

MEDICO-LEGAL

Doctors' Contracts

This is the final article of a series setting out some aspects of the law of contract as it affects doctors.

6. Contractual Service in the N.H.S.

[FROM OUR LEGAL CORRESPONDENT]

Section 1 of the National Health Service Act, 1946, imposed on the Minister of Health a duty "to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales, and the prevention, diagnosis, and treatment of illness, and for that purpose to provide or secure the effective provision of services. . . ."

Hospital Doctors

By section 3 of the Act the Minister is under a more particular duty to provide hospitals together with medical, nursing, specialist, and other services. But the local administration of local hospital and specialist services is put into the hands of hospital boards and hospital management committees.¹ The hospital boards and management committees exercise many functions on behalf of the Minister, but they are none the less independent bodies capable of suing and being sued in respect of their statutory functions.² General practitioners and specialists employed in hospitals are under contract with the regional hospital board or, in the case of a teaching hospital, with the board of governors.³

By regulations⁴ made under the Act the Minister has ordered that when conditions of service (other than remuneration) for any class of hospital officers have been the subject of negotiations by a negotiating body and have been approved by the Minister after considering the result of those negotiations, the conditions of service of any officer belonging to that class shall include the conditions so approved. Subject to this provision, and subject to any direction in writing given by the Minister, and subject to the provisions of any Act or Statutory Instrument, the service agreement between the hospital officer and his hospital board may be in whatever terms the board may choose.⁵

The Minister has approved standard terms of service for hospital medical staff. The latest terms of service (apart from some alterations to remuneration) were published⁶ on 29 January 1962.

Private Fees

By the terms of his contract with his board every whole-time member of a hospital medical staff undertakes not to make contracts for reward with private patients, subject to certain exceptions. The agreement not to take part in private practice does not apply to work of a type which does not form part of the duties of the doctor under his contract, and he is entitled to undertake such

work at a hospital or elsewhere and to receive fees for it, provided the patient expressly agrees to pay them, and provided that the work would not in the opinion of the hospital board, board of governors, or management committee interfere with other hospital activities or with the proper discharge of the doctor's hospital duties. The hospital doctors' terms of service include a schedule⁷ indicating what is and what is not part of their duties.

General Practitioners

The Minister's duty to provide general medical services is not stated with the particularity given for hospital services in section 3 of the Act. General medical services are administered by executive councils, each of which is a body corporate with a common seal.⁸ It is the duty of every executive council to make arrangements with medical practitioners in accordance with regulations for the provision of personal medical services for all persons in the area who wish to take advantage of the arrangements.⁹ The arrangements made by executive councils must incorporate the terms of service which are scheduled in the relevant regulations.¹⁰ The arrangements take the form of a contract between the practitioner and the executive council.

Parties to Contract

In certain circumstances it may be important to determine whether there is any contractual duty as between the general practitioner and the National Health Service patient. For most purposes this question will not arise because the practitioner, in starting treatment, will have assumed a liability in tort which will be as onerous as any duty in contract.

But, to take only one example, under Clause 7(7) of the *Terms of Service* a practitioner is required to issue to his patients free of charge certain specified medical certificates. That duty is certainly owed by the practitioner to the executive council, and by complaining to the council an aggrieved patient could set in motion disciplinary action against the practitioner. But if, for instance, a practitioner wrongly refused to give to a patient a certificate to support a claim under the National Insurance (Industrial Injuries) Acts, 1946 to 1961, could the patient take proceedings in court against the practitioner?

The court would not find that the practitioner had any liability in tort for refusing the certificate, for there is no liability in tort in respect of omissions unless the defendant was under a duty towards the plaintiff to do the act omitted. A doctor is not by virtue of undertaking the treatment of a patient under any duty to the patient to give certificates, though he may undertake such a duty by way of contract. By his terms of service the practitioner undertakes such a

duty, but he owes it not to the patient but to the executive council with which he has contracted. The patient is not a party to that contract, and because of the rule of privity of contract cannot sue upon it.

Council not Agent

It is sometimes suggested that the contract between the practitioner and the executive council is made by the council as agent of the patient. But that cannot be so, for the patient has never given authority to the council to make contracts on his behalf, and the contract between the doctor and the council may have been made before the patient ever applied to the practitioner for acceptance on his list—perhaps even before the patient became resident in or a citizen of this country.

It is also sometimes suggested that by requesting to be put on a doctor's list and being accepted by the doctor a patient impliedly contracts with the doctor. But it is difficult to see what are the terms of that contract, if there is one, and in all probability any such alleged contract must fail for uncertainty in the absence of proof of some express words.

