THE ARCHBISHOPS' COMMISSION ON
DIVINE HEALING

B.M.A.'S ASSISTANCE SOUGHT

In response to an invitation to assist the Commission on Divine Healing which has been set up by the Archbishops of Canterbury and York, the British Medical Association has appointed a committee to prepare evidence for the Commission. The Commission has the following terms of reference:

"To consider the theological, medical, psychological, and pastoral aspects of 'divine healing' with a view to providing, within two or three years, a report designed to guide the Church to clearer understanding of the subject; and in particular to help the clergy in the exercise of the ministry of healing and to encourage increasing understanding and co-operation between them and the medical profession."

The Commission, it is hoped, will afford a useful service to the community by ascertaining the value of what is referred to as "divine healing." It will seek evidence, among other things, on whether unexplained recovery from prolonged or incurable illnesses is due to suggestion, spontaneous remission, or divine intervention.

Co-operation with the Clergy

The Commission will also seek evidence about co-operation between doctors and clergy. In 1947 the Council of the Association issued a statement about co-operation with the clergy, and this was agreed by the Representative Body. The statement was as follows:

"It is considered that most useful work may be done by close personal contact between doctor and clergyman, with an interchange of views and active co-operation where possible. With regard to the co-operation which can be secured at a Diocesan or parochial level, it is considered that arrangements can best be left to the B.M.A. Divisions acting in concert with any branch organization of the Churches' Council of Healing or similar body. Joint activities might include the appointment of and co-operation with hospital chaplains and their deputies, education of the public, and informal discussions between doctors and the clergy."

"In addition to the above suggestions, which in some measure have already been the custom of doctors and clergy in different parts of the country, it would seem desirable that the whole field of medical practice in relation to the work of the Church should be explored. Moral aspects in the cause, treatment, and prevention of disease cannot be overlooked, and in this field also it is desirable that there should be fuller co-operation. Medicine and the Church working together should encourage a dynamic philosophy of health which would enable every citizen to find a way of life based on moral principle and on a sound knowledge of the factors which promote health and well-being. Health is more than a physical problem, and the patient's attitude both to illness and to other problems is an important factor in his recovery and adjustment to life. Negative forces such as fear, resentment, jealousy, indulgence, and carelessness play no small part in the level of both personal and national health. For these reasons we welcome opportunities for discussion and co-operation in the future between qualified medical practitioners and all who have a concern for the religious needs of their patients."

Information Sought

The Association's Committee has drawn up a schema in the form of a questionnaire—printed below—to guide those willing to give information, and doctors who have experience of, or who have views on, the subject are invited to co-operate by answering the questions. Full details of diagnosis should be given, with special emphasis on the nature of the case—and, i.e., organic, with corroborative evidence (x-ray, histological, etc.), or mental or psychosomatic. It should also be stated how long the patients have been observed prior to their recovery, and subsequently. Although the word "recovery" is used, information with regard to remission, improvement, or restoration of function, even if not complete, should be given. The identity of patients should not be disclosed unless with their approval.

QUESTIONARY

I. HEALING

1. Have you, in the course of your medical practice, had first-hand experience of illness in which there has been recovery from an apparently incurable disorder (a) where, to your knowledge, there has been no spiritual ministration; (b) through spiritual ministration—for example, (i) healing services; (ii) the laying on of hands; (iii) anointing; (iv) the influence of public or private prayer; and (v) pilgrimages—for example, Lourdes; (c) through a non-medical agency—for example, magic, faith cures, other than religious?

2. Are any of the above practices, in your opinion, of value or attended by possible harmful effects (including the risk of delay in seeking medical advice)?

3. Have you first-hand experience of cases in which you felt that the patient's attitude to some form of religion has played a part in their recovery?

4. Were the patients members of any religious body—Christian or non-Christian?

II. CO-OPERATION BETWEEN DOCTORS AND CLERGY

1. Should measures be promoted so that the clergy, ministers, or priests can give assistance to the medical profession in dealing with the spiritual needs of their patients, their attitude to their illnesses, assistance over convalescence, rehabilitation, or resettlement? If so, state what kind of measures.
2. What experience have you of cooperation between doctors and the clergy and methods through which this has been achieved?

3. Should this be encouraged and extended in general by cooperation centrally between medical and religious organizations, and locally between doctors and the clergy, with particular reference to hospital and general practice? If so, by what methods? Details of any other relevant experiences or opinions would be welcome.

Information should be submitted as soon as possible, and not later than September 15, to the Secretary of the Association, from whom separate copies of the questionnaire can be obtained if required.

**GENERAL MEDICAL COUNCIL**

**SUMMER SESSION**

The summer session of the General Medical Council opened on May 25, Sir David Campbell presiding. Notice was received of the reappointment to the Council of Sir Cecil Wakeley, Bart., P.R.C.S., as representative of the Royal College of Surgeons for one year, of Dr. J. M. O'Connor as representative of the National University of Ireland for three years, and of Mr. R. B. Green as representative of the University of Durham for five years.

