

"National Formulary" and Proprietary Drugs

Mr. HILARY MARQUAND asked Mr. Macleod on June 12, in order to avoid unnecessary expenditure, to advise medical practitioners in the National Health Service, when prescribing proprietary drugs or medicines, to add the letters N.F.E., so that the pharmacist could supply the equivalent according to the *National Formulary*.

Mr. IAIN MACLEOD refused to do this. He said responsibility for specifying the exact substance to be supplied should rest with the prescriber.

Mr. MARQUAND said the suggestion was not his own. The last report of the General Medical Services Committee said it had been turned down because there were legal objections. The Committee appeared to think it a desirable suggestion which would lead to economy. Could not Mr. Macleod remove by legislation the legal obstacles?

Mr. MACLEOD said the proposal had come up many times, but it would have to come from the B.M.A. or the chemists themselves. The chemists felt it would put on their shoulders a responsibility which should not properly be theirs. He did not know the details of the legal difficulties, but understood that the law of copyright affected the substitution of one preparation for another.

Mr. A. C. MANUEL inquired why the Government, which was keen on monetary deterrents for patients, was not prepared to take this step so that medical practitioners prescribed goods which were cheaper but equally good.

Mr. MACLEOD said that, in his view and that of the two professions most concerned, the burden should not be placed on the shoulders of the Ministry of Health.

Mr. F. E. JONES asked Mr. Macleod to consult the Attorney-General about the legal complications.

Mr. MACLEOD said the legal doubts arose over the replacement of a previously named preparation by another.

Mr. SYDNEY SILVERMAN said the problem would be solved if doctors themselves prescribed the *National Formulary* equivalent without the patent medicine.

Mr. MACLEOD said there was a great deal in that remark. He would be glad to follow any avenue which would lead to such an economy.

Mr. ANEURIN BEVAN contended that it would be undesirable for there to be confusion between the general practitioner and the pharmacist as to who should prescribe the *National Formulary*. That might result in greater expenditure.

Mr. MACLEOD agreed.

Drug Prices

Dr. A. D. D. BROUGHTON asked Mr. Macleod on June 12 if he would introduce legislation making it compulsory for pharmaceutical firms to state the prices of their products when advertising drugs and medicines to medical practitioners.

Mr. IAIN MACLEOD agreed that it was desirable that doctors in the Health Service should know these prices, but said he was not clear that the imposing of a requirement to state them in advertisements was a suitable subject for legislation. He would like to think further about the matter.

Dr. BROUGHTON said the medical profession was inundated with literature advertising proprietary preparations and telling the doctor all about them except the price. He said doctors were persuaded to prescribe drugs without knowing the cost which would fall on the National Health Service.

Mr. MACLEOD said he was sympathetic to the idea behind the question. The Ministry had looked into the question of legislation, but there were technical difficulties.

Replying further to Dr. Broughton on June 12, Mr. MACLEOD said no restrictions were placed by his regulations upon medical practitioners in the matter of prescribing drugs and medicines for their patients. If the cost of a doctor's prescribing was found to be more than was reasonably necessary an appropriate sum of money might be withheld from his remuneration.

Dr. BROUGHTON asked for an assurance that Mr. Macleod would instruct executive committees to compare the average cost of each doctor's prescriptions with the average cost

over the country as a whole. He asked that the matter would be watched at least as carefully as it had been under the National Health Insurance scheme.

Mr. MACLEOD replied that he had that morning looked at his pricing investigation unit at the Ministry of Health. Dr. Broughton, as a doctor, must know the great difficulty was that pricing was ten months in arrears. The Ministry was trying to get on with the idea Dr. Broughton had in mind.

Rayon Surgical Dressings.—The use of rayon in elastic adhesive dressings, elastic bandages, and cotton crêpe bandages is already authorized. The supply of rayon lint against medical prescription will shortly be approved. Clinical tests of rayon surgical gauze and rayon bandages are still in progress.