If the patient had said (in effect) to the doctor at the time of making the request to go on his list, "In consideration of my applying to be included on your list do you promise to me that you will honour your terms of service with the executive council?" and the practitioner then accepted the patient on those terms, there would be an enforceable contract between them, but not otherwise. A transaction such as this is probably rare, and in most cases there will be no contractual duty owed by a doctor to his N.H.S. patient. The duty owed in tort is extensive, though not co-extensive, with the duty owed in contract to the executive council.

Accepting Fees

By the terms of his contract with the executive council a practitioner is limited in his liability to make contracts for reward with patients on his N.H.S. list. Clause 10 of the *Terms of Service* precludes him, subject to certain exceptions, from demanding or accepting any fee or other remuneration in respect of any treatment, whether given under the terms of service or not, if that treatment is given to one of his patients or the patients of his partner, assistant, or practitioner for whom he is acting as deputy (one important exception to this rule relates to maternity services).

On the other hand, section 5 of the National Health Service Act, 1946, gives the Minister power to set aside beds for use as pay-beds in hospitals, and to allow any medical practitioner serving, in an honorary or paid capacity, on the staff of a hospital to treat his private patients in those beds and to charge a fee on scales fixed by regulation.

Could a general practitioner on the staff of a cottage hospital or of a general hospital which has general-practitioner beds, or

(more rarely) a general practitioner holding a consultant post at a hospital, accept a fee from a patient on his N.H.S. list for treatment in a pay-bed under section 5 of the Act? The answer is that he could do so by virtue of one of the exceptions¹¹ to the general embargo on accepting fees, but only if the treatment given to the patient was of a kind not included in the normal range of services which the general practitioner undertakes by clause 6 of his terms of service to give to his list-patients.

Range of Service

The normal range of service includes "The administration of anaesthetics or the rendering of any other assistance at an operation performed by, and of the kind usually performed by, a general medical practitioner, if the administration of the anaesthetic or the rendering of such other assistance does not involve the application of special skill or experience of a degree or kind which general practitioners as a class cannot

reasonably be expected to possess." Except in cases of emergency (when the general practitioner must do for his patient, under his terms of service, whatever is in the best interests of the patient) the normal range of service does not include: "(a) Services which involve the application of such special skill or experience. . . . (b) The administration of an anaesthetic at an operation performed by a practitioner providing maternity medical services. (c) Maternity medical services, unless the practitioner has, by arrangement with his patient, undertaken to provide her with such services."¹²

Thus it may happen that a general practitioner assists at an operation for which the surgeon is paid a substantial fee, but the general practitioner is precluded by his terms of service from accepting any fee. To justify the acceptance of a fee the general practitioner in these cases must show that he gave to his list-patient some service which involved the application of a special skill or experience of a degree or kind which general practitioners as a class cannot reasonably be

expected to possess. Such a contention may be susceptible of some argument. The doctor who wishes to argue must remember to give particulars to the executive council of the service rendered on a form provided by the council pursuant to clause 10(1)(d) of the *Terms of Service* within 7 days after the date on which treatment is given.

REFERENCES

- ¹ *National Health Service Act*, 1946, SS. 11 and 12.
- ² *Ibid.*, S. 13.
- ³ *Ibid.*, S. 14.
- ⁴ *National Health Service (Remuneration and Conditions of Service) Regulations*, 1951, S.I. 1951, No. 1373.
- ⁵ *Ibid.*, 1951, Regulation 4.
- ⁶ *Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales)*, 1962, Section 14.
- ⁷ *Ibid.*, Appendix C.
- ⁸ *National Health Service Act*, 1946, S. 31, and 5th Schedule, para. 2.
- ⁹ *Ibid.*, S. 33.
- ¹⁰ *The National Health Service (General Medical and Pharmaceutical Services) Regulations*, 1962, S.I. 1962, No. 2248, Regulation 3, and 1st Schedule.
- ¹¹ *General Practitioners Terms of Service*, 1962, Clause 10 (1) (d).
- ¹² *Ibid.*, Clause 6.

PARLIAMENT

British Aid for Family Planning on Request

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The peers have held up the mirror to the expansion of the world's population before, but on no previous occasion have they seen so clear a reflection of British Government policy, slight though it was, as on 1 July.

Technical Assistance Offered

"We are prepared to give bilateral technical assistance to family planning projects on the same terms as we give it in other fields," said the EARL OF DUNDEE, Minister of State for Foreign Affairs, telling the House that a few months ago Mr. Robert Carr, Secretary for Technical Co-operation, through their high commissioners and ambassadors had so informed a number of Commonwealth and foreign Governments, as well as some colonial Governments. "There is no question of our becoming involved in countries where there has not been a decision to promote family planning," the Earl of Dundee went on. "But for countries where there has been such a decision we are prepared within our technical assistance programmes to finance visits or periods of service overseas by British medical or scientific experts, or experts for the organization of family planning, and also to provide the finance, the training, and the research in this country for suitable people from overseas."