**President's Address**

Sir David Campbell opened his address from the chair by recording with deep regret the death of a former member of the Council, Professor E. P. Cathcart, who had represented the University of Glasgow from 1933 to 1946. He went on to congratulate the Chairman of the Dental Board, Sir Wilfred Fish, on his recent knighthood, and Dr. George Clark on being made a C.B.

The President went on to say that a further stage in the implementation of the Medical Act, 1950, was reached early this year when applications for full registration began to reach the office of the Council in gradually increasing numbers. Up to the present time 110 practitioners holding qualifications granted in these islands have been fully registered. Eighty-eight of the applicants for full registration obtained their Certificates of Experience on the basis of six months spent in medicine and six months spent in surgery. The others combined surgery or medicine with midwifery.

**Registration of Overseas Practitioners**

Since the beginning of last year practitioners holding recognized overseas Commonwealth and other diplomas who wish to obtain full registration in this country have had to furnish the Council with evidence that they have had such house-officer experience as is required of applicants from the United Kingdom, or other experience not less extensive. The Council delegated to a small committee of four members the task of assessing the experience of every applicant. This task had not been light.

The President went on to say that 721 overseas Commonwealth applicants have been fully registered. Of these, 250 qualified in Australia, 213 in South Africa, 101 in India, 69 in New Zealand, 31 in Canada, 26 in Pakistan, 19 in Ceylon, and 22 in other parts of the Commonwealth. In addition, 2 practitioners holding recognized degrees granted in Burma have been fully registered in the Foreign List.

During the same period provisional registrations were granted to 74 Commonwealth practitioners, 20 of whom subsequently obtained full registration by service in the hospitals in this country; while temporary registration under Section 8 of the Medical Practitioners' and Pharmacists' Act, 1947, was granted to 456 practitioners from Commonwealth or foreign countries, not eligible for full or provisional registration, who were thus enabled to take up postgraduate employment in our hospitals. Most of the latter group qualified in foreign countries, including 144 in Europe, 42 in America, and 23 in Egypt. The great majority of overseas applicants for temporary, provisional, or full registration came for postgraduate study.

**Visitation of Medical Schools**

The President said that good progress had been made by those appointed within the past two years to visit or inspect examinations and to visit medical schools. Thirty examinations in various subjects in England and Wales, 10 in Scotland, and 7 in Ireland have now been visited or inspected, while 51 visits have been made to inquire about the teaching of different subjects—21 in England and Wales, 15 in Scotland, and 15 in Ireland. The reports of the Council's visitors and inspectors will be printed and forwarded as confidential documents to the licensing bodies concerned.

**Recognition of Indian Degrees**

The President reported that at its meeting the previous day the Executive Committee had resolved that the degrees of the University of Agra should be recognized in respect of the Agra Medical College, and the University of Delhi in respect of the Lady Hardinge Medical College, of the University of the Punjab, India, in respect of the Amritsar Medical College, and of the University of Gauhati in respect of the Assam Medical College.

**A Wrong Interpretation**

"In my address last November," said Sir David Campbell, "I expressed the concern of the Disciplinary Committee at the emergence of certain professional misdemeanours in connexion with the National Health Service which had kept recurring during the past few years, and on their advice issued a warning. I have since learned that this warning has been interpreted in some quarters as indicating that these misdemeanours are widespread and as a reflection on the high general ethical standard of the profession in Great Britain. "This was neither intended nor implied. The Minister of Health, when asked in the House of Commons on January 21 as to what steps he had taken since my statement was made, said: 'I have taken no steps since the statement made by the President of the General Medical Council, but it is fair to say that perhaps the right interpretation has not been put on what was said. As I understand, it was a warning that the General Medical Council quite rightly take a grave view of laxity in these matters, and was not an allegation that fraudulent practices or conduct were at all widespread.' "That reply puts the matter in its proper perspective."

**Omission from the Programme**

Sir Russell Brain reminded the President of his statement at the last session about the desirability of holding a debate on medical education and the entrance upon professional life, and he was sorry to see that there was no indication of this on the present day's agenda. There was no more important or urgent subject.

The President said that certain other matters, which he could not detail in open Council, had come forward, and it was evident that the work of the Medical Disciplinary Committee might extend over the week. He fully agreed about the importance of an early debate on the subject.

**Elections**

Sir Sydney Smith was re-elect Chairman of Business. The Finance, Executive, Pharmacopoeia, and Medical Disciplinary Committees were elected. Dr. Brocklehurst, Sir Sydney Smith, and Mr. Stoney were reappointed by the Council as members of the Dental Board, representing the Branch Councils for England, Scotland, and Ireland respectively.

**Reports of Committees**

Dr. H. G. Dain presented a report from the Pharmacopoeia Committee, which embodied a report of the Pharmacopoeia Commission, 1953-8. The Committee recommended that new monographs on important drugs and preparations for which official standards were not provided, together with additions and amendments to existing
monographs, should be published towards the end of 1955. The report included a list of the committees of the Commission now working. They numbered 22.

The Council received the annual examination returns for 1953 and a report of exemptions. The summary included, in addition to the usual particulars, the total number of students admitted by licensing bodies to premedical studies during 1953, the total number of students exempted from premedical courses and examinations, and the number commencing preclinical studies.

