

# BRITISH MEDICAL JOURNAL

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## British Medical Association

ONE HUNDRED AND FOURTH ANNUAL MEETING, OXFORD, 1936

President's Address

### "AND THE FUTURE"

BY

SIR E. FARQUHAR BUZZARD, Bt., K.C.V.O., LL.D., D.M., F.R.C.P.

REGIUS PROFESSOR OF MEDICINE IN THE UNIVERSITY OF OXFORD

There is a disorder of the mind described by psychiatrists under the name of "double personality," the victims of which often come under medical care when they are leading the one or the other of their separate lives. If and when the two personalities, perhaps as the result of some emotional disturbance, become fused or integrated a more or less normal individual is the result. But this happy state is not necessarily permanent and relapses are not infrequent. For the fourth time in just over a hundred years the Regius Professor of Medicine in the University of Oxford and the President of the British Medical Association have to-day become one person, who, in his state of temporary sanity, seizes this opportunity of expressing his warm appreciation of the stimulating treatment he has received at the hands of his professional brethren and his pious hope that when the inevitable relapse occurs in a year's time they will regret neither the choice nor the subject of their therapeutic experiment.

Since my last personal synthesis in 1868, when Oxford knew and honoured me under the name of Henry Acland, great progress has been made both in medical practice and in medical education, the two subjects which have naturally received my constant, though divided, attention in the interval. The future of those two subjects, and particularly their reactions on each other in relation to further progress, is being discussed all over the civilized world, and there can be little doubt that we are faced with the prospect of far-reaching changes, affecting profoundly the sociological, scientific, and economic position of the medical profession. It is, in fact, generally recognized that changes are necessary—indeed, unavoidable—and it is the duty of our Association to guide their direction in the best interests of the community which we serve. This is not the occasion to enumerate, much less to discuss, all the difficulties in front of us, the overcoming of which will need much wisdom and much courage, but I may perhaps be allowed to put forward certain fundamental principles which, in my opinion, should influence the purpose and course of new developments in practice, and to suggest how medical education may possibly be modified to meet their needs.

When Dr. William Collier, whose recent death deprived Oxford of one of its most valued and beloved citizens, gave his presidential address here thirty-two years ago he took for his theme "The Growth and Development of the Oxford Medical School." He talked with knowledge and feeling of the past as I propose to talk, without

knowledge but with hope, of the future, bearing in mind the part which that school may be expected, or be called upon, to play in the general progress of events.

#### National Health

Those of you who are interested in the problem of raising the standard of national health through the prevention and cure of disease are fortunate enough to have at your disposal a book written by Sir Henry Brackenbury, entitled *Patient and Doctor*, which reviews the history, present position, and prospects of that important relationship in the lucid and masterly manner which the author has led us to expect of him. You may supplement this by reading an address on the "Future of Medical Practice," published in the *Supplement* to the *British Medical Journal* thirteen months ago, in which are clearly described by our incomparable Medical Secretary, Dr. Anderson, not only the difficulties besetting us, but the valuable contributions which the Association is offering from time to time towards their solution. The groundwork of your education will be completed if you study the annual reports of the Chief Medical Officer of the Ministry of Health, those of the Medical Research Council, and, lastly, the conclusions arrived at by two or three committees which have suggested various modifications of the medical curriculum in recent years.

Confident that the majority of you are not, and are not likely to become, acquainted with the literature referred to, I venture to summarize in a very general way the impressions it has left on my mind and the thoughts to which it gives rise. In the first place it brings home to me that, as the result of revolutionary changes during the span of a lifetime in the attitude of the public and of the State towards questions of health, many agencies, both voluntary and statutory, have been brought into alliance with the medical profession in its fight against disease, but with a minimum of co-ordination and with little respect to economy of money, time, or personnel.