He did not expect that the results of any aid so given would be sensational. Most of the countries likely to carry out policies of this kind had as much technical information as they wanted, and were not very likely to ask for more. But the Government were glad to do what they could.

This was, of course, the British aspect only. The whole picture reflected in the debate was on a much vaster scale. Lord McCORQUODALE OF NEWTON was calling on the Government to press in the United Nations agencies for practical measures to help member nations who so desired to spread the idea and practice of voluntary

family planning. In a speech starred with figures to sustain his argument that the "explosion" of population was the supreme problem of civilization he had an arresting sentence which tersely comprehended the whole case: "Are we to do nothing, are we to wait until the world is submerged by its own fertility, or driven in its despair to resort to such things as indiscriminate, induced abortion on a wholesale scale?"

"Since Adam and Eve"

Lord McCORQUODALE said his basic figures were very sobering. Since Adam and Eve, it had taken up to 1830 for the population of the world to reach 1,000 million. In the next 100 years, up to 1930, this figure had doubled to 2,000 million. In the next 30 years, up to 1960, it had reached 3,000 million, and it was certain that by the year 2000 the figure would be well over 6,250 million.

During the debate three doctors spoke. Lady SUMMERSKILL made the point that family planning could only follow in the wake of a higher standard of living and literacy and an enlightened approach to welfare. It could not precede it. The Family Planning Association's efforts in India had made little impact. The only country outside the Western world in which effective control had been established, she said, was Japan.

Lord BRAIN advocated an international body sponsored by the United Nations. He thought the British Government's record was not a happy one and welcomed the signs of a change of heart in what the Earl of Dundee had said. Lord TAYLOR, too, attached great importance to what the Earl of Dundee had said. Having failed to achieve in the United Nations the aim of giving technical information to States which desired it, the Government were prepared to do it by bilateral means themselves. No one could ask more than that.

Advice to Unmarried

LORD CHORLEY was critical of the Earl of Dundee for appearing to adopt a neutral position. The world had to make a stand if it was to survive. He extolled the work of the Family Planning Association, of which he is a former vice-president, and their international campaign. He got involved in a clash with the Earl of Longford on advice to the unmarried. When asked the direct question, "Are you in favour of giving birth control advice and assistance to girls who are unmarried and have no intention of marrying?" he answered, "I certainly am. It is common sense, surely, that you should not have all these illegitimate children produced, as they are bound to be." He also contradicted a statement by Lady Summerskill that the whole of the medical profession condemned the ring pessary. He knew many doctors who did not. It was one of the few ways of providing for the feckless individual.

LORD McCORQUODALE put forward two propositions: Could we not all agree (1) that no person or Government has a right to impose family planning practices which are contrary to individual religious beliefs; and (2) that no religious group has a right to impose a veto, explicit or tacit, on public policy towards family planning research or Government response to requests for aid from countries who want it.

Contraceptive for Tropics

LORD CASEY had firm views about the means: it all added up to the discovery by research of a socially acceptable contraceptive, suitable to tropical conditions, for the developing countries. "That we have not yet obtained," he said.

The EARL OF DUNDEE had the last word. He agreed that it was the United Nations which was the best medium for action. We could perhaps with the help of our friends, like the Americans, do far more through the medium of the United Nations than by any kind of bilateral action. It might be that the United Nations was also the best medium through which the right kind of research was carried out.

MEDICAL NEWS

M.R.C. Clinical Research Board

The Medical Research Council has appointed Sir ROBERT PLATT, Professor of Medicine at the University of Manchester and President of the Royal College of Physicians of London from 1957 to 1962, to be chairman of the clinical research board in succession to Professor E. J. WAYNE, Regius Professor of the Practice of Medicine, Glasgow University. Sir Robert was a member of both the Medical Research Council and the clinical research board from 1953 to 1957. He was chairman of the Royal College of Physicians' committee set up to examine the problem of smoking in relation to cancer of the lung and other diseases. Its report, *Smoking and Health*, was published in 1962. Since its formation in 1957 Sir Robert has been chairman of the Council's Committee for Research in General Practice. He is a member of the Central Health Services Council and was chairman of the Health Departments' Working Party on Medical Staffing Structure in the Hospital Service. Professor Wayne has been chairman of the clinical research board since 1960. Before taking up his present appointment he was Professor of Pharmacology and Therapeutics in the University of Sheffield. His knighthood was announced in the recent Birthday Honours.