N.H.S. Charges.—Estimated savings in a full year from the charges authorized by the National Health Service Acts of 1949, 1951, and 1952 were £12m., £25m., and £7m. respectively, giving a total of £44m.

Medico-Legal**FATAL BREAD CRUST**

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

The evidence given on September 3, 1951, before the coroner for the County Borough of Middlesbrough on John Henry Reveley, a 60-year-old steelworker, revealed an unusual train of circumstances leading to his death.

During the last week in June he complained while eating his supper that he had a crusty piece of bread, part of which had stuck in his throat and given him a pain in the chest. On July 23 he saw his doctor about it, and next day he was x-rayed. The radiograph showed what appeared to be glands pressing on the oesophagus, so an oesophagoscope was passed, but no damage to the oesophagus could be seen. He was discharged from hospital on August 3. On August 19 he was readmitted to hospital after vomiting blood. He died there on August 25.

Dr. P. N. Coleman, who carried out the necropsy, found a ragged-edged perforation $\frac{1}{2}$ in. (1.3 cm.) in diameter about 4 in. (10 cm.) from the upper end of the oesophagus. This led into an abscess cavity in the mediastinum, which contained altered blood and necrotic material. From the cavity there was a small opening, largely plugged by a blood clot, into the aorta. There was no evidence of aneurysm or of carcinoma or other neoplasm.

Dr. Coleman thought the sequence of events was that a small perforation of the oesophagus at the time of the accident led to infection of the mediastinum and to the formation of the abscess. The original perforation of the oesophagus then probably healed. The mediastinal abscess presently led to a small communication with the aorta, and a leak of blood into the abscess then caused perforation of the abscess into the oesophagus, followed by death. He thought that if Reveley had seen his doctor immediately after the accident the original wound would have been seen; but nothing could have been done and events would have followed the same course.

Universities and Colleges**UNIVERSITY OF CAMBRIDGE**

Drs. I. W. Broomhead and D. H. M. Woollam have been reappointed University Demonstrators in Anatomy from January 1, 1953, for two years.

In Congregation on June 7 the degree of M.D. was conferred on R. H. Wilkinson and J. O. P. Edgcumbe.

UNIVERSITY OF LONDON

Claud Foster Barwell, M.D., has been appointed to the Goldsmiths' Company's Chair of Bacteriology tenable at the London Hospital Medical College, from October 1.

Friday, June 27

CAMBRIDGE UNIVERSITY.—At Department of Pathology, 5 p.m., "Recent Developments in the Use of Vaccines Against Infectious Diseases," by Dr. Herald R. Cox.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—5.30 p.m., "Pyococcal Infections," clinical demonstration by Dr. S. C. Gold.

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY, 330, Gray's Inn Road, London, W.C.—4.30 p.m., clinical meeting and discussion for general practitioners. "Stuffy Nose," by Dr. H. A. Lucas.

POSTGRADUATE MEDICAL SCHOOL OF LONDON, Ducane Road, W.—2 p.m., "Carcinoma of the Rectum," by Mr. R. Marnham.

APPOINTMENTS

GAWITH, DONALD H., M.R.C.S., L.R.C.P., D.P.H., Assistant Divisional Medical Officer, Furness Division, Lancashire.

GLENNIE, JAMES S., M.B., Ch.B., F.R.C.S.Ed., Consultant Thoracic Surgeon, Blackpool.

GRIFFIN, JESSIE, M.B., Ch.B., D.P.H., Deputy Medical Officer of Health, County Borough of Eastbourne.

HENSON, R.A., M.D., M.R.C.P., Assistant Consultant Physician, Maida Vale Hospital for Nervous Diseases, London, W.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—House-physician, J. H. Diggle, M.B., Ch.B., D.C.H., M.R.C.P. House-surgeon to Orthopaedic and Plastic Departments, D. G. Taylor, M.B., B.Ch.

Dental House-surgeon, R. S. Maclean, M.B., Ch.B., L.D.S. R.C.S.Ed.

HUTCHISON, DOUGLAS, M.B., Ch.B., Medical Officer, Scottish Region, British Railways.

