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CRIMINAL JUSTICE BILL

RECOMMENDATIONS BY THE B.M.A.

The document printed below containing observations on, and recommendations for amendment of, certain clauses in the Criminal Justice Bill, has been drawn up by the British Medical Association and sent to the Home Office by the Magistrates Association.

General.—Throughout the Bill the substitution of the words "agree to mental treatment" for "required to submit to mental treatment" is recommended.

Clause 5 (5) (c).—"the expression 'local authority' means the local authority liable in accordance with the provisions of this Act to defray the expenses of the probation committee, or, where two or more local authorities are so liable, such one of those authorities as may by agreement between them be appointed to act, either generally or in a particular case, for the purpose of this section." After the initial use of the words "local authority" the word "authority" might well be substituted for "local authority" in the definition since the subsequent use of the term "local authority" appears to be redundant and likely to lead to difficulty.

Clause 10 (1).—"The Secretary of State may provide places to be called 'remand centres,' in which persons of not less than fourteen but under twenty-three years of age, who have been remanded or committed for trial or sentence and are not released on bail, may be detained." (*a*) This provision, which covers the dangerous gap after 17 years of age, is welcomed. (*b*) In view of the wide range of ages covered, provision should be made for the grading and grouping of the persons concerned.

Clause 10 (2).—"The Secretary of State shall provide in remand centres facilities for the observation of any person detained therein in whose case a report may be desirable for the assistance of the court in determining the most suitable method of dealing with his case." It is important that where a report is required to assess the mental condition of an offender in a remand centre, it should be made by a psychiatrist with adequate knowledge of mental deficiency and child psychiatry.

Clause 11 (1).—"The Secretary of State may provide, in addition to the remand homes provided by the councils of counties and county boroughs, one or more remand homes, to be called State remand homes. . . ." Provision for two types of remand homes is unnecessary and all remand homes should be provided and maintained by the State.

Clause 11 (2).—"The Secretary of State shall provide in State remand homes, and the councils of counties and county boroughs may provide in remand homes provided for their areas, facilities for the observation of any person under seventeen years of age on whose mental condition a medical report may be desirable for the assistance of the court in determining the most suitable method of dealing with his case, and any such council may, if facilities for observation are available at any other institution or place, arrange for the use of those facilities for the observation of any such person as aforesaid who is detained in a remand home provided for the area of that council." (*a*) The provision should be made obligatory, not permissive. (*b*) The facilities should be available for persons up to 23 years of age.

Clause 19 (1).—"Where a court is of opinion that it is expedient to make a probation order and is satisfied on the evidence of a duly qualified medical practitioner that the mental condition of the offender is such as requires and as may be susceptible to treatment but is not such as to justify his being certified as a person of unsound mind under the Lunacy and Mental Treatment Acts, 1890 to 1930, or as a mental defective under the Mental Deficiency Acts, 1913 to 1938, the court shall have power to include in the probation order a provision requiring the probationer to submit, for such period not extending beyond twelve months from the date of the order as may be specified therein, to treatment by or under the direction of a duly qualified medical practitioner with a view to the improvement of the probationer's mental condition." (*a*) The provision should apply to supervision as well as probation orders. (*b*) The period should not be limited to 12 months. The order should be reviewed after 12 months, and if considered desirable extended for a further period or varied to suit the circumstances.

Clause 19 (5) (b).—"while the probationer is under treatment as a voluntary patient or as a resident patient, the probation officer responsible for his supervision shall only carry out the supervision to such extent as may be necessary in connexion with the variation or cancellation of the said provision." It is undesirable that the probation officer's responsibility should be so limited, as she may often be able to play a useful part in the restoration of the patient. It is suggested that the Bill should indicate that the probation officer should be encouraged to befriend the patient while under treatment.

Clause 26 (1).—"If within three months of the making of a probation order an application is made to the supervising court by the probation officer responsible for the supervision of the probationer and the court is satisfied on the evidence of a duly qualified medical practitioner that the probationer is a person in whose case a provision could, if the probation order were then being made, be included therein under section nineteen of this Act, the court may, with the consent of the probationer, insert in the probation order a provision requiring the probationer to submit, for such period not extending beyond twelve months from the date of the amending order as may be specified therein, to any such treatment as is mentioned in the said section nineteen." It is suggested that the opening words should read: "If at any time during the year . . ."

Clause 26 (3).—"Where the probation officer responsible for the supervision of a probationer receives a report made under the last foregoing subsection, or is of opinion that the probationer cannot for any reason continue to receive treatment for his mental condition by or under the direction of the person, or at the place, specified in the probation order, or in charge of the person so specified, the probation officer shall make application to the supervising court and that court may, with the consent of the probationer, make such amendment of the order as appears to the court to be proper, or may by order cancel the provision requiring the probationer to submit to such treatment as aforesaid." The period should not be limited to 12 months. The order should be reviewed after 12 months, and if considered desirable extended for a further period or varied to suit the circumstances.

Clause 26 (4).—"An order under this section cancelling a provision may be made without summoning the probationer." The probationer should nevertheless be notified of the cancellation.

