

## Universities and Colleges

### UNIVERSITY OF EDINBURGH

Brigadier F. A. E. Crew, M.D., D.Sc., F.R.S., has been appointed to succeed Prof. P. S. Lelean in the Bruce and John Usher chair of public health. He has held the Buchanan chair of animal genetics at Edinburgh since 1928 and was temporarily released from the duties of his professorship some two years ago for work in the Medical Department of the War Office.

### UNIVERSITY OF GLASGOW

A series of meetings will be held in the Department of Ophthalmology on Wednesdays, from April 5 to May 10, at 8 p.m. The meetings are open to all medical practitioners and senior students interested in ophthalmology.

### UNIVERSITY OF LEEDS

At a meeting of the Council of the University of Leeds on March 14 a part-time Lectureship in Public Health was instituted, and Dr. F. R. Dennison, honorary demonstrator in that subject, was appointed to the new post.

### UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

**FINAL M.B., Ch.B.—Part I:** Audrey M. Ashcroft, N. L. Bailey, K. Baker, S. Beacon, D. T. Binns, R. Brearley, P. M. Bretland, Helen A. Cawson, A. D. Charney, M. H. Clark, N. Coulshead, S. Croft, G. D. Currie, Pauline M. Dean, Joan Evans, R. L. Goldson, H. G. Graham, E. A. Harris, Ailsa M. Heath, Nellie Hughes, F. G. Ince, R. W. Kennon, Barbara M. Killick, T. S. Law, Jean Learoyd, A. C. Levinson, H. S. Levy, T. R. Littler, J. A. O'Garra, A. E. Pritchard, Rachael M. Rawcliffe, G. P. Reed, H. Roberts, W. G. Roberts, P. W. Robertson, F. W. Sheffield, H. H. Slack, Helen M. Taylor, L. Temkin, R. G. Thomas, Maureen M. Tickle, L. F. Tinckler, J. Ward, Joyce Watson, N. P. Watson, W. F. Wille, E. H. Wilson, Esmé M. Wren, Aline N. Wynroe. *Passed in Separate Subject:* Cécile N. Broster (Pharmacy and General Therapeutics). **Part II:** M. K. Alexander, J. T. D. Allen, E. T. Anderson, Beryl G. Anscombe, G. Ansell, K. W. Baruch, J. P. D. Bates, T. J. Boag, Edith M. Brown, D. Craddock, H. T. Davenport, B. Dover, Monica Drinkel, E. D. Edmondson, J. L. Edmondson, J. W. L. Edwards, R. Ellam, P. Foster, J. J. C. Frew, B. R. Frisby, D. A. Gregson, L. Griffiths, B. B. Harrison, C. R. Helsby, G. Hughes, L. Jacobs, D. C. R. Jones, E. S. Jones, H. A. Jones, R. S. Jones, M. Kirwan, J. W. T. W. Lawson, Joyce R. Lewis, J. B. Lynch, K. McCarthy, M. G. McEntegart, R. H. Martlew, Lucille F. Morgan, D. B. Mossman, C. M. Ogilvie, C. A. Pearson, H. H. Pilling, Muriel E. St. Pier, W. L. Sanders, J. V. Shephard, Isabel S. Smellie, G. W. Storey, P. J. Taylor, W. A. Thompson, Corris Venables, H. Wickham, J. R. E. Wilson. *Passed in Separate Subject:* S. Lipton (Public Health).

<sup>1</sup> Distinction in pharmacology and general therapeutics. <sup>2</sup> Distinction in forensic medicine and toxicology. <sup>3</sup> Distinction in public health.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

The President, Sir Alfred Webb-Johnson, gave a luncheon on March 20 at the College in honour of Major-General Norman T. Kirk, Surgeon-General of the United States Army. Those present were: The United States Ambassador; Dr. E. A. Strecher, Consultant to the Secretary of War; Major-Gen. David N. W. Grant, Air Surgeon, U.S. Army Air Force; Major-Gen. Paul R. Hawley, Chief Surgeon, E.T.O., U.S. Army; Brig.-Gen. Malcolm C. Grow, Surgeon, U.S. Strategic Air Force; Col. Elliott C. Cutler, Chief Consultant in Surgery, E.T.O., U.S. Army; Col. James C. Kimbrough, Chief of Professional Service, E.T.O., U.S. Army; Col. Rex L. Diveley, Senior Consultant in Orthopaedic Surgery, E.T.O., U.S. Army; Col. Derrick T. Vail, Senior Consultant in Ophthalmology, E.T.O., U.S. Army; Col. Herbert Wright, Chief of Professional Services, U.S. Strategic Air Force; Surg. Vice-Adml. Sir Sheldon Dudley, Medical Director-General, Royal Navy; Lieut.-Gen. Sir Alexander Hood, Director-General, A.M.S.; Air Marshal Sir Harold Whittingham, Director-General, R.A.F.M.S.; Major-Gen. R. M. Luton, Director, Medical Service, Canadian Forces in England; and seventeen members of the Council of the College.

