Service. Research into the physiological and psychological effects of work in hot and humid atmospheres.

The Royal Cancer Hospital, London. Demonstration of cancer of the breast.

St. Bartholomew's Hospital, London, and the Royal Cancer Hospital. Portal hypertension; distribution, effect of different treatments on prognosis, liver function, blood counts.

Rehabilitation Committee of B.M.A.; Ministry of Labour. Scope and facilities for rehabilitation.

Food Hygiene Laboratory of the Central Public Health Laboratory, Colindale. Bacterial food-poisoning and other food poison disease.

The Wright-Fleming Institute of Microbiology, St. Mary's Hospital, London. Demonstration of basic mechanisms of immediate (pollen) and delayed (tuberculin) reactions and their clinical significance.

British European Airways, with the Scottish Air Ambulance Scheme of the Department of Health for Scotland. Medical aspects of the Highlands and Islands Air Ambulance Service.

Royal Air Force, Directorate General of Medical Services. Recent advances in electrodiagnosis and electrotherapy.

Royal Navy (Royal Naval Personnel Research Committee, Naval Life Saving Committee, and Director of Victualling). Advances made since the 1939-45 war on survival at sea and cold- and foul-weather clothing.

SPECIAL EXHIBITIONS

Kelvin Hall, July 5-9, 1954

Royal Faculty of Physicians and Surgeons of Glasgow. Glasgow in the history of medicine.

Pharmaceutical Society of Great Britain. Recent advances in pharmaceutical science; objects of historical interest.

Royal Photographic Society, Medical Group. One hundred years of medical photography.

PROVISIONAL TIME-TABLE OF MEETINGS

R.—Events available for members of Representative Body and Ladies accompanying them.

L.—Events primarily arranged for Ladies.

U.—Events for all Members and Ladies accompanying them.

*Academic Robes should be worn.

Wednesday, June 30

4.30 to 6.30 p.m.—Annual Representative Meeting Inquiry Office opens at Bute Hall, University.

8.30 to 10.30 p.m.—R. Cocktail Party (by invitation of the Glasgow Division), Trades House, Glassford Street, Glasgow, C.1.

Thursday, July 1

9.00 a.m.—Annual Representative Meeting Inquiry Office opens at Bute Hall, University.

9.00 a.m.—Ladies' Club opens, the College Club, University.

10.00 a.m.—Annual Representative Meeting commences, Bute Hall, University.

11.00 a.m.—Welcome by the Right Honourable the Lord Provost of Glasgow to Annual Representative Meeting.

2.00 p.m.—L. Excursion to Loch Lomond (afternoon tea by kind invitation of Lady Colquhoun of Luss and Major-General A. P. D. Telfer-Smollett, Lord Lieutenant of Dunbartonshire).

7.30 p.m.—R. Representatives' Dinner, Central Hotel, Gordon Street, Glasgow, C.1.

8.00 p.m.—L. Representatives' Ladies' Dinner, Central Hotel, Gordon Street, Glasgow, C.1.

9.30 p.m.—R. Representatives' Dance, Central Hotel, Gordon Street, Glasgow, C.1.

Friday, July 2

9.00 a.m.—Annual Representative Meeting Inquiry Office open.

9.30 a.m.—Ladies' Club open.

9.30 a.m.—Annual Representative Meeting.

9.30 a.m.—L. All-day excursion to the Trossachs, returning via Duchray Valley, including the State Forest (Sail on Loch Katrine and luncheon by kind invitation of Glasgow Corporation).

1.00 p.m.—Overseas Luncheon, Royal Faculty of Physicians and Surgeons, 242, St. Vincent Street, Glasgow, C.2.

2.00 p.m.—L. Visit to Livingstone Memorial, Blantyre; Clyde Valley and Lanark (afternoon tea at Clydesdale Hotel by kind invitation of the Lanarkshire Division).

5.00 p.m.—Cocktail Party for Women Representatives and medical women accompanying Representatives, Royal Faculty of Physicians and Surgeons, 242, St. Vincent Street, Glasgow, C.2 (by invitation of the Medical Women's Federation, Scottish Western Association).

8.00 p.m.—Reception and Demonstration by Director and Staff at Glasgow Art Gallery, Kelvingrove.

Saturday, July 3

9.00 a.m.—Annual Representative Meeting Inquiry Office open.

9.00 a.m.—Council Meeting, Forehall, University.

9.30 a.m.—Ladies' Club open.

10.00 a.m.—Annual Representative Meeting.

10.30 a.m.—L. Excursion to the Lake of Menteith and visit to Stirling Castle. Luncheon at the Lake of Menteith Hotel or the Lion and the Unicorn, Thornhill. (Tea by kind invitation of the Stirling Branch.)

7.30 p.m.—Aberdeen Graduates' Dinner, North British Hotel, George Square, Glasgow, C.2.

7.30 p.m.—Edinburgh Graduates' Dinner, Grosvenor Restaurant, Gordon Street, Glasgow, C.1.

7.30 p.m.—Glasgow Graduates' Dinner, Royal Faculty of Physicians and Surgeons, 242, St. Vincent Street, Glasgow, C.2.

7.30 p.m.—We'sh Dinner, Grosvenor Restaurant, Gordon Street, Glasgow, C.1.

8.30 p.m.—R. Block Booking, "Half-past Eight" (Summer Revue), Alhambra Theatre, Wellington Street, Glasgow, C.2

Sunday, July 4

10.15 a.m.—All-day sail on the Firth of Clyde with luncheon and afternoon tea.

8.30 p.m.—Concert, Kelvin Hall, Kelvingrove, specially arranged by the B.B.C. and to be broadcast on the Scottish Home Service from 9.15 to 10.15 p.m.

Monday, July 5

- 9.00 a.m.—Annual Representative Meeting Inquiry Office open.
 9.00 a.m.—Scientific Exhibition opens at the Kelvin Hall, Kelvingrove.
 9.00 a.m.—Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications, opening by the President-Elect, Kelvin Hall, Kelvingrove.
 9.00 a.m.—Reception Room for Registration opens at Kelvin Hall, Kelvingrove.
 9.30 a.m.—Ladies' Club open.
 9.30 a.m.—L. Visit to Falkland Palace, via Kincardine Bridge, coffee at the Green Hotel, Kinross, Loch Leven, and luncheon at Auchtermuchty by kind invitation of Mrs. H. B. Muir and the Fife Branch.
 10.00 a.m.—Annual Representative Meeting.
 11.00 a.m.—L. Notts Ladies' Challenge Cup Golf Competition at Buchanan Castle Golf Club (non-golfers also invited).
 12.30 p.m.—Annual General Meeting, Bute Hall, University.
 p.m.—Council Meeting, Forehall, University (at conclusion of Annual Representative Meeting).
 8.15 p.m.—U.* Adjourned Annual General Meeting and President's Address, Kelvin Hall, Kelvingrove.
 9.30 p.m.—U.* President's Reception, Bute Hall, University.