Appointment of Scottish Secretary

Dr. STEPHEN J. HADFIELD has been appointed Scottish Secretary of the British Medical Association in succession to the late Dr. J. T. McCUTCHEON. He is 55 and at present an Under Secretary of the Association. Dr. Hadfield was educated at Epsom College, Cambridge, and Bart's. He qualified in 1933. Before joining the staff of the B.M.A. he was a general practitioner in Devon. In 1950 the Council decided that an authoritative review of the actual conditions of general practice should be undertaken, and Dr. Hadfield, then an assistant secretary, spent a year investigating various types of practice, some 200 practices altogether, in England, Scotland, and Wales. The results of his survey were published in this journal under the title of "A Field Survey of General Practice, 1951-52" (*B.M.J.*, 26 September 1953, p. 683). In an accompanying leader the survey was described as an outstanding contribution to the subject. Dr. Hadfield is the author of *Law and Ethics for Doctors*. He expects to take up his new appointment in the autumn.

Professor of Anaesthetics at Leeds

Dr. JOHN FRANCIS NUNN has been appointed Professor of Anaesthetics and Head of the Department of Anaesthetics at the University of Leeds. Dr. Nunn was educated at Wrekin College and the University of Birmingham. After completing his medical training in 1948 he took part in the Birmingham University expedition to Spitzbergen before proceeding to house-physician posts in general medicine and paediatrics. During his period of National Service from 1949 to 1953 he was an anaesthetist in the Colonial Medical Service in Malaya. On returning to England he held registrar appointments in the United Birmingham Hospitals and later joined the Department of Medicine at the University of Birmingham as a research fellow. In 1957 he became a Leverhulme research fellow of

the Royal College of Surgeons of England, and in 1960 part-time lecturer in anaesthetics at the Postgraduate Medical School and honorary consultant anaesthetist at Hammer-smith Hospital. Since the end of 1963 he has been a member of the external scientific staff of the Medical Research Council. Dr. Nunn was appointed Consultant Editor of the *British Journal of Anaesthesia* in 1960 and has acted as adviser in anaesthesia to the Falkland Islands Dependencies Survey and the recent Himalayan Scientific Expedition.

New Director of Research at Porton

Dr. C. E. GORDON SMITH, Reader in Virology at the London School of Hygiene and Tropical Medicine, has been appointed Director of the Microbiological Research Establishment at Porton on the retirement of Dr. D. W. W. HENDERSON, F.R.S.



Dr. Gordon Smith, who is 40, graduated at the University of St. Andrews in 1947 and was awarded the Singapore Gold Medal for his M.D. thesis in 1956. In 1948 he joined H.M. Colonial Medical Service and was sent to Malaya.

After hospital appointments in Malacca and Kuala Lumpur he was appointed Virus Research Officer at the Institute for Medical Research, Kuala Lumpur, and worked mainly on leptospirosis and arthropod-borne viruses. In 1957 he was appointed Senior Lecturer in Bacteriology at the London School of Hygiene and Tropical Medicine, and in 1961 became Reader in Virology. In 1961 he was awarded the Chalmers Medal of the Royal Society of Tropical Medicine and Hygiene. With grants from the Department of Technical Co-operation and the Agricultural Research Council he has continued to work on arthropod-borne viruses, mainly on encephalitis in Sarawak and on louping ill in Scotland.

N.H.S. in 1963

The Report of the Ministry of Health for the year ended 31st December 1963 (H.M.S.O.), which at 11s. 6d. net is 1s. 6d. cheaper than the Report for 1962, states that in 1963 6% and 3% more patients than in 1962 were treated in the hospitals' medical and surgical departments, respectively. The total number of babies delivered in N.H.S. hospitals increased by 6% to over 569,000, but though the number of gynaecological patients treated rose by 90,000 to 350,000 the waiting-list in this specialty continued to rise. The number of principals in general practice rose by 14, while the average number of patients per principal was 2,986, an increase of 15 on the previous year. Of the 21,020 principals 5,208 were in single-handed practice. Chemists dispensed over 205 million prescriptions at an average cost of just over 9s. each. The report comments that "the higher percentage of prescriptions in 1963 for the relatively expensive tetracyclines was a major cause of the higher

overall net ingredient cost per prescription in that year."

At the end of 1963 there were 7,944 consultants—299 more than in 1962—of whom 771 were in general medicine, 832 in general surgery, 886 in anaesthetics, 9 in social medicine, and 6 in clinical physiology. Senior registrars totalled 1,198, among whom 117 and 146 were in general medicine and surgery, respectively, and one each in rheumatology, paediatric surgery, and haematology. The number of nurses continued to increase and at a total of 170,262 is higher than ever before. Though more women qualify as midwives every year than are required, not enough continue to practise, and the report states that, "during the year . . . it became clear that the rise in the birthrate was seriously increasing the pressure on the available staff."