When I was a medical student forty years ago such names and expressions as the Ministry of Health, municipal hospitals, and panel practice; ante-natal, infant welfare, and child guidance clinics; tuberculosis dispensaries and orthopaedic centres; almoners and health visitors; x rays and physical medicine; mental hygiene, psychotherapy, and even the inferiority complex were unknown to our vocabulary. And to what cause is this beautiful enrichment of the English language to be

attributed? The answer to that question cannot be disputed, but is, in a sense, threefold. First, the unprecedented growth of scientific medicine during the last fifty years; secondly, the recognition by the State and the general public that the application of this knowledge can contribute materially to the safety, welfare, and happiness of the community; and thirdly, the very just demand that every member of the community, even the rich, should have the right to share in the benefits made available by the progress of knowledge.

### Collective Security

It is not surprising that, in the haste to make practical use of new armour and new weapons, the war against disease has been conducted on a wasteful and ill-organized system. It is most satisfactory to learn that the State, represented by the Ministry of Health, the Medical Research Council, and local authorities; the profession, represented by our Association; and the public, represented by enlightened citizens who generously sacrifice much of their time and energy to voluntary organizations, are not only awake to the dangers of independent action, but are displaying an admirable willingness to pool their resources and to co-operate for the common good. If this spirit of collective security is not yet universal throughout the country I can assure you that it is very evident in the city and county of Oxford.

Underlying the whole problem of providing the population of this country, and indeed of any country, with an efficient medical service are the conflicting claims of time and money, and a few words on each of these will not be out of place. It is probably true to say that the time factor is not yet popularly recognized as the most important ingredient of efficient medical practice, and that every addition to the store of medical knowledge enhances its value. The more possibilities open to the mind of the doctor, the more paths of inquiry he is obliged to pursue, the more evidence there is collected to be weighed, the longer is the time he needs to do justice to his patient. The not uncommon belief that the speed with which a doctor arrives at a diagnosis is an indication of his professional ability rather than of his business capacity cannot be seriously supported, and even if it may be to some extent justified when a case of fully developed disease is placed before him it lacks all foundation when he is confronted with what are known as minor ailments. If the standard of health of the community is to be raised it can only be by the earliest possible detection of slight departures from normal health and by the prompt initiation of measures for their arrest. It is at this stage that recognition of illness is most urgent and fruitful, and it is then, far more than later, that the doctor requires time in order to bring all his knowledge and all his technical resources into action. Both oral and physical examinations of the patient involve expenditure of time, and in most cases the former is the more lengthy as well as the more enlightening piece of research if skilfully pursued. While opinions may differ as to the value of the *viva voce* in an Oxford honours school there can be no doubt as to its predominant worth in the consulting room. And if this is true in regard to the diagnosis of disorders which afflict the body it is certainly not less true when disorders of the mind are the subject of investigation.

### Time and Money

Any medical service, therefore, which aims at the prevention and early detection of disease, to say nothing of the preservation of health, must provide the doctor with ample time to carry out his work, and, I have no hesitation in adding, the better educated the doctor the more time will he require. The chief flaw in a badly organized

service, such as that which has evolved in this country during the last century, is lack of time, and both the general practitioner and the consultant, in order to earn a living wage, are frequently obliged to undertake far more work than they can deal with efficiently in the hours at their disposal. Under the present system it would be necessary to double the number of doctors in order to obtain an adequate service, and such a measure would rapidly lead to their starvation. That, in a word, is the problem before us, and if the community cannot afford to support a hundred thousand instead of fifty thousand doctors—and you will readily agree that it cannot—every effort should be made to ensure that time and energy, as well as money, are not wasted in any system of service we are engaged on developing.

Fortunately sciences other than that of medicine have not been idle meanwhile, and modern means of communication and of transport not only save valuable time but make possible the establishment of health centres where the personnel and special equipment necessary for skilled diagnosis and treatment are easily accessible to, and capable of serving, large surrounding areas of population.

But every medical man and woman within such an area must belong to the service. The day has passed when any doctor, whether in general or consulting practice, can legitimately pretend to carry on as an isolated and independent unit ready to meet all the requirements of his patients. In his own interests, as well as in those of his patients, he must be part of a team, recognizing the responsibilities and enjoying the advantages which teamwork alone can provide. And if time and money are to be saved there must be the least possible overlapping of duties, each member of the team having his own specific functions to perform in the general service. For similar reasons it is essential that the health centre should recognize practitioners within its area as an integral part of the scheme, each with a personal and privileged interest in its successful organization.