Tuesday, July 6

- 9.00 a.m.—Reception Room for Registration open.
 9.00 a.m.—Scientific Exhibition open.
 9.00 a.m.—Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications open.
 9.30 a.m.—Ladies' Club open.
 9.30 a.m. to 12 noon.—Scientific Plenary Session—"The Problem of Sleep."
 10.30 a.m.—L. Visit to the grounds of Eastwood Park, Renfrewshire, and coffee by kind invitation of Viscountess Weir.
 2.30 p.m.—Robing for Religious Service, Royal Infirmary.
 3.00 p.m.—U.* Official Religious Service, Glasgow Cathedral.
 3.00 p.m.—U.* Roman Catholic Service, St. Andrew's Cathedral, Glasgow.
 5.00 p.m.—Reception by Royal Faculty of Physicians and Surgeons, 242, St. Vincent Street, Glasgow, C.2.
 8.00 p.m.—U.* Reception and Dance by invitation of the Right Honourable the Lord Provost of Glasgow and Magistrates at the City Chambers, George Square, Glasgow, C.2.

Wednesday, July 7

- 8.15 a.m.—Annual Breakfast of the Christian Medical Fellowship, the Union, University Avenue, Glasgow.
 9.00 a.m.—Reception Room for Registration open.
 9.00 a.m.—Scientific Exhibition open.
 9.00 a.m.—Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications open.
 9.30 a.m.—Ladies' Club open.
 9.30 a.m. to 12.30 p.m.—Scientific Sections.
 10.00 a.m.—Leinster and Childe Cup Golf Competition at Western Golf Club, Gailes, Ayrshire.
 10.00 a.m.—L. All-day excursion to Burns Country (morning coffee at the Dutch House by kind invitation of the Ayrshire Division). Luncheon at the Burns Monument Hotel. (Tea by kind invitation of Mrs. Kennedy, of Doonholm.)
 1.00 p.m.—Irish Graduates' Luncheon.
 2.00 to 3.00 p.m.—President and Party, Official Tour of Scientific Exhibition.
 3.00 p.m.—Overseas Conference, Forehall, University.
 3.00 to 5.30 p.m.—Scientific Plenary Session—"Food and Disease."
 8.00 p.m.—U.* Reception and Dance in the Bute Hall by invitation of the University of Glasgow.

Thursday, July 8

- 9.00 a.m.—Reception Room for Registration open.
 9.00 a.m.—Scientific Exhibition open.
 9.00 a.m.—Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications open.
 9.15 to 11.45 a.m.—Scientific Plenary Session—"The Problem of Pulmonary Tuberculosis To-day."
 9.30 a.m.—Ladies' Club open.
 9.30 a.m.—L. All-day excursion to Edinburgh. Visit to Castle, St. Giles' Cathedral, John Knox's House, Holyrood Palace. Return via Forth Bridge and Linlithgow. (Luncheon by kind invitation of the Edinburgh Division. Tea by kind invitation of Mrs. David Band.)

- 10.00 a.m.—Treasurer's Cup Golf Competition at Old Prestwick Golf Club, Prestwick, Ayrshire.
 12.15 p.m.—University Meeting in the Bute Hall for the conferring of honorary degrees.
 2.30 to 5.30 p.m.—Scientific Sections.
 3.00 p.m.—U. Garden Party in the grounds of the Glasgow Royal Mental Hospital, Gartnavel, 1055, Great Western Road, Glasgow, W.2, by invitation of the Medical Superintendent and the Board of Management.
 5.00 p.m.—"At Home" for Overseas Visitors given by the Empire Medical Advisory Bureau, Royal Faculty of Physicians and Surgeons, 242, St. Vincent Street, Glasgow, C.2.
 7.30 p.m.—U. Annual Dinner, Central Hotel, Gordon Street, Glasgow, C.1.

Friday, July 9

- 9.00 a.m.—Reception Room for Registration open.
 9.00 a.m.—Scientific Exhibition open.
 9.00 a.m.—Exhibition of Pharmaceutical Products, Instruments, Appliances, and Medical Publications open.
 9.30 a.m.—Ladies' Club open.
 9.30 a.m. to 12.30 p.m.—Scientific Sections.
 2.00 to 5.00 p.m.—Scientific Sections.
 8.00 p.m. to 1.00 a.m.—U. Dance, the Union, University Avenue, Glasgow.

REMUNERATION OF HOSPITAL MEDICAL STAFF

SPECIAL MEETING OF CENTRAL CONSULTANTS AND SPECIALISTS COMMITTEE

A special meeting of the Central Consultants and Specialists Committee was held on April 28 under the chairmanship of Dr. T. ROWLAND HILL to discuss the statement by Sir Russell Brain, Chairman of the Staff Side of Committee "B" of the Medical Whitley Council, on the remuneration of hospital medical staff. The statement appeared in the *Supplement* of April 10 (p. 145). Forty-five members of the Committee were present. Sir Russell Brain himself attended the first part of the meeting.

Dr. D. P. STEVENSON, Deputy Secretary, made a preliminary statement. He said that since the publication of the new increases there had been remarkably little correspondence on the subject, a fact which might argue contentment or apathy. From such correspondence it seemed that complaints were on two scores: that Spens had not been implemented, and that the comparison between what hospital medical staff had now obtained and what general practitioners had obtained thanks to the Danckwerts award was unfavourable to the former.

It was difficult to make a valid comparison between the remuneration of consultants and general practitioners, but he presented to the Committee a rough analysis comparing the remuneration of general practitioners and consultants respectively. Broadly speaking, so far as it was possible to make a comparison between the two groups, there was a very close approximation in the actual increases which each side had received on the basis of the 1939 figures submitted by Professor Bradford Hill.

The CHAIRMAN said that a high tribute should be paid to Dr. Stevenson for the skill and care with which he had assembled the facts and figures in these negotiations.

Sir Russell Brain's Speech

SIR RUSSELL BRAIN reminded the Committee that in 1949 certain terms and conditions of service for consultants and specialists were put forward by the Ministry. How these were received by the profession might be judged from a leading article in the *British Medical Journal* of June 11, 1949, which said:

"It is questionable whether these terms adequately translate the Spens recommendations into present-day values, since the

increase varies between 13% and 10%. If allowance is made for the Government superannuation contribution of 8% the betterment factor is between 22% and 19%. . . . Consultants will be unlikely to find these terms so unreasonable that they wish to reject them outright. If this is the case, then the committees representing consultants and specialists may advise general acceptance of the terms and conditions offered, leaving open the question of modifying this and that detail in the light of experience."

That was hardly a trumpet-call to a crusade. There was more discussion, and eventually it was agreed that the terms be accepted, but it was pointed out that arbitration was a necessary part of the negotiating machinery. On July 23, 1949, the *British Medical Journal* stated:

"It was made plain in the Committee Stage of the Amending Bill that no party in the House of Commons will allow either side to compel arbitration. The Joint Committee may be congratulated on having secured from the Ministry agreement that remuneration is open to arbitration, and it is reasonable to assume that in the event of serious disagreement neither the Minister of Health nor the medical profession would in practice fail to seek the obvious and fair method of resolving a dispute—arbitration or a committee of inquiry."