Professor R. M. F. PICKEN said that an interesting point was the contrast between medical schools regarding exemptions from the premedical course and examination. The premedical and preclinical teachers in his school were against such exemptions. Their point was that it was a good thing for students to have a year in the university before beginning the vocational side of their studies. This was a question which would have to be considered when the Council debated the general subject of medical education.

The President pointed out the smallness of the number exempted from the premedical course by the Scottish universities. He also drew attention to the percentages passing in the examination in the University of Cambridge in 1953: medicine, 74%; surgery, 64%; midwifery, 60%; and in the final examination as a whole, 39%.

Professor DEAN said that Cambridge students were now required to pass all parts at the same time.

The Diploma in Public Health
Sir ANDREW DAVIDSON presented the annual returns of examinations for certificates and diplomas in public health, also the report of a special committee appointed by the Council a year ago to report on the revision of the rules on the courses of study and examinations for the diplomas or degrees in sanitary science, public health, or State medicine. He said that the D.P.H. rules had been varied at intervals—in 1930, 1938, and 1948. His committee felt that the policy should be to hasten slowly, and had decided as a first step towards further revision to invite the views of a number of bodies interested in the training of practitioners for the D.P.H.

The Council agreed, on the recommendation of the special committee, that the diploma in public health granted by the University of Malaya be recognized as registrable as an additional qualification.

It was reported that the following licensing bodies and examining boards by whom registrable diplomas in public health, etc., might be granted had held no examinations in 1953: the Universities of Birmingham, Cambridge, Oxford, Sheffield, and Dublin, and the Scottish and Irish Conjoint Boards.

Visit of Schools and Examinations
Dr. BROCKLEHURST said that the visitation of schools and methods of examination had now been going on for some time. Up to date 51 visits had been made by visitors to medical schools and 47 visits to examinations. The special committee on visitation had now discharged the functions imposed on it by the Council and felt that it could be discharged, but it realized that as a result of the visits that were being made to schools and examinations there would be considerable number of reports sent in, and it would be desirable for a smaller body than the Council as a whole to go over these reports when they came in and to study the observations of the licensing bodies on them. It recommended the setting up of a new committee which would deal with these reports.

The recommendation was seconded by Sir HENRY COHEN, and it was agreed that a committee be set up for this purpose.

The remainder of the business of the full Council was transacted in camera, and on its conclusion, on the following day, the Medical Disciplinary Committee met and continued its sittings throughout the week.

(The to be continued)
liberally created, and the time limit for their termination, at present set at December 31, 1955, be extended until a definite decision on future hospital staffing is agreed and implemented.

Remuneration

The new salary scales for hospital medical staffs agreed in Committee "B" of the Medical Whitley Council were fully discussed. Reference was again made to the relationship between the remuneration of hospital junior staff and the present junior staffing difficulties. The proposal to seek further improvement in the salary scales of S.H.M.Os was noted, and a resolution was passed urging that consideration should at the same time be given to the following: (1) an appreciable increase in the remuneration of senior house officers, having regard to the disparity between the present remuneration of S.H.Os and assistants in general practice; (2) a further increase for other grades of hospital junior staff; and (3) a narrowing of the gap between the remuneration at the top of the senior registrar scale and that at the bottom of the consultant scale.

The Group Council also decided to ask that when the Staff Side of Committee "B" considered the terms and conditions of service for hospital junior staff in future a representative of the Registrars Group should be co-opted to attend the Committee with Staff Side representatives.

Cremation Certificates

It was reported that the Executive Committee had recommended the withdrawal of the Home Office advice that, when Form B of the Cremation Certificates was given by a house officer in a hospital, Form C should not be accepted if signed by a registrar, even though he were of the requisite five years' standing. The Group Council decided to recommend also that a fee should be charged for Form B when it was completed by a hospital medical officer.

Other Matters Discussed

Among other matters discussed and referred to the Executive Committee for consideration were the possibility of interchange of appointments between registrars in the United Kingdom and registrars in other parts of the Commonwealth, and the issue of a periodic bulletin from the Group Council to all registrars.

Group Council Dinner

The meeting was followed in the evening by the Second Annual Dinner of the Group Council, which took place at the Connaught Rooms, and at which Dr. D. P. Stevenson, Deputy Secretary of the Association, was the principal guest.

CENTRAL HEALTH SERVICES COUNCIL AND STANDING ADVISORY COMMITTEES

The Minister of Health has made the following medical appointments and reappointments to the Central Health Services Council and Standing Advisory Committees for the period ending March 31, 1957 (new members are denoted by an asterisk):

Central Health Services Council.—Mr. O. M. Duthie; Dr. W. G. Masefield; *Dr. F. M. Rose; Professor Sir Harry Platt; *Dr. J. G. Scadding.

Standing Medical Advisory Committee.—Dr. K. Cowan; Sir William Gilliat; Dr. H. Joue's; Dr. W. G. Masefield; Professor Sir Harry Platt.

Standing Ophthalmic Advisory Committee.—*Mr. J. H. Doggart; Mr. R. A. Greeves.

Standing Maternity and Midwifery Advisory Committee.—Mr. Arnold Walker.