National Insurance Sickness Benefit

A report by the National Insurance Advisory Committee recommends that there should be more time for claiming sickness benefit and that the rules should be simplified. The recommendations have been accepted by Mr. WOOD, Minister of Pensions and National Insurance. Under the new arrangements, claimants will have six days (excluding Sunday) from the beginning of their illness in which to claim benefit, instead of three as heretofore. They may claim on the official certificate or they may notify the local office of the Ministry that they wish to claim and that medical evidence of incapacity will be forthcoming. As at present, claims will have to be renewed at intervals of 10 days as long as the illness lasts. The changes will not come into effect until the amending regulations have been approved by the Advisory Committee and been made by the Minister.

"Deadly Cold"

In a note to the Minister of Health on hypothermia in elderly people, Dr. GEOFFREY TAYLOR, of Ilminster, has summarized its causes and clinical features.¹ His recommendations include surveys of its incidence and of malnutrition, the widespread use of low-reading mouth thermometers, Government grants for insulation of houses, plans for block central-heating of all rooms in old people's dwellings, and an extra grant to pensioners on National Assistance in the winter until the old-age pension is raised.

¹ See also Taylor, G., *Brit. med. J.*, 1963, 2, 1526, and *ibid.*, 1964, 1, 4.

Bristol Hepatitis Virus

In the course of collaboration between the Bristol Public Health Department and the Bristol University Department of Medicine, serum from cases of infectious hepatitis was sent by Messrs. Parke, Davis and Company, Britain, to their laboratories in Detroit, U.S.A. Dr. R. W. A. RIGHTSSEL and his colleagues in Detroit have now reported the isolation of a virus by cell culture from one of these cases. This virus is stated to be serologically related to the virus already isolated and transmitted to human volunteers by the Parke, Davis workers.

Welfare of Fatherless Families

At a conference held in London last week by the Council for Children's Welfare and the National Council for the Unmarried Mother and Her Child the existing provision

for fatherless families was described as inadequate and chaotic. Mr. R. HUWS JONES, principal of the National Institute for Social Work Training, called for a Government inquiry and in the meantime for substantially increased family allowances and help in kind. Other speakers included Dame EILEEN YOUNGHUSBAND, who presided, and Dr. FELIX BROWN, psychiatrist at West London Hospital.

Royal College of Surgeons of Edinburgh

At a ceremony held in the Royal College of Surgeons of Edinburgh on 2 July at which the senior vice-president, Professor G. I. SCOTT, presided, 70 men and women who had previously been elected ordinary fellows and fellows in dental surgery were presented with their diplomas. The Henry Arthur Dalziel Ferns Prize for the best candidate in physiology during the year 1963-4 was awarded to Mr. M. G. E. O'ROURKE, of Queensland, Australia, who also received his fellowship diploma. The new fellows and their guests were addressed by Professor J. WM. HINTON, of New York, himself an honorary fellow of the College. Dr. R. G. MACBETH, the junior vice-president, proposed a vote of thanks to Dr. HINTON, and the afternoon ended with the new fellows and their guests being entertained to tea in the library.

Overseas Students in U.K. Universities

An analysis prepared by the Association of Commonwealth Universities shows that 14,117 students from other countries were enrolled for full-time study in the universities of the United Kingdom at the beginning of the academic year 1963-4. Of this number, 313 were studying agriculture and forestry, 3,310 arts, 128 dentistry, 1,965 medicine, 2,448 pure science, 2,574 social studies, 3,269 technology, and 110 veterinary science. The countries from which the largest numbers of students came were India, United States, Nigeria, and Pakistan—in that order. Of the 6,926 postgraduate students, 883 were studying medicine. Popular universities were London (5,605), Oxford (1,037), Cambridge (925), Manchester (849), Leeds (670), Edinburgh (609), and Birmingham (554). The analysis, which gives particulars of students both from Commonwealth countries and from countries outside the Commonwealth, will constitute an appendix to the 1965 *Commonwealth Universities Yearbook*.

Royal Society Research Appointment

The Council of the Royal Society announces that the Foulerton Gift Research Fellowship for two years has been awarded to Dr. J. J. B. JACK, at present house-surgeon at the Radcliffe Infirmary, Oxford, to enable him to work on excitation and inhibition in the spinal cord at the university laboratory of physiology, Oxford.

International Film Competition, Helsinki

Emergency Resuscitation, which received a gold award in the B.M.A. film competition 1963, won the Grand Prix at the international film competition for medical films at the 18th General Assembly of the World Medical Association recently held in Helsinki. There were 119 entries from many countries. The film was made for the Admiralty by Surgeon Captain STANLEY MILES, R.N., Royal Naval Medical School, and Stewart Hardy Films Ltd.

People in the News

► Sir THOMAS HOLMES SELLORS was made honorary Doctor of Medicine on 24 June at the 350th anniversary of the foundation of Groningen University.

► Dr. ANDREW G. HEFFERNAN has been awarded a Lederle Medical Fellowship for 1964.