Betterment Discussions Refused

In June, 1952, the Staff Side notified the Management Side of Committee "B" of its intention to submit a claim for increased betterment in the light of the Danckwerts award to general practitioners. There was some opposition within the profession itself to pressing the claim at that moment. It was pointed out that doctors, including consultants, were well paid in comparison with members of other professions and that nothing could be worse than for the profession to press the claim at that time. Nevertheless it was resolved in July, 1952, to go on with the claim. Sir Russell said that one of the great obstacles to obtaining what consultants regarded as proper remuneration was the Danckwerts award. This was nobody's fault, but an agreement was reached by which general practitioners should go forward alone with their claim in the first place and the consultant side should await events. That episode was surely a lesson from which they could all profit in the future. The effect of it was that as soon as the consultants put up their case they were referred to a statement by the Chancellor of the Exchequer that there could be no implementation of anything corresponding to the Danckwerts award for them. The Management Side refused to discuss the betterment factor in relation to consultants' pay. The only claim which it was prepared to discuss was one which aimed at restoring the balance between G.P. and consultant remuneration which had been disturbed by the Danckwerts award, particularly as this might affect recruitment to hospital medical staffs. Any appeal to arbitration was refused. The Joint Committee was left in this confined field to make a claim on its merits. An alternative offered was an inquiry. But, Sir Russell stated, this inquiry would have been a kind of Guillebaud Committee. It would not have concerned itself with cost-of-living betterment but would have looked into the earnings of part-time consultants. Sir Russell implied that this might have had unfortunate results. The committee of inquiry might have taken the line that here were consultants earning money for services for which they had not been paid before, and still allowed to carry on private practice. It must be remembered also that those in whole-time service before the war were not very well remunerated, and there were many whose incomes had increased very greatly.

Balance Restored

In the face of all this, and the political situation being what it was, Sir Russell Brain believed that they had achieved in these new terms something very substantial. In particular they had restored the balance between the income of the general practitioner and that of the consultant and specialist. Moreover, this agreement was not likely to be thrown over within a short period of years. He was not satisfied even in this agreement with the award

to the S.H.M.O.s, and it was proposed to press under Whitley for an increase in their remuneration. Similarly they did not regard this as a satisfactory settlement of the claims of those who were working whole-time in the service, and they were going to press for what Spens had said they should receive in the way of allowances and domiciliary consultations.

They had claimed from the very beginning that they ought to have arbitration, but even if they got it it would not follow at all that they would get another Danckwerts. Arbitration was a double-edged weapon. Sir Russell stated categorically that neither side had repudiated Spens in the settlement and that "Spens still remains our (the Staff Side's) charter." The Staff Side were free to open negotiations at any time on any point, including betterment. "Politics," said Sir Russell in conclusion, "was the art of the possible," and they had always to bear that in mind. The important thing was that they should go forward unitedly as they had done in the past, and he hoped for their confidence and support in the battles that lay ahead.

At the close of his address Sir Russell Brain answered several questions turning on the secret nature of the negotiations which had taken place. It was impossible, he said, that terms should be stated publicly in negotiations of this kind unless such terms had previously been agreed, because, if agreement were not reached, either side might be prejudiced in a subsequent inquiry.

In reply to one member, who asked if it would not have been better if the negotiations had been conducted on a wider basis, and that a combined approach should have been made on behalf of the consultants by an organization representing the whole profession, Sir Russell said that the existing negotiation arrangement had worked very well.

Mr. ROBINSON, for the Registrars Group, while expressing appreciation of what Sir Russell Brain had done for the junior house staff, said that the group felt that junior general practitioners were better paid than junior hospital medical staff.

Mr. C. E. KINDERSLEY also expressed thanks to Sir Russell Brain and his committee. He believed that there was some feeling that on the Joint Committee the representatives of the Central Consultants and Specialists Committee were outvoted, but the question of being outvoted had never arisen; they had worked harmoniously together. Sir Russell Brain agreed with this view.

General Discussion

In some general discussion, after Sir Russell Brain had left the meeting, Mr. NICHOLSON LAILEY said that he came from an area containing a number of consultants practising in small towns. It was important that the views of these people should be clearly heard in this committee. He agreed on the absolute necessity of keeping a united front in the profession, particularly among consultants in the hospital service. If they separated into a number of parties the Government would play off one against the others. He was sure that Sir Russell Brain and those associated with him had done their best, but there were various criticisms as to the secrecy with which the negotiations had been conducted. The people at the periphery did not believe this secrecy to have been necessary, though reasons had been given for it.

Dr. Stevenson in his calculations seemed to have overlooked one point—namely, that consultants began their career at a later age than general practitioners and retired at an earlier age. They were compulsorily retired at 65, whereas the general practitioner in many instances went on for ten or more years longer. Also he was sure that income from private work had dropped far more than some people thought. Some allowance should be made for the relative shortness of the consultant's career. Mr. Nicholson Lailey went on to ask that there should be an examination of hospital staff remuneration in relation to Spens by experts, and the result put before hospital staffs throughout the country. He did not think that the agreement was entirely satisfactory as an implementation of Spens. He would

like to see a statement go out from the Central Consultants and Specialists Committee that it accepted the agreement as an interim award; that the award went some way but did not implement Spens; and that there should be reconsideration of the award in the light of careful examination. Mr. Lailey said that it was their duty to convince the Government of the justice of their case. If they had a good case, why be afraid of a committee of inquiry?

No Reference Back

Dr. J. G. M. HAMILTON said that what had been given to hospital medical staff was not an award. It was an agreement in Whitley and nothing more. It was too small, and the distribution of the money was not the best. He complained that at no time did the rank and file know what was taking place. During last winter it had been confidently expected that a draft agreement would be available for discussion. The Central Consultants and Specialists Committee had been assured by its chairman that the terms would be referred back to them before acceptance. The Staff Side had no remit to carry on without reference back. He thought that the Staff Side should have sought fresh instructions from its constituents in 1952 when the Government refused to discuss betterment. The Joint Committee had gone into these negotiations on the basis of something which had not come up from below. He particularly drew attention to the passage in Sir Russell Brain's published statement which, after saying that consultants and all hospital staffs were entitled to know why it was not found possible to consult them upon the outcome of the negotiations before agreement was reached, added, "This is a difficulty which must always be faced when major issues are at stake." He objected to the implication of those words. He wanted to know if it meant that the greater the issue the greater the secrecy? Dr. Hamilton concluded with a plea that in future all negotiations should be conducted with the support and knowledge of those below.

The CHAIRMAN thought that this matter should have been brought forward while Sir Russell was present. He proceeded to read a long extract from the minutes of the meeting of the Central Consultants and Specialists Committee of July 30, 1953, which gave the Staff Side a free hand, but with certain provisos, to proceed and take decisions. Dr. Hamilton intervened to say that he was talking about 1952, not 1953.