Standing Mental Health Advisory Committee.—Dr. E. J. M. Bowby; Dr. W. G. Masefield.

Standing Tuberculosis Advisory Committee.—Professor Sir Harry Platt; *Dr. F. Ridehalgh; *Dr. G. W. H. Townsend.

Standing Radiography Committee.—*Sir Harold Boldero; Sir Stanford Cade; Mr. C. E. Dukes; Mr. J. A. Stallworthy; Mr. C. J. L. Thurgar; Professor R. M. Walker.

ECONOMY IN PRESCRIBING

PRESCRIBING INVESTIGATION UNIT'S WORK

Some information about the work of the Ministry of Health's Prescribing Investigation Unit has already been published in the Supplement (May 15, p. 243). The Advisory Committee of the General Medical Services Committee has recently received a letter from the Ministry of Health which gives a more detailed account of the results of the investigation unit's activities. The letter is reproduced in full and is as follows:

"As you know the Minister of Health adopted, after consultation with the General Medical Services Committee of the British Medical Association, a procedure for examining cases where prescribing appears unnecessarily expensive. You may be interested to see the figures showing the work of the Ministry's Prescribing Investigation Unit, which give some idea how this procedure has operated since 1950.

"The Unit has reviewed the prescribing of no fewer than 4,400 doctors in England and Wales—that is, nearly 25% of the general practitioners in the two countries. As a result, the Unit prepared first reports on 883 doctors whose costs appeared unusually high. The reports compare the doctor's costs with those of his colleagues in the area, and also analyse the prescriptions to show where excessive cost appears to have been incurred.

"On the strength of these reports, the regional medical officer visits the doctor and discusses prescribing with him. In most cases the doctor is both willing and able to reduce his costs. In my letter to you of July 8 last I said that complete figures of savings were not available, but that in the first 100 cases examined the first report showed that the average excess cost of prescriptions dispensed, as compared with the average cost in the area, was £168 per month. A further check showed that most doctors had reduced costs, but some had not; the average excess cost had been reduced from £168 to £86 a month, a saving of the order of £10,000 a month (or about £100,000 a year) in respect of these doctors alone.

"I am now able to add that in the cases of the first 200 doctors whose prescribing was examined for the second time the average reduction in cost between the first and second examinations was £128 a month, totalling about £300,000 a year.

"Seventeen cases have been referred since 1950 to local medical committees for formal investigation under the appropriate regulations, and figures for the first eight of these cases are rather revealing. At the first investigation the prescribing costs in these eight cases were on the average £668 per month higher than the average for the area; after the full investigation procedure had been completed, this figure had been reduced to £154 per month. The saving over the year in these eight cases was thus approaching £50,000.

"Excess cost is largely accounted for by the following: (a) excessive frequency in prescribing; (b) prescribing of standard drugs and dressings in unnecessarily large quantities; (c) the prescribing of expensive proprietary preparations where a less costly standard preparation might have been equally effective. Of the 17 cases so far referred, remuneration has been withheld in nine cases (the sums ranging from £25 to £250). In one case it was found that no excess cost had been incurred. The remaining cases are not yet complete since 1950.

"On these results, it can, I think, fairly be claimed that this procedure is proving effective in practice: they also illustrate the ready co-operation accorded by most doctors when the matter is brought to their attention."

TRADE UNION MEMBERSHIP

The following is a list of local authorities which are understood to require employees to be members of a trade union or other organization:

Metropolitan Borough Councils.—Fulham, Southwark.
Non-County Borough Councils.—Crew, Urban District Councils.—Houghton-le-Spring.

The County Medical Officer of Health for Northamptonshire, Dr. C. M. Smith, has issued a brochure giving details of the county's health services for the use of medical practitioners. Dr. Smith has recently been elected President of the local Branch of the B.M.A.
A meeting of the Joint Consultants Committee was held at the Royal College of Surgeons on May 11, under the chairmanship of Sir Russell Brain. A large proportion of the time of the meeting was given to the problems of hospital junior staffing. The Committee received representatives of the Hospital Junior Staffing Subcommittee of the Central Consultants and Specialists Committee of the B.M.A. which has studied a great deal of statistical information bearing on the subject furnished by the Ministry, and in the light of which it had prepared a comprehensive report. The Subcommittee commented upon the weaknesses of the existing staffing structure, drawing particular attention to the fact that the development of the hospital services in recent years called for a demand upon medical manpower which could not easily be met solely by the system of short-term appointments. Other factors suggested by the Subcommittee as contributing towards the problem were compulsory national service, the widening gulf between hospital work and other forms of medical practice, the lack of security, and the deterioration of promotion prospects in the non-teaching hospitals.

Two New Grades

The proposals formulated by the Subcommittee to meet the situation included the abandonment of the present rigid registrar training ladder, and the appointment of all hospital staff below the consultant, according to the needs of the hospital, within two broad salary ranges rising to—or even overlapping—the lower end of the consultant scale. At the upper levels the Subcommittee envisaged that there would be scope for part-time appointments, which could be combined with other work—for example, general practice. The Subcommittee also stressed the need to provide greater security for hospital staff below the level of consultant, including the prospect of a permanent career, and an improvement of the prospects of promotion through the non-teaching hospitals. After a lengthy discussion the proposals were referred to a subcommittee of the Joint Committee for further examination.

