

"(4) Lessening the growth rate of the acute sector of the hospital service in order to finance essential developments in other sectors.

"(5) Continued improvements in hospital and community health services for the elderly, the mentally ill, the mentally handicapped, and the physically handicapped.

"(6) Encouragement of preventive measures and the development of a fully responsible attitude to health on the part of the individual and the community."

The guidelines do not remove from health boards the need to make their own assessments of and decisions on priorities and do not impose a uniform pattern of development, regardless of local circumstances. Local health councils, staff, and other interests will be consulted about closures or bed reductions before the Secretary of State gives approval. The importance of health centres is stressed and the emphasis of an improved primary care service will be on enabling patients to remain in the home wherever possible. This will mean close liaison with local authorities.

Much of the limited funds for growth in the hospital service will have to go towards better provision for the elderly and mentally disordered. So boards will have to consider closing older acute hospitals in areas where new hospitals have come into service. They will also need to look at ways of arresting the expansion of maternity services, which have grown in recent years despite a declining birth rate. The Secretary of State claims that it should be possible to achieve this change without detriment to the continued improvement of maternal and infant care. The substantial fall in the birth rate will also make it possible to improve child health services over the coming years, without any increase in expenditure. One of the more obvious ways of achieving better value for money, according to the document, is through the continued expansion and improvement of preventive medicine and health education, and fluoridation of water supplies is given as an obvious example.

On manpower, the memorandum makes it clear that the recent 4% annual growth rate of doctors in the hospital service cannot be maintained, pointing out that stricter criteria may place a limitation on future recruitment from overseas. The SHHD will continue to exercise a strict control over the creation of additional consultant posts; preference will be given to those areas identified as priorities, and to the staffing of new units. Significant expansion of junior staff will only be allowed in preregistration house officer posts, which will continue to match the rising output from Scottish medical schools. It will not be possible, the document states, to sustain the recent 4% growth in nursing staff, and expansion must be in priority areas, with reductions elsewhere.

Swine influenza

The Government has accepted expert advice that on present evidence it should not recommend mass immunisation in the United Kingdom against swine influenza, but it would be prudent for manufacturers to incorporate the new virus in future vaccines. Dr David Owen, Minister of State at the Department of Health, replied thus to Parliamentary questions last week. He said that one of the two British firms with capacity to produce an inactivated influenza vaccine would incorporate the new virus. Work was also proceeding on producing

live vaccine. Present policy was to protect individuals at particular risk. On present plans a million doses were expected to be available by October and there was the potential to increase this.

The disease has at present been reported only from a military barracks in the USA (27 March, pp 730 and 779).

Chair of orthopaedic surgery at Manchester

Mr C S B Galasko has been appointed to a newly established chair of orthopaedic surgery at Manchester University from a date to be arranged. Mr Galasko graduated from the University of the Witwatersrand in 1962. After appointments in Johannesburg he came to this country in 1966, where he held various appointments at the Royal Postgraduate Medical School. After a period at the Nuffield Orthopaedic Centre, Oxford, Mr Galasko returned in 1973 to the Royal Postgraduate Medical School as head of the orthopaedic unit at Hammersmith Hospital. His research interests include the study of skeletal metastases and the prophylaxis of thrombosis in connection with femoral fracture, trauma, and muscular dystrophy.

Doctors in the developing world

Oxfam has urged a critical review of the nation's health needs to ensure that satisfactory standards of medical care are maintained in Britain and at the same time to avoid any further drain on the already inadequate supply of doctors in the developing countries. In *The Doctor-Go-Round* (Oxfam Public Affairs Unit, 25 Wilton Road, London SW1, price 20p) Oxfam says that Third World countries need to adjust their priorities and reshape their training programmes to provide medical personnel more suited to their needs. In particular, the report advocates the wider use of medical auxiliaries.

Immunodeficiency and cancer

The Immunodeficiency-Cancer Registry was established to collect clinical and pathological information on patients with naturally occurring immunodeficiency diseases who subsequently developed cancer. Through its system of voluntary reporting and literature review it has so far collected 200 cases. Since immunodeficiency diseases have become better recognised in recent years, the registry believes that additional cases of cancer in immunodeficient patients may have been diagnosed without being published or reported. Physicians with information on this rare association of diseases are requested to contact John H Kersey, MD, or Ms Beatrice D Spector at Box 609 Mayo, University of Minnesota, 55455, USA.

COMING EVENTS

Cancer—Towards the solution—8th annual symposium, 11 May, London. Details from the Marie Curie Memorial Foundation, 124 Sloane Street, London SW1X 9BP. (Tel 01-730 9157.)

Ashford Postgraduate Medical Centre—MRCP course (part II), 14-15 May, Ashford. Details from Medical Centre Secretary, Ashford Hospital, Ashford, Middlesex TW15 3AA. (Tel Ashford 51188 ext 370.)

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.

Wednesday, 21 April

ROYAL FREE HOSPITAL—5 pm, Professor I M Roitt: Antibody dependent cell-mediated cytotoxicity.

Thursday, 22 April

ROYAL INFIRMARY, EDINBURGH—5 pm, Honyman Gillespie lecture by Professor J K Mason: A pathologist looks at trauma.

ST MARY'S HOSPITAL MEDICAL SCHOOL—5.15 pm, Aleck Bourne lecture by Mr J A Chalmers: Endometriosis.

Friday, 23 April

ROYAL COLLEGE OF SURGEONS OF EDINBURGH—4.30 pm, Professor D L Hamblen: The scientific basis of present day fracture treatment.

BMA NOTICES

Diary of Central Meetings

APRIL	
20 Tues	Joint Consultants Committee (BMA House, Tavistock Square, London WC1), 9.30 am.
22 Thurs	Welsh General Medical Services Committee (Hotel Metropole, Llandrindod Wells), 2.30 pm.
27 Tues	Scottish Committee for Hospital Medical Services (7 Drumsheugh Gardens, Edinburgh), 10.45 am.
28 Wed	Consulting Pathologists Group Committee, 10 am.
28 Wed	Finance and General Purposes Committee, 10 am.
28 Wed	BMA Council Executive, 2 pm.
28 Wed	Accident and Emergency Subcommittee (CCHMS), 2 pm.
28 Wed	Consulting Pathologists Group, 2 pm.
29 Thurs	Compensation and Superannuation Committee, 10.30 am.

Division Meetings to be Held

Members proposing to attend meetings marked* are asked to notify in advance the honorary secretary concerned.

Derby—At Kingsway Hospital, Thursday, 22 April, 8.30 pm, agm.

Ipswich—At Ipswich Hospital, Tuesday, 20 April, 7.30 pm, wine tasting followed by film: "Get it right."

North Northumberland—At Blue Bell Hotel, Tuesday, 20 April, 8.30 pm, agm.

South Warwickshire—At Warwick Hospital, Thursday, 22 April, 8 pm, social meeting.

Notice to authors

When original articles and letters for publication are not submitted exclusively to the *British Medical Journal* this must be stated. For detailed instructions to authors see page 6 of the issue dated 3 January 1976.

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