Clause 42 (1).—"Where a person is charged before a court of summary jurisdiction with an offence for which the court has power to pass a sentence of imprisonment, and the court is satisfied that the offence has been committed but is of opinion that an inquiry ought to be made into the mental condition of the offender before the method of dealing with him is determined, the court shall remand him in custody or on bail (with or without sureties) for such period or periods, not exceeding three weeks in the case of any single period, as the court thinks necessary to enable a medical examination and report to be made." (*a*) The group of persons for which the provision is made is not comprehensive enough. It should include separation and maintenance cases, young persons beyond control, and persons requiring care or protection. (*b*) Provision should be made for the payment of a fee for the medical examination and report. Funds should be made available for the purpose. (*c*) It is suggested that the words "by a duly qualified medical practitioner" be added to the end of the Clause.

Clause 43 (1).—"Where a person is charged before a court of summary jurisdiction with an offence for which that court has power to pass a sentence of imprisonment, and the court is satisfied that the offence has been committed and is satisfied on the evidence of at least two duly qualified medical practitioners that the offender is of unsound mind and is also satisfied that he is a proper person to be detained, the court may, in lieu of dealing with him in any other manner, exercise the powers conferred by this section." The clause should be extended to cover mental defectives who cannot be treated under the Mental Treatment Act.

Clauses 43 (3) and 43 (5)(b).—"If no such arrangements as aforesaid have been made, the court may order him to be taken to and received in a hospital or part of a hospital approved for the purposes

of section nineteen of the Mental Treatment Act, 1930, by the council of the county or county borough comprising the petty sessional division for which the court acts, or in a workhouse belonging to the said council, or may, if it is satisfied that proper care will be taken of the offender in the meantime, adjourn the case with a view to enabling such arrangements as aforesaid to be made; and where the court adjourns the case in accordance with this subsection and it is notified, before the expiration of the period of the adjournment, that a reception order has been made in relation to the offender, it may discharge him without requiring his further appearance." "The provisions of the Lunacy and Mental Treatment Acts, 1890 to 1930, shall have effect as if—(*b*) any order made under subsection (3) of this section for the reception of an offender in a hospital or part of a hospital or workhouse were an order made under subsection (1) of section twenty-one of the said Act." The words "suitable institution" should be substituted for "workhouse."

PROTECTION OF PANEL PRACTICES IN LONDON

At the last meeting of the London Protection of Practices Committee the following report of the administrative officer of the London Insurance Bureau (the bureau which operates the panel side of the Protection of Practices Scheme in London) was submitted, and the committee felt that it was of such general interest that other areas would like to see it.

On Dec. 31, 1943, the number of insured persons on the lists of absentee practitioners who were credited to acting practitioners was 111,071. At that time the number of absentees was 380. After that date the numbers declined quarter by quarter as practitioners returned to their respective practices, and by March 31, 1946, the number of insured persons had been reduced to 31,538 and the number of absentee practitioners to 126.

The capitation fee per annum paid in respect of the insured persons on the lists of acting practitioners was as follows:

Year	Rate per Unit
1939 (September to December—4 months only)	8s. 1·376d.
1940	11s. 9·253d.
1941	11s. 8·367d.
1942	9s. 11·404d.
1943	8s. 5·447d.
1944	8s. 4d.
1945	8s. 3·815d.
1946 (January to March—3 months only)	4s. 8·8d.

An examination of the lists of 94 of the practitioners who have returned has been made. It discloses a total National Health Insurance credit at the date of return of 70,454, and of that number 47,688 persons, or 67% of the lists of the absentees, had been accepted by acting practitioners. The figure affords an interesting index as to the number of insured persons on the list of an insurance practitioner who required treatment assuming, of course, that only those persons in need of treatment were accepted. I am inclined to doubt the strict accuracy of this assumption.

Further analysis of the number of 47,688 persons shows a very wide distribution among acting practitioners. At the beginning it was thought that the patients of an absentee practitioner would distribute themselves among, say, four or six neighbouring practitioners, whereas, taking *all* cases into consideration, it has been ascertained that to provide treatment for over 100 insured persons on the lists of absentees the services of six acting practitioners were enlisted. Owing to the proximity to the surgery of an absentee practitioner or for some other special reason, acting practitioners in some cases accepted responsibility for more than 100 of the insured persons of a neighbouring absentee. If these cases, which represent nearly one-half of those under notice, are excluded, the remainder shows an even wider distribution—viz., twelve acting practitioners to every 100 provisional patients.

The practice of an insurance practitioner in London ordinarily extends two miles from his surgery (North, South, East, and West) with the exception that the River Thames forms a natural line of demarcation. This gives a "practice area" of twelve and a half square miles. Patients on the boundary of a "practice area" were free to select an acting practitioner two miles from such boundary, and the area within which some patients of an absentee practitioner might conveniently find an acting practitioner was thus increased from twelve and a half square miles to fifty square miles. This may partially account for the very wide distribution of patients. I may say that every effort was made to afford protection in a very strict sense to the practice of an absentee practitioner, and in a few cases in which doubt might have arisen as to the validity of a removal transfer the benefit of that doubt was given to the practitioner who was absent.

