Non stick dressing e.g. Molonil
Ribbon gauze
Stockinette. Tubegrip drsssing and applicators
Steristrip and Dermacel
Dressings for varicose ulcers e.g. Coltapaste, Viscopaste
Sterile dressing packs containing gauze, cotton wool obtained on EC 10
Bottles of various solutions e.g. Tinct, Benz. Acriflavine etc.
Paper towels
A selection of various liquid antibiotics, anti-diarrhoea mixtures, antibiotic tablets etc.
A collection of ampoules, adrenaline, atropine, chlorpromazine, procaine, penicillin
A shelf of tablets, ampicillin, amylobarbitone, codeine, chlorpromazine, digitalis, erythromycin, penicillin, phenobarbitone, sulpha drugs could be the nucleus of such a collection
Solutions—cetrimide, surgical spirit, soap spirit
Ointments in variety
The 'shelf life' of various products must be watched

(9) *Dangerous drugs cupboard*
Locked and a register must be kept, particularly where drugs are bought and dispensed or used
Morphia, pethidine.

(10) *Refrigerator*
Useful but not absolutely essential. Contents include vaccines, antisera and innoculations. Milk should not be forgotten—doctors and staff do occasionally like a cup of tea. Retention of specimens for transfer to the laboratory the following day. Cost: 0 capacity 3 cubic feet—average £40.

(11) *Sterilizer*
Electric immersion type with automatic cut out and draw off tap. Fitted with seamless perforated tray and tray lifters. Cost from £21 to £85 depending on the size.
This item is more traditional than safe. Should be replaced with disposable equipment, and pasturizer for equipment requiring sterilizing.

(12) *Autoclave.* Cost £135.

(13) *Nurse's desk*

(14) *Storage space*

Laboratory Equipment
Basic contents:

For urin analysis
Ames reagent sticks
Clinitest apparatus
Microscope and slides and various staining reagents. Cost under £50
Centrifuge. Cost £28

For blood
Heamoglobinometer Optical MRC grey wedge or ABO spence
ESR tubes.

Discussion

Dr J. O. Fitzgerald said that it was difficult to estimate the number of telephones needed. He suggested that five external lines were sufficient for seven doctors.

It was emphasized that it was not the number of doctors that mattered but the number of people available to answer the telephone. If there was only one person to answer the telephone for seven doctors, one line was all the practice could cope with. The Post Office would measure the traffic, if asked to do so, on the existing lines, and the number of calls that did not get through, and suggest how many lines were needed and how many members of staff were needed. It was wise to consult the experts on these matters.

The Post Office would advize similarly on the problem of ex-directory lines to facilitate outgoing calls. Telephone consultations were not encouraged though telephone follow-up had its uses. In multiple line outfits only one line required switching to the duty doctor at night. A simple answer telephone from the GPO giving the information of the other available number or that appointments are only made between 8.30 am and 6 pm and a telephone answering service was of course a help. The value of radio telephone depended on the geography of the practice.