

and referred her to the tuberculosis clinic, who confirmed this, and stated that they had found tubercle bacilli in her sputum. From the other angle, I had a certificate from a doctor to say that a patient of his who had been medically rejected was perfectly fit and healthy, although he stated she had a swelling of the thyroid. This woman was suffering from thyrotoxicosis, and I consider such a condition should be under medical care, and anyone suffering from it is certainly not a fit subject for work with T.N.T. This her doctor disputed.

Diagnosis of T.N.T. poisoning by the factory medical officer is not an easy matter. Our employees whom we suspect are suffering from T.N.T. poisoning have a very extensive examination, which includes blood-pressure reading, Webster urine test, blood count, and examination of stained blood films over and above a physical examination.

It is the earnest wish of factory medical officers that full co-operation between the patient's own doctor and the factory should be established, and it is my desire in this letter to be constructive and helpful. If the panel practitioners are in difficulties regarding their patients whom they presume to be suffering from T.N.T. poisoning, we will do our utmost to assist them, if they communicate with us.—I am, etc.,

May 14.

J. H. WATSON.

SIR,—I was interested to read Dr. J. B. Wrathall Rowe's letter (May 10, p. 732) in which he expresses his views as a factory medical officer on the question of the acceptability of many certificates of incapacity. Recently this subject gained singular importance when a magistrate refused to accept their validity. That the medical certificate should thus fall below the status of a legal document is a matter for concern.

The task of the practitioner is not an easy one when dealing with these applications. He is unable wholly to disregard statements by patients, and in many cases must grant a certificate while lacking proof of their veracity. For example, a man may come to the evening surgery requesting such a document on the grounds that he was incapacitated that day by diarrhoea. Many patients do not appreciate the responsibility incurred by the doctor in granting a certificate, particularly in insurance and contract practice. It is beyond their comprehension that their doctor, for whose services they have contributed weekly payments, should hesitate to sign his name to any statement requested of them by employer, employment exchange, or school authority, etc. Certificates which were "ludicrous in the extreme" may have been issued as a means of avoiding prolonged argument during a busy surgery.

Under war conditions a number of new types of medical certificates are now demanded by Government Departments and local authorities. As a result of these certificates and coupons, a complex appears to have arisen which is rapidly leading to abuse. Some retailers of foodstuffs seek to solve the difficulty of distributing scarce commodities by requesting a medical certificate. In consequence of all this patients are tending to regard the surgery as an additional coupon office.

To end such abuses the medical certificate must be issued under stricter control. The patient must also be made to realize that all certificates cannot be demanded as a right. One way would be to charge a nominal fee in the form of a legal stamp, already customary with legal documents. A postage stamp could, for instance, be affixed to existing printed forms. Other certificates, including that of incapacity, could be supplied in printed book form with embossed Inland Revenue stamps, a practice already familiarly used. The annual yield to the Treasury from such a duty would be considerable, and the present time seems most appropriate for its introduction. As a result of the legalized formality of such an arrangement, the patient would tend to appreciate something of the nature of his request. The cost to be incurred would perhaps minimize unnecessary applications. A practitioner's refusal to accept payment for an unworthy application would be better understood than by a lengthy explanation. In some areas it is already the practice to charge a fee when issuing certificates, and it would be an advantage if a fixed charge could be agreed upon which would include the stamp duty.—I am, etc.,

May 20.

R. H. GREIG.

SIR,—In the past few days I have signed certificates as follows: (1) for corsets; (2) to exempt fire watchers suffering from disease; (3) for extra milk; (4) to exempt from military

service men passed as Grade I suffering from tuberculosis and Hodgkin's disease; (5) for one of two special types of gas-mask—only one of which is actually available. Surely it is time the B.M.A. took a hand in abolishing this certificate mania.

Apparently in the case of the extra milk the certificate must be signed every month; presumably to the official medical mind tuberculosis is a disease of a month's (or less) duration. Coupled with the recent warning of the G.M.C., and the fact that the nature of the person's illness has to be disclosed to clerks and dairymen, it is evident that the practitioner's word is not to be trusted, as he is warned by the judge—namely, the disciplinary body—and has to explain himself to the jury—the clerks and dairymen. I feel sure I am expressing the feelings of my colleagues, and hope you will publish this in your columns, which are our only mouthpiece.—I am, etc.,

Cottingham, E. Yorks, May 14.

R. D. B. WRIGHT.

The Phoenix Number

SIR,—May I offer my congratulations on the production of last week's *British Medical Journal*, dated May 17, and its publication at the usual time? I wondered how you would do it, and I still do not know—it is a great effort.—I am, etc.,

W. K. FITCH,

Editor, the *Pharmaceutical Journal*.

