

middle-lobe cavities I have so far treated by phrenic paralysis and pneumoperitoneum is comparatively few, this treatment has been successful in a sufficient number of cases to warrant its trial when artificial pneumothorax fails.—I am, etc.,

Essex County Hospital, Braintree.

R. C. COHEN, M.D.

Shall We Nationalize Medicine?

SIR,—The letter from Dr. Dakin (May 19, p. 715) is, in my opinion, one of the most sensible of the numerous letters written on the subject of a national medical service. Dr. Dakin rightly stresses the importance of conducting professional work away from the home. The difficulty of obtaining adequate domestic help before the war was acute and may even be more so after the war. The shortage of domestic workers may render practice from health centres almost essential if doctors and their wives, especially the latter, are to lead lives of reasonable comfort free from intolerable drudgery.

Whereas it would be undesirable to curb a doctor's potentialities by unduly restricting the size of his practice, there is obviously a limit to the number of patients to whom he can give adequate attention, this number depending on the type of practice, urban or rural. Further, if the whole population is to be insured the option suggested of permitting patients to make their own private arrangements for medical treatment matters little to the doctor. What certainly does matter is the capitation fee, for if this is adequate it may well be that in the average practice the practitioner may prefer all his patients on his insured list. With a basic capitation fee of, say, £1 a practitioner would probably obtain a greater net income than from a practice composed partly of private patients with expenses in connexion with drugs, dispensing, etc.

I agree with Dr. Dakin that it is lamentable that conditions in practice nowadays are such that many doctors, especially the single-handed ones, have to work unreasonable hours making undue demands on their physical and mental powers. This pernicious state of affairs could be rectified by practice from health centres, in which more or less regular hours of work could be arranged, with rotas for night work and holidays for all. Those doctors referred to by Dr. Dakin who feel they are not true to their calling unless always on duty could gratify their desires to the full, for in each centre there would be a fair proportion of doctors who like, and feel entitled to, recreation at the end of an exacting working day. Under a national medical service with practice divested of much of its competitive character, it would be interesting to observe whether the zest for work and day and night devotion to duty of some doctors would continue unabated, or would decline with the curtailment of income which would occur in some instances.—I am, etc.,

Hornsea.

L. FRENCH.

Flour in the Loaf

SIR,—Sir Ernest Graham-Little, having been shown to be completely wrong in his statement that the germ of imported wheat is removed in the country of origin before importation to this country, now brings forward another suggestion in his letter (May 26, p. 750). This suggestion is that the majority of the cereals imported is in the form of white flour (germ removed), so that the amount of germ imported via wheat is small. Again, Sir Ernest Graham-Little is, as is so often the case, entirely wrong as to his facts. The majority of imported cereals is in the form of wheat, from which, as he now knows, the germ has not been removed. This is clearly seen from the fact that the present miller's grist in this country for the manufacture of flour for bread-making is approximately 40% English wheat and 60% imported wheat (mainly Manitoba). The imported flour (germ removed) added is less than 20%, so that, contrary to what Sir Ernest Graham-Little states, there is about three times as much wheat imported as flour. The correctness of these statements can be easily confirmed by inquiry at the Ministry of Food. It is unfortunate that Sir Ernest Graham-Little does not trouble to get his facts correct and gives publicity to statements which are incorrect and hence misleading.

I purposely refrained from entering into controversial matters and have merely restricted myself to showing that statements, on which certain arguments are based, are incorrect in fact.

Hence I do not propose to carry on this correspondence. However, perhaps I might be permitted to make the following observations.

Sir Ernest Graham-Little says (May 26, p. 750): "I think Dr. Kent-Jones is likely to hear from the makers of biscuits whose product is thus revealed as consisting, like the pre-war bread, almost entirely of starch!" My experience of biscuit manufacturers is that the majority of them are not likely to be at all perturbed by my statement of fact concerning the destruction of B₁ in biscuits, but they will know that the claim that biscuits merely contain starch is another example of Sir Ernest Graham-Little's misstatements. Biscuits contain, besides starch, protein and fats and other nutrients.

Sir Ernest Graham-Little further states: "It may profitably be noted that Russian soldiers have won their resounding victories on a diet mainly composed of whole-grain bread." This interesting observation can scarcely be considered as a serious argument. If it is, then one must also remember the great victories gained by the American soldiers who received enriched white bread. Also, readers may like to remember that the youth of Great Britain, bred on white bread, whatever its defects, fought and won two major wars in the last twenty-five years.—I am, etc.,

Ealing, W.5.

