

Mr. ~~Butterfly~~

Dr. Gilks has allowed us to take the attached copy of a letter which he has had from Dr Paterson about this B.M.A. attack on the Kenya service.

It is a private letter & Dr. Gilks was promised that it would not be communicated to anyone outside the office.

W.S.

See Sir H. Read to see & put by.

J.D. 21.11.23.

~~Mr. J. D. ...~~

Sir H. Read.

The row between the local members and the B.M.A. is chiefly "last year" as indicating some possibility that in future the B.M.A. will sift complaints before publication.

What I obtained this copy

so much reference to the
 X Kenya service as if it was
 a separate service & not
 part of the E.A.M.S.

? Put by.

C.J.J. 6.12.23

X I'm afraid that is the
 inevitable result of the Kenya
 circumstances.

The B.M.A. membership standards
 are gradually for the coming
 time, & few readers of the Journal
 will realize that they have fallen.

Petty (over) 6.12.23
 at on

—
 12/12/23
 —

Mr. Fildan

SUPPLEMENT
TO THE

BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, DECEMBER 1st, 1923.

CONTENTS.

THE GENERAL ELECTION: Medical Candidates	PAGE	255	NATIONAL INSURANCE:	PAGE	258
CURRENT NOTES:			Insurance Contribution Fee: The Court of Inquiry	258	
ANNUAL MEETING, BRADFORD, 1924	253		GENERAL MEDICAL COUNCIL:		
KENYA MEDICAL SERVICE	253		President's Address	256	
ASSOCIATION HANDBOOK	253		DENTAL BOARD OF THE UNITED KINGDOM	257	
ASSOCIATION NOTICES	254		INSURANCE CORRESPONDENCE	258	
MEETINGS OF BRANCHES AND DIVISIONS	254		VACANCIES	259	
NAVAL AND MILITARY APPOINTMENTS	259		APPOINTMENTS	260	
ASSOCIATION INTELLIGENCE AND DIARY	260		DIARY OF SOCIETIES AND LECTURES	260	
			BIRTHS, MARRIAGES, AND DEATHS	260	

British Medical Association.

CURRENT NOTES.

ANNUAL MEETING, BRADFORD, 1924.

THE ninety-second Annual Meeting of the British Medical Association will be held during the last two weeks of July, 1924, at Bradford, under the presidency of Mr. J. Basil Hall, M.Ch.Cantab., consulting surgeon to the Royal Infirmary, Bradford. The Annual Representative Meeting will begin on Friday, July 19th; the President will give his address to the Association at the adjourned Annual General Meeting on Tuesday evening, July 22nd; the scientific Sections will meet on the three following days; and the last day of the Meeting—Saturday, July 26th—will be set apart for excursions to places of interest in the neighbourhood. The Council has decided that the scientific and clinical work of the Bradford Annual Meeting shall be divided among twelve Sections, of which the first five will meet on three days each, the next four on two days each, and the last three on one day each. We print below the names of the Sections and their Presidents, and in a future issue will appear the full list of officers of each Section.

Presidents of Sections.

- Medicine.—Professor ARTHUR JOHN HALL, M.D., F.R.C.P. (Sedgwick).
- Surgery.—Sir OUBERT WALKER, K.C.M.G., C.B., F.R.C.S. (London).
- Gynaecology and Obstetrics.—JOHN SHIELDS FAIRBAIRN, M.B., F.R.C.F., F.R.C.S. (London).
- Pathology and Bacteriology.—Professor CARL HAMILTON MCDONALD, M.D. (Glasgow).
- Neurology and Psychological Medicine.—THOMAS GALINSBERG STEWART, M.D., F.R.C.P. (London).
- Ophthalmology.—ANDREW MATTIAND HAMMETT, M.D., F.R.F.P.S.G. (Glasgow).
- Public Medicine and Industrial Diseases.—HEDDWAY JONES, F.B.S.I., D.P.H. (London).
- Diseases of Children.—LESLIE FENDLAY, M.D., F.R.F.P.S.G. (Glasgow).
- Laryngology and Otolaryngology.—WALTER JOHNSON HOARE, M.D., F.R.C.P. (Glasgow).
- Orthopaedics.—STEWART CRYSTIE ELKIND, O.B.E., M.B., F.R.C.S. (Glasgow).
- Medical Jurisprudence.—ARTHUR MARSHALL, M.B., B.S. (Bradford).
- Dermatology.—JOHN MARSHALL HENDERSON MACLEOD, M.D., F.R.C.P. (London).

Further announcements will be made from time to time as the plans for the work of the 1924 meeting take definite shape. The Honorary Legal General Secretary is Dr. W. N. West Watson (Victor Lodge, Manningham, Bradford).

Kenya Medical Service.

Several letters have reached the British Medical Association from individual members of the Kenya Medical Service expressing satisfaction at the terms, conditions, and prospects of that particular branch of the Colonial Medical Service. The Kenya Branch of the Association has recently been reorganized, and we are promised shortly the considered opinion of the Branch regarding the conditions and prospects in that part of the world. As soon as this opinion is received the matter will be discussed by the Dominions Committee and reference will be made to the subject in a future issue. We understand that the Annual Medical Report for Kenya Colony will be issued shortly and we hope to review this in the Journal at an early date after its publication. In the meantime we should like to emphasize the opinion, already expressed in this column, that any medical man thinking of applying for an appointment in the Kenya Medical Service can safely assume that this service holds out opportunities which compare favourably with those in any other of the Colonial Medical Services.

Association Handbook.

