

GENERAL NOTES

BRITISH ASSOCIATION OF OTOLARYNGOLOGISTS ANNUAL REPORT OF COUNCIL, 1948-49

COUNCIL

THE Council has met six times during the year, and each meeting has been well attended.

MEMBERSHIP

The Council regrets to have to report the deaths of Mr. Lionel Colledge, who was Vice-President of the Association for five years, of Mr. J. Gerrie and Mr. W. S. Syme, members of the Association and of Mr. R. Lake. Twenty candidates for Membership have been proposed and seconded and after consideration by the Council have been nominated for election at the Annual General Meeting. The total Membership is at present 291.

REPRESENTATION ON OUTSIDE BODIES

Mr. Negus has been co-opted to the Council of the Royal College of Surgeons for 1949-50 as the representative of Otolaryngology.

The question of a Joint Advisory Committee, to advise on Post-graduate Education, between the Royal College of Surgeons, British Post-graduate Medical Federation, Institute of Laryngology and the Association has been raised and Mr. Formby has been nominated the Association's representative on this committee.

INTERNATIONAL CONGRESS

The Fourth International Congress of Otolaryngology proved a great success, and was attended by 610 full Members, 107 Scientific Associate Members and 387 Associate Members. There were three Combined Sessions with invited openers, and in addition, four Sessions held concurrently; some 150 papers were read. Demonstrations were also given by Mr. T. Cawthorne, Dr. F. S. Cooksey, Mr. E. D. D. Davis, Miss M. R. Dix, Dr. John Gerrie, Dr. Oliver Gray, Miss D. M. Gutteridge, Mr. C. S. Hallpike, Mr. D. C. Kendall, Dr. H. A. Lucas, Mr. V. E. Negus, Professor T. Nicol, Professor F. R. Parrington, Dr. F. H. Pickworth, Dr. C. J. Polson, Mr. O. Popper, Dr. Sam Roberts, Professor M. Sourdille, and Miss E. Whetnall and a demonstration by the Royal Air Force arranged by Air Commodore Dickson. An historical exhibition was organized by Col. W. A. D. Drummond and Dr. Douglas Guthrie. The official Banquet was held at the Dorchester Hotel on Tuesday, July 19th, and nearly 1,000 members and associate members attended. At the reception given by the President and Council of the Royal College of Surgeons of England, an Honorary Fellowship was conferred on Professor Nager of Zürich. The *Proceedings* are in course of publication, and it is hoped that a nicely bound and fully illustrated volume will be available towards the middle of next year.

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The Council would like to record their thanks to all members of the Association who gave their support and helped with the organization.

ASSESSMENT OF SPECIALIST STATUS

The following report has been approved by the Council and the relevant sections have been forwarded to the Ministry of Health, Royal College of Surgeons, Central Consultants Committee and the Group Committee of the British Medical Association :—

1. *Criteria for Consultants and Specialists.* The Council recommended the adoption of the following criteria :—

- (a) Consultants and specialists must be engaged solely in the practice of otorhinolaryngology.
- (b) Consultants and specialists shall have a minimum of five years' training and experience in otorhinolaryngology after qualification.
- (c) To be approved as a consultant or specialist a candidate must hold or have held an appointment as surgeon-in-charge of, or assistant surgeon to an ear, nose and throat department of a hospital, which department must include an out-patient department and beds set aside for the reception of patients suffering from diseases of the ear, nose and throat.
- (d) Consultants must hold an approved higher degree or diploma.

N.B.—While it is recognized that in future all these conditions will be a *sine qua non* under present conditions they may well have to fall short of this ideal.

2. *Senior Hospital Medical Officer*

- (a) The title of Senior Hospital Medical Officer should not be given to an individual at any stage of his training to be a consultant or specialist.
- (b) The title of Senior Hospital Medical Officer or similar title should be granted only to such general practitioners and others who have in the past performed certain otorhinolaryngological practice, and of necessity should be allowed to continue to do so, although they do not qualify for the title of consultant or specialist.
- (c) In future all ear, nose and throat work should be performed by a consultant or specialist or by a recognized and approved trainee and, therefore, no further appointments of Senior Hospital Medical Officer or similar title should be made.

While these were the Council's recommendations, they may have to be modified if the terms of service proposed by the Ministry of Health alter.

3. *Remuneration of Young Specialists*

Accepting that the pay of a consultant or specialist appointed at the age of 32 be £1,700 per annum, it is felt that if an individual achieve consultant or specialist status at an earlier age he should receive the same remuneration as if he were 32 years of age, but only after the age of 32 should he qualify for the usual increments.

4. *Accommodation available in Hospital on Part Payment (Amenity Beds)*

The Council feel that the negotiating bodies should be advised to press for the abolition of such accommodation.