There are, indeed, two reasons why general practitioners should become more intimately associated than heretofore with the health centre of the area in which they practise. In the first place, a long experience as a member of the honorary staff of at least five different voluntary hospitals has convinced me that these institutions are all understaffed, and that in consequence the standard of efficiency is not as high as it should be or as it would be if general practitioners were more frequently asked to participate in the work. In the second place, the general practitioner would undoubtedly benefit if he could devote even two or three hours a week to responsible hospital work, thus keeping in touch with his colleagues in the service and abreast with contemporary increments of knowledge.

### Health Centres

Perhaps I should indicate at this stage what I have in mind when alluding to the "health centre" of a district. It is not very easy to define, but I envisage a central board, based, geographically as it were, on the chief hospital, voluntary or municipal as the case may be, but representative of all interests and institutions concerned with the health of the district. Round the table would be seated not only the municipal lions and the voluntary lambs, but, where a medical school is included, delegates of the more academic departments of medicine. The chief duty of such a board would be that of co-ordinating all the preservative, preventive, and curative services within the district, of avoiding overlap and wastage, and of thus assuring the public that its financial contributions to the common cause of health, both voluntary and levied, are used to the best economic advantage.

It will be agreed, I think, that we have the materials ready at hand in most parts of the country for building up such health centres with their medical services, but much ingenuity and yet more good will are needed for the process of moulding and cementing their constituent portions. We may go further and agree that such an organization is the natural development of past and present services and capable of adaptation to modern conditions and requirements, while preserving all that is best of our old institutions and traditions.

So far I have sketched in rough outline a scheme of medical service which is designed, when sufficient pay-beds are provided, to meet the needs of all classes of the community, and submit that in general terms it represents the natural outcome of current developments. But when it comes to a consideration of the medical staff necessary for this service and the functions to be allotted to its various members I find myself on less secure ground. Perhaps you will grant me some measure of prophetic licence in regard to my suggestions. Taking, for example, a large centre serving a large area, based on a voluntary hospital with a medical school, associated with one or more municipal hospitals, some special hospitals, the local department of public health, and various ancillary services and clinics, and assuming the agreed establishment of some co-ordinating board and machinery, at least three questions need answers. What staff is required? What financial provision must be made for it? What kind of training does it need?

#### Problem of Staffing

The long-established system under which the large voluntary hospitals, with or without medical schools, have been staffed by doctors who earn their living in consulting practice and give their services to the hospital has been on the whole successful. The mixture of private and hospital practice has been educationally good for the doctor and has tended to keep up the standard of his work. It has the defect, to which I have already referred, that often he has more work than he can do satisfactorily in the time at his disposal, and little or no leisure in which to utilize his experience and his observations for the advance of knowledge. This could be remedied by increasing the size of the honorary staff of such hospitals, but the whole system is threatened by the establishment of municipal hospitals all over the country, which in the future will be equally well equipped, will afford the same opportunities for clinical study, and which will be prepared to pay for full-time or part-time service. This fact, together with the gradually increasing demand of well-to-do patients for treatment in hospitals, must inevitably lead to the disappearance of the purely honorary position of the staff in voluntary hospitals and to some system of payment for their part-time services. As the income of voluntary hospitals is becoming more and more dependent on the contributions of patients there seems to be no insuperable obstacle to bringing them into line with the modern municipal hospital in this financial as well as other respects.

Far more obvious and far more serious are the changes which, of recent years, have disturbed and still threaten the character, the scope, and the finance of general practice. Insidiously but steadily has general practice been lopped of many of its branches and, in the absence of any determined attempt to redefine its functions as an integral part of a large health scheme, its future is both uncertain and unattractive. This position has been reached partly, it must be admitted, as the result of the professional apathy, but chiefly in response to the demand of the public, for economic and other reasons, that various services, not entirely limited to the field of public health, should be controlled by local or statutory authorities.