A series of Hunterian Lectures commencing on Wednesday, April 12, and a Thomas Vicary Lecture on Thursday, April 13, will be given at the College (Lincoln's Inn Fields, W.C.). All the lectures begin at 4 p.m. and are open to advanced students and medical practitioners.

### COLLEGE OF PHYSICIANS AND SURGEONS OF BOMBAY

The Council of the College of Physicians and Surgeons of Bombay at its meeting in July, 1943, decided to institute an examination for a diploma in child health (D.C.H.Bom.) and appointed a committee to draw up regulations for that examination. The committee submitted its report to the Council on Jan. 14, 1944, and the report was approved and adopted. The course, which is of twelve months' duration, has to be taken at a recognized children's hospital or in a recognized children's department of a general hospital. The examination is open to persons holding a qualification (a) laid down in Schedules I and II of the Indian Medical Council Act, 1933, or (b) granted by any of the various Examining Boards in India whose names were on the Schedule of the Bombay Medical Council in 1941.

## The Services

Capt. E. T. McCartney, R.A.M.C., has been awarded the M.C., and Major (temp. Lieut.-Col.) P. J. May, M.B.E., Capt. (temp. Major) C. B. Marsden, and Lieut. A. P. Binks, R.A.M.C., have been mentioned in dispatches in recognition of gallant and distinguished services in the field.

Capt. J. A. L. Naughton, R.A.M.C., has been awarded the M.C. in recognition of gallant and distinguished services in Italy.

Surg. Lieut.-Cmdr. E. S. McPhail, R.N.Z.N.V.R., has been mentioned in dispatches for outstanding courage, enterprise, and devotion to duty in H.M.N.Z.S. *Leander* in an action with Japanese Forces.

The following appointments, awards, and mentions in recognition of gallant and distinguished services in Sicily have been announced in the *London Gazette*:

**C.B.E. (Military Division).**—Col. (temp.) A. A. Eagger, O.B.E., R.A.M.C.

**O.B.E. (Military Division).**—Col. (temp.) C. Donald; Majors (temp. Lieut.-Cols.) P. Lloyd-Williams, T.D., F. O'Driscoll, W. A. Robinson, H. L. W. Sixsmith, M.B.E., W. L. Spencer-Cox, M.C., R.A.M.C.; Capt. (temp. Major) E. A. Jack, R.A.M.C.

**M.B.E. (Military Division).**—Capt. (temp. Major) R. Bolton, L. F. W. Salmon, R.A.M.C.; Capt. H. K. Lucas, R.A.M.C.

**M.C.**—Capt. A. Noble and D. G. Sheffield, R.A.M.C.

**Mentioned in Dispatches.**—Brigs. (temp.) S. Arnott, D.S.O., R. R. G. Atkins, O.B.E., M.C., R. W. Galloway, C.B.E., D.S.O., E. Phillips, C.B.E., D.S.O., M.C., late R.A.M.C.; Cols. (temp.) W. M. Cameron, O.B.E., A. T. B. Dickson, O.B.E.; Major (temp. Lieut.-Col.) (Acting Col.) J. C. Gilroy; Majors (temp. Lieut.-Cols.) A. McC. Campbell, R. McI. Gordon, D.S.O., D.F.C., G.M., F. H. Hollingshead, R. G. M. Keeling, O.B.E., C. H. Kerr, D.S.O., M. C. Paterson, M.C.; Capt. (temp. Major) J. W. L. Bain, L. Brill, G. C. Dancy-Browning, W. S. Harvey, F. C. Heatley, C. J. Longland, A. J. R. Lowdon, M. M. Medine, M.B.E., C. J. B. Murray, A. D. Wall; Capt. (Acting Major) R. W. Jones; Capt. A. Green, D. C. Little, I. B. MacKay, B. C. M. Palmer, R. Paul, D. R. Sandison, A. L. Thorp (died of wounds), R.A.M.C.; Major (temp. Lieut.-Col.) J. Morgan, O.B.E., I.M.S.

### CASUALTIES IN THE MEDICAL SERVICES

Acting Wing Cmdr. DONALD SCRIMGEOUR BATEMAN was killed in a flying accident over-seas on March 14, aged 40. He studied medicine at Oxford University and St. Thomas's Hospital, qualified in 1930, and took the M.B., B.Ch. degrees in 1936. He obtained the Diploma in Child Health in 1935 and the M.R.C.P. in 1937. He was appointed to the Medical Branch, R.A.F.V.R., on April 18, 1939, and was called up for service at the outbreak of war. At the time of his death he was physician in charge of the medical division of an R.A.F. hospital over-seas.