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5. *Charges Recoverable for Private Accommodation in Hospital*

The Council is of the opinion that the full cost of maintenance should not be imposed on patients in private beds in hospitals, but that they should only be charged the cost of maintenance less the cost of the medical services of the hospital.

6. *The Amount of Betterment to be Applied to Payments under the Spens Report*

The Council is of the opinion that the 10 per cent. increase on the figures in the Spens Report, which has been proposed, is too small and it considers that the negotiating bodies should be advised to press for an increase in this amount. It feels that the suggested figure of 70 per cent. is probably unobtainable and that a lower figure may have to be accepted.

MERIT AWARDS

The Association has been asked by the Royal College of Surgeons to submit the names of those otolaryngologists whom the Association might consider worthy of a merit award. A special meeting of the Council was held to discuss this question, and it was agreed that the Association was the only body that could be asked for recommendations. It was, therefore, decided to ask three senior members of the Association no longer on the staffs of their hospitals if they would undertake this task and make their report direct to the Subcommittee of the Royal College of Surgeons.

APPOINTMENT OF CONSULTANTS TO STAFFS OF HOSPITALS

The following resolution has been submitted to the Otolaryngologists Group Committee of the British Medical Association :—

“ The Council views with concern the tendency of Regional Boards to appoint full-time consultants to the staffs of hospitals and maintain that such appointments should remain as heretofore predominantly part-time.”

A reply has been received from the British Medical Association saying that the Otolaryngologists Group Committee has agreed that the policy of the Central Consultants and Specialists Committee shall be supported. This policy is that no appointment shall be advertised on a full-time basis when it has hitherto been a part-time post, and also that when new appointments are made, the consultant shall be given the option of accepting a contract either on a full-time basis or a part-time basis at the maximum number of sessions (i.e. nine).

SPEECH THERAPY

Representatives of the Association and the College of Speech Therapists met to discuss the question of speech therapy, and the following recommendations have been submitted to the Ministry of Health :—

- (a) That speech therapy is a medical auxiliary service.
- (b) That in every hospital with a speech therapy clinic this shall be under medical direction, and this is best achieved if it is attached to a specific department.

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- (c) In many general hospitals the practice in the past has been that this clinic more often than not is attached to the throat and ear department. Unless there is a good reason to the contrary, for example, special hospitals, such as nervous diseases, children, plastic etc., this is probably still the best department to sponsor the clinic. The chief aim is that every case treated shall be sifted through medical channels before treatment. Although the clinic may be attached to one specific department this sifting will necessarily take place through any appropriate department, for example, neurology, pædiatrics, thoracic, plastic etc.
- (d) The great field for treatment among school children must be considered. While these will in the first instance be seen and referred by a School Medical Officer it is probable that the clinics, to which he refers them, will be offshoots and under the guidance of the various regional centres under the National Health Service. It is desirable that all such clinics shall at regular intervals be visited by speech therapists from the regional clinics, who will advise and help, and to whom cases of difficulty may be referred. If necessary, such cases shall be sent for investigation to the regional centres.

The question of lip-reading was also discussed, and the College of Speech Therapists said that they could not undertake to sponsor this service. They would come in conflict with the bodies responsible for the teaching of the deaf. The two services are very distinct in their terms of reference and there is little common ground. It was, therefore, thought to be necessary that where lip-reading clinics were essential, such as in the distributing clinics for hearing aids considered in another report by the Council of the Association, a properly qualified lip-reading teacher would be essential.

The Ministry of Health and the Secretary of State for Scotland have set up a Committee to consider the supply and demand, training and qualifications of Speech Therapists in the National Health Service and have invited the Association to give evidence. Mr. Capps and Professor Ormerod have been appointed the Association's representatives to present evidence and have already attended a meeting.

Mr. Negus has been invited by the Ministry of Health to serve on this Committee.

HEARING AID CLINICS

The report on the accommodation and staffing of hearing aid diagnosis and distribution clinics has been circulated to every member of the Association and copies have also been sent to the Medical Officers of Regional Hospital Boards and to the Chief Medical Officer of the Ministry of Health.

HEARING AIDS

It has been brought to the Council's notice that the Ministry of Health has issued a directive that the Medresco aid is the only type of electrical aid to be made available under the National Health Service and that Hospitals should discontinue their former practice of giving representatives of commercial hearing aid firms access to the hospital premises and the opportunity to display their

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own aids to patients. The Council decided to send a protest to the Ministry of Health pointing out that no one aid was likely to suit every patient suffering from a similar type of deafness and that in the best interests of the patient it should be possible for an aid other than the Medresco to be supplied if found to be more suitable.