The Handbook of the British Medical Association for 1923-24 is now ready. Though primarily intended as a book of reference for honorary secretaries and other workers of the Association, the Handbook is also of interest and assistance to all members. Features of the book are a short sketch of the constitution of the Association; a brief history of the Association; decisions of its Representative Body on questions of policy; information as to the BRITISH MEDICAL JOURNAL, the circulation of which is now over 20,500. Particulars are given also of the Information Bureau and Intelligence Department of the Association; its Library and Lending Library, the scholarships, grants, and prizes given by the Association; the British Medical Association Lecturers; the facilities offered by the Medical Insurance Agency; the Ulster and Childs Gulf Cups, and a brief section is entitled "Some Work of the Association in 1922-23." A special feature of the new edition is a comprehensive index. Copies of the Handbook can be had by members gratis and post free on application to the Medical Secretary, 423, Strand, W.C.2. To non-members the book is on sale at 2s. 6d., post free 2s. 9d.

Lending Library.

The Librarian will be glad to assist members of the Association in the selection of works to be sent them by post, in accordance with the arrangements for borrowing books that are notified each week on the last page of the Supplement.

GENERAL COUNCIL

MEDICAL EDUCATION AND REGISTRATION.

WINTER SESSION, 1925.

The one hundred and eighteenth session of the General Medical Council was opened at the offices of the Council, 44, Hallam Street, London, W., on Tuesday, November 27th.

Sir DONALD MACALISTER, K.C.B., took the chair, and directed the following address.

PRESIDENT'S ADDRESS.

Gentlemen, Although no changes have occurred in the membership of the Council since last we met, we have sustained a heavy loss by the untimely death of our Assistant Secretary, Mr. A. J. Cockington, O.B.E. For thirty-five years he was a member of the office staff, and none was more loyal and devoted in the service of the Council. His knowledge of our proceedings was encyclopaedic in its range and accuracy. In my experience, and I believe in that of many other members and officers of the Council, though his knowledge was never outdated, it was never found wanting when need arose. During the absence of Colonel King on active service, Mr. Cockington, as Deputy-Registrar, carried on his shoulders the heavy administrative burden that the Council's multifarious work entailed. He spared neither time nor labour in the effort to carry it through successfully, but I fear that his health, the honourable distinction he received for his national service was not lightly earned. The Council will share with me in mourning the event which has deprived us of an officer whose character and capacity were worthy of our grateful esteem, and whose work was ever faithful and cheerfully performed. Two other members of the Council have passed away within the last few weeks. Mr. Thomas Pedgley Peale of Leeds, whose father was one of the original members appointed by the Crown in 1858, himself served as a Crown member for twenty-four years, from 1876 to 1901. As a surgeon, sanitarian, teacher, and man of science, his was a varied and a many-sided life of activity, both in his profession and to the public weal.

Dr. David White Enlay, who was at one time our representative of medical examinations, was a member of the Council from 1901, when Mr. Peale retired, until 1911. A graduate of Glasgow, he won a high reputation as a physician and a teacher of physicians, both in London and in Aberdeen. After retiring twelve years ago from the Regius Chair in the latter University, he returned to the Clyde which he loved, and I often had the advantage of his sagacious counsel and assistance in matters concerning medical education. Notwithstanding his advanced age, he served as commandant of one of our Red Cross hospitals in Glasgow during the war. I have special reason to know that he fulfilled his task with characteristic thoroughness and efficiency.

Medical Education in India.

The Executive Committee, thanks to the good offices of Sir Norman Walker, had the privilege yesterday of meeting Lieutenant Colonel de Noordham who has been appointed by the Indian Government and approved by the Council as the Official Inspector of the Indian Universities and Colleges of Medicine, and of discussing with him the many important questions that have arisen regarding the conditions of recognition, for the purposes of the British Register, of Indian medical degrees. The Government has placed him on medical duty as a condition that he may attend the meetings of the Executive Committee at the next session, and discuss these questions with us in person. The Council will, I know, be glad to welcome him here.

An important and distinguished position is held in the Indian Medical Service, and of course, it is of the highest importance for the benefit of medical education in India. I trust that during the week we may obtain all such information concerning the Council's methods and procedure as he desires in furtherance of his efforts to co-ordinate our standards in all the essential branches of professional training, and of suitable qualifications with the standards hitherto current in the Indian Universities and Colleges. We in our turn will profit by learning from him what improvements in their educational arrangements have been already made or are desiderated by these important bodies, in order that the whole course of study and examinations for the degrees they desire to be registrable in this country may conform to our official recognition. The reports presented to the Executive Committee and published with the Minutes last June, show that in regard to certain essential features of their course the Universities themselves are fully aware that improvements are necessary, even apart from the consideration of external recognition. I need mention, as examples, only such matters as the excessive number of students, the medical colleges of certain of the universities; the limitation, to two years, of hospital study after the examination in anatomy and physiology; and the inadequate facilities for practical training in midwifery. The Council will readily acknowledge the desire which has been manifested by our Indian Universities to remedy such deficiencies, and to extend their facilities to include a more complete and logical organization; but it must urge strongly the necessity of prompt and effective action on the part of these authorities, if their laudable desire is to be fulfilled within a reasonable time.

If the question were simply one of a suitable professional training for practitioners, practising in India under Indian conditions, the Indian universities, colleges, and schools, with their special knowledge of local requirements, and naturally be the best and indeed the only judges. From this point of view India is autonomous, and the Council has neither the wish nor the power to intervene. But when the Council is called on to recognize an Indian qualification for registration in this country, it is bound by Act of Parliament to inquire into the conditions under which any such qualification is granted. It is bound to require that the qualification shall furnish a sufficient guarantee of the knowledge and skill, in medicine, in surgery, and in midwifery, requisite for efficient practice not in India alone, but in the United Kingdom, and in other parts of the world with which this country has established reciprocity of practice. If it is found, upon the evidence of any party, that the guarantee is not so no longer sufficient, the Council would be in default of its statutory duty, and so liable to suppression by the Privy Council, were it to continue to recognize such a degree as registrable, and therefore valid outside of India.