Dr. S. R. F. WHITTAKER, expressing support of the agreement, said that any reference back to the constituent bodies of the Staff Side before the agreement would have had its disadvantages. It would have meant giving similar information to the Management Side and its constituent bodies, and a consequent risk of rousing opposition which might have resulted in a less favourable agreement or no agreement at all. Since becoming a member of the Joint Committee he realized the difficulties in negotiation.

Mr. D. W. C. NORTHFIELD agreed that Dr. Hamilton's criticism about the failure to refer the question back in 1952 was a valid one, but did not think the result would have been different. He could not agree that there should have been reference back once the negotiations had started in the Whitley Council.

A speaker asked the Chairman whether the question of betterment was now finished with. Dr. HILL replied that in his view betterment had been legally finished with in 1949.

Resolution of Confidence

Dr. S. COCHRANE SHANKS commended the work of the Staff Side of Committee "B." One of the outstanding obstacles to agreement had been the Government's desire to abolish the weighting factor, but he thought this had been fairly dealt with. He moved a resolution in two parts, and the first part read as follows:

Bearing in mind the difficulties under which the negotiations have been conducted, the Central Consultants and Specialists Committee approves the action of the Staff Side representatives on Committee "B" of the Medical Whitley Council in agreeing to the terms of remuneration recently announced. In particular, it notes the view of the Staff Side that the Spens Report remains

the yardstick of remuneration of hospital staffs and that they hold themselves free to seek future revisions thereof.

This was seconded by Professor G. I. STRACHAN and supported by several members, including representatives of the Registrars Group, who stated that although they were still not satisfied with the position of junior hospital staff they realized that this question was still under consideration.

Mr. C. E. KINDERSLEY said the profession should trust its elected representatives. He hoped that the regions would trust the Committee to represent them in the future.

This first part of the resolution was carried *nemine contradicente*.

The second part of Dr. Shanks's resolution was carried, again without dissent, in the following form:

The Central Consultants and Specialists Committee in particular notes with satisfaction the intention of its Staff Side representatives to seek further improvement in the salary scales of S.H.M.O.s and to press for payment of allowances and domiciliary consultation fees to whole-time officers.

Some resolutions from regional committees expressing dissatisfaction with the agreement were received but were not discussed specifically.

In closing the discussion the CHAIRMAN reminded the committee of the origin of the Joint Committee. It was initiated by the British Medical Association, whose Chairman of Council at the time started informal discussions to establish machinery whereby the views of consultants and specialists could be heard. The Joint Committee was concerned not only with remuneration but with policy and the development of the health services. Since it was set up its components, the representatives of their own committee and of the royal colleges and corporations, had worked in the greatest harmony, and he trusted that the spirit in which the Joint Committee had been initiated would be borne in mind and that they would continue to build upon its past achievements.

Journal Criticized

At the end of the meeting Mr. LANGSTON remarked that a leading article in the *British Medical Journal* had been critical of the agreement reached on the remuneration of hospital medical staff, and he feared that some people might regard this as the official view of the British Medical Association, which it was not. Mr. NORTHFIELD said that the leading article was reprehensible and irresponsible, and the Chairman added that it contained substantial factual inaccuracies.

Questions Answered

Building Outlay

Q.—*The inspector of taxes has refused to agree to an allowance for depreciation of a building erected, at my own cost, on a plot of land under a 21-year lease, and used for a waiting-room for patients. No compensation for the building may be claimed at the end of the lease, and in fact I may be required to restore the land to its former state, so that the money spent on the building will be lost. Is the inspector of taxes justified in his refusal?*

A.—The expenditure is undoubtedly capital outlay, and the Income Tax Acts do not provide any form of allowance of that expenditure. The building is clearly outside the category of "machinery and plant" and is not within the definition of an "industrial building."

Car Depreciation

Q.—*I am a whole-time consultant and have never attempted to claim tax relief for depreciation of my car. If I purchase a new car would normal annual depreciation be allowed or is depreciation supposed to be covered by the travelling allowance, which averages about 7½d. per mile, whereas the true cost is almost double?*

A.—It is understood that the mileage allowances paid by employing authorities are intended to cover depreciation and

are so regarded by the inland revenue officials. So far as income tax is concerned, the matter is governed by the statutory rule which requires expenses to be incurred "wholly, exclusively, and necessarily in the performance of the duties." If the amount of the expenses (including the appropriate depreciation allowance) exceeds the amount of the mileage allowance the taxpayer is entitled to claim the excess as an expense. But it should be borne in mind that the rule quoted above is strictly construed, and that for instance the expense of travel between residence and the main place where the work is done has been held not to be incurred "in the performance of the duties," and also that if a car is used which is of higher standard or power than is "necessary" some proportion of the expense incurred will be disallowed. Experience suggests that it is very difficult to convince one authority (the inland revenue) that an expense allowance given by another authority is inadequate to comply with the terms of the income-tax rule.

Treatment of Tuberculosis in Switzerland under N.H.S.

Q.—*Are there any facilities available under the N.H.S. for the treatment of cases of tuberculosis in Swiss sanatoria, and, if so, which patients are considered suitable for such treatment?*

A.—There are facilities available under the National Health Service for treatment of cases of tuberculosis in Switzerland. Particulars in each hospital region are obtainable from the senior administrative medical officer, who should be approached initially. Adult cases appropriate for this type of treatment go to Switzerland. Children are sent to Denmark by arrangement with the Anglo-Danish Society.

Wife's Remuneration

Q.—*I allow my wife a certain sum every week for answering the telephone at my residence, as distinct from the partnership surgery at the senior partner's house. My accountant tells me that the inspector of taxes requires that this sum, which I claim as an allowance for income-tax purposes, should be included in the practice accounts. Is this necessary?*

A.—The Income Tax Acts require partnership profits to be assessed in one sum on the partners jointly. In the case of a medical firm the assessment is usually calculated by deducting from what may be called the "surgery" profit the allowable expenses of each partner. Presumably what the questioner has done in the past is to deduct in his return his wife's remuneration from his share of the firm's profit, but if effect has been given to the claim it can only have been in the working out of the partnership assessment. It seems that it should make no difference whether the wife is regarded as employed by the questioner or by the firm, provided that the tax assessed on the firm is correctly allocated between the partners.

REGISTRARS GROUP COUNCIL DINNER

The Registrars Group Council's annual dinner will take place at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on Friday, May 14, at 7 for 7.30 p.m. (dress informal). Any senior registrar or registrar who would like to attend the dinner and meet the members of the Group Council will be most welcome, and should notify the Secretary of the Association as soon as possible. The cost will be £1 (exclusive of wines and gratuities).

AMERICAN DELEGATE

Dr. R. L. MacCornack, of Wisconsin, U.S.A., has been elected to represent the American Medical Association at the B.M.A. Annual Meeting in Glasgow from July 5-9.