#### Future of General Practice

On the other hand I fail to see why general practice should not assume a more important role in the future of medicine than it has played in the past, and at the same time re-establish some of the personal family doctor relationships, recently imperilled, on secure and useful foundations.

The general practitioner has often been called the backbone of the profession. He should, I suggest, in future be regarded as the finger of the profession, and, not being an osteopath, I assign to the finger far more valuable functions than those allotted to the vertebral column. Fingers are the most sensitive parts of our peripheral anatomy, the most highly trained instruments for detecting irregularities and abnormalities in the objects with which they come in contact, and it is to those fingers of the profession, the general practitioners, that we must look for the discovery of imperfections in our midst. That, in itself, is a task which, as I have already stressed, needs much time as well as skill, and it is only proper that those engaged on it should relinquish a considerable portion of their responsibility for the care of patients who are seriously ill and who will, inevitably, drift more and more to institutions for investigation and treatment. The saving of life has become the job of institutional team-work; the saving of health and the prevention of illness, in the long run of far greater interest to the welfare of the community, must be initiated by the general practitioner in the home. But it is essential that, if this urgent task is to be performed efficiently, general practitioners should, as part-time officers, help to staff those medical services, preventive and curative, which have been diverted to the control of public health authorities. Otherwise overlapping of duties and waste of time and money are unavoidable, and, still more to be regretted, the personal interest of the general practitioner in the welfare of his flock will be dissipated by the frequent experience of losing touch with its members. It should be the obligation of the health centre, in its capacity of co-ordinator of all services, public as well as private, to make sure that general practitioners are rightfully regarded and employed as priests of preventive medicine.

#### Health Education

In adumbrating this evolution of general practice I have not been deaf to the popular clamour for education in the means of maintaining the health of the individual on the one hand and in raising the standard of health of the race on the other, and this call will be answered if the public come to look upon the practitioner as the protagonist of health as well as the alleviator of suffering, and if the practitioner is trained to supply the necessary information and advice. It is of interest, in this connexion, to note that the chief recommendations made by those who have recently considered the medical curriculum all indicate a recognition of the part which the practitioner will be expected to play in the future. Emphasis has been laid on the imperative need for a high standard of general education without which the practitioner's influence on the lay mind in matters of health lacks authority. Special prominence is given to the student spending more time than hitherto in acquainting himself with minor ailments, and all teachers of medicine and surgery are exhorted to bring before their students methods of preventing as well as methods of fighting disorders of the mind and body. Medical psychology and psychotherapy have now for the first time been given an assigned place in the curriculum, and, finally, the importance of some knowledge of genetics has not been overlooked. If these recommendations are really implemented we may hope that the general practitioner may retain

his position as the family guide, philosopher, and friend, and, at the same time, as part of an organized medical service, be able to command for his patients such special advice, skill, and equipment as are required to supplement his own efforts.

### Research Centres

You may think it strange that in this place and at this time I have delayed so long any reference to the urgent call for more knowledge, to the paramount claims of medical research. The picture I have painted of possible, perhaps probable, developments in practice formed a necessary background to what I contemplate in regard to this pressing and difficult problem.

I have heard it stated that the level of British contributions to new knowledge in medicine has fallen in recent years and that the great advances in treatment have, in almost every instance, originated abroad. Be this true or not there can be little doubt that men with the flair for advancing knowledge have little encouragement to give adequate time to preliminary training in methods of research or to devote their lives to the prosecution of scientific inquiries. A living wage in these fields of labour is not easily obtainable, and promotion to posts free from financial anxiety is lamentably uncertain even to the most promising candidates. Although this defect has long been recognized, attempts to overcome it have met so far with no complete success. Is it possible that the establishment of organized health centres on the lines I have indicated may help to provide a livelihood for a limited number of men and women well qualified to promote our knowledge of health and disease?