It is on this ground only that the Council is by law entrusted with a specific responsibility as regards qualifications granted elsewhere than in the United Kingdom. It is on this ground only that it has requested from the Indian Government the special facilities for inquiry and inspection which have been placed at its disposal, and which have been so ably and sympathetically utilized, in the best interest of Indian medicine, by Lieutenant Colonel de Noordham. We have to await his further reports—reports, as I hope, of very substantial progress—before coming to the next session, when further steps we shall take regarding some of the qualifications granted in India.

Canada.

The Executive Committee is continuing its negotiations with the provincial medical authorities in Canada, with a view to formulating a uniform and comprehensive statement of the conditions on which recognition shall in future be accorded to diplomas and degrees registrable in the Dominion. A considerable measure of agreement has been reached, and the Committee expects that by next session outstanding difficulties will be removed and a satisfactory arrangement will be completed.

Status of British Practitioners in Italy, Greece, and Turkey.

Communications have also been received and answered, through the Privy Council and the Foreign Office, concerning the status of British practitioners in Italy, Greece, and Turkey. There is reason to believe that the answers have been found useful.

Relation of Doctors to Uncertified Midwives.

We have received from the Ministry of Health a copy of an important decision of the High Court on a case in which an uncertified woman was charged with a breach of the Midwives Act, 1902. It was alleged on her behalf that "under the direction of a qualified medical practitioner," practitioners testified that they had not attended the woman before confinement, had given an instruction to the uncertified person, and had not been present at the birth; they had attended the patients subsequently, and that the uncertified person had acted under their "direction." The Court ruled that in such cases there must be "a real and not a nominal direction." This decision will strengthen the hands of the Council in dealing with cases in which practitioners are alleged to have disguised their Warning Notices on this subject, and of having such women under their direction, on pretence that such women were under their direction, to attend women in childbirth, enabled to do so. Steps have been taken to make this decision known to the practitioners and supervising authorities, who have made inquiries on the subject. It is probable that some amendment of the Act setting forth in precise terms that the "direction" of the practitioners must be immediate and personal, or, in the words of the judgment, "real and not nominal," will be necessary to prevent the continuance of abuse.

Inspection of Dental Examinations.

The inspection of examinations for dental qualifications, which you ordered to be instituted at the last session, is in progress. Reports of two or three such examinations have just been received, but it is thought advisable by the Committee in charge that the series should be more completely and the reports are formally brought before you. The Council will thereby be in a better position to form a comparative judgement on methods and standards.

Disciplinary Cases.

Knowledge with precedent, most of your time, at this November session, will be occupied in hearing cases of discipline under Section 20 of the Medical Act, 1858. A number are cases of conviction by the ordinary courts, a contravention of one or other of your Warning Notices. The Dental Board also will report to you your findings against certain dental practitioners, in pursuance of the Dentists Act, 1921. So far as I am able to gather, none of the disciplinary cases raise general questions of an unfamiliar kind, but the special points of each will, of course, require and receive your careful consideration.

Subjects of the Session.

My address is shorter than usual, partly because my strength has not fully returned after my recent illness, partly because fewer matters calling for comment have emerged during the recess. In view of present political distractions, you may deem my brevity excusable, if it enables you to set to work the sooner, and so enables the Council to conclude its session within the present week.

Sir John Moons moved a vote of thanks to the President, and referred to the new honours which had been conferred upon him in his appointment as Deputy Mayor of the city of Glasgow. Sir NORMAN WALACE seconded the vote of thanks, which was accorded with acclamation. The Council proceeded immediately to the consideration of penal cases.

DENTAL BOARD OF THE UNITED KINGDOM.

(Continued from page 250.)

Disciplinary Cases.

At the sitting of the Board on November 16th, under the chairmanship of Mr. F. D. Acland, two further disciplinary cases were dealt with. One of these was a case in which a dentist had credited numbers of persons not his patients with the use of a brand of X-ray apparatus for a number of hours of attendance. The Board held that the facts alleged had been proved, but that there might have been some misapprehension as to the intention which the Board would give to its warning notice, and as the defendant had promised to discontinue the practice complained of, further consideration was postponed until the May session. In the other case, which was one alleged to have occurred in the Dentists Register, the Board found, after examining several witnesses, that the incorrectness of the entry was not proved.

Dental Dressers.

The Ministry of Health had forwarded a communication to the Board with regard to the conditions governing the employment of dental dressers by the Sheffield local education authority. The local authority asked that certain limitations imposed by the Board upon the employment of such dressers should be relaxed, as their continuance, in the authority's opinion, would involve a considerable decrease in the work done by dental dressers. It was decided that the duties of dental dressers should be extended to include supervisory duties, and simple fillings under the immediate supervision of a qualified dental surgeon. The Chairman of the Board stated that the Ministry had been led to this conclusion by the fact that the Dental Board would depart from its usual practice, and that it would still recommend the employment had previously taken up with regard to dental dressers elsewhere, and that it would still recommend the employment had down in the Board of Education's circular No. 279, in the motion of Sir Arthur Channon, seconded by Mr. Robertson, the action of the Chairman was approved.

Propaganda.

Mr. Galloway drew the attention of the Board to the necessity for the education of the public as to the need for dental treatment, and on his motion the matter was referred to a committee, consisting of Mr. Bosk, Mr. D. Blanton, Mr. G. G. Gray, and Mr. Sheridan, which was requested to report at the February session.

I.D.S. Diploma.

Due British Society of Dental Surgeons transmitted a resolution expressing disapproval of the introduction of an abbreviated curriculum for the I.D.S. diploma to be offered in 1927. As this and another resolution from the same body with regard to the issue of the letters "I.D.S." to persons registered on the General list of the Dentists Act had been repeated also to the General Medical Council, the Dental Board declined to take any action.

Retention Fee and Certificate.

Communications had been received by the Board from the Incorporated Dental Society and other dental bodies requesting a certificate for the coming year of the annual retention fee of £5. The request was preferred in view of the fact that no financial distress now existing in the dental profession, the Board was not in a position to consider a reduction in the annual fee, but that the matter would receive careful consideration at the May session.

