

On further inquiry I find that this only applies to those who have been students throughout the war years and are now beginning to sit their finals, and not to those who may have passed in these subjects early on in the war, spent most of the war in the Services, and now wish to finish off their degree.

I should be most grateful if you would kindly give this letter some of your valuable space, as perhaps it will encourage others, with more pull than I, to do what they can to alter this lunatic state of affairs.—I am, etc.,

D. S. PORTER.

The Young Married Doctor

SIR.—To the correspondence on the young married doctor may I add some lines based on experience as a full-time State servant with the Ministry of Pensions, which may give some pointers to what may be expected under a State hospital service.

First it should be realized that the convenience to a hospital in having its medical staff on the premises is very real, to such an extent that the staff is in danger of exploitation on that account. No doctor can be expected to mortgage his whole life to a hospital, but, in fact, that is what often happens. Although the nursing staff are usually resident they are not expected to be on call the whole 24 hours, and there seems no reason why a charter of conditions cannot be negotiated for hospital officers not less favourable than those given to the nursing staff under the Rushcliffe report, the domestic staff under the Hetherington report, and, last but not least, those enjoyed by shop assistants under the Shops Acts.

As regards accommodation for married doctors, I consider rooms in the hospital building most unsuitable for normal married life for reasons which are obvious (cooking, privacy, family, etc.). The best solution is for the governing bodies to buy or erect houses in the immediate vicinity of the hospital, each self-contained and connected by telephone to the hospital. These could be let at a low rent to such of the staff (medical or executive) who desired them. In letting such houses priority would be given to the medical staff, in that they would be permitted to do any emergency call duty if they occupied such houses adjacent to the hospital. With this is bound up the question of emergency duty. One person does duty in turn in a Ministry hospital for 24 hours, sleeping in during that time. This is light where there are seven or more medical officers, but it is no joke when there are only two or three, for it cuts severely into nearly every week-end, since it is not permissible to leave the premises for a moment. Yet for this service medical officers get no more leave than the clerical staff, who work only from Monday morning to Saturday midday, and enjoy all the customary public holidays.

Provided such houses are situated as described the medical officers could well do their emergency duty at home, on the clear understanding that they will be available on their allotted nights. In practice this might mean that contact was more quickly and easily made with the M.O., for the difficulty sometimes of finding a person in the hospital premises is well known. Yet officialdom is stubborn and insists that medical officers sleep in; in one case permission was refused a man to be on duty (on the telephone) at his home, which is separated from the hospital by a field. Conversely, where it is insisted that M.O.s sleep in during their emergency duty there should be no restrictions requiring them to live within a certain distance of the hospital.

As regards hospital pay the Ministry has scales comparing favourably with other employing authorities, but even so there should be a minimum of £500 p.a. after qualification. We hear a lot about proposed reforms after the war, but surely the time is now, when all commodities are so expensive. Is no consideration to be given to the years of unremunerative labour, and fees, to fit one for the task? There is also the principle of "equal pay for equal work" to be considered. Nobody would deny that an experienced employee is of much more value than a raw recruit, but to strike the balance afterwards is more difficult. Value is not in direct proportion to age. Yet even the present Joint Industrial Councils have correlated employees' wages with age. All this is going on now, and the Government is understood to desire fixed minimum wages in the various industries to be settled before the end of the war. The time, therefore, for considering hospital pay is only too ripe.

Finally I might add that personal files are kept at headquarters for each medical officer, in which all the correspondence regarding him is preserved. Because of this certain small concessions or criticisms may not be made as the M.O. concerned does not wish the item to be "spotted" when his promotion is under consideration.—I am, etc.,

"TEMPORARY CIVIL SERVANT."

A Faculty of Ophthalmologists

SIR.—The announcement of the formation of the Faculty of Ophthalmologists (Feb. 3, p. 160) appears to me to come at an inopportune time. To increase the number of organizations to watch over ophthalmologists' interests is to invite division of effort and confusion of thought.

I do not like the Faculty's proposal to have two kinds of members. We want to encourage the younger men, and the suggestion that only six members of council are to be elected by the associate members—that is, those of two to five years' standing, and others of more seniority, who are not on the staff of a hospital of arbitrary size—while the older members elect 15 is undesirable. How can the Faculty be fully representative if it excludes the part-time ophthalmologist, whose numbers are, indeed, far higher than those of the full-time practitioner? It is from these "part-timers" that we must expect much help in the proposed National Health Service, for without them we shall be unable to put forward a scheme for a medical examination for every patient, for which the Government has expressed a desire.

"United we stand, divided we fall." The Ophthalmic Group of the B.M.A. is surely best constituted to be the guardian angel. It is democratically elected, and all electors are of equal status, whether practising ophthalmology wholly or predominantly, and is, therefore, fully representative. Let all ophthalmologists rally round the B.M.A., attend the regional meetings, and put their views and desires before their representative on the Ophthalmic Group Committee. By so doing we present a united front to the Minister of Health when the time comes.—I am, etc.,

Edinburgh.

C. R. DUNCAN LEEDS.

Cecil Joll Memorial Fund

SIR.—We, colleagues and friends of the late Cecil Joll, feel that some recognition of his distinction in the science and practice of surgery should be put on permanent record. This, we suggest, might take the form of an annual lecture or prize essay sponsored by the Royal College of Surgeons of England, as shall be determined by the President and the Council, of which Cecil Joll was an active member. Contributions from all those in sympathy with this object should be sent to: The Manager, National Provincial Bank, Marylebone High Street, London, W.1, marked "Cecil Joll Memorial Fund."—We are, etc.,

ELIZABETH BOLTON JENNER HOSKIN
DANIEL T. DAVIES CEDRIC LANE-ROBERTS
HORDER LIONEL E. C. NORBURY.

The Services

The following appointments and mentions have been announced in recognition of gallant and distinguished services in the field:

C.B. (Military Division).—Major-Gen. W. C. Hartgill, O.B.E., M.C., late R.A.M.C.

O.B.E. (Military Division).—Major (Temp. Lieut.-Col.) B. W. Rycroft, R.A.M.C.

M.B.E. (Military Division).—Capt. T. B. McMurray, R.A.M.C.

Mentioned in Dispatches.—Brig. (Temp.) R. A. Hepple, O.B.E., M.C., late R.A.M.C.; Cols. (Temp.) T. Menzies, O.B.E., and T. Young; Lieut.-Col. (Temp.) J. P. Parkinson; Lieut.-Col. (Acting) D. L. Owen; Majors (Temp.) L. S. Rogers, M.B.E., and O. S. Williams; Capt. D. Collins and J. R. Rickett, R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Died.—Capt. Basil Reid Caygill, R.A.M.C.

Died on active service in Australia.—Surg. Lieut. Malcolm Joseph Clow, R.N.V.R., who was awarded the Albert Medal in gold in 1943 for his gallantry in saving others when H.M.S. *Ibis* was left sinking after an air attack off North Africa.