► Dr. ALEXANDER HUTCHISON, Medical Officer of Health for Kingston upon Hull, has been appointed Honorary Secretary of the Association of Sea and Air Port Health Authorities in place of Dr. MAURICE WILLIAMS, who retires at the end of the year.

► Dr. JACK TIZARD, of the Social Psychiatry Research Unit of the Medical Research Council at the Institute of Psychiatry, has been appointed to the Chair of Child Development at the University of London Institute of Education.

News in Brief

Maternal and infant mortality rates last year were the lowest ever recorded in Britain, said Mr. ANTHONY BARBER, Minister of Health, at a recent conference of the National Association for Maternal and Child Welfare.

The Council for Tobacco Research (U.S.A.), formerly the Tobacco Industry Research Committee, announces that it has awarded 37 additional grants, amounting to \$817,165, for research into lung cancer, respiratory disease, and cardiovascular disease.

Lady HOARE, president of the Society for the Aid of Thalidomide Children, has received a cheque from the Society for £10,000 to build a mother-child welfare unit at the Princess Margaret Rose Hospital, Edinburgh. Another contribution of £5,000, raised through Lady Hoare's appeal for thalidomide children, is also being given for the unit.

The Queen Elizabeth Hospital Institute of Radiology in Hong Kong was officially opened on 29 June by the Governor, Sir DAVID TRENCH. It was a gift of the Royal Hong Kong Jockey Club, which gave £375,000 to equip it (see *B.M.J.*, 11 April, p. 993).

Grants and Awards

A grant of £3,600 has been made by the British Limbless Ex-Service Men's Association ("Blesma") to Westminster Hospital, London, to further research into the development of instruments for measuring pressures between the sockets of artificial limbs and the amputation stumps to which they are applied.

The trustees of the Wolfson Foundation have made a donation of £20,000 to St. Andrews Hospital, Dollis Hill, London, for the provision of a new operating theatre.

Recent Publications

The third of the Ministry of Health hospital building bulletins recommends that traffic and organization surveys should be carried out for all hospital redevelopment schemes. The bulletin describes a pilot survey. (H.M.S.O., price 4s. net.)

The booklet *Occupational Therapist* in the "Choice of Careers" series has been revised and brought up to date. It may be obtained from H.M. Stationery Office, price 9d. net.

Coming Events

World Federation for Mental Health.—Annual meeting, "Industrialization and Mental Health," 3-7 August, Berne. Details from W.F.M.H., 1 Rue Gevray, Geneva, Switzerland.

20th International Ophthalmological Congress.—14 to 19 August, 1966, Munich. Details from Professor J. H. Müller, Universitäts-Augenklinik, Venusberg, Bonn, West Germany.

European Association Against Poliomyelitis and Allied Diseases.—6-9 September, Warsaw. Application forms from Secretary-General, Dr. P. RECHT, 56 rue Charles Legrelle, Brussels 4, Belgium. Titles of contributions to Secretary of U.K. Committee for Poliomyelitis, Royal College of Physicians, 53 Albany Street, London N.W.1. Application forms available later from Royal College of Physicians.

1st European Congress of Catholic Doctors.—7-11 September, Malta. Theme: "The Catholic Doctor and his Apostolate." Details from Dr. V. TABONE, 33 Carmel Street, St. Julians, Malta.

XIX International Congress on the History of Medicine.—7-12 September, Basle. Details from Organization Committee, Maiengasse 63, Basle 4, Switzerland.

College of Advanced Technology.—Conference on "Use of Film in Higher Education and Research," 9-11 September, Birmingham. Details from Mr. P. D. GROVES, Department of Chemistry, C.A.T., Gosta Green, Birmingham 4.

6th International Congress of General Practice.—Organized by International College of Medical Practice, 10-13 September, Europahouse, Salzburg, Austria. Details from Dr. med. K. ENGELMEIER, 21a Lange Strasse, Oelde/Westph., West Germany.

Institute of British Photographers Medical Group.—Annual conference, September 10-12, Royal College of Surgeons of England, Lincoln's Inn Fields, London W.C.2. Applications to Convenor, Medical Group Conference, Institute of British Photographers, 38 Bedford Square, London W.C.2.

13th International Congress of Aviation and Space Medicine.—14-18 September, Intercontinental Hotel, Dublin. Details from Secretariat, Congress Office, Dublin Airport, Ireland.

Fifth British Congress on the History of Medicine and Pharmacy.—"The Evolution of Medical Education in Britain," 16-18 September, London. Details from Dr. F. N. L. POYNTER, Wellcome Historical Medical Library, Euston Road, London N.W.1.

Ministry of Defence.—R.A.F. Medical Branch Dinner, 18 September, Dorchester Hotel, London W.1. Details from Ministry of Defence, MA3(R.A.F.), 1-6 Tavistock Square, London W.C.1.