A communication was received from the National Dental Association asking the issue of the new form of the dental certificate constituted an independent authority, and the privilege of registration in perpetuity and requesting a different wording of the form, as a registered person had a secure and unquestionable right to practice during his lifetime. The Board, however, said that the Board would issue the certificate as usual.

Dental Regulations Overseas.

The Board received a copy of the amending Dental Act passed in April last in Nova Scotia. It provides for the registration of any person in Nova Scotia who has been registered as a graduate, and graduation from a recognized dental college, and who was a student of dentistry in such a college before September 1st, 1925, and (2) of any person who has practiced dentistry in Nova Scotia for one year and who has graduated from a recognized dental college in any other part of the world for a further period of nine years before January 1st, 1926. The new regulations for dentists in the Cape Province, which have been framed by the Colonial Medical Council under the provisions of the Medical and Pharmacy Act (Cape), were also received.

British Medical Association.

REPORT OF INSURANCE ACTS COMMITTEE. 1922-23.

I.—ADMINISTRATIVE MACHINERY

OCTOBER, 1922, ANNUAL CONFERENCE, AND MAY, 1923, SPECIAL CONFERENCE.

1. Copies of the Minutes of the 1922 Annual Conference were issued on November 9th, 1922, and of the June, 1923, Special Conference on July 14th, 1923, to Chairmen, Secretaries and representatives of Local Medical and Panel Committees.

LIST OF REPRESENTATIVES ON INSURANCE ACTS COMMITTEE.

2. As a result of the voting by members of Local Medical and Panel Committees, the following practitioners were elected as direct representatives upon the Committee for the Session 1922-23: Dr. M. Dewar, Edinburgh, and Dr. D. Lyon Stevenson, Larkhall, Lanarkshire, Group "A"; Dr. A. Smith, Wickham, Group "B"; Dr. R. G. McGowan, Manchester, Dr. H. F. Odham, M.B.E., Morecambe, and Dr. E. Radcliffe, Odham, Group "C"; Dr. A. Forbes, Sheffield and Dr. G. B. Hillman, M.B.E., Wakefield, Group "D"; Dr. W. E. Thomas, Ystrad Rhondda, Group "E"; Dr. I. Kenley Bailey, Rilton, Staffs, and Mr. E. Lewis Talley, Levens, Group "F"; Dr. D. G. Greenwood, Rushden, Northants, Group "G"; Dr. T. Wood Lockett, Bradford, Wiltshire, Group "H"; Dr. J. P. Williams-Freeman, Atherton, Harrogate, Group "I"; Dr. P. V. Fry, East Malvern, Surrey, Group "J"; Dr. H. B. Brackenbury, Horsey and Dr. C. H. Panting, Leyton, Group "K"; Dr. H. J. Cardale, London, and Dr. L. A. Gregg, London, Group "L."

LIST OF DIRECT REPRESENTATIVES ON SUB-COMMITTEE MEETINGS.

3. The following is a list of attendances at Insurance Acts Committee meetings and Sub-Committee meetings during the Session from the 1922 Annual Conference to September 11th, 1923:

Insurance Acts Committee	Rural Practitioners' Committee		Insurance Acts Sub-Committee (Scotland)		Miscellaneous Sub-Committees	
	Actual	Possible	Actual	Possible	Actual	Possible
1. Annual Conference, Oct. 1922	1	1	1	1	1	1
2. Special Conference, June 1923	1	1	1	1	1	1
3. Meeting, Oct. 1922	1	1	1	1	1	1
4. Meeting, Nov. 1922	1	1	1	1	1	1
5. Meeting, Dec. 1922	1	1	1	1	1	1
6. Meeting, Jan. 1923	1	1	1	1	1	1
7. Meeting, Feb. 1923	1	1	1	1	1	1
8. Meeting, Mar. 1923	1	1	1	1	1	1
9. Meeting, Apr. 1923	1	1	1	1	1	1
10. Meeting, May 1923	1	1	1	1	1	1
11. Meeting, June 1923	1	1	1	1	1	1
12. Meeting, July 1923	1	1	1	1	1	1
13. Meeting, Aug. 1923	1	1	1	1	1	1
14. Meeting, Sept. 1923	1	1	1	1	1	1

Insurance Acts Committee	Rural Practitioners' Committee		Insurance Acts Sub-Committee (Scotland)		Miscellaneous Sub-Committees	
	Actual	Possible	Actual	Possible	Actual	Possible
Ashby, Dr. T. Gunning, M.B.E.	1	1	1	1	1	1
Baigent, Dr. W.	1	1	1	1	1	1
Burkitt, Dr. J. C. S.	1	1	1	1	1	1
Harding, Dr. H.	1	1	1	1	1	1
Johnston, Dr. G. Ainslie	1	1	1	1	1	1
Jones, Dr. H. G.	1	1	1	1	1	1
Kerr, Dr. Hugh	1	1	1	1	1	1
Hydenham, Dr. G. F.	1	1	1	1	1	1
Robson, Dr. D. E. M. C.	1	1	1	1	1	1
Douglas, Dr. C. E.	1	1	1	1	1	1
Edwards, Dr. J. A.	1	1	1	1	1	1
LAWSON, Dr. W.	1	1	1	1	1	1
Lattie, Dr. J. W.	1	1	1	1	1	1
Macintosh, Dr. J. G.	1	1	1	1	1	1
MacTier, Dr. W. B.	1	1	1	1	1	1
Martins, Dr. W. B.	1	1	1	1	1	1
Miller, Dr. G. W. D.S.O.	1	1	1	1	1	1
Miller, Dr. Hugh	1	1	1	1	1	1
Nair, Dr. J. S.	1	1	1	1	1	1
Todd, Dr. Jas.	1	1	1	1	1	1
Andrew, Dr. J.	1	1	1	1	1	1
Bryson, Dr. M.	1	1	1	1	1	1
Burgess, Dr. R.	1	1	1	1	1	1
Lindsay, Dr. A. M.	1	1	1	1	1	1
Macdiarmid, Dr. D.	1	1	1	1	1	1
Peterkin, Dr. G. A.	1	1	1	1	1	1

MEMBERS APPOINTED BY THE ANNUAL REPRESENTATIVE MEETING, 1923.