I append details of a few cases which are typical, showing the distribution of an absentee practitioner's patients. These relate only, of course, to the practices of practitioners who have resumed practice, but there is no reason to think that the details are unrepresentative of the lists of all practitioners. Attention is also drawn to the number of acting practitioners who accepted the insured persons of particular absentees. These varied considerably.

Practitioner No.	Figure of Credit on Date of Return	No. of Insured Persons who Secured Acceptance by Acting Practitioners	No. of Acting Practitioners	Further Details
(a) 3,535	1,873	1,322	79	Two practitioners accepted 675 persons
(b) 3,749	1,578	1,083	74	Four practitioners accepted 653 persons; the remainder (430) went to 70 practitioners
(c) 2,706	3,165	2,275	54	2,036 persons of this practice went to one practitioner; the remainder (239) were accepted by 53 practitioners
(d) 4,909	715	520	54	Two practitioners accepted 335 persons; the remainder (185) were accepted by 52 practitioners
(e) 6,992	929	396	53	One practitioner accepted 129 persons; the remainder (267) were distributed among 52 practitioners
(f) 5,259	372	259	50	Only a small practice but 50 practitioners were involved
(g) 5,414	1,750	1,385	36	One practitioner accepted 1,312 persons; the remainder (73) distributed themselves among 35 practitioners
(h) 6,428	636	385	31	One practitioner accepted 332 persons; the remainder (53) were distributed among 30 practitioners
(i) 2,616	373	164	25	128 persons were accepted by one practitioner and 24 practitioners were involved in the remainder (36)
(j) 6,021	493	225	22	One practitioner accepted 199 persons; the remainder (26) were distributed among 21 practitioners
(k) 6,282	31	21	13	Only a very small practice but 13 practitioners were involved
(l) 7,718	26	9	6	Only 9 persons were concerned but these were accepted by 6 practitioners
(m) 6,429	8	5	4	Four practitioners accepted 5 persons between them.

A detailed analysis has been made of 94 cases, and the result shows that over 60 practitioners were involved in 5 cases, between 50 and 60 practitioners in 12 cases, between 41 and 50 practitioners in 16 cases, and between 31 and 40 practitioners in 18 cases.

It need hardly be mentioned that the work of notifying practitioners of the return of absentees was largely increased owing to the manner in which insured persons distributed themselves among acting practitioners, and in my opinion the very wide distribution of patients which occurred was a complete revelation.

J. C. GILBERT,
Administrative Officer.

MEDICAL SERVICES IN CEYLON

B.M.A. Branch Plan for Reconstruction

The Ceylon Branch of the British Medical Association has worked out a scheme for the reconstruction of the medical services of the island. The aims of the scheme are (1) to provide for an efficient system of medical education and services directed towards the attainment of health, prevention of disease, and relief of sickness, (2) to make available to every person all necessary medical services, and (3) to bring into existence a comprehensive medical service to effect these objects, with the necessary safeguards for the prospects and interests of the profession.

Shortage of Personnel

The scheme, which was agreed to unanimously at a meeting of the Branch early in the year, addresses itself first to the most urgent problem, that of the shortage of doctors. In Ceylon there is one doctor to nearly 9,000 people. Excluding 85 medical officers of health, there are about 700 doctors for a population of more than six millions; 400 of these doctors are in the Government service and 300 in private practice. Three thousand

are needed if the British minimum of one doctor to 2,000 people is to be attained. The output from Ceylon Medical College is some 28 doctors a year. Measures are suggested for increasing the teaching accommodation at the General Hospital, Colombo, which at present has not room for more than 100 students working at the same time. Recommendations are also made for postgraduate courses, and for a diploma in tropical medicine and public health, with a department at the university.

The shortage of nurses is also a dire problem. They number only 550, and if the minimum British standard of one nurse to three hospital beds were adopted, 4,000 nurses would be needed for the present accommodation in Ceylon hospitals, not to speak of the large increase in that accommodation which is held to be necessary. Recommendations are made for recruitment, including the creation of a service of male nurses and of assistant nurses. Midwives, too, are scarce, and proposals are made for an increase to 300 in the number of pupils at the De Soysa Maternity Hospital, where about 9,000 deliveries take place every year, and for the establishment of three other small training hospitals.

Hospital Needs

The report goes on to assess the hospital needs of Colombo, the capital, and the nine Provinces, based on density of population and mortality. It is urged that at the General Hospital, Colombo, there should be set up an advisory board, composed of Government officials and representatives of the industrial and business community, also a specially constituted board of management, with official and unofficial members, and a medical staff committee. Each of the Provinces should have one central general hospital staffed on the same lines as the metropolitan, with an advisory board, special departments, and so on ; every district hospital with 50 beds should have at least one medical officer, and cottage and rural hospitals should be distributed throughout the island on a definite plan based on accessibility and density of population. Proposals are made for a maternity and child welfare service, including an increase in the very small number of obstetric specialists at present available, the appointment of two qualified paediatricians, and the setting up of antenatal clinics in every maternity unit.