Correspondence

Remuneration of Hospital Medical Staff

SIR,—What with weighting, allowances for travelling time, and for duties at hospitals with which we are not in sessional contract, increments, statutory deductions and the like, most of us accept our salary cheque and leave its calculation to the regional treasurer. It appears to me that it is impossible for part-time consultants to forecast the effect of the recent award on their pay, and that no good purpose is to be served by bursting into denunciation at this stage. Whilst comment may well be withheld meanwhile, my view is that for men to accept the admittedly thankless office of negotiators and then accept without prior reference to their fellows an award which demands a saving clause to the effect that as a result no one shall suffer loss is to invite well-merited criticism.

Let us therefore hold our hands—and our pens and tongues—until we can talk facts and not surmises. We know our gross pay for the month of March. Soon we shall know our gross pay as the result of the award. May I suggest that the B.M.A. circularize all members of hospital staffs and ask them to return (a) their grade, (b) their sessional duties, (c) their emoluments prior to the award, (d) their pay for the month of March, and (e) their gross and net pay for the first month during which the effects of the award are shown on their pay slips? Let the B.M.A. then collate and publish these figures.

If, as a result of analysis, the award is to our advantage, let us be gratefully silent. If not, then let us leave our affairs in the hands of the Association with instructions to bring their propaganda department into the fullest and most militant blast.—I am, etc.,

HULL.

R. D. MILLER.

SIR,—May I, as a junior consultant, add my protest against these ludicrous and insulting salary increases? May we hope that the storm they have raised among consultants young and old will ensure that they are not final, and that those to whom we have entrusted not only our own future but the future of our profession will be able to convince those in authority that the increases are unrealistic?

We can all write letters to your eminent journal, but it seems that we can do very little to help ourselves, and, even more sadly, it seems that our seniors are also powerless. Surely there is some strength in the profession still. Cannot we refuse to accept these increases and insist on reopening negotiations? We could not be worse off than we are left now, at least before we had hope.—I am, etc.,

London. W.1.

DOROTHEA HALSTEAD.

SIR,—"Divide and rule" has been the policy of many regimes from the time of the Roman Empire and probably before it. This policy, whether adopted intentionally or not in the present case, has undoubtedly been so far successful. Junior hospital staff, part-time consultants, whole-time consultants, S.H.M.O.s, etc., have all made pleas for special consideration for their own particular group. The G.P.s have been divided off from the specialists right from the beginning. The time has now come for us to cease our internecine strife, and to realize that we are all in the same box, the only solution to the problem which will satisfy everyone being a rigid implementation of the recommendations of the Spens Committee. Notwithstanding that those recommendations were not embodied in our contracts, the fact remains that there was a gentlemen's agreement between the medical profession and the government of the day that such recommendations would be carried out.

I am sure that everyone feels very grateful to Sir Russell Brain and the members of the Negotiating Committee for their efforts on our behalf, and sympathizes with their

natural desire to produce some tangible results from their labours, especially in the face of increasingly urgent demands for settlement. The absence of any proposal to make retrospective payment is a poor reward for the patience displayed by that Committee, and the profession as a whole, in the attempts to settle their differences in a constitutional manner. Any settlement should surely take into account the time spent in the negotiation, otherwise the use of "Molotoff" to clog the negotiating machinery is inevitable.

Are we being unreasonable or avaricious in our demands? We are certainly open to such accusations, and are therefore placed in a very invidious position *vis-à-vis* the general public and our own consciences. Why then not do the reasonable thing and submit the whole matter to an impartial judge? Refusal of one party to agree to this can surely mean only one thing—namely, that it believes itself to be in the wrong.—I am, etc.,

Birmingham. 15.

ROBERT EVANS.

Remuneration in the Public Health Service

SIR,—I have watched with mixed feelings the correspondence on pay in the hospital service, but have withheld any contribution of my own until the negotiations reached a conclusion. The burden of this correspondence has been the difficulty of keeping the wolf from the door, and the unfairness of the Minister of Health in refusing to give the same betterment factor that general practitioners secured in the Danckwerts award. No doubt this correspondence has been conducted in good faith, and under a sense of grievance, because general and hospital practitioners alike secured the promise of Spens conditions, including betterment. There can be no doubt, either, that general practice and hospital medical practice now provide careers with great financial possibilities for able and ambitious practitioners.

May I therefore point out that general and hospital practitioners have acquiesced in very inferior rates of pay for doctors in public health? The first error was to fail to secure the promise of Spens conditions for the public health service. This has led to a very raw deal for that branch, in spite of a valiant but belated effort by the B.M.A. before the Industrial Court. In Scotland, for instance, there are about 260 doctors in public health appointments. Of these, some 65 have £1,400 per annum or more, and about a dozen of these 65 have £2,000 per annum or more. There is therefore no career in public health comparable with the opportunities in general or hospital practice. Yet the public health training follows a pattern identical with that of the consultant—undergraduate training, postgraduate hospital posts, an additional qualification, followed by posts of gradually increasing responsibility. If, therefore, it is necessary for a doctor to follow a specialist training to do public health, surely it is necessary to offer him the same financial reward as hospital practice offers. Otherwise public health does not justify, as a career, the time and money spent on the training.

I am therefore putting forward a plea for more active support of the Public Health Service by the B.M.A. I call for a policy declaration that pay in public health should be brought into line with that of consultants and specialists. And I am asking that this should be done immediately—very soon it will be too late. If something on these lines is not done at once, one effect might well be a substantial breakaway from the B.M.A. by the public health doctors, with consequent loss of subscriptions. Another might be that the Society of Medical Officers of Health would disavow the B.M.A. as the body entrusted with pay negotiations. Hitherto the B.M.A. has acted for the Society in order to present a united medical front. This unity has led to a good deal of hardship to the public health doctors, who might well feel they could do better on their own. Once this solidarity goes, the politician comes into his own—*divide et impera*. Can't you imagine an ambitious politician throwing a spanner in the works with the catch-phrase "What's good enough for the M.O.H. is good enough for the Consultant"? I repeat, therefore, my earnest plea for the whole-hearted support of the Association. We in public

health are doctors, and have done our best to uphold the interests of the profession. Is it too much to ask for reciprocal treatment by our professional brethren?—I am, etc.,

Elgin

I. C. MONRO.

Armed Forces Medical Officers' Pay

SIR,—I was interested to see the rates of pay for Civil Service medical officers in the basic grade (*Supplement*, April 24, p. 194). It may be of interest to readers to see the following tables, which compare the basic pay and the basic pay plus maximum marriage allowance of a medical officer in any of the armed Forces with the pay of a Civil Service M.O. of the same age.