S.H.M.O.s and Obstetrics

A report was also placed before the Committee on the use of the S.H.M.O. grade in obstetrics and gynaecology. In 1950 the Joint Committee had agreed with the Ministry that this grade might be appropriate for certain appointments, but it was practised alone. In the light of experience, however, the Royal College of Obstetricians and Gynaecologists now felt that at this level of responsibility obstetrics and gynaecology should invariably be practised together, and accordingly it urged that the use of the grade should be discontinued in this specialty. The Committee endorsed this view and decided to make representations to the Ministry accordingly.

Medical Advisory Machinery

During the course of the meeting a number of points arose which again emphasized the need to improve the medical advisory machinery of regional hospital boards, and the Committee agreed to urge upon the Ministry once more the desirability of giving the Joint Consultants on this subject as it has done in the case of boards of governors and hospital management committees.

Other Matters

Consideration was again given to questions affecting the retiring age and superannuation rights of psychiatrists classified as mental health officers, and the Committee decided to seek further advice from regional committees representing these officers before discussing the matter with the Ministry. Other subjects dealt with in a lengthy agenda included matters relating to the interpretation of the pay-beded regulations, study leave, the employment of hospital staff on pneumoconiosis panels, the loan of hospital records, and the investigation of complaints involving members of hospital medical staffs. At the conclusion of the meeting the members of the Committee were entertained to lunch by the Royal College of Surgeons.

Correspondence

Because of the present high cost of producing the Journal, and the great pressure on our space, correspondents are asked to keep their letters short.

Remuneration of Hospital Medical Staff

Sir,—The Council of the Scottish Branch of the Society of Medical Officers of Health has, by unanimous decision, instructed me to write in the strongest possible terms expressing the Branch's disgust and indignation at your leading article (Journal, May 15, p. 1139) on remuneration of hospital medical staff. The Branch is particularly horrified by your reference to consultants and general practitioners as "the two most important sections of the profession." It would be unfortunate in the extreme if any doctor in the public health service were misled by your leading article into the erroneous view that his work was any whit less important to the community than that of a consultant or a general practitioner. Any practitioner of preventive and social medicine who is in danger of being so misled might do well to study Sir Sheldon Dudley's recent book Our National Ill Health Service, with its carefully reasoned comparison of the respective values to the public of the preventive and curative services.

The B.M.A. claims to represent members in the public health service equally with members in hospital and general practice, and it certainly never refuses annual subscriptions from health officers. Yet the Association and its Journal persistently ignore the interests of this section of the profession. Public health work is exacting and strenuous, and the medical officer of health is the only specialist who must by law possess a postgraduate qualification; but the Association and its Journal seem perfectly content with a situation in which most health officers reach retiral age with a salary maximum of £1,300 (or less than that of a trainee consultant) and in which less than 1% of doctors attain the salary maximum of a consultant without distinction award. I think I am correct in stating that, out of 250 doctors in the public health service in Scotland, there are only three whose salary maxima exceed £2,500, and only about 10 with salaries between £2,000 and £2,500.

It would appear that the B.M.A., while vigorously championing the cause of hospital doctors and general practitioners, is completely oblivious to the circumstances of medical officers in local government service, in the civil service, and in non-clinical university posts. It would also appear that, despite the inevitably close connexions between medicine and nursing, the B.M.A. is unwilling to draw public attention to the fact that nursing salaries—both in preventive and in curative nursing—have failed to advance like those of other professions, and in particular to the fact that a ward sister who takes one and a half years' further whole-time training in midwifery and health visiting receives as a health visitor a salary lower than she received as a ward sister.

Already one hears curious murmurs from the public: "Is a consultant with a second-class award really worth twice the pay of the medical officer of health of a moderate-sized borough?" Is an average general practitioner worth the remuneration of 1½ departmental medical officers in local government service? Is a senior registrar as valuable as 2½ ward sisters? Is a general practitioner worth the maintenance of 1½ professional health visitors? It is not possible to brush aside such queries by a lordly statement that preventive and curative work cannot be compared or by asserting that doctors and nurses cannot come into
remuneration in the Public Health Service

Sir,—May I support the plea made by Dr. E. D. Irvine (Supplement, April 3, p. 143) and subsequent correspondents for a fair deal for the whole-time medical officers in the public health service? The level of remuneration received by all whole-time medical officers of health, whatever type of local authority they serve, should be so related to that received by general practitioners and consultants as to encourage rather than discourage entry into the public health service. This is the fundamental requirement for a just and satisfactory solution of the problem of the adequacy of remuneration of the medical officer of health. Neither the training he undergoes, the professional qualifications he must hold, the experience he must acquire before attaining the status of medical officer of health, nor the importance of his work warrants the deplorably low salary at present received by the majority of medical officers of health. It is to the decided advantage of the preventive medicine, and therefore of the community, that the public health service should not be at a disadvantage, because of its relatively poor financial prospects, in obtaining suitable medical recruits. The relationship between the salaries of medical officers of health and other chief officers of local authorities, and the placing of the county borough medical officer of health at the apex of a hierarchical system of remuneration, require careful consideration.