Planning of Health Services

For the general planning of the services under a Ministry of Health two chief officers are proposed, one to have supervision of the preventive and the other of the curative side. The reason for not combining the two services is the fear that the organization would become preponderantly curative or preventive according to the bent of a single director. District councils of health are proposed, representing localities, and on these the medical practitioners and district health officers would serve. These district bodies would submit their plans to the Ministry, which would co-ordinate them in its general plan for the whole country.

Each group of schools with 6,000 or so pupils should have a medical officer attached to it, so that children could be examined on admission and annually and necessary prophylactic treatment be given. A forward movement is called for to combat tuberculosis, this to include the mass radiography of factory and office employees, investigation of contact infection in homes, special care of pregnant women with tuberculosis, improvement of the economic conditions of tuberculous patients, and adequate provision of beds. Another proposal is for the co-ordination of the present measures for dealing with malaria problems under the control of a central officer with institute and laboratory personnel. The creation of a department of industrial medicine is suggested because of the number of industries in the island which involve health hazards. For dealing with mental diseases a psychiatric clinic near the General Hospital, Colombo, is recommended, also a child guidance centre, a psychopathic hospital and observation home, and an asylum for the criminal insane. A dental service of a very thorough character is also outlined.

Doctors' Salaries

The present scale of pay of medical officers is compared with that of officers in corresponding Government services, and it is shown that after ten years of employment a higher salary is paid in the police or the irrigation department than is attainable in twenty or more years in the medical department. After thirty years in the medical department the salary of an officer rises only to Rs. 9,000 (about £670). It is felt that there is no reason why the salaries of medical officers should be lower than those of the legal officers of the Crown, whose training is not so prolonged and is certainly not more exacting than that of medical officers. Therefore the new scale of salaries proposed for medical officers is the same as that for Crown Counsel, namely, Rs. 6,540 rising to Rs. 12,000 (£490 to £900), and for the highest posts among medical officers the same salary should be paid as for the legal officers of the Crown, namely £2,400 per annum.

The report is fortified at many points by references to the position in Great Britain, and it is evident that in working out the scheme the Ceylon Branch has studied very carefully the achievements and tendencies in the Western world.

PANEL CONFERENCE DINNER

At the close of the Panel Conference the representatives assembled at dinner at the Connaught Rooms, the members of the Insurance Acts Committee being the guests. Dr. J. A. Brown was in the chair, and among those present was Sir Hugh Lett, the President of the Association. Just upon 200 sat down at the tables, and the occasion was marked by great cheerfulness, to which the Scottish contingent contributed in a very large degree.

Dr. D. F. HUTCHINSON proposed the health of the Insurance Acts Committee and spoke of the oustanding leadership which insurance practitioners had enjoyed. Dr. E. A. GREGG, in responding, claimed for his committee that it was the best in the Association. The knowledge and aptitude of its members, he said, put their chairman in constant peril. He stressed again the necessity for the maintenance of unity in the profession.

The Dain Testimonial Fund

Dr. Gregg then formally presented to Dr. Guy Dain the Dain Testimonial Fund—a belated presentation, for the Fund had been in existence for some time and had already done good if modest service for the assistance of sons and daughters of medical practitioners in need of financial help for educational purposes. At the same time he handed to Dr. Dain, in token form, a tangible gift in the shape of three pieces of furniture of his choice—a corner cabinet, a table, and a desk. Dr. Gregg recalled Dr. Dain's outstanding services in the I.A.C. long before he reached the chair. It was due to his insistence that in 1923 the offer of the then Minister of a capitation fee of 8s. for five years or 8s. 6d. for three years was rejected, and an independent inquiry insisted upon, as a result of which an award of 9s. was made. There was another court of inquiry in 1937, when Dr. Dain, then chairman of the committee, presented the case with great efficiency and clarity, and countered with the skill of an advocate certain very questionable evidence presented on the other side. The Dain Testimonial Fund was completed in 1939 and would have been presented to him at the Panel Conference of that year but for the outbreak of war. At the moment it stood at rather less than £5,000. He formally handed it over to him with the great appreciation of all insurance practitioners for his exceptional services.

Dr. DAIN said that when the testimonial was organized he had felt, having received the Gold Medal of the Association as well, that his work for his profession might be considered to be completed, but events had turned out otherwise. He had done no more for the profession than many others, but the limelight had happened to fall on him and not on them. That being so, he felt when the testimonial fund was mooted that he should not accept the money for himself, but for some purpose of good in the profession, and the assistance of the children of doctors who had fallen upon misfortune suggested itself. The income from the Fund at present was small, but some deserving cases had been helped, and others had been referred to sources where help could be obtained. Many Panel Committees, for example, had funds which might be used for the educational assistance of doctors in their areas. He heartily

thanked all those concerned for the kindness shown to him. He had never understood those who said, when asked to do something for their profession or for some public cause, that they would probably never be thanked for it. One did not do this kind of thing for thanks, but for enjoyment and for the opportunities of fellowship and friendship which such service opened out. But in his own case the thanks had been forthcoming too, and he was grateful.