Age	Civil Service Basic	Service M.O. Basic			Service M.O. Basic + Marriage			
		£	s.	d.	£	s.	d.	
35	1,500	1,222	15	0	1,560	7	6	Lt./Cdr., Maj., Sqn./Ldr. (4 years in rank) (6 years in rank)
36	1,575							
37	1,650	1,277	10	0	1,615	2	6	
38	1,725							
39	1,800							Cdr., Lt./Col., W./Cdr. (2 years in rank)
40	1,900	1,332	5	0	1,669	17	6	
41	2,000							
42	2,100	1,441	15	0	1,825	0	0	

It will be seen that the armed Forces M.O. is £60 better off at age 35 if he has the good fortune to be married; at age 42 he is £275 worse off if he is married, and lags £658 behind if he is unmarried. I have no doubt that these comparisons are already being made by the appropriate B.M.A. committee. It is to be hoped that they will also have the opportunity of putting these figures to the Waverley Committee which has been appointed "to review the arrangements for providing medical and dental services for the armed Forces at home and abroad in peace and war; and to make recommendations."

Whatever other factors may have some bearing on the present grave manning situation in the armed Forces, there can be no doubt that basically no doctor is going to be persuaded to undergo the many inconveniences of discipline, frequent movements all over the world, and time rather than merit promotion, without a financial reward at least comparable on a reasonable scale with the salaries of his colleagues in other spheres of medicine.—I am, etc.,

REGULAR MEDICAL OFFICER.

A Doctor Looks at Crime

SIR,—Dr. Oliver Gray's paper (*Supplement*, April 24, p. 179) is of great interest, not only for what it says but for what it leaves unsaid. The main theme is the old one of heredity and environment, and the chief remedy for crime appears to be education. It is implicit in Dr. Gray's context that he means education as moral learning. Clearly, a man may be a leading mathematician or a nuclear physicist, the product of half a lifetime of modern education, and have no more sense of right and wrong than he had when he learned the alphabet. Dr. Gray looks to education to form character—i.e., the ability to recognize right and wrong and the strength to resist temptation to do wrong. But who decides what should be taught about moral values? I doubt whether the director of education for Moscow would reach full agreement with Miss Florence Horsbrugh in this matter.

We thus come to the very kernel of our dilemma. Western civilization is running on the failing momentum of Christian morality, and the generally accepted idea that we can keep the morality and abandon the faith is the most pathetic of modern delusions. This should surprise nobody. The old belief that man was made in the image of God, that materialism was spiritual death, and that temptation should be resisted, have given place to the theory of evolution, dialectical materialism as a faith, the belief that repression of natural instincts is harmful. The attempt to run these horses in harness with old-fashioned religious morality is

what causes the laughter known as Homeric. It may well be that man needs a religion and a faith; that without either he is in a vacuum which will in the end be filled. A faith he must have. It may be communism, devil worship, or a hundred others. It was rash to abandon the old religion without having something ready to put in its place—i.e., a better religion, more up to date, more in keeping with Darwin and Freud, elastic, expandable, constantly conforming to the latest science, a common religion for the age of the common man. Anyone who is keeping this new religion up his sleeve because it still lacks the finishing touches or because there are one or two dark places of the soul unilluminated by science, should be warned that time is running short.

Dr. Gray deserves our thanks for so ably and subtly posing the problem. His final conclusion that every time conscience is flouted we kiss the devil's feet is striking. God may have been blotted out of the modern curriculum, but it is cheering to know that the devil is still alive.—I am, etc.,

Hendon.

R. W. COCKSHUT.

H.M. Forces Appointments

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonels H. R. Sheppard, O.B.E., and H. C. M. Walton have retired on retired pay.

Lieutenant-Colonel T. McErvel has retired with a gratuity.

Majors W. M. McCutcheon and W. J. A. Craig to be Lieutenant-Colonels.

Captains L. J. F. Warnants and A. O. Nichols to be Majors.

Short Service Commissions.—Major M. S. C. Rooney has retired with a gratuity. Captains M. S. Howe, M.C., and T. I. Palmer to be Majors.

REGULAR ARMY RESERVE OF OFFICERS

Colonel (Honorary Brigadier) V. J. Perez, O.B.E., late R.A.M.C., having attained the age limit of liability to recall, has ceased to belong to the R.A.R.O.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel E. G. Dalziel, M.C., having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers.

Majors (Honorary Lieutenant-Colonels) L. C. F. Chevens and C. A. G. Duffy, having attained the age limit of liability to recall, have ceased to belong to the R.A.R.O.

Captain (Honorary Major) V. Bennett has ceased to belong to the R.A.R.O.

ARMY EMERGENCY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonels (Acting Colonels) J. A. Hooker, T.D., and G. T. Hankey, O.B.E., T.D., to be Colonels.

Majors (Acting Colonels) E. J. Sibley, F. W. A. Warren, O.B.E., T.D., and P. R. Mitchell, O.B.E., T.D., to be Colonels.

Lieutenant-Colonel F. J. Manning, T.D., from T.A.R.O., to be Lieutenant-Colonel.

Majors (Acting Lieutenant-Colonels) A. H. Charles, T.D., J. A. Ross, M.B.E., S. T. Anning, G. M. Warrack, D.S.O., O.B.E., T.D., G. F. Edwards, M.B.E., A. McC. Campbell, D.S.O., O.B.E., T.D., K. W. N. Palmer, T.D., and E. M. Elmhirst, T.D., to be Lieutenant-Colonels.

Major A. J. Webster, T.D., to be Lieutenant-Colonel.

Captain B. Holden to be Lieutenant-Colonel.

Captain I. P. Todd, from Emergency Commission, to be Captain, and has been granted the acting rank of Major.

Captain W. A. H. Stevenson, T.D., from T.A.R.O., to be Captain, and has been granted the acting rank of Major.

Captain F. S. Mooney to be Major.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Colonel J. F. Fraser, T.D., having exceeded the age limit, has retired, retaining the rank of Colonel.

Lieutenant-Colonel (Brevet Colonel) O. G. Prosser, M.C., from T.A.R.O., to be Acting Colonel.

Lieutenant-Colonel (Acting Colonel) W. D. F. Lytle, O.B.E., T.D., to be Colonel.

Lieutenant-Colonel E. H. Evans has been granted the acting rank of Colonel.

Lieutenant-Colonels H. D. Chalke, O.B.E., T.D., and M. J. Lindsey, M.C., T.D., to be Brevet Colonels.

Major (Honorary Colonel) H. H. Kenshole, D.S.O., T.D., from T.A.R.O., to be Major, and has relinquished the honorary rank of Colonel.

Major (Acting Lieutenant-Colonel) J. A. Dudgeon, M.C., T.D., has been granted the acting rank of Colonel.

Major (Acting Lieutenant-Colonel) R. W. Biagi, M.B.E., to be Lieutenant-Colonel.

Major (Honorary Lieutenant-Colonel) M. I. Silverton, from T.A.R.O., to be Major, relinquishing the honorary rank of Lieutenant-Colonel, and has been granted the acting rank of Lieutenant-Colonel.

Major J. B. Mackay, M.B.E., T.D., has been granted the acting rank of Colonel.

Major T. F. Redman to be Lieutenant-Colonel.

Major M. N. S. Duncan has been granted the acting rank of Lieutenant-Colonel.

Major K. C. MacKellvie, from T.A.R.O., to be Major.

Captain (acting Lieutenant-Colonel) D. L. Nicholls to be Major.