4. The five members of the Committee elected by the Annual Representative Meeting, 1923, of the B.M.A. are as follows:

- Dr. H. S. Beadles (London)
 - Dr. J. W. Bone (Luton)
 - Dr. H. G. Dain (Birmingham)
 - Dr. P. Macdonald (York)
 - Dr. R. W. Craig (Dalkeith)
- England and Wales
Scotland.

REPRESENTATIVES OF OUTSIDE BODIES.

5. The following nominees of outside bodies were appointed members of the Committee for the past session: Dr. Mabel Ramsey, Plymouth (Medical Women's Federation); Dr. W. J. Howarth, C.B.E., Longfield, Kent, and afterwards Dr. G. F. Buchanan, Wiltenden (Society of Medical Officers of Health); Dr. A. E. Cope, London (Poor Law Medical Officers' Association); Mr. H. S. Bouttar, C.B.E., was reappointed by the Hospitals Committee of the Association as a representative of the Staff of a Voluntary Hospital.

CHAIRMAN.

6. Dr. H. B. Brackenbury was re-appointed Chairman.

CONSTITUTION OF INSURANCE ACTS COMMITTEE—ELECTION OF DIRECT REPRESENTATIVES.

7. In accordance with Minute 22 of the 1922 Annual Conference allocating the additional direct representative on the Committee, made possible by the withdrawal of the Irish representative formerly elected by the Representative Body of the Association, to London, the London Panel Committee appointed a second representative, Dr. H. J. Cardale for the session 1922-23.

8. Minute 25 of the 1922 Annual Conference expressed the opinion that the number of direct representatives on the Committee should be increased. In considering the above matter the Committee also had in mind the desirability of so increasing the number of direct representatives as to allow of every shade of opinion among insurance practitioners having a fuller opportunity of representation. The Committee came to the conclusion, which the Conference in June, 1923, endorsed, that representation on the basis of one direct representative to approximately every 800

* Membership ceased July, 1923.
 † Appointed July, 1923.
 ‡ Successor to Dr. W. J. Howarth as Society of M.O.H. representative.

British Medical Association.

REPORT OF INSURANCE ACTS COMMITTEE. 1922-23.

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DIRECT REPRESENTATIVES ON INSURANCE ACTS COMMITTEE.

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ATTENDANCE AT COMMITTEE AND SUB-COMMITTEE MEETINGS.

3. The following is a list of attendances at Insurance Acts Committee meetings and Sub-Committees during the Session from the 1922 Annual Conference to September 11th, 1923.

Insurance Acts Committee	Rural Practitioners' Sub-Committee		Insurance Acts Sub-Committee		Miscellaneous Sub-Committee	
	Actual	Possible	Actual	Possible	Actual	Possible
Askin, Dr. T. Goring, M.B.E.	1	1	1	1	1	1
Balgar, Dr. W.	1	1	1	1	1	1
Barkitt, Dr. J. C. S.	1	1	1	1	1	1
Harding, Dr. H.	1	1	1	1	1	1
Johnston, Dr. G. Ansell	1	1	1	1	1	1
Jones, Dr. H. C.	1	1	1	1	1	1
Jones, Dr. Hugh	1	1	1	1	1	1
Spelman, Dr. G. F.	1	1	1	1	1	1
Pickson, Dr. D. E. M. C.	1	1	1	1	1	1
Douglas, Dr. O. K.	1	1	1	1	1	1
Edwards, Dr. J. S.	1	1	1	1	1	1
Lawson, Dr. W.	1	1	1	1	1	1
Little, Dr. J. E.	1	1	1	1	1	1
McAlwhon, Dr. J. G.	1	1	1	1	1	1
MacTier, Dr. W. B.	1	1	1	1	1	1
Martins, Dr. W. R.	1	1	1	1	1	1
Miller, Dr. G. W., I.S.M.C.	1	1	1	1	1	1
Miller, Dr. Hugh	1	1	1	1	1	1
Muir, Dr. J. S.	1	1	1	1	1	1
Todd, Dr. Jas.	1	1	1	1	1	1
Andrew, Dr. J.	1	1	1	1	1	1
Beynon, Dr. M.	1	1	1	1	1	1
Burgess, Dr. B.	1	1	1	1	1	1
Lindsay, Dr. A. M.	1	1	1	1	1	1
Macdonald, Dr. D.	1	1	1	1	1	1
Peterkin, Dr. G. A.	1	1	1	1	1	1

Insurance Acts Committee	Rural Practitioners' Sub-Committee		Insurance Acts Sub-Committee		Miscellaneous Sub-Committee	
	Actual	Possible	Actual	Possible	Actual	Possible
Askin, Dr. T. Goring, M.B.E.	4	4	4	4	4	4
Balgar, Dr. W.	4	4	4	4	4	4
Barkitt, Dr. J. C. S.	4	4	4	4	4	4
Harding, Dr. H.	4	4	4	4	4	4
Johnston, Dr. G. Ansell	4	4	4	4	4	4
Jones, Dr. H. C.	4	4	4	4	4	4
Jones, Dr. Hugh	4	4	4	4	4	4
Spelman, Dr. G. F.	4	4	4	4	4	4
Pickson, Dr. D. E. M. C.	4	4	4	4	4	4
Douglas, Dr. O. K.	4	4	4	4	4	4
Edwards, Dr. J. S.	4	4	4	4	4	4
Lawson, Dr. W.	4	4	4	4	4	4
Little, Dr. J. E.	4	4	4	4	4	4
McAlwhon, Dr. J. G.	4	4	4	4	4	4
MacTier, Dr. W. B.	4	4	4	4	4	4
Martins, Dr. W. R.	4	4	4	4	4	4
Miller, Dr. G. W., I.S.M.C.	4	4	4	4	4	4
Miller, Dr. Hugh	4	4	4	4	4	4
Muir, Dr. J. S.	4	4	4	4	4	4
Todd, Dr. Jas.	4	4	4	4	4	4
Andrew, Dr. J.	4	4	4	4	4	4
Beynon, Dr. M.	4	4	4	4	4	4
Burgess, Dr. B.	4	4	4	4	4	4
Lindsay, Dr. A. M.	4	4	4	4	4	4
Macdonald, Dr. D.	4	4	4	4	4	4
Peterkin, Dr. G. A.	4	4	4	4	4	4