London, W.C.1, May 22.

The Services

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Captain FRANK ROBERT OLIVER HAYWARD died suddenly at Guiting Grange on May 19. He received his medical education at Guy's Hospital and qualified M.R.C.S., L.R.C.P. in 1932. He had held the post of house-physician at St. Bartholomew's Hospital, Rochester, and before the war was in practice at Chelmsford, where he was honorary anaesthetist to the local hospital.

Prisoner of War

Major Alastair Gordon Donald Whyte, M.B.E.

DEATHS IN THE SERVICES

Major-General ALEXANDER ARTHUR SUTTON, C.B., D.S.O., late R.A.M.C., died at Tunbridge Wells on May 12, aged 79. He was born on November 30, 1861, took the L.R.C.P.Ed. and L.R.F.P.S.G. in 1884, and entered the Army as surgeon in 1885. He became colonel in 1915, major-general in 1917, and retired in 1920. He served in the campaign in Sierra Leone in 1898-9, when he was severely wounded (West African medal with clasp); in the South African War in 1899-1902, taking part in operations in the Orange Free State, including the actions of Paardeberg (wounded), Poplar Grove, Karree Siding, Vet River, and Zand River; and in operations in the Transvaal, including actions at Pretoria, Johannesburg, and Diamond Hill, was mentioned in dispatches in 1901, and received the Queen's medal with four clasps, the King's medal with two clasps, and the D.S.O. He also served in the war of 1914-18, when he was twice mentioned in dispatches in 1916 and received the C.B. He also received the Serbian Order of St. Sava (Third Class) for services at Salonika in 1917.

Lieutenant-Colonel MICHAEL DAVID AHERN, O.B.E., R.A.M.C. (ret.), died in Dublin on May 10, aged 64. He was born on September 6, 1876, the elder son of the late Mr. T. Ahern, J.P., of Glanmire, County Cork, was educated at Queen's College, Cork, and at the Cecilia Street Hospital, Dublin, and took the Scottish triple qualification in 1902. Entering the R.A.M.C. as lieutenant in 1904, he became lieutenant-colonel in 1926, and retired in 1931. He served in the war of 1914-18 and received the O.B.E.

The Federal Department of Health in Mexico has been reorganized under the new administration with Dr. Victor Fernandez Manero chief of the Federal Department of Health, Dr. Mario Quinones Secretary-General, and Lou Babadilla in charge of the office.

The sudden and tragic death of WILLIAM GRAY, caused by enemy action in Liverpool while carrying out his duties, was a great shock to his many friends in Edinburgh. He came from Canada in 1927 and graduated in Edinburgh in 1932. As a student (writes G. L. C.) he acted as one of the unqualified assistants in my surgical clinic in 1930. After graduating, the managers of the Edinburgh Royal Infirmary appointed him, at my request, resident house-surgeon to the wards under my charge. On the termination of this appointment, Mr. Pirie Watson, who, as assistant surgeon, had seen his good work, appointed him resident surgeon at Leith Hospital. Not content with a year of hospital work after graduation, Gray then went to Liverpool and specialized in orthopaedic surgery, obtaining the M.Ch.(Orth.) degree in Liverpool in 1937. Two years later he obtained the Fellowship of the Royal College of Surgeons, Edinburgh. At the time of his death he was deputy medical superintendent, Mill Road Infirmary, Liverpool. William Gray's record since graduation, so far as work is concerned, speaks for itself, but he had something more than ability—a charm, difficult to define, due to a bright personality, a lovable disposition, and a quiet musical voice, all of which endeared him to those who knew him. A promising career has been ruthlessly cut short. The deepest sympathy of all his friends is extended to his widow and his parents in Canada.

Dr. JOHN SLIGHT GRAY has been reported killed by enemy action in April, 1941, aged 28. He was the younger son of Mr. and Mrs. George Gray, of Riselaw Crescent, Edinburgh, and took the M.B. and Ch.B. at Edinburgh in 1939.*

Universities and Colleges

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The College Board have made the following awards for 1941-2: Price Scholarship in Science (value £100).—A. J. Dinn. Open University Scholarships (a) (£100).—A. Comfort, Trinity College, Cambridge; (b) (£100).—K. A. A. Wray, King's College, Cambridge, and P. F. Haggart, Downing College, Cambridge (Scholarship divided).

UNIVERSITY OF OXFORD

Diploma in Ophthalmology, 1941

The Board of the Faculty of Medicine gives notice that the two-months course of instruction at the Oxford Eye Hospital will begin on Monday, October 13. The examination will be held beginning on Monday, December 8; names must be received at the University Registry not later than 3 p.m. on Wednesday, November 19.

