

## GENERAL NOTES

### THE INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY

The following appointments have been made to the staff of the Professorial Unit :—

Mr. Richard Chignall, F.R.C.S., D.L.O., to be Assistant Director.

Mr. J. A. B. Thomas, F.R.C.S., D.L.O., to be First Assistant.

WE are very pleased to welcome the first volume of the *Annals of the Institute of Laryngology*, which has now been published, and is on sale at the Royal National Throat, Nose and Ear Hospital, price five shillings. It contains articles by Sir Charles Symonds, F. W. Watkyn-Thomas and other members of the Institute, and the editor hopes that as many as possible who are interested in teaching the specialty in Great Britain will subscribe to it. The aim of the journal is to attract articles of interest to the students, and to publish work from members of the Institute past and present.

### UNIVERSITY OF LONDON

#### SEMON LECTURE, 1949

The Semon Lecture for 1949 will be given by A. J. Wright, F.R.C.S., Director of Medical Postgraduate Studies at the University, Bristol, at 5 p.m., on Thursday, November 3rd, at the Royal Society of Medicine, 1 Wimpole Street, London, W.1. The title of the lecture is to be "Tonsillar Function: a review of the evidence."

### OTO-LARYNGOLOGICAL SOCIETY OF ISRAEL

THIS Society has recently been founded with Dr. Sherman of Tel-Aviv as its President. The first meeting will be held in the second half of December, 1949, and the subjects for discussion are ;

- (1) "Social Approach to the Problem of Deafness."
- (2) "New Views on the Vestibular Apparatus."

All colleagues from abroad who wish to participate are invited to approach the Hon. Secretary, Dr. E. Wodak, Tel Aviv, c/o Javneh Street.

### BRITISH ASSOCIATION OF OTOLARYNGOLOGISTS

#### REPORT OF COUNCIL MEETING ON JUNE 17TH, 1949

THE following report has been agreed :—

#### I. *Criteria for Consultants and Specialists*

- (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

## General Notes

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.

### 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.

### 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.

The relevant sections of the above report have been forwarded to the Ministry of Health, Royal College of Surgeons, Central Consultants Committee and the Group Committee of the British Medical Association.

Mr. V. E. Negus has been nominated as the co-opted member representing the specialty on the Royal College of Surgeons' Council for 1949-50.

The question has been raised of the difficulty which special departments of hospitals are experiencing regarding the recruitment of House Officers, and it has been agreed to write 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.

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It has been agreed to submit the following resolution 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 maintains that such appointments should remain as heretofore predominantly part-time.”

A reply has been received from the Ministry of Health 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 specification of a bone conduction receiver. The Ministry states that clinical trials have shown, however, 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 or the provision of batteries for them. Hospitals have been recommended not to give representatives of commercial hearing aid firms access to the hospital premises and the opportunity of displaying their own aids to patients.

A reply has been received from the Ministry of Health regarding the correlation of work previously carried out by the School Medical Service with the hospital and specialist services administered by Regional Hospital Boards. Regional Hospital Boards, besides 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 in Circular 118-47 to discuss this question with Boards without delay, 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 shall 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 5th July, 1948, and this will settle a number of cases where holders of interim part-time contracts are in receipt of the maximum interim part-time salary of £1,600 and are still doing sessions over and above this for Local Authorities.

# 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,  
W. Harvey, D. B. Fry, G. E. Swindell, R. E. C. Brown.

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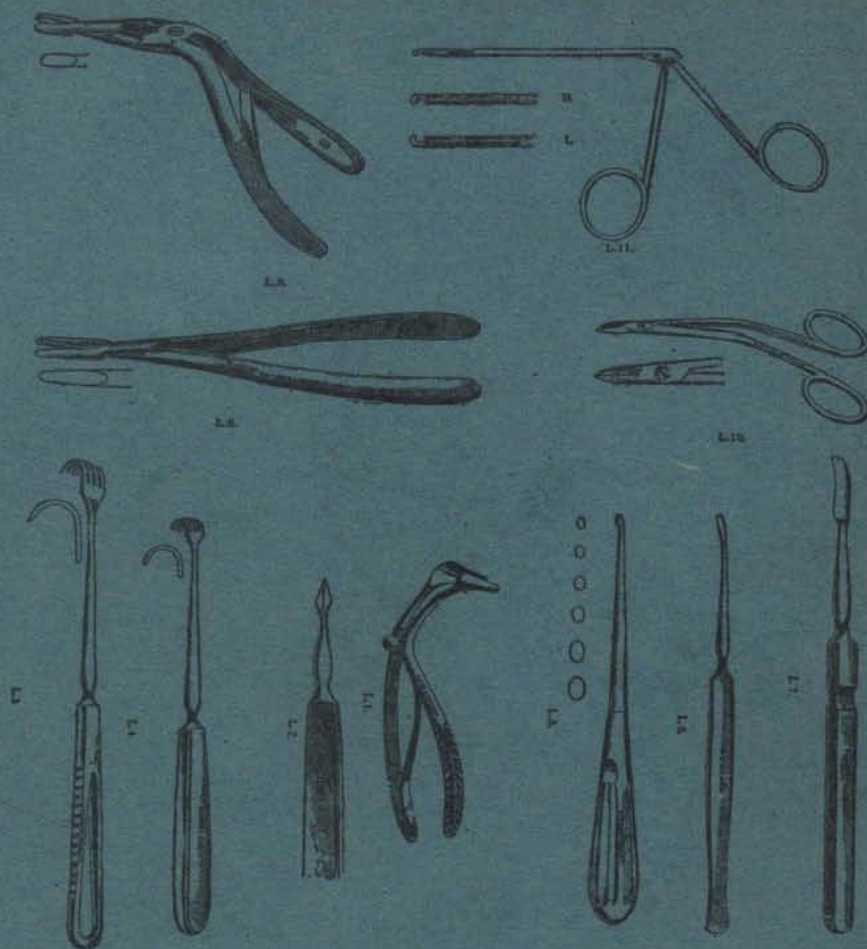
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