The medical officer of health should not be deprived of his just reward because of the difficulty created by the habit of relating his salary to that of other officers employed by local authorities. Has not rather too much been paid to population figures and the civic status of a town in computing the salaries of medical officers of health? The demands made on the professional skill of a medical officer of health serving a comparatively small area are not necessarily less than those made on his colleague serving a much larger one. The same salary scale applies to all who achieve consultant status irrespective of the nature of their duties and responsibilities. Surely those, who attain the status of medical officer of health are entitled to a salary scale fixed at such a level as not to deter the best type of medical graduate from embarking on a career in the public health service.—I am, etc.,

Henry J. Peters.

Sir,—I have noted with interest in Dr. J. B. Tilley's letter (Supplement, May 22, p. 281) a reference to a proposed meeting of the Staff Side of Committee “C” on June 11, to review the present situation in the public health service. Let us hope that immediate reconsideration will be given to the deputy M.O.H. of the smaller authority. Committee “C” has acknowledged, rather grudgingly, that a local authority with a population of less than 75,000 may need the services of a deputy M.O.H. and, with laudable intent, has stated that it would not be unreasonable for such a deputy to be paid a personal salary of not more than £50 above that of his assistant medical officer, if the assistant M.O.'s salary would otherwise have been equal to, or greater than, his own. The deputy M.O.H. who is fortunate enough to have an assistant with long service is well placed. The unfortunate deputy, however, whose assistant has short service with a local authority, is stranded on the recognized deputy scale—that is, two-thirds of the salary of the M.O.H.—possibly for several years until the assistant's salary approaches his own (1958 in my case). The maximum of the deputy salary scale may be appreciably less than the maximum of the assistant's scale (in my own case £67 less). Furthermore, a deputy at the present moment may find himself receiving a salary less than that which he would have received had he remained as an assistant M.O.H. in my case £67 less).

Such glaring anomalies, which embarrass both employer and employee, could be largely eradicated by the addition of a rider to the Committee “C” recommendation to the effect that no deputy M.O.H. should receive less than he would have received had he remained as an assistant M.O.H. If this modest plea be shelved, and promises made for the future, then the least Committee “C” could do to remedy its error of omission would be to post-date any future salary increases for such deputy M.O.H.s to June 1, 1953 (the date of application of the most recent award to assistant M.O.H.s). As a member of a poorly paid branch of the medical profession I, for one, cannot afford to lose £17 per annum until 1958, another term when my assistant might have left and been replaced by another newcomer to local authority service.—I am, etc.,

“Deputy M.O.H.”

HospitaL G.P. Liaison

Sir,—Dr. A. Lask’s account (Supplement, May 15, p. 244) of the failure of a well and highly qualified general practitioner to secure a place on the staff of the local G.P. hospital fills me with both amazement and indignation. In my view, a G.P. hospital is one in which the care of the patient served by the hospital is afforded every facility for the investigation and treatment of his patients in hospital if he chooses to do so. Where any doctor is debarred from this inalienable right, that hospital is not justifying its title of “G.P. hospital.” It seems to me that some investigation
into the administration of this hospital of which Dr. Lask speaks, so far as the appointment of G.P. staff is concerned, is urgently necessary, for I cannot conceive any motive other than personal prejudice which would debar a G.P. holding the M.D., M.R.C.O.G. qualifications from the staff of the G.P. hospital of the area in which he works.—I am, etc.,

St. Helen's, Lancs.

LOUIS CRAWFORD.

Doctor–Patient Relationship

Sir,—The recent findings of the Middlesex Executive Council that a doctor should have shown more tact and understanding and that he was casual and facetious should be the subject of a strong protest to the Minister of Health by the B.M.A. This case should never have reached the stage of an investigation. The patient should have been told that the remedy was in his own hands. Let him transfer to another doctor. The widespread publicity of such cases in the Press only reduces the doctor–patient relationship to a lower level and encourages further frivolous complaints and litigation. There was no question here of any negligence. Admittedly tact and understanding should be part of a doctor’s equipment. But how can anyone who was not present at the particular consultation judge such a case? Therapeutically one gets good results in certain types by discardino both.

What other profession would put up with discipline from laymen? Would a trade unionist put up with discipline from a body consisting mostly of doctors? The whole system of executive councils needs drastic revision. Too much power is in their hands and many of them abuse it. If we must have disciplinary bodies in the N.H.S., let us at least have competent ones, and let them have power to discipline patients also. My opinions are not based solely on the case mentioned but also on recent experiences, not of a disciplinary nature, I and my local colleagues have had with our executive council. We found it dictatorial, uncooperative and completely lacking either tact or understanding. As the matters in question have not yet been settled, I prefer anonymity.—I am, etc.,

“G.P.”