D. W. KENT-JONES.

SIR,—Sir Ernest Graham-Little, having been shown to be factually inaccurate on every major point he attempted to make, now retires behind a smokescreen (May 26, p. 750). His argument now is "that it is against the interests of the public . . . to divert one penny-weight [of wheat germ] to any purpose other than the provision of the most nutritive national loaf that science can devise." The only purpose for which germ (in the form of milling offals) can be diverted from the national loaf is for stock feeding purposes, a fact of which Sir Ernest Graham-Little is well aware. The rest of his letter is therefore irrelevant to the point under discussion. Careful scrutiny reveals, indeed, that he does not—because he cannot—contradict my statement (supported as it is by numerous Hansard references) that "not one flake or particle of Bemax is derived from flour either intended to be or actually used for bread-making." This is my point and on that I rest.—I am, etc.,

H. C. H. GRAVES,

Chairman and Managing Director,
Vitamins, Limited.

London, W.6.

* * This correspondence is now closed.—Ed., B.M.J.

Civilian Jobs for Medical "Other Ranks"

SIR,—Many medical practitioners must have had the experience during these war years of working with Regimental and Medical Corps N.C.O.s and orderlies, and found them, if "unskilled," most efficient. Are these men now to be returned to their forges, shops, and ploughs, and so lose the training they have acquired and also be a complete loss to our profession, or can we offer them reasonable employment at reasonable wages? Could some of them not administer our smaller hospitals, or if "rehabilitation" is to increase vastly is this not the man-power—and many being ex-bandsmen have an additional musical knowledge—which we must seize? If any organization exists for the absorption of these people can it not be given wider publicity so that those of us still in a position to direct may be able to give the correct directions?—I am, etc.,

Helensburg, Dumbartonshire.

JOHN MCD. GLENNIE, M.B.

The Services

The following appointments and award have been made in recognition of gallant and distinguished services in Italy:

O.B.E. (*Military Division*).—Cols. K. A. Hunter, G. A. Sinclair, and H. G. Young, D.S.O., M.C.; Lieut.-Col. W. L. Coke; and Major D. A. Young, R.C.A.M.C.

M.C.—Major (Acting) D. W. McCullough, R.C.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Missing, presumed killed.—Surg. Lieut.-Cmdr. Ronald Grant Dingwall, O.B.E., R.N.

Universities and Colleges

UNIVERSITY OF OXFORD

In Convocation on May 29 it was resolved to confer the honorary degree of D.Sc. on Hubert Maitland Turnbull, M.D., F.R.S., F.R.C.P., Professor of Morbid Anatomy in the University of London.

Charles Garrett Phillips, B.M., B.Ch., has been elected to an official Fellowship as Lecturer in Physiology at Trinity College. Miss Celia K. Westropp, D.M., has been appointed to a Tutorship in Natural Science at Lady Margaret Hall.

UNIVERSITY OF LONDON

London School of Hygiene and Tropical Medicine

At the end of the present session Prof. Major Greenwood, F.R.S., retires from the Chair of Epidemiology and Vital Statistics at the London School of Hygiene and Tropical Medicine under the age limit. Owing to a change in the distribution of teaching and steady increase in the volume of research work and teaching within the field of medical statistics, the title of the chair has been changed to that of Medical Statistics. Mr. A. Bradford Hill, D.Sc., Ph.D., Reader in Medical Statistics in the University since 1933, has been appointed to fill the vacancy. The Senate has conferred upon the retiring professor the title of Professor Emeritus in Epidemiology and Vital Statistics in the University of London.

UNIVERSITY OF MANCHESTER

At the meeting of the University Court on May 30 Sir John Stopford, the Vice-Chancellor, gave a general survey, in which he said that by December the University would be virtually "unwound" except for certain controls with regard to the admission of students and the completed return of the teaching staff. One of the major problems for a long time ahead would be the finding of new members of staff. Limited accommodation was a secondary difficulty; they were faced by a considerable increase of students to meet the urgent national demand for teachers, doctors, and dentists. Three new chairs had been established, including one in medicine and one in industrial health; the former would be whole-time, as had been contemplated before the war; and the latter was, under Dr. R. E. Lane, the first full professorial department in the subject in Great Britain. The Vice-Chancellor was hopeful that by next September the University would have the financial support needed to start a full professorial department of child health.

UNIVERSITY OF EDINBURGH

Charles Cameron, M.D.Glas., F.R.F.P.S., has been appointed to the Chair of Tuberculosis in the University in succession to the late Sir Robert Philip. Dr. Cameron has been medical superintendent of the South-East Counties of Scotland Sanatorium, East Fortune, for the past 22 years, and took charge of the tuberculosis department at Bangour Hospital under the Emergency Medical Service. He is a past president of the Tuberculosis Society of Scotland.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

The Croonian Lectures, which were unavoidably postponed, will now be given at the College by Surg. Capt. Macdonald Critchley on Tuesday and Thursday, July 10 and 12, at 4.30 p.m. His subject is "Problems of Naval Warfare under Climatic Extremes."