JACKSON, G. A., M.B., Ch.B., D.A.(Part I), Anaesthetic Registrar, South Devon and East Cornwall Hospital, Plymouth, South-western Regional Hospital Board.

LIVERPOOL REGIONAL HOSPITAL BOARD.—Consultant Obstetrician and Gynaecologist to Hospitals in East and South Liverpool Groups, Bessie Dodd, M.B., Ch.B., D.P.H., M.R.C.O.G. Whole-time Consultant Pathologist to Hospitals in Birkenhead Group, Rachel M. Rawcliffe, M.B., Ch.B. Whole-time Assistant Psychiatrist to Updon Mental Hospital, D. P. Hennessy, M.B., B.Ch., D.P.M.

MCCRACKEN, DAVID ANDREW, M.D., D.P.H., Medical Officer of Health and School Medical Officer, County of West Suffolk.

MACLEAN, CHRISTINA I., M.B., Ch.B., Assistant Medical Officer, Maternity and Child Welfare Service, Glasgow.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Full-time Consultant Chest Physician, West Ham Chest Clinic, D. J. Lawless, M.B., B.Ch., D.P.H. Part-time Consultant Psychiatrist, Tilbury and Riverside (Orsett Branch) Hospital, G. S. Prince, M.B., B.Ch., M.R.C.P.I., D.P.M.

ROWLANDS, IRENE PARKER, F.R.F.P.S., M.R.C.P.Ed., Medical Registrar to Herefordshire Group of Hospitals, Birmingham Regional Hospital Board.

TATLOW, W. F. TISSINGTON, M.D., M.R.C.P., Neurologist, Queen Mary Veterans' Hospital and Montreal General Hospital, and Head of Sub-department of Electroencephalography, Department of Neurology and Neurosurgery, Montreal General Hospital.

WELSH REGIONAL HOSPITAL BOARD.—Assistant Psychiatrist (S.H.M.O.), St. Cadoc's Hospital, Caerleon, P. Fry, M.R.C.S., L.R.C.P. Assistant Traumatic Surgeon (S.H.M.O.), Cardiff Hospital Management Committee, A. Beck, M.D., F.R.C.S., D.A. Assistant Medical Officer (S.H.M.O.), Region Blood Transfusion Service, Cardiff, Beryl Bevan, M.B., B.Ch. Assistant Radiologist (S.H.M.O.), Caernarvon and Anglesey Hospital Management Committee, Christine Wolkowicz, Med.Dipl., D.M.R.D. Assistant Paediatrician (S.H.M.O.), Pontypridd and Rhondda Hospital Management Committee, W. Davies, M.R.C.S., L.R.C.P., D.C.H.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Goodman.—On May 6, 1952, to Dr. Ruth (formerly Sabel), wife of Mr. Cyril J. Goodman, 20, Dorset Square, N.W.1, a son.

Gordon.—On June 15, 1952, to Nonette (formerly Harris-Wright), M.B., B.S., wife of Dr. Ian J. Gordon, a son.

Lambert.—On June 6, 1952, to Barbara (formerly Smith), wife of Dr. T. David Lambert, George House, Oxford Drive, Eastcote, Ruislip, Middlesex, a brother for Judith Corinne—Clive Neil.

McGill.—On June 7, 1952, at the Connaught Nursing Home, Cardiff, to Dr. Eileen (formerly Clarke), wife of Dr. A. D. McGill, a son.

Malins.—On June 10, 1952, at the Queen Elizabeth Hospital, Birmingham, to Kathleen, wife of Dr. D. Malins, a son—James William.

Shemilt.—On June 8, 1952, at Salisbury General Hospital, Wiltshire, to Janet (formerly Brownscombe), wife of Philip Shemilt, F.R.C.S., a daughter—Jane.

Twort.—On June 11, 1952, to Frances, wife of Reginald J. Twort, M.D., M.R.C.P., of 6, The Ropewalk, Nottingham, a brother for Alastair.