MEMBERS APPOINTED BY THE ANNUAL REPRESENTATIVE MEETING, 1923.

4. The five members of the Committee elected by the Annual Representative Meeting, 1923, of the B.M.A. are as follows:

- Dr. H. S. Beadles (London)
- Dr. J. W. Hone (Luton)
- Dr. H. G. Dain (Birmingham)
- Dr. P. Macdonald (York)
- Dr. R. W. Craig (Balkeith) Scotland.

REPRESENTATIVES OF OUTSIDE BODIES.

5. The following nominees of outside bodies were appointed members of the Committee for the past session: Dr. Mabel Ramsey, Plymouth (Medical Women's Federation); Dr. W. J. Howarth, C.B.E., Longfield, Kent, and afterwards Dr. G. F. Buchan, Willington (Society of Medical Officers of Health); Dr. A. E. Cope, London (Poor Law Medical Officers' Association); Mr. H. S. Souttar, C.B.E., was reappointed by the Hospital Committee of the Association as a representative of the Staff of a Voluntary Hospital.

CHAIRMAN.

6. Dr. H. B. Brackenbury was re-appointed Chairman.

CONSTITUTION OF INSURANCE ACTS COMMITTEE—ELECTION OF DIRECT REPRESENTATIVES.

7. In accordance with Minute 22 of the 1922 Annual Conference allocating the additional direct representative on the Committee, made possible by the withdrawal of the Irish representative formerly elected by the Representative Body of the Association, to London, the London Panel Committee appointed a second representative (Dr. H. J. Cardale) for the session 1922-23.

8. Minute 25 of the 1923 Annual Conference expressed the opinion that the number of direct representatives on the Committee should be increased. In considering the above matter, the Committee also had in mind the desirability of so increasing the number of direct representatives as to allow of every shade of opinion among insurance practitioners having a fuller opportunity of representation. The Committee came to the conclusion, which the Conference in June, 1923, endorsed, that representation on the basis of one direct representative to approximately every 800

1 Membership ceased July, 1923.
 2 Appointed July, 1923.
 3 Successor to Dr. W. J. Howarth as Society of M.O.H. representative.

THE MEDICAL SERVICES OF KENYA COLONY

The health services in the various colonies and dependencies of the Crown, and more especially those in tropical areas, are obviously key services - that is to say, their maintenance on an adequate basis is an essential condition of economic stability and development - and

any threat to their efficiency is matter for grave concern, not to the individual service or to the medical profession only, but to all who have the welfare of the colonies at heart. That the efficiency of the service depends ultimately upon the class of candidate attracted by the conditions offered is equally true. This is a sufficiently trite text, but unfortunately there are not lacking indications that the sermon is urgently needed. Of these indications the latest comes from Kenya Colony.

The essential facts of the case seem to be as follows. During the last two years the Colonial Government has been contending with conditions of the utmost difficulty and danger. On the one hand, post-war economic problems have been complicated by failure of the rains and consequent famine, and also by peculiar currency difficulties; on the other, development has been hampered by racial animosity and suspicion in the most acute form. Early last year the Colonial Office indicated that a reduction of 50 per cent. in the current estimates was essential to the stability of the colony, and the Bowring Committee of the Legislative Council was appointed to explore the possibilities in this direction. Its recommendations included the abolition of the local allowance to European Government servants, and a reduction in the estimates of the Medical Department of £30,000. The reduction of the local allowance was discussed in detail in a Current Note in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of June 24th, 1922, and is not for the moment in question, but it may be remarked in passing that the recommendation has not been accepted without modification, and an allowance of 15 per cent in place of the original 50 per cent. has been conceded for the current year.

The proposals for retrenchment in the Medical Department comprise, according to a statement in the House of Commons by the Under Secretary of State for the Colonies, "the abolition of one post of senior medical officer, eight of medical officers one of dental surgeon, and a number of other appointments." They "have been framed so as to affect as little as possible the principal centres of population, and they concern mainly the minor stations and those out-stations where other facilities exist or may be made available for medical attention. They have been closely examined by the late and the present Governor, and although the reductions have been effected with great reluctance, the Principal Medical Officer is satisfied that efficiency can be maintained." This statement is worth careful consideration. It discloses a position affecting the welfare of the colony, the interests of existing members of the medical service, and the general conditions of service in the Colonial Medical Services.