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Sir Hugh Devine's Honorary Fellowship

The President, Sir Alfred Webb-Johnson, Bt., has received from Sir Alan Newton, President of the Royal Australasian College of Surgeons, a letter dated March 19, 1945, in confirmation of a personal message by air mail, recording that H.R.H. the Duke of Gloucester had admitted Sir Hugh Devine as an Honorary Fellow of the Royal College of Surgeons of England at Government House, Melbourne, on Feb. 23. Sir Alan Newton enclosed a copy of his address to the Governor-General of Australia and also of His Royal Highness's reply, part of which was spoken directly to Sir Hugh Devine, a founder and Past-President of the Royal Australasian College of Surgeons, as follows: "The value of your work in the advancement of surgery has been most deeply appreciated and your wise and cautious guidance has been the means of saving many lives during the war—so much so that your counsels have come to be spoken of as the 'Devine Precepts.' Australian surgeons have made most remarkable and stimulating contributions to the science and art of surgery, and none have been more fruitful than your own. It is therefore a special pleasure to me to bring you greetings from your colleagues of the Royal College of Surgeons of England, of which I am myself an Honorary Fellow, and to present you with your Diploma. In the name of the College and by the authority of the President and Council I admit you as a Fellow of the Royal College of Surgeons of England—*Honoris Causa*." The following is a quotation from Sir Alan Newton's letter to Sir Alfred Webb-

Johnson: "May I take this opportunity of emphasizing the fact that my reference to our debt to the Royal College of Surgeons of England expressed the feelings of all the Fellows of the Royal Australasian College of Surgeons. It is our intention to send you a gift of money to help you to repair the damage to the College in Lincoln's Inn Fields and we intend to obtain for you such anatomical and pathological specimens as may be of value to you. Either I or my successor who will be appointed in May of this year will write to you further about these intentions. It was a very great pleasure to us that Surg. Capt. Lambert Rogers was able to be present on this occasion and we look forward to seeing him again at a College meeting to be held in Melbourne in May. There will be a public meeting in the Wilson Hall, where you will remember giving your Syme Oration with such success, and I have arranged for Lambert Rogers to speak at this meeting as a member of your Council. I know that he will make a public reference to the close association between the two Colleges. I trust that you and your Council will approve of the way in which the ceremony was carried out in Australia, and assure you that Devine, and all of us who are his colleagues, are deeply appreciative of the great honour you have done to Australasian Surgery in conferring an Honorary Fellowship upon him."

Medical Notes in Parliament

Artificial Insemination in Animals

Mr. TOM WILLIAMS moved on May 17 the second reading of the Agriculture (Artificial Insemination) Bill. He reminded the House that Section 17 of the Agriculture (Miscellaneous Provisions) Act, 1943, had endorsed the principle of controlled development of artificial insemination. Problems still required investigation, such as the keeping quality of semen, insemination methods, and technique, which were unsuitable for investigation at a commercial centre. In Clause 1 of the new Bill the Minister of Agriculture and the Secretary for Scotland sought power to set up artificial insemination centres where research and experiments could be carried on. These centres would also provide a limited service to farmers in the neighbourhood. The clause would also allow financial assistance to be given to organizations or persons undertaking approved investigations. The clause would enable the Ministry to carry out investigations in the case of all animals, including poultry, but not human beings. In England and Wales the Milk Marketing Board were leading in the establishment of artificial insemination centres. The method was going to be of more use for dairy herds than for beef herds.

Mr. WOOTTON-DAVIES said the process had been of more use for horses than for cattle. He himself sent to South America semen from his rams. But the House should not approve this method without consideration. The mating of animals was not just like mixing an acid with an alkali. Mr. PRICE doubted whether the country had stock which could be used with certainty for improving the quality of dairy cattle. Mr. CHAPMAN, replying for the Government, said the two Ministries concerned had arranged, in printed regulations, a thorough control of the practice of artificial insemination.

The Bill was read a second time.

Pneumoconiosis and the Mines Inspectorate

Moving on May 29 a motion to approve the Coal Charges (Amendment) Order, Major LLOYD GEORGE said he had many complaints of the food for miners. It was disappointing to find so small a percentage of the mineworkers taking full advantage of the extension of canteen facilities. He wished to say a word about health services. Rehabilitation centres had been greatly increased during the last four years with the aid of the Welfare Commission. With regard to pneumoconiosis, which affected miners most in West Wales and South Wales, the Ministry of Fuel and Power had been able to increase its staff of doctors, with great difficulty, to reduce the waiting-list. It was to have a research centre. There, he hoped, a cure would be found for this disease about which little was known at present. The waiting-list was at one time 3,000. There had been some change since increased medical staff were obtained. He hoped to get rid of the arrears in nine to twelve months.

Dr. SUMMERSKILL asked how many specialists there were for pneumoconiosis. Major LLOYD GEORGE said there were four panels. His recollection was that a doctor who was a specialist in the disease was at the head of each. It was difficult to get the right men. He was told that one could not regard the ordinary tuberculosis specialist as having any real knowledge of this extraordinary disease. He hoped after the Japanese war to have the services of many more who had experience of the disease, and also that as a result of putting up a research