Chest and Heart Association (Scottish Branch).—Symposium, "The Resistant Tubercle Bacillus and the Resistant Patient," 18 September, Royal College of Physicians and Surgeons of Glasgow. Details from the Chest and Heart Association, 65 Castle Street, Edinburgh 2.

Societies and Lectures

For attending lectures marked ● a fee is charged or a ticket is required. Applications should be made first to the institution concerned.

Monday, 13 July

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Bertram Louis Abrahams Lecture by Professor A. C. Frazer: Physiology of Fat Absorption.

ROYAL FREE HOSPITAL.—5 p.m., Dr. Margit A. David (Szeged, Hungary): Acute Tubular Necrosis Induced by Hormones.

Tuesday, 14 July

ROYAL ARMY MEDICAL COLLEGE.—5 p.m., Mr. D. R. Urquhart: Internal Derangement of the Knee.

Wednesday, 15 July

ROYAL FREE HOSPITAL.—5.15 p.m., Dr. H. Thaler (Vienna): Malignant Disease of the Liver.

ROYAL SOCIETY OF HEALTH.—At Caxton Hall, London S.W., 2.30 p.m., Lord Cohen: Training, Function, and Status of Health Education Officers.

STOKE MANDEVILLE HOSPITAL.—12.15 p.m., Dr. H. J. Harris, Dr. C. R. Tribe: clinicopathological conference.

Thursday, 16 July

INSTITUTE OF NEUROLOGY.—5.30 p.m., Dr. D. Howes (Boston University Medical School): Quantitative Analysis of Aphasia.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—At Lecture Theatre, 12 noon, Dr. R. M. Hardisty: Thrombasthenia and Haemostasis.

Friday, 17 July

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3 p.m., Charles Tomes Lecture by Mr. J. H. Hovell: Abnormalities of Mandibular Growth.

STOKE MANDEVILLE HOSPITAL.—12.15 p.m., Mr. D. J. Tibbs: Role of Peripheral Arterial Surgery To-day.

Births

Harry.—On 29 June 1964 to Dr. and Mrs. T. V. A. Harry, of 33 The Turnpike, Fulwood, Preston, a son—Paul Valentine.

New Issues of Specialist Journals

Obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1.

BRITISH HEART JOURNAL

Contents of the July issue are follows:

- Paroxysmal Ventricular Tachycardia. G. J. Mackenzie and S. Pascual.
The Haemodynamic Implications of the Bisferiens Pulse. H. Ikram, P. G. F. Nixon, and J. A. Fox.
Combined Percutaneous Retrograde Aortic and Transseptal Left Heart Catheterization. G. B. Peckham, A. Chrysoskou, H. E. Aldridge, and E. D. Wigle.
Electrocardiograms of Marathon Runners in 1962 Commonwealth Games. W. G. Smith, K. J. Cullen, and I. O. Thorburn.
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Two Unusual Cases of Giant Cell Myocarditis Associated with Mitral Stenosis and with Wegener's Syndrome. P. C. McCrea and R. W. Childers.
Chronic Effusive Pericarditis. D. Evan Bedford.
Surgical Treatment of Mitral Regurgitation. J. R. Belcher.
Finger-print Patterns in Congenital Heart Disease. A. Sánchez Cascos.
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Effect of Steroid Therapy on Normal and Abnormal Atrio-ventricular Conduction. John L. C. Dall.
Embolic Complications of Cardiomyopathy. J. E. Cosnett and D. J. Pudifin.
Paradoxical Embolism. B. Corrin.
Fast-conducting Fibres in the Mitral Valve. T. H. Williams.
International Society of Cardiology—Research Committee Meeting at Makarska, September 1963.
Case Reports:
Electrocardiographic Changes in Accidental Hypothermia. M. J. Ree.
Isolated Pulmonary Valvular Regurgitation Complicated by Thyrotoxicosis. Robert J. Marshall and John E. Jones.

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The Miotic Life. Anonymous.
Living Without a Balancing Mechanism. J. Crawford.
Rehabilitation after Cataract Extraction. H. E. Hobbs and R. M. van Leuven.
Intra-ocular Metallic Foreign Bodies. I. A. Chisholm.
Incidence of Idiopathic Acquired Obstructions in the Lacrimal Drainage Apparatus. R. Dalgleish.
Techniques for Full-thickness Keratoplasty in Rabbits Using Fresh and Frozen Corneal Tissue. F. O. Mueller.
Malignant Melanoma of the Lacrimal Sac. I. M. Duguid.
Paralysis of Conjugate Vertical Ocular Movements and Disturbance of Sleep Rhythm. R. C. K. Loh and K. Y. Chan.
Angioid Streaks in Pituitary Tumour. J. C. Wright.
Correspondence. Review.