In the first place, then, we learn that the efficiency of the service is to be maintained, notwithstanding a reorganization involving not only the abolition of ten medical appointments (the Government dental surgeon is a fully qualified member of the medical staff, but a reduction of ten in the total personnel of the service. To maintain efficiency in face of a reduction of over 30 per cent. in a department not generally considered to be overstaffed would seem to be a surprising enough achievement. When it is further indicated that the localities concerned are the minor centres of population and out-stations, and that alternative facilities for medical attention may be available in these localities, we are even more mystified. Minor centres are not usually those where medical facilities abound. We fear that the explanation of the matter must be sought in a recent enactment (Ordinance 3 of 1922) empowering the Principal Medical Officer to license (for the purposes of private practice in the colony) assistant surgeons and hospital assistants who have completed their term of Government service. These persons, it must be

explained, are not fully qualified practitioners, although they have undergone a course of medical training and held subordinate positions in the service of the colony. The Dominions Committee of the British Medical Association warmly endorsed the protest entered at the time by the local Branches against this introduction of unqualified practice, regulated and licensed by a single Government officer, in place of the Medical Board charged with registration under the Medical Ordinance of 1916. If these are the "other facilities" referred to they can hardly be taken as the equivalent of the facilities withdrawn by abolishing a substantial proportion of the posts held by fully qualified medical practitioners.

Passing from the general aspect of the matter to its effect upon the medical service itself, we find the position equally unsatisfactory. Some at least of the officers affected are known to be men with a considerable period of service to their credit, but not yet entitled to retire on pension. Such medical officers had every reason to suppose that the service offered them security of tenure, and presumably entered into financial and other commitments accordingly. The Dominions Committee of the Association has been informed that they will receive a pension equivalent to that permissible in the event of retirement on medical certificate, and no other compensation. In view of the fact that the current Colonial List shows some twenty-three temporary medical officers in the several East African colonies, it is not, perhaps, too much to hope that the Secretary of State may find it possible to offer them alternative employment in lieu of such compulsory and inadequately compensated retirement. The prerogative of the Crown to determine the employment of a Government servant is of course beyond dispute, but it is not the least disquieting factor in the situation that the Colonial Office has sought to justify the present policy by the argument that the existence of this prerogative precludes the assumption that the appointments in question are permanent. Prospective candidates for the services will therefore be well advised to obtain an official interpretation of the statement in the current Colonial Office memorandum on colonial medical appointments to the effect that such appointments in the East African Colonies are, after a probationary period of two years, "made permanent" if service has been satisfactory. Security of tenure has in the past been reckoned not the least among the attractions of the colonial service, and its withdrawal must affect the quality of the candidates coming forward in the future. The precedent now established may prove detrimental to the Colonial Medical Services as a whole, and not merely to those in Kenya Colony.

The case of the dental surgeon may be mentioned as an illustration of the nature and probable effects of the present retrenchment. The post was created in 1912, and since 1915 dental service has been guaranteed to members of the East African Civil Service under the Code. In that year a Colonial Office subcommittee on dental facilities in tropical Africa recommended the confirmation of the appointment to the medical officer then holding it, and declared that only a very grave emergency could be held to justify taking the Government dental surgeon away from the work properly attached to the appointment and employing him on medical or other work not so attached. Such an emergency did, in fact, arise in the course of the war, and it was not till 1918 that this officer resumed dental work. In 1922, in spite of the prevailing financial stringency, the estimates provided for the extension of the work by the appointment of an assistant dental surgeon and two dental mechanics, but the Legislature refused to vote the money, and accordingly the dental service

has in the interval met single handed with a volume of work which would occupy the time of a staff of four.

It is to be feared that the paucity of staff brought in similar circumstances elsewhere, gives no doubt that an attempt to maintain the efficiency of the Kenya Medical Service under the conditions we have described must end in failure with injurious results to the public health and economic development of the colony. It has been alleged on good authority that official neglect of the public health of the colony must tend to aggravate the political unrest at present existing and the suggestion is not so far fetched as at first sight it may seem. We have no detailed information as to the public health conditions in Kenya but they are known to be primitive, as is inevitable in a new country with a new and changing population. Sporadic disease do not tend to produce a contented people and a low standard of health saps enterprise. The relation between efficient public health administration and economic progress is direct, and is recognized by statesmen and legislators in this country. We can therefore well believe that the organization of a properly equipped and fully staffed Public Health Department in Kenya would go far towards solving the municipal tangle which persons well acquainted with the circumstances consider to be in part responsible for the racial question which is the cause of much unblended feeling not only in East Africa but in India.

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24. Bury Street
 St. James.
 London, S.W.1

13. NOV 1923



Mrs. H. J. Smith
 Colonial Office

Dear Sir,

After trying all
 the possible agencies
 we know we are sorry
 to say we have not
 succeeded in obtaining
 a copy of the British
 Medical Journal for
 Sept. 22nd.

Yours faithfully
 May Williams
 KAC



24, Bond Street,
St. James,
London, S.W.1

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Colonial Office

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24, Bury Street,
St. James,
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13. Nov 1923

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Medical Journal - for
Sept 22nd.

Yours faithfully,
May Williams
KAC



24, Rury Street,
St. James;
London, S.W.1.

13. Novr 1923

Mr. H. J. Smith
Colonial Office

Dear Sir,

after trying all
the possible agencies
we know we are sorry
to say we have not
succeeded in obtaining
a copy of the British
Medical Journal - for
after read

Yours faithfully,
Wm. Harrison
KAC

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BRITISH MEDICAL ASSOCIATION,

RE
27 OCT 23

Medical Department,
429, Strand, London, W.C.2.
September 18th, 1923

*Supp. of
Journal of
27/9/23*

Dear Dr. Gilks,

I send you herewith a proof of the Current Note which will appear in this week's Journal regarding the Kenya Medical Service. If we have inadvertently said anything which can be construed as being unjust to the Kenya Medical Service, I hope that the Current Note which we are now publishing will undo it.

I have to-day written to the Secretary of your Branch asking him to let me have the considered opinion of the Branch as to the present terms and conditions of service in Kenya and I have sent him a copy of the Current Note above referred to.

I hope that this Current Note will have the desired effect and that you will be able to get the recruits for the Service which you are anxious to obtain. The fact that the article which appeared in the Educational number has prevented you from obtaining these recruits only shows the power of the Association which, unfortunately in this case, was somewhat mis-directed. I hope that when you return to Kenya you will explain matters to your Branch and will advise it at all times to keep us posted as to the opinion locally regarding the prospects in the Kenya Medical Service.