Peripatetic Practitioners

Sir,—The Council of the Medical Defence Union is seriously disturbed at the number of its members, mainly recently qualified or temporarily registered practitioners, who fail to furnish an address at which they can be reached by postal communications. This operates to their disadvantage in two ways: they do not receive a copy of the Annual Report containing useful advice on procedure to be followed in threatened or actual litigation associated with allegations of negligence, and (2) they do not receive communications advising them that they are in arrear with their subscriptions, whereby they cease to be entitled to the benefits of membership until payment of the arrears is made good.

With the present tidal wave of medical litigation the profession is experiencing it behoves every practitioner to satisfy himself that he is not only a member of a reputable defence organization but a member “in benefit.” That may be ensured by paying the annual subscription through a banker’s order and checking by reference to his bank or bank statement that payment has in fact been made at the due date. There is nothing more unfortunate than for a member to seek advice and legal representation in a case only to find that he is not entitled to any assistance through failure to pay his subscription.

On a further matter which has, perhaps, a similar cause for its occurrence: The attention of the Council has been drawn to numerous members whose names have been deleted from the Medical Register owing to their failure to reply to communications addressed to them by the Registrar of the General Medical Council. The need for practitioners to give an appropriate address at or through which they can always be reached by telephone or letter is of paramount importance, and any who are in doubt about the matters mentioned above should take early steps to verify their position.—I am, etc.,

Robert FORBES,
Secretary, Medical Defence Union.

POINTS FROM LETTERS

Remuneration of Hospital Medical Staff

Dr. H. V. DEAKIN (St. Austell) writes: Apropos of the recent correspondence on the remuneration of hospital staff, I write as a disinterested retired doctor with a somewhat shattered faith and pride in my profession and medicine to-day. Some time ago I wrote in this Journal: “To be a part-time consultant is to have the best of all worlds,” and it is obviously much truer to-day. Surely this last ignominious surrender is just one of the natural consequences of another earlier surrender which led to the N.H.S. in its present deplorable form. Until medicine is taken completely out of politics the same sickening happenings will recur, and eventually it will sink to the same low level of the latter.

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:

Dill, L. V.: The Obstetrical Forces. 1953.
Fry, J. (Editor): Clinical Medicine in General Practice. 1954.
Passera, G., and Gazzara, G.: Fisio-patologia della Anesitesi Tolbiari-
tica. 1953.
Spor Diagnosis with Notes on Therapy. Compiled by the Editors of "Medicine Illustrated. Volume 1. 1953.
Weil, A. J., and Saphra, J.: Salmonellosen und Shigellosen: Laborator-
H.M. Forces Appointments

ROYAL NAVY

Surgeon Lieutenant T. S. Law, M.B.E., to be Surgeon Lieutenant-Commander.

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel W. H. Carter has retired on paid duty on account of disability.

Lieutenant-Colonel T. G. Mcnic, having reached the age for retirement, has been retained on the Active List.

Majors J. S. F. Watson and A. B. Fountain to be Lieutenant-Colonels.

Major K. Greenwood has retired with a gratuity and has been granted the honorary rank of Lieutenant-Colonel.

Major W. M. Owen has retired with a gratuity.

Captain E. G. Hardy to be Major.

Captain E. J. Gammon has retired with a gratuity.

ARMY EMERGENCY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel J. C. Hawksley, C.B.E., has been appointed Honorary Colonel of an A.E.R. unit.


Major (Acting Colonel) E. W. Ashworth, T.D., to be Colonel.

Major (Acting Lieutenant-Colonel) G. S. Adams, T.D., to be Lieutenant-Colonel.

Captain (Honorary Major) Marie D. Kelleher, from R.A.R.O., to be Captain, relinquishing the honorary rank of Major.

Captain H. C. Reid from Emergency Commission, to be Captain, and has been granted the acting rank of Major.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel C. J. Wells, M.B.E., has been granted the acting rank of major.

Majors W. K. McCollum, T.D., C. W. Healey, M.C., T.D., R. West, J. P. Parkinson, and A. C. D. Parsons have been granted the acting rank of Lieutenant-Colonel.

Captain C. Weymes, formerly Short Service Commission, to be Captain, and has been granted the acting rank of Major.

Captain A. P. Grimby to be Major.

Captains R. M. Lang, J. G. Kennedy, N. B. Sprague, and P. J. L. Hunter have been granted the acting rank of Major.

Lieutenants (War Substantive Majors) C. Bainbridge, O.B.E., and H. A. Palmer, from Emergency Commissions, to be Majors.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Colonel P. Hawe, T.D., from Active List, to be Colonel.

Lieutenant-Colonel and Brevet Colonel H. D. Chalk, O.B.E., T.D., from Active List, to be Lieutenant-Colonel and Brevet Colonel.

Lieutenant-Colonel C. S. McKendrick, from Active List, to be Lieutenant-Colonel.

Major (Honorary Lieutenant-Colonel) R. Anderson, having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O.

Major E. R. C. Walker, T.D., having attained the age limit of liability to recall, has ceased to belong to the T.A.R.O.

Captains (Acting Majors) J. Telfer and D. N. Stewart, from Active List, to be Captains, relinquishing the acting rank of Major.