It can hardly be denied that every large health centre, and certainly those embracing medical schools, should include among its activities a department of research. Such a department would need a small number of beds in one of the hospitals, special laboratory accommodation, a director, and assistants. The director and assistants would be whole-time officers, and their energies should not be dissipated in teaching or in carrying on private practice. Such a department would help to raise and maintain the standard of scientific medicine throughout the centre, and its doors would be open to any member of the staff of the centre who had the time and inclination and ability to join in the quest for knowledge. The main field of research in each centre would vary with the choice of the director, and it would be all to the benefit of progress if, for instance, in one place there was a bias in favour of surgery, in another in favour of neurology, and in another in favour of therapeutics.

If this principle is conceded, and to some extent it is already acted upon here and there in an undeveloped way, there still remains the desirability, if not the necessity, of providing at least one school in the country for training men and women the majority of whom would devote their lives to medical research, would not earn their living in practice, and would aspire to the position of the director of a research department in a large centre.

Such a school should have at least three departments representing the three great branches of clinical work, medicine, surgery, and gynaecology combined with midwifery, each under the direction of a recognized leader well fitted for the important task of linking observations at the bedside with those made in laboratories. It should be in close touch with physiological, biochemical, anatomical, pathological, pharmacological, and radiological institutions, and it should be free from any heavy burden of teaching medical students. In some respects, in its constitution and aims, it would play the part in academic medicine which the staff college plays in the military world; that is to say, in advancing knowledge and in training officers for similar work in other fields. The resemblance is even stronger in that it would be a

centre where men desirous of completing their education in scientific medicine could spend a period of time, perhaps two or three years, in pursuing research, before devoting themselves to teaching and consulting practice.

### Research at the Bedside

Without desiring to join either the one side or the other in a current controversy as to the merits of bedside observations in advancing knowledge, I am convinced that in the future even the best clinician will need to keep thoroughly abreast with the methods, the meaning, and the language of the ancillary sciences if his investigations are to be blessed with success.

It must, I feel sure, have occurred to the minds of many that observations are constantly being made in the wards of a hospital which would bear rich fruit if cultivated in a pharmacological, physiological, or biochemical laboratory, and that the results of many laboratory experiments would stimulate new branches of inquiry at the bedside if the clinician and his scientific colleague were more closely associated in their daily work and had the time and opportunity to discuss their problems. In a medical school where research, and training in the methods of research, were the chief considerations such an atmosphere of collaboration could easily develop and many inspired thoughts, now born but to perish in the turmoil of teaching and practice, might grow to maturity. The day has come when we must recognize that not only time but skilled technique is required for the further disclosure of biological and pathological secrets, and that research, unwilling as we may be to admit it, must rank as one of the numerous specialties in the field of Medicine.

### Conclusion

Rightly or wrongly, then, I envisage great modifications in both medical practice and medical education, the latter being influenced to a great extent by the special and various needs of the former. The large medical schools of the great cities will continue to educate candidates for general practice, modifying their curriculum, however, on the lines I have indicated, in order to equip the practitioner for his particular functions in the general scheme of medical service.

Candidates for consulting and teaching positions will need to supplement their three years of clinical training by post-graduate courses in special departments or by working for two or three years in an institute of research. A limited number of students with the inclination and capacity for a more academic career should have the opportunity of graduating in a school in which the scientific aspects of medicine occupy a prominent position and where they can pursue their post-graduate training in the methods and technique of research as a natural sequence to their undergraduate studies.

All the fundamental requirements for the organization of health centres and regional medical services throughout the country are in being, with the exception of a medical school largely devoted to the advancement of knowledge and to the training of those who, by ambition and ability, are fitted for a career in clinical research.

The suggestion has come to me from more than one quarter that here in Oxford are to be found the basic needs for such a school and the ideal atmosphere for its expansion. We have all the ancillary scientific departments, admirably equipped and ably directed; we have a large and several smaller hospitals with ample and varied clinical material, and, in the Nuffield Institute, we have a magnificent structure near which, thanks to the munificence and foresight of its generous godfather, is the space for such further buildings as may be required.

An ambitious dream, perhaps, but, if it came true, the future growth and development of the Oxford Medical School would be more than worthy of its great traditions.