Yours faithfully,

(Sgd) G.C. ANDERSON.

Deputy Medical Secretary.

R. J.L GILKS,
13, Colinetto Road,
Putney, S.W.15.

*will
be
sent
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BRITISH MEDICAL ASSOCIATION.

CURRENT NOTES

Kenya Medical Service.

Authoritative information has reached the Head Office of the British Medical Association which convinces it that it was unfortunate that the Medical Service of Kenya Colony should have been linked with that of the Windward Islands in the article which appeared in the Educational Number of the British Medical Journal (September 1st 1923, p.395) headed "Medical Appointments under the Colonial Office". It is true that there has been a certain amount of retrenchment in connexion with the Medical Service in the Kenya Colony, but this was part of a general economic measure not confined to the Medical Service. So far as security of tenure is concerned the medical man accepting a post in Kenya now is probably as safe as he would be in any other Colonial medical appointment. It is unlikely that there will be further retrenchment in this Service, and therefore it is only right to say that any medical man thinking of applying for an appointment in the Kenya Medical Service can do so with a clear conscience and in the expectation of as good a career as he could get in any other of the Colonial Medical Services.

Copy of letter from
Dr. Paterson to Dr.
Gilks left at 5.0
by the letter.

Note to be communicated
outside the office
C.J.G. 21.10.23.

Nairobi,

Kenya.

20. 10. 23.

Dear Dr. Gilks,

I expect you have seen the Educational number of the B.M.J. of September 1st on the subject of the Colonial Services and the correcting note in a subsequent issue and I expect that as President of the Branch you have called on the Medical Secretary. The matter will come up at the next meeting and of course I cannot say what the result will be, though I have a very fair idea.

You might be interested, however, to know what the opinion of the Service is.

There was an informal meeting of Medical Officers at Kauntze's house: present Kauntze, Welch, Ross, Pugh, Fisher, Clearkin and myself. Everyone was exceedingly angry, not only with the original article, but with the statement in the correcting note to the effect that one might join this service with a "clear conscience" and I presume remain in it with a "clear conscience". That note will have to be amplified I'm afraid, or it will be difficult to keep people in the B.M.A.

The feeling of the meeting was as follows:

- (1) We're proud to belong to the Kenya Medical Service.
- (2) We consider that the security of tenure is ample.
- (3) We consider that it's not in the interest of

any

any service that the security of tenure should be too great and that too much security of tenure has been the curse of more services than one in the past.

- (4) The possibilities of promotion are quite ample. (I remember Johnstone once saying that he'd rather be an M.O.H. in this service than a P.M.O. in any other).
- (5) That this service is one to which it's worth while for a man to come.
- (6) That the action of the B.M.A. in running down the service without first approaching the Local Branch cannot possibly be passed over.

De Beer and Allen also I know agree. All other members are being written to and the Local Branch will be approached. It was also the opinion of everybody that it's extraordinary bad "trade unionism" to insist on security of tenure for everyone apparently without any enquiry as to whether he's a good workman or not and with that I particularly agree. The B.M.A. has done an extraordinary disservice to Public Health in Tropical Africa and to its own members in particular. We are building up a fine Public Health Service here and have got unusually good young men (and unusually well qualified too) who've been working in a splendid fashion for the past three years. Now the B.M.A. says it's a poor show and if its own members out here are to get relieved they are only to be relieved by people who can find no career elsewhere. Whatever happens we must accept no mediocre people. We'd one and all overstay our tours for any length

length of time, rather than let the standard of this service which we've spent so much time and hard work in building up under your direction go down and a "trade unionism" which won't allow of the inefficient being got rid of is of no use to us or to the Public Health. The Colonial Services as a whole may not be all they should, but the Kenya Service is good, it's contented and it's efficient and it's worth belonging to. It's a better health service than the R.A.M.C. or the I.M.S. ever were taking it and then all round, of that I've no doubt at all. It is beginning to be an influence for good in Uganda and Tanganyika and Zanzibar and the policy of the B.M.A. ought to be to support us in order that it can be shown (1) what a Colonial Service should be and can be and (2) what the other Colonial Services ought to be.

There was one other point that rather disgusted your medical officers. They take great exception to the fact that the B.M.A. pays attention only to pay and conditions. The pay is as good as the country can afford and as much as our experience at present warrants and we'd be more pleased to be members of the B.M.A. if it could realise that pay and conditions are not everything and that opportunities for doing decent work and opportunities to work with keen and helpful people are much more important and as regards these Kenya is second to none.

With regard to the very objectionable and misinformed leading article which appeared in an April number of the B.M.J. we can of course say nothing publicly as we are officials. But it might be useful to give the Editor or the Medical Secretary a copy of the 1921 Report and

and when it's ready the 1932 Reports. It might interest them to compare them with previous reports. The Public Health is now being looked after for the first time, also curtailment of expenditure is sometimes useful after a department has been in existence for a long time and we're treating more patients and doing far more real public health work now than was ever done before our estimates were cut down and the retrenchments took place and because the public and the Government now sees and is assured that we are working efficiently and economically there will be no difficulty whatsoever in obtaining further supplies as and when we need them and as and when we can use them and as and when the Colony can afford them.

The Colonial Services undoubtedly need help if the Public Health of the Colonies is to be assured and the B.M.A. can be of vast assistance, but if it is to help it must be by insisting on good work from its own members and recognising when and where its members are doing good work. I hope you will be able to put this point of view before the B.M.A. authorities and enable them to realise that the Kenya Service is the best influence for the good of medicine and the Public Health in Tropical Africa and if it has the support of the B.M.A., can be of great use to other B.M.A. members in services where - largely on account of the inexperience of those members themselves - conditions are not so satisfactory.

Yours very sincerely,

(Signed) A. R. Petersen.