Acting Squad. Ldr. HUGH FERGUSON DAVIDSON WHITELAW died on March 15 at the age of 34. He studied medicine in Glasgow and took the Scottish Triple Qualification in 1934. He entered general practice in 1935 and was appointed to a commission in the Medical Branch, R.A.F.V.R., on Jan. 7, 1941. At the time of his death he was medical officer at an R.A.F. Wing Headquarters at home.

Acting Squad. Ldr. EDWARD TUDOR OWEN died on March 17 while on active service over-seas, aged 34. He studied medicine at Liverpool, graduated M.B., Ch.B. of the university in 1933, and obtained the F.R.C.S.Ed. in 1941. He held surgical appointments at various hospitals in the Liverpool and Manchester areas and received a commission in the Medical Branch, R.A.F.V.R., on Oct. 8, 1942. At the time of his death he was serving with a mobile field hospital over-seas.

**Wounded.**—War Subs. Capt. B. P. Armstrong and C. M. Boucher, and Lieut.-Col. J. N. Groves, R.A.M.C.; Wing Cmdr. T. D. L. Bolan and Acting Wing Cmdr. C. R. Jenkins, R.A.F.

**Killed.**—War Subs. Capt. J. J. Docherty, R.A.M.C.

**Killed on active service in Burma.**—Capt. H. Lauder, R.A.M.C. *Previously reported missing, now presumed lost at sea.*—Lieut. N. Jolly, R.A.M.C.

**Died.**—War Subs. Capt. J. S. G. A. Burns and J. Sheehan, R.A.M.C., Capt. H. Mullen, R.A.M.C.

**Prisoner of war.**—Lieut. R. L. G. Dawson, R.A.M.C.

### DEATHS IN THE SERVICES

Col. GEORGE HUTCHESON, I.M.S. (ret.), died on March 14 at Douglas, Isle of Man. His father, George Hutcheson, had entered the Indian Medical Service in 1873 and had written on cholera. George Hutcheson, jun., was born in India on Dec. 17, 1874, and educated at the Brighton and Epsom College and the London Hos-

pital. He passed both the Conjoint Board and the London University final medical examinations in 1897 and 1898 and entered the I.M.S. in the latter year. He saw active service in China in 1900 and received the medal. On entering the civil branch he joined the jail department and held charge of various large central jails; the work of these includes administrative as well as medical charge. He was promoted to the rank of major in 1910 and of lieutenant-col. in 1918. In 1927 he was selected for the administrative grade and was appointed to be Inspector-General of Civil Hospitals and of Prisons, Assam; he retired on completion of his term in that post. He joined the British Medical Association in 1908.

## Medical Notes in Parliament

### National Health Service Debate in the Lords

When the debate on the White Paper was resumed in the House of Lords on March 21, Lord HORDER said he believed that the Government's intentions were honourable, but good intentions were not enough when the question at issue was such an expert one as that of not only maintaining but increasing the national health services. Careful analysis of the White Paper did not convince him that the knowledge and experience that we actually possessed in these matters had been fully utilized in framing the Government's scheme. If the White Paper was only a tentative expression of the Government's ideas of how a national health service might be run and was open to modification after further discussion with those who actually ran these services to-day, his own fears were to a large extent allayed; but if the White Paper as it stood was to be made the basis of an Act of Parliament, discussion being subsequent and not prior to the drafting, certain principles and institutions of paramount importance to the efficiency of our health services were likely to be lost to us. The White Paper posed an administrative structure which threatened the very existence of two of the institutions in British medicine which both past and present experience showed to be vital—the private practitioner and the voluntary hospitals. It was true that it said that both of these institutions were to be allowed to remain, but their continued recognition was not definitely encouraged. It was permissive, and they must fight for their survival.

The attitude of the White Paper towards the man who wanted to continue private practice and yet avail himself of the manifest advantages to his patient that this new scheme offered was too colourless, if not actually negative. Almost it read as though some patients preferred to be doctored privately, and so, as this was still a free country, their whim was to be indulged, for a while, anyway. It was very much the same in regard to the voluntary hospitals. It was certainly not the wish of the Government, the White Paper said, to destroy or diminish a system so well rooted in the good will of its supporters. But this expression of a mere desire for co-operation, this permission to continue to exist, demonstrated a great lack of appreciation of the intrinsic value for the nation of an institution in which there had resided for hundreds of years, and still resided, the best that British medicine held in respect of both its science and its art. The White Paper dismissed medical research in a few lines. It said that it had been the policy of the Medical Research Council to encourage research work in the hospitals and to assist it financially. He agreed that that was a good policy, as against the alternative one of setting up super-State institutions for this purpose.