Dr. R. W. COCKSHUT, in a witty speech, proposed the health of the Chairman, and Dr. BROWN replied with an amusing appreciation of his four colleagues—Drs. Dain, Wand, Gregg, and Hill—who had accompanied him to the Ministry when the invitation to reopen discussions on the capitation fee was received. Dr. CHARLES HILL, responding to the toast of "The silent service"—the secretaries and staff of the B.M.A.—concluded with a tribute to the excellent clerical staff of the Association, especially the clerk of their own Committee, Mr. Scrivener. Dr. L. S. POTTER, Secretary of the Committee, also made a brief acknowledgment, and the proceedings concluded with a vote of thanks to the Dinner Committee, proposed by Dr. J. A. IRELAND.

As a result of an appeal made from the top table a sum of £99 7s. was contributed to the Dain Testimonial Fund from the assembled hosts and guests.

HEARD AT HEADQUARTERS

The Plebiscite

The National Health Service Bill will presumably receive Royal Assent before this issue of the *Journal* reaches its readers. Immediately after the passing of the Act the form for the plebiscite will be sent out from headquarters to every member of the profession. Only one question is asked on the form and it admits of no answer save "Yes" or "No." The question is: "Do you desire the Negotiating Committee to enter into discussions with the Minister on the regulations authorized by the National Health Service Act?" The only other entries to be made on the paper are a statement as to the number of years the voter has been qualified and an indication in the appropriate space of the kind of professional work in which he is wholly or predominantly engaged. The voting papers sent to members in Scotland and Northern Ireland will bear a distinctive mark in order that they may be separately classified. With the form there goes out a report of the Negotiating Committee and a covering letter embodying the decisions and voting of the Representative Body on the important issues, an appeal to all practitioners to vote whatever their views, and a reminder that the profession is free to enter or not to enter the Service.

Reformed Procedure of the G.M.C.

The B.M.A. Council was faced with a heavy agenda at its meeting this week. The number of reports of committees to be considered was 23, and there was much other business. All this related to the ordinary work of the Association, not touching, except incidentally, on the question of the National Health Service. One report which came up for consideration was from the committee which has been considering the reform of the disciplinary procedure of the General Medical Council. All the bodies concerned with this subject seem to be agreed on the setting up of a disciplinary tribunal much smaller than the Council itself. The draft medical bill of the G.M.C. proposes a tribunal of 19. The defence societies suggest one of 7, possibly having in mind the new jury figure. The special committee of the B.M.A. makes no recommendation on this point, but seems to favour some figure between these two. In any event it will be a drastic change from the procedure which has obtained for nearly ninety years whereby the whole Council of 40 or more has listened to these cases. One consequence of any altered disciplinary procedure of this kind will be an increase in the number of direct representatives so as to ensure that enough members of particular knowledge of general practice problems will be available both for the disciplinary tribunal and for the penal cases committee which will undertake the earlier sifting of complaints.

A Day with the Students

The annual meeting of the British Medical Students' Association, apart altogether from the irruption of Mr. Bevan into their midst, was a very prolonged affair. The students, having already devoted part of Friday and part of Saturday to their business, sat through the whole of Sunday, from 10 in the morning until 6 at night, and only the determination of their president, Mr. D. R. Cook of Newcastle, prevented them from rounding the clock. The talk ranged over such subjects as increased tuition fees and students' expenses (here one was glad to hear some expressions of sympathy for parents), the de-reservation of medical students (it was stated that in one school students who failed once in one part of the first examination are forthwith de-reserved), the supply of bodies for dissection, international relations, liaison with other student groups, proposals for a medical postal library, and for obtaining periodical medical literature at a reduced rate. Some of the students wanted to go outside their own field and help the nurses to organize a students' association, but as the B.M.S.A. is only five years old it was felt that at present it had better keep behind its own plough. The students who gathered at the conference from most of the schools of Great Britain were a very able and wideawake lot of young people, who knew their own mind and were not afraid to speak it.

Reminders of Two Great Men

Headquarters has just received posthumous reminders of two men, contemporaries, each of whom in high office did great work for the Association, and whose names will live in its history. One such reminder was a cheque for £1,000 bequeathed free of all duty from the estate of the late Mr. Bishop Harman, to be devoted to the increase of the clinical prize which the late Treasurer of the Association initiated just before the war. The other was a small portrait of the late Sir Kaye Le Fleming, which he had desired the Association should have, together with his silver presentation porringer, the latter given in the hope that perhaps it might start a collection of plate for the B.M.A.

Industrial Health Research and the T.U.C.

Dr. H. B. Morgan, M.P., had a tilt at Mr. Herbert Morrison at the T.U.C. at Brighton over the question of industrial health research. The T.U.C. had passed on to the Lord President of the Council a resolution that the powers and funds of the Industrial Health Research Council should be increased to enable it to carry out widely extended research and for the establishment of an institute for the purpose. Mr. Morrison had replied that the lack of suitable men rather than the lack of money was the main obstacle to expansion. Dr. Morgan said that this reply was so unsatisfactory as to be ludicrous. Of course there was a lack of suitable men to do industrial research according to the methods of the present "clique" running it, but there were in the country medical men of progressive mind who were available. These men would not be chosen because they did not fit into a particular groove. The problem of the relationship between occupation and disease, said Dr. Morgan, had been grossly neglected. Mr. Morrison had said that the work of industrial health research would be actively pursued. Dr. Morgan wanted to know where. The London Hospital was doing excellent work, but in the other teaching schools, except Birmingham, practically no research was done. Under the pressure of its programme the T.U.C. took no further action.