Captains (Acting Majors) D. L. Nicholls, A. J. Bathurst, and C. O. Carter have been granted the acting rank of Lieutenant-Colonel.

Captains (Acting Majors) J. C. Fulford and A. A. Guild to be Majors.

Captains D. J. Ellison, G. A. Gresham, R. G. Tasker, A. E. W. Gregson, G. D. Teague, and G. J. Hadfield have been granted the acting rank of Major.

Captains R. W. J. Naismith, H. Grylls, R. M. S. Parker, and F. G. Morse to be Majors.

Lieutenant (War Substantive Major) J. L. D. Roberts, from Emergency Commission, to be Major.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Colonel A. Swindale, C.B.E., T.D., from the Active List, to be Colonel, and has been granted the honorary rank of Brigadier.

Colonels D. P. Holmes, T.D., and G. E. Parker, D.S.O., from Active List, to be Colonels.

Lieutenant-Colonel (Brevet Colonel) M. J. Lindsey, M.C., T.D., from the Active List, to be Lieutenant-Colonel (Brevet Colonel).

The notification concerning Lieutenant-Colonel M. J. Lindsey, M.C., T.D., in a *Supplement* to the *London Gazette* dated February 16 has been cancelled.

Lieutenant-Colonel F. D. Murphy, O.B.E., from Active List, to be Lieutenant-Colonel.

Majors (Honorary Colonels) N. Heath, T.D., and R. K. Hanlin, T.D., having attained the age limit of liability to recall, have ceased to belong to the T.A.R.O.

Majors W. F. Mair, T.D., and J. C. Fulford, from Active List, to be Majors.

Captain (Honorary Major) R. Selby, having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O.

Captain (War Substantive Major) C. E. Sykes, T.D., having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O., and has been granted the honorary rank of Lieutenant-Colonel.

REGULAR ARMY: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

Lieutenant (War Substantive Captain) D. R. Brown has relinquished his commission, and has been granted the honorary rank of Major.

ROYAL AIR FORCE

Air Commodore E. C. K. H. Foreman, C.B.E., has retired.

Group Captain J. Hill to be Air Commodore.

Wing Commander K. L. G. Nobbs, G.M., has retired on account of medical unfitness for air force service.

Wing Commanders A. W. Smith, L. E. A. Dearberg, and H. E. Bellringer to be Group Captains.

Wing Commander G. H. J. Williams has retired.

Squadron Leaders A. C. Camm and M. W. L. White to be Wing Commanders.

Flight Lieutenants T. C. D. Whiteside, D. G. V. Whittingham, I. M. Perkins, W. J. L. Harries, J. M. Cuthill, P. D. Sutton, J. A. Wheeler-Bennett, C. G. White, P. J. R. Nichols, S. J. Krister, R. E. Woolley, G.M., I. H. Mercer, T. C. Nicol, R. C. Robb, and W. E. Hassan to be Squadron Leaders.

Flight Lieutenant J. M. Cuthill has been transferred to the Reserve, retaining the rank of Squadron Leader.

Flight Lieutenant C. E. Law has relinquished his Short Service Commission on account of medical unfitness for air force service, retaining the rank of Squadron Leader.

Flying Officer H. B. Kelly to be Squadron Leader.

F. L. A. Vernon, P. W. Robertson, and D. O. Williams to be Squadron Leaders (Permanent).

Woman Medical Officers (Employed with the R.A.F.).—Flight Lieutenant B. M. Parker to be Squadron Leader. Marie D. McCabe to be Squadron Leader.

B.M.A. LIBRARY

The Library service is available to all members of the Association resident in Great Britain and Northern Ireland (and by special arrangement to members of the Irish Medical Association). The only charge made is for postage of books. A copy of the Library Rules will be forwarded on application to the Librarian at B.M.A. House.

The following books have been added to the Library :

- Marocco, N.: *Le Infiltrazioni Anestetiche in Urologia*. 1953.
 Marois, M.: *Contrôle Hormonal de la Ceinture Pelvienne et Endocrinologie Sexuelle*. 1953.
 Martius, H.: *Die Kreuzschmerzen der Frau*. 4 Auflage. 1953.
 Mela, B.: *Manuale di Stomatologia*. 1953.
 Mitchell-Heggs, F.: *Hernia: A Manual for Truss Fitters*. 1953.
 Molfino, F.: *Manuale di Medicina del Lavoro*. 1953.
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 Nichtenhauser, A., et al.: *Films in Psychiatry, Psychology, and Mental Health*. 1953.
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 Piers, G., and Singer, M. B.: *Shame and Guilt: A Psychoanalytic and a Cultural Study*. 1953.
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 Porot, A.: *Les Toxicomanies*. 1953.
 Portis, S. A.: *Diseases of the Digestive System*. Third edition. 1953.
 Powdermaker, F. B., and Frank, J. D.: *Group Psychotherapy: Studies in Methodology of Research*. 1953.
 Puestow, C. B.: *Surgery of the Biliary Tract, Pancreas, and Spleen*. 1953.
 Sammis, F. E.: *The Allergic Patient and His World*. 1953.
 Schenck, M.: *Grundriss der Physiologischen Chemie*. 1953.
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 Schörcher, F.: *Kosmetische Chirurgie*. 1953.
 Schwenzer, A. W.: *Die Erythroblastose im Lichte der neuen Rh-Forschung*. 1953.
 Scott, G. R.: *The Quest for Youth: A Study of all Available Methods of Rejuvenation*. 1953.
 Scuderi, G.: *Fisiopatologia del Ricambio Idrico della Cornea*. 1953.
 Sellaw, G., and Pepper, M. F.: *Nursing of Children*. Seventh edition. 1953.
 Selye, H.: *Einführung in die Lehre von Adaptationssyndrom*. 1953.
 Serafini, U.: *La Pollinosi*. 1952.
 Smart, M., and Smart, R.: *Introduction to Family Relationships*. 1953.
 Stopes, M.: *Birth Control To-day*. Tenth edition. 1953.
 Stopes, M.: *Enduring Passion*. Seventh edition. 1953.