The voluntary hospitals should have not only permission to exist but positive encouragement and a guarantee of financial security. He shared the anxiety of those who, while recognizing that the Government scheme did not kill the voluntary hospitals, feared that it might quickly starve them into inanition. The Minister of Health said he could not believe that the anxiety shown was really justified. If so, then it was a duty laid upon the Minister to allay this anxiety, because the expression of it had been very real and very general throughout the country. He did not think anyone could say what might be the ultimate type of hospital service in this country, how controlled, how administered, how financed. But most doctors believed it essential to maintain the voluntary hospitals pending the proposed development in the hospital service, whether the view was short or long. Most of them believed that it was not in the best interests of the health of the nation that the medical profession should be a branch of the Civil Service. But what the public believed was more important than what doctors believed. The Government should take some steps to enlighten the public on the real implications of the White Paper before an Act of Parliament was framed in relation to it. If this were done, public opinion would take much the same view as the doctors. Some of them felt, not that there was too much of the spirit

of democracy in the White Paper, but that there was not enough democracy in it. The White Paper smelt too much of bureaucracy.

### The Central Authorities

The principle of professional and vocational guidance appeared to be traversed, in the suggested administrative machinery, at the centre and at the periphery. The Central Health Services Council was not appointed by the profession nor by professional organizations. It had no executive power, and, presumably, might not publish its reports. The Central Medical Board had executive power, but here again nomination was by the Minister and not by professional organizations. In the case of hospitals the anomaly called for special consideration. He was very doubtful if in this case anything short of an *ad hoc* hospitals board would resolve the conflict that would undoubtedly face the Minister. Such a board should certainly be set up. Care should be taken to see that the areas chosen for the hospitals and allied services should be large enough to embrace all types of hospital and clinic in close liaison, working always upwards to a key hospital, which should be, whenever possible, a teaching hospital of university status.

He confessed to some surprise when he read the Minister of Health's comment on the cottage hospitals—namely, that the old conception of the local hospital was outworn. He awaited with interest the comments of the admirable boards who ran these splendid institutions. He was convinced that, given proper vocational representation on the controlling and administrative bodies, both central and local, the development of Health Centres would bring about that availability of our health services which was the essence of the problem. In those Health Centres the Government could nourish that spirit of adventure and enterprise which lay at the heart of British medicine, and which the shadow of some parts of the White Paper threatened to obscure. Ministers and the accredited representatives of medicine, by coming together, could make satisfactory adjustments in this suggested scheme. He wished that medicine could offer the Government what he and some of his friends dreamt of but had not so far realized—an Academy of Medicine in this country for these deliberations, a body which would be authoritative, representative, and judicial. But, failing that, there were bodies with which the Government had already made contact, bodies animated by good will and by a desire to do the best in this matter for the people of this country.

Lord GEDDES said it was true that social security did make being ill a gainful occupation, and it was probable that a certain number of people might like to continue in that easy occupation of making an income on the flat of their backs in bed. Therefore there had to be certification by medical people. There was no elaboration in the White Paper of how the consultant service was to be trained and developed, and not very much about how it was to be administered; but one thing was clear, and that was that it was to be administered by, and under the control of, the hospitals and the local authorities concerned. That was an extraordinary position. The general practitioners would be under the control of the Central Medical Board, which was, as he read it, a mainly bureaucratic body controlled by the civil servants of the Ministry of Health acting in the name of the Minister. They were to lay down the conditions of certification as to whether those who thought themselves sick were to be allowed to continue in the gainful occupation of being sick. The general practitioners would have a contract in which were stated the conditions on which they were to certify.

### A Medical Gestapo

There must be certification for any security plan and a medical inspectorate, and if that did not degenerate before very long into something not very dissimilar from a "medical Gestapo" he did not know the way the Civil Service of this country worked. What would happen was that they would have this continual supervision of every person who, on medical grounds, was a beneficiary under this plan. There was no way of escaping that. If they were going to have a security plan with medical benefit on a great scale there must be certification. If it was to be safe, there must be some way for the wage-earners who were caught by the certification to get to independent medical opinion. Therefore he was profoundly disquieted by the suggestion in the White Paper that everybody was to be insured. In the interests of them all there should be an uninsured class of people in the country—obviously in the upper income limit—and they would, of course, pay for the real health service, not this health service through taxes and rates. If they were not insured they would be adequate to maintain a strong body of independent leaders of the medical profession, to whom appeal could be made from decisions of the doctors controlled by the Central Medical Board. That there should be such an independent group of doctors was of the greatest possible importance. The Government should look at that point again, because this