

DR J. C. CAMERON

Dr J. C. Cameron, *C.B.E., T.D., F.R.C.G.P.*, General practitioner, Wallington, Surrey, has been awarded the Gold Medal of the British Medical Association.

Dr Cameron graduated in 1929 from the University of St. Andrews. He became a member of the General Medical Services Committee in 1956 and was elected Chairman in 1964, and re-elected during the following ten years.

Dr Cameron's citation referred to his achievement in reclaiming for general practice the residue of the Group Practice Loan Fund to endow a charity which now bears his name and refers to his work for general practice and included the words, "by no means limited to material and financial successes. Seeing clearly that its future welfare must depend upon its recognition within medicine as equal and not inferior to any other branch, you brought about a closer alliance between your Committee and the Royal College of General Practitioners, and your work was recognised by the College in the conferment upon you of its Honorary Fellowship."

In 1969 Dr Cameron was appointed *C.B.E.*

The Gold Medal is the highest honour of the British Medical Association.

HEALTH AUTHORITIES

The Secretary of State for the Social Services has announced that she is changing the

constitution of regional and area health authorities to ensure that the number of local authority members on both should be increased to one third of the total.

She is also introducing proposals that two members of the staff organisations will also be represented on these National Health Service authorities.

**DOMICILIARY
CONTRACEPTION SERVICE**

At the end of 1974 the Family Planning Association was visiting nearly 10,000 families in their homes through its domiciliary family planning service.

During the year the total number of people who received birth control advice and prescriptions from the FPA exceeded 1,000,000.

**CHILDREN UNDER THREE
AND THEIR FAMILIES**

The Winnicott Memorial Fund of the British Psycho-Analytical Society is holding a Day Conference at Bedford College, London, on 12 December 1975.

The speakers include Dr John Horder, *O.B.E., F.R.C.P., F.R.C.G.P.*, General practitioner, London, and applications should be made to Mrs Joyce Coles, 120 Corringway, Ealing, London W5.

CORRESPONDENCE

VARIABLE DIRECT DEBIT

Sir,

At the Spring General Meeting of the College, held in Dundee this year, a resolution recommending the introduction of variable direct debit for the collection of subscriptions was passed unanimously. Why has it been necessary to introduce this new method?

(1) About 90 per cent of the income of our College comes from the annual subscriptions of fellows, members, and associates, and it is obviously important that we have an efficient method of collecting these payments. There are, unfortunately, many snags in having to rely on a good response to an annual reminder for the payment of subscriptions. If the request goes out too early, many people, not unreasonably, say to themselves that they will pay later: and then unfortunately forget to send their cheque.

(2) Each payment as it is received has, of course, to be written up in the College account books and also marked in the subscription register. Non-payers have to be sent reminders—which means sorting the register by hand. This is expensive.

(3) Our College, like other similar organisations, used to rely on bankers' orders to overcome some of these difficulties. Many of our members issued an authority to their bank for the payment to the College of a specified sum on 1 July each year. Recently, however, two difficulties have arisen. Firstly, because of inflation, the subscription rates have had to be altered at fairly frequent intervals. Some banks have failed to adjust their instructions correctly when an amended bankers' order is issued by the member. Sometimes the College even received two subscriptions from the same member's account: one at the old rate and one at the new. Sometimes the bank forgot

altogether to pay the bankers' order. During the last subscription year over 600 cheques had to be sent from the College refunding dual payments of subscriptions.

(4) Secondly, we have had considerable problems in the Finance Department of the College in identifying the member's name in the case of some bankers' orders. For example, Dr White, in the partnership of Drs Brown and Green and White: the payment we receive from his bank says it is from "the account of Brown and partners". The time taken to identify the member's name in such a case can be considerable, and the problem is worse when a member changes partners or banks, so that the source of payment has to be re-identified.

(5) To help overcome our difficulties the 1973 Annual General Meeting agreed to the adoption of the direct debit system for payment of annual subscriptions by those members who were willing to do so. So far over 80 per cent of all the fellows, members, and associates who pay an annual subscription have agreed to pay by this method. In the direct debit system, instead of the member authorising the bank to send the subscription to the College, the member authorises his bank to accept the College's request for payment. The major difference is that we now know for certain who has paid. Furthermore, our bank (Messrs. Coutts & Co.) accepts the responsibility for collecting all the direct debit on the due day.

There are several advantages to the College. The very large sum of money involved is received within a very few days of 1 July, and a large proportion can be put to productive use. Our accounting system is greatly simplified. Payments received via bankers' order came in any jumbled alphabetical order and arrived over a period of days and even weeks. By direct debit we receive from our bank an alphabetical list of members who have paid their subscription.

(6) Only one snag—we hope—remains to be overcome. Because of inflation it is now necessary to increase the rate of the annual subscription at relatively frequent intervals instead of every five years or so as in the past. Using our present direct-debit system would mean that every member who agrees to pay his subscription this way would have to fill in a fresh direct debit instruction every time there was a change in the rate. With the variable direct debit system the member authorises his bank to pay such an annual subscription as shall have been duly approved at an Annual General Meeting of the College. If and when the subscription rate is altered, the member need take no action.

What protection will the ordinary member have if he agrees to pay his subscription by variable direct debit? Firstly, he will receive notice of the intended alteration to the subscription rates. Secondly, he can of course attend the AGM—or brief his colleagues who are attending. Thirdly, notice of any such change will appear in the *College Journal*. He will receive a letter from

the College Finance Department informing him in good time of such changes as affect his subscription.

(7) The more members who agree to adopt variable direct debit, the greater will be the saving to the College in the administration of our subscription department. This saving is passed on to the fellows, members, and associates, in that the subscription can be kept at a lower rate, perhaps by as much as £2 per member per year.

STUART CARNE
Honorary Treasurer
of the College

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CHILDHOOD LEUKAEMIA IN GENERAL PRACTICE

Sir,

An article in your April *Journal* caused considerable comment at a departmental meeting. I am writing this letter of criticism so that future writers will not fall into the same trap as did Dr Mark McCarthy, writing his article on the care of *Childhood Leukaemia in General Practice*.

The major criticism I have of his method is the bias in selecting interviewees. Only 73 per cent of the involved practitioners were interviewed, and inevitably we must question the representation of these doctors. Response from parents was higher at 85 per cent, but the number of refusals from parents whose children were treated at district hospitals was significantly greater than those from parents whose children were treated by special centres (9 against 2 respectively; $p=0.023$ by Fisher's exact test). Although this bias does not appear to be important to the remainder of this article, it shows an ability to accept sloppy methods by the author. Inevitably we must ask ourselves where else such biases might occur without our being told.

Presenting symptoms, as recalled *two years later*, are discussed and it is claimed that "specific haematological symptoms had become more frequent" by the stage of referral to hospital. Even if the data were reliable, the table produced does not show such a change in symptoms to be statistically significant ($\chi^2_2=2.07$). This is not to say that delay in general practice does not occur—nearly a third of interviewed parents claimed that it did. However, such delay has not been shown to be related to symptomatic development of the disease by Dr MacCarthy's study, even though he later claims that survival correlates significantly with delay both on the general practitioner's and on the parents' part. Unfortunately we are not let into the secret of how such a claim came to be made!

I was intrigued to note that the unspecified majority of doctors were satisfied with hospital communications. This contradicts much of the current literature on this subject, and if true, could indicate either that the quality of communication