RETURN TO PRACTICE

The Central Medical War Committee announces that the following has resumed civilian practice: Dr. H. Everley Jones, O.B.E., at 11, Park Road West, Wolverhampton.

Correspondence

Bureaucratic Control

SIR,—The letter from the Minister of Health to Mr. Eardley Holland published in the *Journal* of Oct. 12 (p. 550) illustrates something of what we may expect in a Government Service with laymen ignorantly legislating for us. The Minister proposes to have an "obstetrician," presumably a M.R.C.O.G., in charge of each antenatal clinic run by local authorities. This presumes first a fantastic surplus of obstetric specialists, and either a gross underpayment not commensurate with their skill or else a gross waste of the people's money if they *are* paid adequately. The routine work of antenatal clinics at present is very competently done by G.P.s and local government M.O.s of similar professional status, who have had special experience of the work. The percentage of cases requiring the opinion of a consultant is very small indeed, and perfectly well dealt with by referring them to a central clinic. I speak after some experience as M.O. to an antenatal clinic. This talk of obstetric specialists to every clinic is pure propaganda to the lay public, who do not understand and are only the poor mugs who have to foot the bill. Mr. Holland wisely made no comment, but the letter reached the press, where it was meant to go.

On the same principle of using a steam-hammer to crack a nut, I expect that the Minister will be appointing full-time experienced paediatricians to run the child welfare clinics to bring their powerful intellects to bear on the problem of little Willie's spots and the important issue of whether "baby ought to be cutting her teeth now because the book says so and I can't see any sign of them, doctor"—problems very important to the mother anxious to do her best for her child, but quite within the abilities of any average practitioner to deal with, with a paediatrician in the central clinic for real problems.

While on the subject of propaganda, I wonder if Lord Jowitt is so simple-minded as really to believe, as he stated in the Lords on Oct. 8, that the National Health Service involved no bureaucratic control and would not involve a single additional Civil Servant? He also stated that no doctor was to be compelled by direct *or indirect* pressure to join, and he was to be in no way interfered with. As the alternative to joining is, as the noble lord well knows, either starvation or emigration, I wonder what he *does* mean by "indirect pressure"?

Churchill was all too right when he envisaged the slave State towards which we are steadily being impelled by the men who are supposed to be the servants of the people, but who see themselves and act as the masters. Thinking men are reluctantly forced to see the analogy to the commencement of the Nazi régime, and it may not be long till no editor will dare to publish a letter like this lest he find himself in the concentration camp. It is the logical progress of the present régime, and if this letter, for the length of which I must apologize, brings but one more lamb into the fold of the resistance movement a useful purpose will have been served.—I am, etc.,

Pontefract. J. S. LAURIE.

Receipt against Dictatorship

SIR,—The medical profession has by a united front won a great victory. Mr. Bevan has found that he cannot impose his will on a free people and has been forced to climb down and agree to implement the Spens Report. Let us make no mistake, this is only the first round, and the fight for justice and professional freedom is not yet won. My conviction has always been that, in the face of a *united* front, the dictatorial methods of Mr. Bevan will always fail. The Minister of Health refused to negotiate with the medical profession prior to introducing his Health Service Bill into Parliament and refused to incorporate the basic principles of the B.M.A. into the same. The fact that the Bill, as it now stands, will probably become law makes no difference to our stand for freedom. New laws can be easily introduced to give effect to our demands for incorporation of our principles.

I am confident that if the medical profession once again stands firm and refuses to co-operate until we are assured our right to practise as free men, we will again triumph. It is a basic principle of our democracy that a man shall have the right to work where and when he pleases. Heartened by our recent victory and assured of the rights of our cause, I appeal to the profession to once again "stand firm" and present a united front to Mr. Bevan. It may mean a temporary hardship for some, but in the end it will benefit all—not only doctors but patients also. In the face of a united profession Mr. Bevan will be again forced to climb down, and the fight for professional freedom will be triumphant.—I am, etc.,

Birmingham. MARK J. BRADLAW.

Mutual Confidence

SIR,—For successful elaboration of the National Health Service Bill the good will of the profession will be essential. This implies mutual confidence. After our recent experience a vote would produce a 99% result of "No confidence" in the present Minister of Health. Bullying and bad faith will wreck any hope of a sound start. The Prime Minister will be wise to appoint a man we can trust and talk to and work with. This is not politics, it is just plain horse sense, for at the best the bulk of the profession views much of this Bill with distrust and misgiving. To us it is not an agreed measure.—I am, etc.,

Newton Ferrers. W. F. BENSTED-SMITH.

A Tactical Withdrawal

SIR,—Let us note the wise move of the Minister to give way on panel capitation rate before the obvious danger of defeat. Let us beware that we are not caught on the rebound in the bigger matter to come. Some men may almost feel under a compliment, as the panel cheque enlarges, but let not money blind us now or hereafter. I have no doubt that, financially, the Act may work out all right, but let us have no delusions about our freedom if we accept. The Act must be amended. —I am, etc.,

Newquay. J. P. O'SHEA.