MARRIAGES

Jackson—Taylor.—On May 2, 1952, at Corbridge, Northumberland, Philip E. Jackson, M.D., M.R.C.P., to Margery Jean Taylor, S.R.N., S.C.M.

Kustow—Justus.—On June 15, 1952, in London, Bernard Kustow, M.B., B.S., to Ann Justus.

DEATHS

Aitken.—On June 13, 1952 at Fairhead Cottage, Grosmont, Yorks. Charles James Hill Aitken, M.D.

Amsler.—On June 11, 1952, at Hawkhurst, Kent, Albert Maurice Amsler, M.B., B.S., formerly of Eton, Bucks, aged 75.

Barratt.—On June 10, 1952, at 193, Leckhampton Road, Cheltenham, Herbert James Barratt, C.I.E., M.R.C.S., L.R.C.P., D.P.H., Colonel, A.M.S., retired, aged 93.

Coalbank.—On June 13, 1952 Robert Malcolm Coalbank, M.R.C.S., L.R.C.P., of 85, Park Road, Teddington, Middlesex.

Tighe.—On June 8, 1952, Charles Tighe, M.B., Ch.B., of Eynsham, Oxford, aged 62.

Veale.—On June 12, 1952, Henry de Paiva Buchanan Veale, M.R.C.S., L.R.C.P., of Clifford House, Ilkley, Yorks.

Versteegh.—On June 7, 1952, at the Gemeente Ziekenhuis, The Hague, Arnold Dirk Versteegh, M.D., D.M.R.E.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Hygiene for the Medical Tramp

Q.—Please suggest some suitable sources of information on hygiene and tropical medicine for a party of medical men planning a walking tour around the Mediterranean. What prophylactic inoculations and insect repellents are advised?

A.—Two very useful short volumes dealing with these subjects are *Health and Diseases in the Tropics*, by C. Wilcocks (Oxford University Press), and *Memoranda on Diseases in Tropical and Sub-tropical Areas* (H.M. Stationery Office).

Vaccination against smallpox is obligatory, and an international certificate of vaccination should be in the traveller's possession. Inoculation against the enteric group of fevers, though not legally enforced, is advisable.

Di-methyl-phthallate is the most satisfactory insect repellent available. It is marketed in both cream and liquid forms. A few drops of the liquid or a little of the cream should be smeared over the exposed skin, care being taken to avoid the region around the eyes. Plastics are soluble in di-methyl-phthallate; fountain-pens or other objects made from them should not therefore be allowed to come into contact with it.

Mumps Orchitis

Q.—Where can I find information on the prevention and treatment of mumps orchitis?

A.—On p. 63 of the book "Any Questions?" The book can be obtained for 7s. 6d. (postage 6d.) from the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1.

Dangerous Drugs in the Anaesthetic Room

Q.—Under Schedule 1 of the Poisons Rules there are some drugs which are commonly used during the administration of anaesthetics. What are the legal and practical requirements for the recording of these drugs?

A.—If the drugs are to be obtained from the pharmacy for the treatment of an individual patient they must be written on the patient's prescription sheet and signed or initialled by the prescriber. This applies to all poisons, whether Schedule 1 or not. If, however, the drugs are used from "theatre stock" there is no mention in the Poisons Rules of any necessity to record their administration. The Dangerous Drugs Act specifically states that "no record need be kept of a dangerous drug administered by or under the direct supervision and in the presence of a registered medical practitioner or dentist." The Poisons Rules do not make such a statement, but in the absence of any definite ruling or a test case presumably the same procedure would apply.

In practice, however, most hospitals do have a rule that all drugs administered to a patient must be recorded on the prescription sheet or case notes, and it is obviously desirable that this should be done. In many hospitals the theatre sister also keeps a book in which is recorded every dose of D.D.A. drug given and which is signed by the anaesthetist at the end of each case. This prevents D.D.A. drugs from quietly disappearing if there should be an addict around. Such a scheme, however, is not a requirement of the Act. If the anaesthetic were given in a hospital which did not have a pharmacist, then the theatre is not entitled