### Adrenaline Ionization and Hay Fever

SIR,—Hay fever is recognized as an affection of the upper air passages and conjunctivae, due to hypersensitivity to proteins contained in the pollen of certain plants; there is lachrymation, swelling of the mucous membrane, and excessive nasal discharge, and for this reason I have tried adrenaline ionization in preference to zinc ionization, which is very unpleasant for the patient. The technique is as follows:

An active probe electrode bound round by gauze dipped in the adrenaline solution (1 in 1,000) is inserted up the nostril as far as the patient can tolerate. The indifferent electrode, covered by the usual lint pad, is placed under the palm of the patient's hand, on the opposite side to the nostril being treated; thus, one hand is free to support the electrode in the nostril. A current of 10 to 15 milliamperes is applied for two minutes. The probe electrode is removed, fresh gauze bound round it, and the treatment given to the other nostril.

The immediate effect is relief of congestion, and this relief is maintained for several days; treatments given twice weekly, for two weeks, are sufficient if the patient is seen during an early acute attack; more treatments are necessary for a patient who has been suffering for some weeks.—I am, etc.,

London, W.1, July 16th.

NELLIE I. LANCKENAU, M.D.

### Pasteur and Lister

SIR,—The correspondent who contributes a note on the Pasteur film to the *Journal* of July 18th is in error when he states that Pasteur and Lister did not meet until 1892. They met in Paris at least as early as June, 1878 (Godlee, *Lord Lister*, third edition, p. 433), and in London, at the International Medical Congress, in August, 1881 (*ibid.*, p. 446; and Vallery-Radot, *La Vie de Pasteur*, Chap. X).—I am, etc.,

New College, Oxford, July 19th.

R. S. CREED.

### Obituary

We regret to announce the death of Dr. A. D. M. GRANT at Umhlali, North Coast, Natal, on May 6th. Alexander Donald McKenzie Grant graduated M.B., C.M. at Edinburgh in 1894, and after a short visit to Canada settled in South Africa in 1896. He was for many years medical officer to the Modderfontein Dynamite Works, until, after a period of service with the British forces in East Africa during the war, he became medical officer to the Grootvlei Colliery, a post he held until his death, at the age of 71. Cultured and well read, he was a man of attractive personality, who had many friends throughout Natal. He leaves a daughter and a son, who is now a student of medicine at Edinburgh.

The following well-known foreign medical men have recently died: Dr. KEIJI OKAJIMA, professor of anatomy at the Keio University at Tokyo since 1918, founder and editor of *Folia Anatomica Japonica*, and author of a textbook on anatomy, of which the third edition will appear posthumously; Dr. R. NOGUÉ, professor at the French School of Stomatology and editor of the *Revue de Stomatologie*; Dr. ALBERT MOORE BARRETT, professor of psychiatry, University in the Michigan Medical School, Ann Arbor, and past-president of the American Psychiatric Association, aged 64; Dr. JOHN RIDLON, past-president of the American Orthopaedic Association and honorary member of the British Orthopaedic Association, aged 83; Dr. PAUL BARBARIN, formerly president of the Society of Surgeons of Paris and officer of the Legion of Honour; and Dr. THEODOR MEYER-STEINIG, extraordinary professor of the history of medicine at Jena, aged 63.

### Medico-Legal

#### PUERPERAL INFECTION IN A MATERNITY HOME

*Lindsey County Council v. Marshall*

On July 14th the House of Lords delivered judgement in the case of Lindsey County Council *v.* Marshall. The hearing began in February, but was delayed by the illness of Viscount Sankey. This was an appeal from a decision of the Court of Appeal and of Mr. Justice Lawrence, sitting with a special jury at Lincoln Assizes, awarding £750 damages to Mrs. Marshall against the county council for their negligence in allowing her to contract puerperal fever in a nursing home which they manage at Cleethorpes. An account of the hearing before the Court of Appeal appeared in these columns on March 2nd, 1935 (p. 449).