Trade Union for Doctors?

SIR,—On the question of the Health Service Bill I consider that action on this matter resolves itself into one of two alternatives: (1) sitting back and hoping for the best from the Government; (2) forming a trade union, which will be in a position to insist on negotiations with the Government, and failing a satisfactory settlement will be in a position to organize opposition to the Health Bill. I can see no other practical means by which the medical profession can protect either the public or itself, or prevent the Government riding rough-shod over it both now or at a *future* date.

Finally, may I point out that as under the Health Bill we shall lose our independence and become State employees it becomes logical for us to arm ourselves with the only weapon with which the employee has been able to keep in check the employer, namely, the trade union.—I am, etc.,

Swansea L. A. SYLVESTER.

H.M. Forces Appointments

ROYAL NAVY

Surg. Cmdrs. G. G. Newman and J. J. Keevil, D.S.O., have been placed on the retired list.

ROYAL NAVAL VOLUNTEER RESERVE

Prob. Temp. Surg. Lieuts. H. J. P. Davies and G. E. Mavor to be Temp. Surg. Lieuts.

ARMY

Col. H. C. D. Rankin, C.I.E., O.B.E., late R.A.M.C., has retired on retired pay and has been granted the honorary rank of Major-Gen.

Cols. R. K. Mallam, O.B.E., and A. A. M. Davies, late R.A.M.C., ret., have retired on retired pay and have been granted the honorary rank of Brig.

Col. F. S. Gillespie, late R.A.M.C., having attained the age for retirement, has been retained on the Active List supernumerary.

Cols. F. G. Flood, O.B.E., M.C., and R. H. Alexander, M.C., late R.A.M.C., having completed four years in the rank, are retained on the Active List supernumerary.

Col. J. B. Fotheringham, late R.A.M.C., has retired on retired pay on account of disability.

Lieut.-Cols. W. W. S. Sharpe, R. S. Dickie, and A. R. Oram, O.B.E., M.C., from R.A.M.C., to be Cols.

Majors G. B. F. Churchill and A. E. B. Jones, retired pay, R.A.M.C., have been restored to the rank of Lieut.-Col., on ceasing to be employed.

Capt. J. D. Paterson, half pay list, late R.A.M.C., has retired on retired pay on account of disability, and has been granted the honorary rank of Major.

WOMEN'S FORCES

EMPLOYED WITH THE R.A.M.C.

War Subs. Capt. (Miss) M. M. Shepherd has relinquished her commission and has been granted the honorary rank of major. (Substituted for the notification in a *Supplement* to the *London Gazette* dated June 11.)

Association Notices

Sir Charles Hastings Clinical Prize

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of fifty guineas, is again open for competition. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research, and record in general practice; it includes a money award of the value of fifty guineas.
2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.
3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made. It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject, though reference to current literature should not be omitted when it bears directly on their results, their interpretations, and their conclusions.
4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square, London, W.C.1, not later than Dec. 31, 1946. The prize will be awarded at the Annual General Meeting of the Association to be held in 1947.
5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work. A prizewinner in any year is not eligible for a second award of the prize.
6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay the decision of the Council on any such point shall be final.
7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto, and enclosing the candidate's name and address.
8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal*, or for presentation to the appropriate Section of the Annual Meeting of the Association.
9. Inquiries relative to the prize should be addressed to the Secretary.

Diary of Central Meetings

NOVEMBER

19. Tues. Undergraduate Subcommittee: (Film Committee), 2 p.m.

Branch and Division Meetings to be Held

AYRSHIRE DIVISION.—At Ayrshire Central Hospital (Infectious Diseases Section), Irvine, Sunday, Nov. 17, 7 p.m. Clinical Meeting.

KINGSTON-ON-THAMES DIVISION.—At Kingston County Hospital, Kingston-on-Thames, Tuesday, Nov. 12, 7.45 p.m. Clinical Evening. Cases will be demonstrated by the hospital staff.

WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.—At Clayton Hospital, Wakefield, Thursday, Nov. 14, 8.15 p.m. Mr. A. J. C. Latchmore: The Acute Abdomen.

Meetings of Branches and Divisions

SUNDERLAND DIVISION

A very well-attended meeting in the scientific programme of the Sunderland Division was held on Oct. 18 at the Royal Infirmary, Sunderland.

A film, demonstrating pentothal anaesthesia and showing very fully how to deal with anaesthetic emergencies, was introduced by Dr. F. YOUNG, after a brief history of anaesthetics during the last 100 years. Dr. H. J. BELL showed an infant suffering from congenital syphilis which had been under treatment for 7 weeks and which showed remarkable response to treatment by penicillin by mouth. Three cases of failure of the circulation of the lower limbs were shown by Dr. D. R. CRAMB. The address by Prof. R. V. BRADLAW, of Newcastle, on "Oral Pathology of Interest to General Practitioners" was beautifully illustrated by remarkably clear, coloured slides. He showed how extremely important was the proper study and scrutiny of lesions of the mouth.

POSTGRADUATE NEWS

The Fellowship of Medicine announces a week's course in obstetrics and gynaecology, for general practitioners, to be held at Queen Charlotte's Maternity Hospital and Chelsea Hospital for Women, daily from Nov. 25 to 30.