Association Notices**Diary of Central Meetings**

MAY

- 10 Mon. Subcommittee on Diagnosis of Eye Diseases, Ophthalmic Group Committee, 2 p.m.
 11 Tues. Joint Consultants Committee (at Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C.), 10.30 a.m.
 12 Wed. Central Consultants and Specialists Executive, 12 noon.
 12 Wed. Assistants and Young Practitioners Subcommittee, G.M.S. Committee, 2 p.m.
 12 Wed. Medico-Legal Subcommittee, Central Consultants and Specialists Committee, 4.30 p.m.
 13 Thurs. Physical Medicine Group Committee, 2 p.m.
 14 Fri. Registrars Group Council, 2 p.m.
 17 Mon. Joint meeting of B.M.A. and British Veterinary Association, 4 p.m.
 18 Tues. Executive Subcommittee, Joint Formulary Committee (at Pharmaceutical Society, 17, Bloomsbury Square, W.C.), 2 p.m.
 18 Tues. Full-time Non-professional Medical Teachers and Research Workers Group Committee, 2 p.m.
 19 Wed. Conference of Honorary Secretaries, 10.30 a.m.
 20 Thurs. G.M.S. Committee, 10.30 a.m.
 20 Thurs. Radiologists Group Committee, 12 noon.
 20 Thurs. Organization Subcommittee, Central Consultants and Specialists Committee, 2 p.m.
 20 Thurs. Tuberculosis and Diseases of the Chest Group Committee, 2.30 p.m.
 21 Fri. Joint Committee of B.M.A. and the Magistrates' Association, 10.30 a.m.
 21 Fri. Ophthalmic Qualifications Committee, 1.45 p.m.
 21 Fri. Medical Witnesses Subcommittee, Private Practice Committee, 2 p.m.
 21 Fri. Ophthalmic Group Committee, 2 p.m.
 21 Fri. Overseas Committee, 2 p.m.
 28 Fri. Conference of Regional Officers, 12 noon.

JUNE

- 2 Wed. Film Committee, 11 a.m.
 9 Wed. Central Ethical Committee, 12 noon.
 10 Thurs. Central Consultants and Specialists Committee, 10.30 a.m.

JULY

- 1 Thurs. Annual Representative Meeting (at Glasgow), 10 a.m.
 2 Fri. Annual Representative Meeting (at Glasgow), 9.30 a.m.
 3 Sat. Council (at Glasgow), 9 a.m.
 3 Sat. Annual Representative Meeting (at Glasgow), 10 a.m.
 5 Mon. Annual Representative Meeting (at Glasgow), 10 a.m.
 5 Mon. Annual General Meeting (at Glasgow), 12.30 p.m.
 5 Mon. Council (at Glasgow), at conclusion of A.R.M.
 5 Mon. Adjourned Annual General Meeting and President's Address (at Glasgow), 8.15 p.m.

Branch and Division Meetings to be Held

ALDERSHOT AND FARNHAM DIVISION.—At Aldershot Civil Infectious Diseases Hospital, Wednesday, May 12, 8.30 p.m., meeting. Two films and a discussion.

BURNLEY DIVISION.—At Sparrow Hawk Hotel, Burnley, Friday, May 14, 8.30 p.m., annual general meeting.

BURTON-ON-TRENT DIVISION.—At Stanhope Arms Hotel, Bretby, Burton-on-Trent, Tuesday, May 11, 7.45 p.m., dinner, followed by annual general meeting. Address by Dr. R. Mitchell: "The General Practitioner and the Health Visitor."

CAMBERWELL DIVISION.—At Dulwich Hospital, East Dulwich Grove, London, S.E., Tuesday, May 11, 8.30 p.m., annual meeting and Guest Night. Talk by Mr. G. Salter (Detective Superintendent, Police Laboratories, Scotland Yard): "Methods of Detection—Can Crime be Hidden?" Members' wives and friends are invited.

CROYDON DIVISION.—At 43, Wellesley Road, Croydon, Tuesday, May 11, 8.30 p.m., annual general meeting. Film: "Senile Obliterative Arteritis of the Leg" (Its Course, Diagnosis, and Management).

DONCASTER DIVISION.—At Danum Hotel, Doncaster, Friday, May 7, 8 p.m., annual meeting.

EAST HERTS DIVISION.—At Hertford County Hospital, Thursday, May 13, 8.30 p.m., annual general meeting.

EAST KENT DIVISION.—At Chez Laurie Restaurant, Thanet Way, Herne Bay, Thursday, May 13, 7.30 p.m., dinner; 8.45 p.m., business meeting.

GREENWICH AND DEPTFORD DIVISION.—At Miller General Hospital, Greenwich High Road, S.E., Wednesday, May 12, 8.30 p.m., annual general meeting.

GUILDFORD DIVISION.—At Royal Surrey County Hospital, Guildford, Thursday, May 13, 8.15 p.m., general practitioners' clinical meeting.

HAMPSTEAD DIVISION.—Thursday, May 13, 8 for 8.30 p.m., dinner and tour of London Airport.

HASTINGS DIVISION.—At Royal East Sussex Hospital, Hastings, Tuesday, May 11, 8.15 p.m., annual meeting. Film: "Polio—Diagnosis and Treatment."

KINGSTON-ON-THAMES DIVISION.—At Nurses' Home, Kingston Hospital, Wolverton Avenue, Kingston-on-Thames, Tuesday, May 11, 8 for 8.30 p.m., annual general meeting. Film by Professor Ian Aird: "Conjoined Twins of Kano." (Sound and colour.)

MARYLEBONE DIVISION.—At Old Library, B.M.A. House, Tavistock Square, London, W.C., Tuesday, May 11, 5 p.m., general meeting. Discussion: "The Restoration of the Right to Buy and Sell the Goodwill of Medical Practices." Opening speakers, Dr. H. Guy Dain, Dr. H. D. Sutherland, Dr. A. V. Russell, Dr. E. C. Warner, and Dr. F. G. Tomlins.

METROPOLITAN COUNTIES BRANCH.—At B.M.A. House, Tavistock Square, London, W.C., Wednesday, June 2, 3 p.m., annual general meeting. President's address by Dr. D. F. Hutchinson.

NORTH MIDDLESEX DIVISION.—At North Middlesex Hospital, Silver Street, Edmonton, N., Tuesday, May 11, 8.45 p.m., meeting. B.M.A. Lecture by Mr. W. W. Davey: "Is Your Gastroctomy Really Necessary?" Members of Enfield and Potters Bar Division and practitioners associated with the Whittington Hospital are welcome. The lecture will be illustrated by lantern slides and other demonstrations.

SCUNTHORPE DIVISION.—At Blue Bell Hotel, Scunthorpe, Wednesday, May 12, 8.30 p.m., general meeting.

SHEFFIELD DIVISION.—At University Medical Library, Wednesday, May 12, 8 p.m., meeting.

SOUTH ESSEX DIVISION.—At Oldchurch Hospital, Romford, Friday, May 14, 9 p.m., clinical meeting.

TOWER HAMLETS DIVISION.—At St. George-in-the-East Hospital, Raine Street, Wapping, E., Friday, May 14, 8 p.m., clinical meeting.

WIGAN DIVISION.—At Haigh Hall, Thursday, May 13, 8.15 p.m., annual general meeting.

WILLESDEN DIVISION.—At Rehabilitation Department, Willesden General Hospital, Harlesden Road, N.W., Friday, May 7, 9 p.m., meeting. Discussion: "The Health Visitor and the General Practitioner." The annual general meeting will follow.

Meetings of Branches and Divisions

CAMBRIDGE AND HUNTINGDON DIVISION

At the annual general meeting on April 9, 1954, the following officers were elected for 1954-5:

Chairman.—Dr. A. Brown.

Vice-chairman.—Dr. C. W. Wa'ker.

Secretary and Treasurer.—Dr. J. A. Sad'ler.