It was also suggested to the Ministry that a grant towards the cost of any such aid equivalent to the value of the Medresco should be made and that patients should be entitled to receive battery service for these aids. A reply has been received from the Ministry stating that it is realized that the Medresco hearing aid, in its present form, is not suitable for every type of deaf patient, and that the Electro-Acoustics Committee of the Medical Research Council are conducting further research on the design and specifications of a bone conduction receiver. The Ministry state that clinical trials have shown that the Medresco compares favourably with any commercial aid at present available in this country, and that it has been decided not to give grants towards the cost of aids bought privately by patients, nor assume responsibility for their maintenance nor the provision of batteries for them. The recommendation to hospitals regarding representatives of commercial hearing-aid firms still stands.

LOCAL EDUCATION AUTHORITIES

The question of the correlation of work previously carried out by the School Medical Service with the hospital and specialist service administered by Regional Hospital Boards has been taken up with the Ministry of Health. The Ministry state that Regional Hospital Boards, beside taking over hospitals and clinics, will also normally provide out-patient specialist services for school children hitherto provided by Local Education Authorities. Local Education Authorities have been advised to discuss this question with Boards, and Boards have been asked to co-operate in arriving at an early agreement as to the services which fall within their sphere. It will be for the Boards to determine how far this work can be regarded as a proper responsibility of the hospital and specialist services, and if so, how, when and where the necessary facilities and staff should be provided. During the interim period it may be desirable to arrange for the authorities to administer certain of these arrangements on their behalf until they are in a position to do so themselves. Local Education Authorities have concurrent powers and are free to arrange themselves, and pay for, specialist services they require over and above those that can be rendered by Regional Hospital Boards in this way. Once it has been determined what services the Regional Hospital Board will be responsible for, the latter will include work at these clinics in the scope of the appointments offered to specialists in their hospitals, and the work done will in the case of part-time appointments be aggregated in reckoning the number of notional "half-days". It has been proposed to the profession that the maximum salary payable to specialists holding part-time appointments with Regional Hospital Boards and Boards of Governors shall be nine and a half elevenths of the appropriate whole-time salary. If these proposals are agreed by the profession there will be a retrospective adjustment from July 5th, 1948, and this will settle a number of cases where holders of interim part-time contracts are in receipt of the maximum

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interim part-time salary of £1,600 and are still doing sessions over and above this for Local Authorities.

LECTURES

The Association has given a token grant of £20 towards a course of lectures to be arranged jointly by the Institute of Laryngology and the Royal College of Surgeons at the latter institution. There will probably be some nine lectures a year given by prominent otolaryngologists or medical men in closely parallel branches of medicine on subjects bearing on otolaryngology. These lectures are designed to be of such a standard that they will interest not only the trainee, but also the established specialist, and even the senior specialist desirous of acquainting himself with recent advances. The grant has been made on condition that the Royal College of Surgeons will permit all members of the Association to attend the lectures free of charge.

CENTRAL MEDICAL WAR COMMITTEE

The question has been raised of the difficulty which special departments of hospitals are experiencing regarding the recruitment of House Officers. A letter has been written to the Central Medical War Committee suggesting that candidates who are thought suitable for special department work should be given the opportunity of doing a second term of six months in a B2 post. The other Specialist Associations have also been asked to support this suggestion.

The Central Medical War Committee have issued a circular to hospital authorities stating that the Committee are prepared to consider sympathetically applications for permission to hold B2 posts in special departments from "R" practitioners who have already obtained one year's general post-graduate training in A and B2 posts.

LEAVE TO ATTEND MEETINGS

The question of leave to attend conferences, reimbursement of expenses in connection with such attendance, study leave etc., has been raised. The matter has been referred to the Group of Otolaryngologists of the British Medical Association, who report that the Central Consultants and Specialists Committee have made recommendations to the Joint Committee that specialists in the public service should be entitled to leave of absence with pay for the purpose of attending scientific meetings without the necessity of obtaining specific permission and that their expenses in connection with such meetings should be borne by the Employing Authority as suggested by the Spens Report.

ADVISORY APPOINTMENTS COMMITTEES AND PROFESSIONAL COMMITTEES

The Association was invited by the Royal College of Surgeons to submit nominations for the Advisory Appointments Committees and Professional Committees for the Metropolitan Regions. The names of a number of distinguished otolaryngologists were recommended from whom selection might be made when any Regional Board in the neighbourhood of London wished for specialist opinion.

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B.M.A. GROUP OF OTOLARYNGOLOGISTS

Various points in connection with the National Health Service have been referred to the Otolaryngologists Group Committee of the British Medical Association.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

THE Court of Examiners reports to the Council that on October 25th, 26th, 31st, November 1st, 2nd and 3rd, 1949, thirteen candidates presented themselves for the Final Examination for the Fellowship (Otolaryngology), five of whom acquitted themselves satisfactorily.