Medical Notes in Parliament

Duty on Patent Medicines

On May 20, Mr. KEELING asked the Chancellor of the Exchequer whether he was aware that his predecessor, when withdrawing, in response to the views of the House, his proposal to discontinue the taxation of patent medicines, promised to re-examine the question of continuing to tax them, and repeated this promise to a deputation of members, whether the re-examination took place, and with what result. Sir KINGSLEY WOOD replied that on the outbreak of war, in view of the pressure on the time of all concerned, the procedure contemplated by his predecessor was abandoned. Subsequently, however, on August 13 last he gave an undertaking to see, before the next Finance Bill, whether he could not get the parties together and try to get some reasonable solution of the matter. Mr. Keeling was aware of the recent developments in this connexion.

Mr. KEELING asked if Sir Kingsley Wood was aware that the only parties consulted were the vendors. Did the Minister think it right that the Government should have violated their express promise without any word of explanation. Sir KINGSLEY WOOD said he thought that the procedure now in operation was the best one possible. They

could not have a long inquiry, but the Minister of Health was in touch with all parties interested in the matter. Viscountess ASHOR asked if the advertisement of patent medicines was not one of the scandals which was dealt with in the last war. No one knew why the Government had given in on this.

Liquid Fire Extinguishers

Many chemical liquids, for which the claim is made that they extinguish incendiary bombs, have been tested by the Research and Experiments Department of the Ministry of Home Security. None has been found which can be recommended in preference to water. Mr. MABANE in stating this on May 21 added that some of the liquids being sold are corrosive; some contain caustic substances dangerous to the eyes; others produce fumes and smoke which may be harmful and make fire-fighting difficult.

N.H.I.: Income Limit to be Raised

Mr. ERNEST BROWN announced on May 22 that the Government intended to introduce very shortly legislation to increase the benefits payable under National Health Insurance, in particular, sickness, maternity, and disablement benefits. This legislation could not, in present circumstances, be more than an interim measure designed to give effect to changes in the health insurance scheme necessary to meet wartime conditions. The Government hoped it would be possible to carry through in due course a thorough overhaul of the existing schemes of social insurance, particularly health and pensions insurance and workmen's compensation. It held that the comprehensive survey of the existing schemes which must be an essential preliminary to such legislation should be set on foot at once as part of post-war planning. The survey was to be undertaken forthwith by Mr. Greenwood in association with other Ministers concerned.

The Bill which the Government intended to introduce shortly would, as from the beginning of the next benefit year in January next, increase by 3s. the statutory rates of sickness and disablement benefits payable under the Health Insurance Acts. The sickness benefit for a man would be raised from 15s. to 18s., and his disablement benefit from 7s. 6d. to 10s. 6d. For single women and widows the new rates would be 15s. and 9s. respectively, and for married women 13s. and 8s. Any cash additional benefits would continue to be payable over and above these minimum rates. These changes would be made possible by the payment of State grant on the usual basis and by increasing by 2d. the weekly contributions payable in respect of men and women alike—1d. of this increase to be borne by the employer and 1d. by the insured person. The Bill would also raise to £420, as from January next, the remuneration limit for the compulsory health and pensions insurance of non-manual workers. In addition to other health and pensions rights, this would give to rather fewer than 500,000 fresh persons a title to free medical treatment and attendance. The position thus created was being discussed with the medical profession. Power would also be sought in the Bill to deal with the position in insurance of civilian prisoners of war and other similar war problems.

Ministry of Health Report.—Mr. ERNEST BROWN announced on May 8 that he proposed to issue from the Ministry of Health a summarized report covering the two years ended March 31, 1941, when this material had been collated. Sir FRANCIS FREMANTLE asked whether this reply referred to the Annual Report of the Chief Medical Officer of the Ministry or to the Report of the Department. Mr. BROWN: I shall do my best to have at least a summary published.

Combatant German Medical Personnel.—On May 20, Mr. SORESENSEN asked the Secretary of State for War whether he had evidence to show that members of the German Army Medical Corps either were trained in the use of arms or employed them during action against our own or Allied troops. Captain MARGESSON said that no instances had been brought to his notice of the use of arms by German Army medical personnel in action against British or Allied troops, but he was making further inquiries. International law permitted the training of medical personnel in the use of arms in their own defence.

Notes in Brief

The number of death certificates received during the year 1939 in which vaccinia or vaccination was mentioned or the death was attributed to vaccinia or vaccination, and the ages in each case, were as follows: *Non-civilians*: 1 at 20 years. *Civilians*: 1 at 4 months and 1 at 31 years.