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—*Thurs.*, 5 p.m. Bradshaw Lecture by Sir Heneage Ogilvie: Surgical Handicraft.

ROYAL SOCIETY OF MEDICINE

Section of Psychiatry.—Tues., 5.30 p.m. Paper by Dr. H. Eysenck: The measurement of personality.

Section of Physical Medicine.—Wed., 4.30 p.m. Paper by Sir Max Page: The uses of physiotherapy in an accident service.

Section of Ophthalmology.—Thurs., 5 p.m. (Cases at 4.30 p.m.) Discussion: Eye signs in malignant nasopharyngeal tumours. Openers: Dr. Godtfredsen (Denmark) and Mr. E. D. D. Davis. Short paper by Mr. Frank W. Law: Ring scotoma after retrobulbar neuritis.

Section of Obstetrics and Gynaecology.—Fri., 8 p.m. Discussion: Stress incontinence in micturition. Openers: Messrs. Everard Williams and Terence Millin.

Section of Radiology.—Fri., 8 p.m. Discussion: The *x*-ray treatment of inflammatory diseases. Openers: Miss M. S. Cripps, Miss Baker, Dr. Freund, and Dr. N. S. Finzi.

LONDON SCHOOL OF DERMATOLOGY, 5, Lisle Street, Leicester Square, W.C.—*Tues.*, 5 p.m. Dr. H. Corsi: Diseases of the Nails. *Thurs.*, 5 p.m. Dr. Sydney Thomson: Animal Diseases Communicable to Man.

FACULTY OF RADIOLOGISTS.—At Royal College of Surgeons, Lincoln's Inn Fields, W.C.—*Fri.*, 2.30 p.m. The Skinner Lecture by Sir Gordon Gordon-Taylor: On Malignant Tumours of the Testicle.

WEEKLY POSTGRADUATE DIARY

BLACKPOOL: VICTORIA HOSPITAL.—*Thurs.*, 8 p.m. Mr. Thursz: Experiences in War Surgery as applied to Civilian Practice.

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Edinburgh Royal Infirmary, *Tues.*, 5 p.m. Mr. Angus Sinclair: The Interdependence of Biology and Other Branches of the Higher Learning.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS, 58, Queen Anne Street, W.—*Fri.*, 5 p.m. Dr. J. M. H. Campbell: The Heart in Pregnancy.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W.—*Mon.*, 8.30 p.m. Discussion: The Field of Research in Industrial Health. To be introduced by Dr. E. R. A. Merewether.

APPOINTMENTS

BOWYER, H. W., M.D., Honorary Assistant Physician to Out-patients, Bolton Royal Infirmary.

CHELSEA HOSPITAL FOR WOMEN.—*Surgeon to Out-patients*, A. B. Evans, F.R.C.S. *Anaesthetists*, H. Woodfield-Davies, L.M.S.S.A., G. C. Steel, M.R.C.S., L.R.C.P. *Chief Assistants*, I. Jackson, F.R.C.S., T. L. T. Lewis, F.R.C.S., R. B. K. Rickford, M.D., F.R.C.S., G. W. Williams, F.R.C.S.

EMPIRE RHEUMATISM COUNCIL.—*Registrars to the Council*: D. P. Nicholson, M.B., M.R.C.P. (at West London Hospital); Duncan Shiers, M.B., B.Ch., M.R.C.P. (at Royal Mineral Water Hospital, Bath).

ROYAL LIVERPOOL UNITED HOSPITAL.—At David Lewis Northern Hospital Branch: *Honorary Assistant Surgeon*, W. M. Beattie, M.Chir., F.R.C.S.

SWANN, W. G., M.D., D.P.H., Deputy Medical Superintendent Officer of Health and Deputy Port Medical Officer, County Borough of Belfast.

SWANSEA GENERAL AND EYE HOSPITAL.—*Radiotherapist*, K. Mendl, M.D., D.M.R.

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. *for* 18 *words or less. Extra words* 3s. 6d. *for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.*

BIRTHS

FERNANDEZ.—On Oct. 29, 1946, at The Willows, Bramley, Yorks, to Dr. and Mrs. Alexander Fernandez, a son.

MILNER.—On Oct. 26, 1946, to Dorothy (*née* Galloway), wife of John F. M. Milner, M.D., 452, Heysham Road, Heysham, a son.

PARKINSON.—On Oct. 29, 1946, at Lorna Lodge, Manchester, to Margaret, wife of Dr. John S. Parkinson, a son.

STUART-HARRIS.—On Nov. 2, 1946, at Sheffield, to Marjorie, wife of Prof. C. H. Stuart-Harris, a sister for Graham.

DEATHS

ELLIOTT.—On Oct. 2, 1946, at 3, Clanricarde Gardens, Tunbridge Wells, Andrew Royston Elliott, M.D., of Crowborough, aged 55 years.

VAKIL.—On Oct. 23, 1946, at 71, Compayne Gardens, N.W.6 (formerly of 18, Coram Street, W.C.1), Chunilal B. Vakil, M.R.C.S., L.R.C.P., aged 63.