The Cleethorpes Maternity Home is a comparatively small three-story building containing sixteen beds. Some of the beds are in single rooms and are known as private wards; the others are in public wards. Patients are attended by their own doctors, and the home is administered through the council's maternity and child welfare committee. A subcommittee meets at Cleethorpes every two months for the management of the home, and is advised by the county medical officer of health and his assistant, who is also medical superintendent. These medical men perform no clinical duties. In January, 1933, Mrs. Marshall arranged with the matron that she should have a private ward at four guineas a week for her confinement about July 4th, and should be attended by her own doctor. On June 30th a Mrs. Franklin was admitted to the home, and on July 4th she developed a high temperature and was taken to the Grimsby General Hospital, where she was found to be suffering from acute puerperal fever. The ward where she had been lying and the nurses who had been in contact with her were disinfected by the ordinary practice. No swabs were taken, as it was thought that the disinfection would have destroyed any organisms that may have been present in their throats. On July 9th a Mrs. Fleming was admitted; she developed a temperature the day after her confinement and a similar temperature on July 11th; she was therefore, technically, a case of puerperal pyrexia, though her attack was very mild.

On the evening of July 12th Mrs. Marshall, the plaintiff, began her labour. Her husband rang up the home and was told to bring her. They arrived shortly before midnight, and were told there was no private ward available and she would have to go into a public ward. She decided to do so on the understanding that she would be removed to a private ward as soon as possible. Neither she nor her husband nor her doctor was told that there had been any recent infection in the home. She was confined on July 13th. On July 16th four other patients developed puerperal fever, and on July 17th she herself developed the fever and suffered a very severe attack. The jury found, among other things, that the home was dangerous and that Mrs. Marshall should have been warned of the danger. The questions the House of Lords had to consider were whether there was evidence on which the jury could properly have found as they did, and, if so, whether the county council were liable in law for the negligence of their employees. Their lordships found that there was evidence to support the jury's conclusions, and the most important part of their judgements deals with the question of whether the county council could in law be held liable for the mistakes of the medical officers, the matron, or the nursing staff.

#### *Liability of Hospital Managers*

One of the most important cases on the liability of hospital managers for the acts of their medical officers is *Evans v. Liverpool Corporation* (1906). In that case a visiting physician on the staff of a municipal fever hospital discharged a child who was still infectious from scarlet fever, and the jury found that he had been negligent. The judge held, however, that the corporation was only obliged in law to provide reasonably skilful and competent medical officers, and having done so was not responsible for the wrongful acts of an officer in the course of skilled and technical service which it was not competent to direct or supervise. In *Hillyer v. St. Bartholomew's Hospital* (1909) a patient was injured at operation

defence that he had had the gun cut down so that he could carry it in his pocket and shoot birds and rats. He had only intended to frighten the girl by firing in the air, but the gun had twisted in his gloved hand.

The learned judge, in summing up, explained the law: that it was not material whether the treatment was the best possible or whether greater skill would have prevented the death. If an act was done with the intention of doing grievous bodily harm the doer must take the reasonable and probable consequences. The jury found Hill guilty of murder but added a strong recommendation to mercy, and the judge pronounced sentence of death.

An appeal against conviction was dismissed on July 13th by the Court of Criminal Appeal, but the Home Secretary has now recommended a reprieve.

## Universities and Colleges

### UNIVERSITY OF OXFORD

At a congregation held on July 18th the following medical degrees were conferred:

D.M.—W. Gover.

B.M.—R. W. G. Lancashire, H. Rees, B. B. Waddy, P. R. W. Leigh, A. D. Picton, A. W. Dawson-Grove, W. E. Gibb, D. Kendall, H. M. Sinclair, A. F. Foster-Carter, E. G. Tuckwell, D. B. Fraser, D. L. Davies, P. W. Morse.

The governing body of Queen's College, Oxford, has elected Sir Wilfred T. Grenfell, K.C.M.G., M.D., F.R.C.S., to an honorary Fellowship.

### UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I*: J. T. McGinn, I. G. McIntyre. *Part II*: R. E. Alderson, Sylvia D. Bhay, I. T. Dickson, I. Eban, N. G. Gadekar, R. B. Mehta, H. I. Osler, A. M. Rackow, O. F. W. Robinson, A. I. Silverman, A. C. Sinclair, Edith H. Smith, Florence L. Telfer, W. Tennent, D. A. Wilson.