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

COLONIAL MEDICAL SERVICE

The following appointments have been announced: C. H. J. Baker, M.R.C.S., L.R.C.P., D.P.H., Health Officer, Federation of Banyan; J. A. Gallagher, M.B., B.Ch., B.A.O., and H. W. Whete, M.B., B.S., D.T.M.&H., Medical Officers, Tanganyika; A. M. Baker, M.R.C.S., L.R.C.P., D.P.H., Medical Officer, Uganda; P. P. Clifford, M.B., B.Ch., B.A.O., D.L.O., Medical Officer, Kenya; T. Taylor, M.B., B.S., Medical Officer, Hong Kong; P. J. van den Brul, M.B., B.S., Medical Officer, British Honduras; J. M. Wilson, M.B., Ch.B., Medical Officer, Somaliland Protectorate; R. M. Melville, M.B., Ch.B., Medical Officer, Federation of Malaya; Mrs. B. K. Perks, M.B., B.S., and R. H. Perks, B.M., B.Ch., Medical Officers, Loydard Islands; W. A. St. John, M.R.C.S., L.R.C.P., Medical Officer, Barbados; D. Tavaris, M.B., B.Ch., D.P.H., Medical Officer, Seychelles; A. Simon, M.D., D.P.H., District Medical Officer, Dominica.

The Coventry Division of the B.M.A. has arranged five cricket matches during June and July this year. Among their opponents will be the Birmingham doctors, on June 24.

Association Notices

ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Association will be held in the Bute Hall, The University, Glasgow, on Monday, July 5, 1954, at 12.30 p.m.


A. MACRAE,
Secretary.

Diary of Central Meetings

JUNE

9 Wed. A.R.M. Agenda Committee, 11 a.m.
9 Wed. Central Ethics Committee, 11 a.m.
9 Wed. Finance Committee, 3 p.m.
10 Thurs. Central Consultants and Specialists Committee, 11 a.m.
10 Thurs Library Subcommittee, Science Committee, 3 p.m.
10 Thurs. W.M.A. Supporting Subcommittee, International Relations Committee, 2 p.m.
11 Fri. Staff Side Committee “C”, 10 a.m.
12 Tues. Evidence Committee on Divorce, 2 p.m.
15 Tues. Medical Students and Newly Qualified Practitioners Subcommittee, Organization Committee, 2 p.m.
16 Wed. Occupational Health Committee, 10.30 a.m.
18 Fri. Public Relations Committee, 10.30 a.m.
23 Wed. Accommodation Subcommittee, Estates Committee, 2 p.m.
23 Wed. Estates Committee, 2 p.m.
23 Wed. Executive Subcommittee, Joint Formulary Committee at Pharmaceutical Society, 17, Bloomsbury Square, London, W.C.1, 2 p.m.
24 Thurs. Constitution Committee, 2 p.m.
24 Thurs. Journal Committee, 2 p.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), 10 a.m.
14 Wed. Maritime Subcommittee, Private Practice Committee, 2 p.m. (Date changed from July 21.)

Branch and Division Meetings to be Held

EAST SUFFOLK DIVISION.—At White Lion Hotel, Aldeburgh, Wednesday, June 9, 9 p.m. to 1 a.m., annual summer dance.

GUILDFORD DIVISION.—At Royal Surrey County Hospital, Guildford, Thursday, June 10, 8.30 p.m., annual general meeting.

HERTFORDSHIRE BRANCH.—At Clare Hall Hospital, South Mimms, Barnet, Wednesday, June 9, 3 p.m., A.G.M.

KENSINGTON AND HAMMERSMITH DIVISION.—At St. Charles’s Hospital, Ladbroke Grove, W., Friday, June 11, 3.30 for 4 p.m., clinical meeting.

LINCOLNSHIRE BRANCH.—At Saracen’s Head Hotel, Lincoln, Wednesday, June 9, 12 noon, annual meeting, to be followed by a Civic Reception at 1 p.m., lunch, to which members’ wives are invited. Afternoon visits have been arranged.

REigate Division.—At Reigate Hill Hotel, Tuesday, June 8, 8.30 p.m., Annual Report of Council, etc.

ROCHDALE Division.—At Kingsway Hotel, Rochdale, Monday, June 7, 8.30 p.m., annual general meeting.

SOUTH EAST ESSEX DIVISION.—At Railway Hotel, Hornchurch, Friday, June 4, 9 p.m., annual general meeting.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—At Cwm Taf Reservoirs, Brecon Beacons, Thursday, June 10, 3 p.m., annual social meeting.

SOUTH-WEST ESSEX DIVISION.—At St. Margaret’s Hospital, Epping, Wednesday, June 8, 8.30 p.m., Dr. C. J. C. Britton: A Practical Approach to Allergy.

STRATFORD Division.—Thursday, June 10, 3 p.m., joint visit with Ilford Medical Society to Messrs. Allen and Hanbury’s, Ltd., at Ware, Herts.

TOWER HAMLETS DIVISION.—At Poplar Hospital, East India Dock Road, E, Friday, June 11, 8 p.m., clinical meeting.

WEST SUSSEX DIVISION.—At 73, Richmond Road, Worthing, Sunday, June 13, 3 p.m., general meeting.