The following are the names of the five candidates who are, therefore, entitled, subject to the approval of the Council, to the Diploma of Fellow :

<i>Name and Residence.</i>	<i>Medical Qualification and School.</i>
REID, JOHN LEWIS, Royal Victoria Infirmary, Newcastle-upon-Tyne.	L.R.C.P., M.R.C.S., B.M., B.Ch(Oxon), Middlesex.
NATH, MAN MOHAN, c/o Lloyds Bank Ltd., Golders Green, N.W.II.	M.B., B.S.(Punjab), 1935.
APPLETON, JOSEPH NORMAN, London House, Guilford Street, W.C.I.	M.B., Ch.B.(Manch.), 1938. Manchester.
GUNNING, ALFRED JAMES, 34 Leinster Gardens, W.2.	M.B., Ch.B.(Cape Town), 1943. Cape Town.
DAWES, JAMES DESMOND KNEIPP, 40 Bewick Road, Gateshead 8, Co. Durham.	M.B., B.S.(Durham), 1945. Durham.

Contributions to Aviation Otolaryngology

By Air-Commodore
E. D. DALZIEL DICKSON

and other members of the Royal Air Force
Otolaryngological Department

including G. H. Bateman, J. F. Simpson, A. W. G. Ewing,
T. S. Littler, T. M. Banham, A. C. P. Campbell,
J. E. G. McGibbon, W. M. L. Turner, W. H. Winfield,
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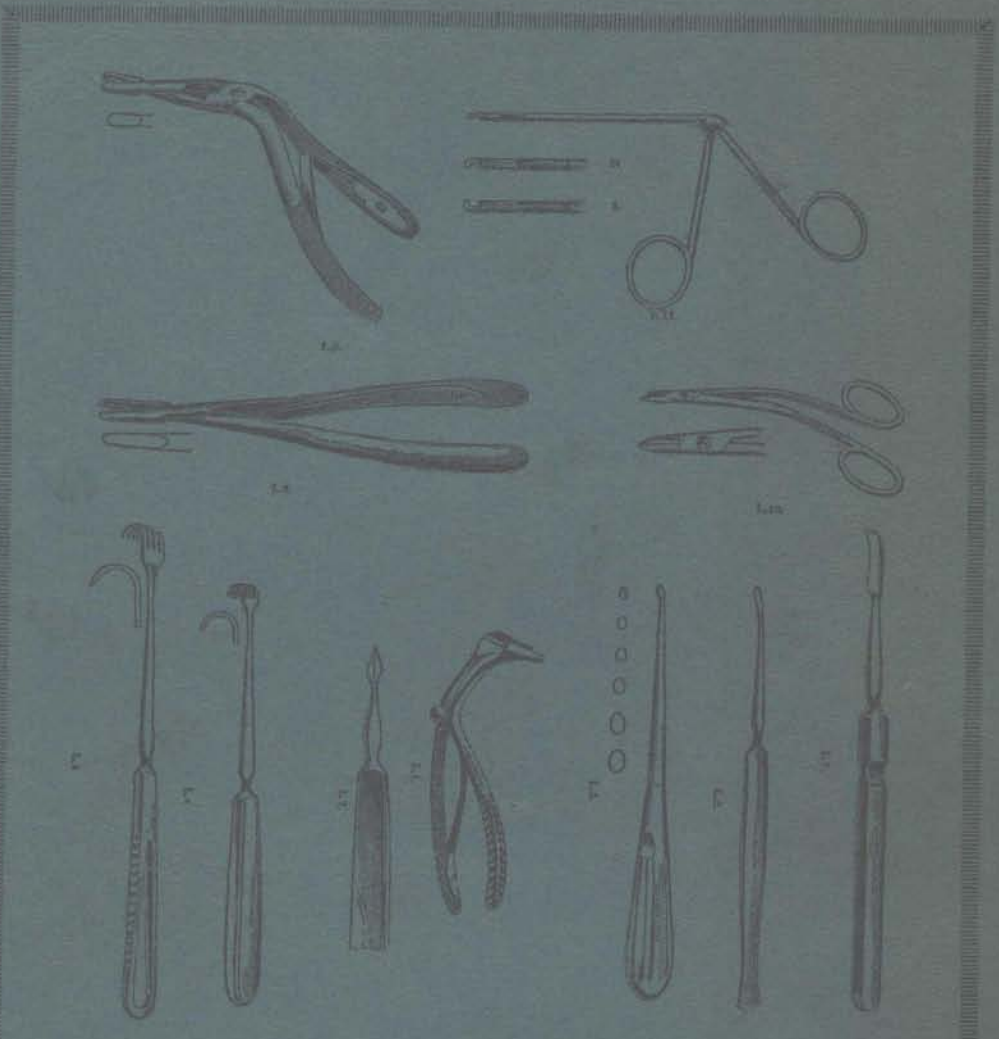
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