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Universities and Colleges

CAMBRIDGE

The Managers of the Frederick James Quick Fund have re-elected Professor V. B. Wigglesworth, M.D., F.R.S., into the Quick Professorship of Biology for a period of two years ending 30 September 1966.

The Appointments Committee of the Faculty of Biology "B" has appointed Dr. P. J. Lachmann to be an Assistant Director of Research in the Department of Pathology with tenure from 1 October 1964, for five years.

M.D.—P. J. Randle, A. J. Salsbury. M.B., B.CHIR.—S. M. Wood. M.B.—M. F. Green, A. D. Lloyd.

*By proxy.

GLASGOW

DIPLOMA IN PUBLIC HEALTH.—J. M. Dunlop, Myrtle Farquharson, Mary L. Girkins, I. F. G. Haddow, N. H. Logan, Marjorie C. E. MacBeath, J. R. M. Murdoch, Hannah Newman, D. J. D. Stevenson, J. Telfer, W. Thomson.

EDINBURGH

Appointments.—Dr. W. H. R. Lumsden (temporary lecturer in the Department of Bacteriology); Mr. M. C. K. Finlayson (part-time lecturer in the Department of Dental Surgery); Dr. D. W. MacLean (senior lecturer in the General Practice Teaching Unit); Dr. D. Doyle (assistant lecturer in the Department of Pathology).

LONDON

The following have been appointed members of the Senate for the period 1964-8, with effect from 12 May 1964: *Graduates in Medicine*.—Mr. J. B. Hume (re-elected); *General Medical Schools*.—Dr. Vernon F. Hall (re-elected).

At their meeting on 12 May Convocation re-elected Dr. C. F. Harris to be their Chairman for a further period of four years.

Sir Aubrey Lewis has been appointed to represent the University at the 6th International Congress of Psychotherapy to be held in London from 24 to 29 August 1964.

The Mary Scharlieb Research Studentship, which was awarded for 1963-4 to Dr. V. H. Martindale, has been renewed for the session 1964-5.

Professor J. L. D'Silva has been nominated for appointment or reappointment as a representative of the University on the governing body of Francis Bacon Grammar School for Boys and Girls, St. Albans.

The following have been appointed as teachers of the University in the subjects indicated in parentheses: *Institute of Orthopaedics*, Dr. D. A. Brewerton (physical medicine) (already recognized as a teacher of physical medicine at Westminster Medical School). *St. Mary's Hospital Medical School*, Dr. T. D. Brogan (bacteriology), Dr. I. Chanarin (haematology). *Institute of Child Health*, Dr. C. O. Carter (medical genetics). *University College Hospital Medical School*, Dr. D. Edwards (radiology). *Institute of Cancer Research*, Dr. D. A. G. Galton (medicine). *Institute of Cardiology*, Dr. N. A. J. Hamer (medicine). *Middlesex Hospital Medical School*, Mr. J. R. Belcher (surgery (thoracic surgery)), Dr. J. M. Hinton (psychiatry), Dr. A. L. Miller (chemical pathology), Mr. D. R. Sweetnam (orthopaedic surgery). *St. Thomas's Hospital Medical School*, Dr. W. W. Holland (epidemiology and social medicine). *Institute of Urology*, Dr. A. M. Jockes (medicine). *London Hospital Medical College*, Dr. S. L. Last (psychiatry), Dr. J. A. H. Lee (social medicine), Dr. S. D. K. Stride (anaesthetics), Dr. D. W. Vere (medicine). *Institute of Ophthalmology*, Dr. G. Morgan (pathology). *Institute of Diseases of the Chest*, Dr. J. W. Pierce (radiology) (already recognized as a teacher of radiology at St. Thomas's Hospital Medical School). *Institute of Neurology*, Dr. P. W. Nathan (neurology), Dr. R. T. C. Pratt (psychological medicine). *London School of Hygiene and Tropical Medicine*, Dr. G. A. Rose (epidemiology). *Institute of Psychiatry*, Mr. M. A. Falconer and Mr. P. H. Schuur (neurosurgery) (already recognized as teachers of neurosurgery at Guy's Hospital Medical School), Dr. E. Marley and Dr. R. P. Michael (psychiatry). *Institute of Obstetrics and Gynaecology*, Mr. J. S. Tomkinson (obstetrics and gynaecology) (already recognized as a teacher of obstetrics and gynaecology at Guy's Hospital Medical School).

BRISTOL

DIPLOMA IN PUBLIC HEALTH.—N. A. Dent, E. P. Hamblett (*with distinction*), Gwynneth A. Jones, H. L. Kinman, G. T. Nurse, J. G. Vaccaro, Patricia Vowles.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

On 2 July Mr. H. Jackson Burrows, of St. Bartholomew's Hospital and the Royal National Orthopaedic Hospital, was re-elected a Member of the Council of the College.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitiology*, London W.C.1. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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