### UNIVERSITY OF LONDON

At a meeting of the Senate on July 15th Mr. W. J. Hamilton, M.B., B.Ch., was appointed to the University Chair of Anatomy, tenable at St. Bartholomew's Hospital Medical College, from October 1st.

Dr. Alexander Haddow was reappointed to the Laura de Saliceto Studentship for the year 1936-7.

#### Graham Legacy Fund

The purpose for which the Graham Fund was founded was to aid research in the School of Advanced Medical Studies connected with University College Hospital, and the Fund has for its object the prevention, cure, and alleviation of human disease and suffering. The post of director of the Charles Graham Medical Research Laboratories held by Professor A. E. Boycott was resigned by him, for reasons of health, as from September 30th, 1935, and the Senate appointed Professor C. R. Harington acting director. Dr. E. S. Duthie resigned his tenure of the Graham Scholarship upon his appointment as lecturer in pathology in the University of Sheffield, and it was awarded to Dr. J. C. Thomas. Under the regulations for the Graham Fund a gold medal has been awarded to Sir Thomas Lewis for research in connexion with the treatment of cardiac disease conducted at University College Hospital and its Medical School.

#### LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following awards of scholarships are announced: *St. Dunstan's Exhibition*: E. S. A. de Wit. *A. M. Bird Entrance Scholarship*: A. D. Wells. *Sir Owen Roberts Memorial Scholarship*: I. M. V. King. *Lewis Memorial Scholarship*: I. G. Little. *A. M. Bird Scholarship for Clinical Studies*: E. E. Whatley. *Alfred Langton Scholarship*: B. J. Shorting. *Ellen Walker Bursary*: B. C. James. *Flora Murray Bursary*: E. M. Drown. *Mabel Sharman Crawford Scholarship*: H. Davidson. *Special Scholarships and Bursaries*: R. E. M. Bowden, B. J. H. Broadwood, J. M. Drury-White, G. L. E. Hughes, D. H. Johnston. *A. M. Bird Post-Graduate Scholarship in Pathology*: Marjorie V. Sudds, M.B., B.S., D.T.M., and H. Mabel Webb and A. M. Bird Research Scholarship: Frances C. Naish, M.B., B.Ch.

The following candidates have been approved at the examinations indicated:

ACADEMIC POST-GRADUATE DIPLOMA IN BACTERIOLOGY.—Catherine H. S. Begg, Evelyn M. Hill, D. L. Hughes, D. Lahiri, F. Tabet, Isabel M. Tonkin, B. Tribedi.

ACADEMIC POST-GRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—S. B. Adams, \*F. R. Berridge, G. Friedlander, J. J. Magner, \*A. Meyer, R. K. Modi, H. E. Offord, I. Qaimaqchi, A. Rakshit, B. G. Thompson, J. A. Vote, A. J. O. Wigmore.

ACADEMIC POST-GRADUATE DIPLOMA IN PUBLIC HEALTH.—K. Biden-Steele, D. K. M. Chalmers, Mabel J. Cooke, Florence A. Craig, Patience Craig, C. M. Dighe, Janet M. Done, W. K. Dunscombe, Helen M. Evans, Leonora S. Evans, Jane O. French, \*Mary L. Gilchrist, G. E. Godber, Irene B. M. Green, Marjorie K. Hall, H. D. Holt, Joyce B. Dewson, Winifred A. Kane, \*Elsa V. McLaggan, J. A. R. Murphy, W. J. Pinto, G. D. Pirrie, Eleanor G. Porter, T. R. Rama Pai, L. D. Sarronwala, P. N. Sathe, B. K. Sikand, G. B. Smart, R. L. Tiruchelvam, Evelyn A. M. White.

\* Awarded a mark of distinction.

### BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The next examination for the diploma (D.C.O.G.) will be held on October 14th (written) and October 28th (clinical and viva voce). Application for entrance to the examination (on the prescribed form obtainable from the honorary secretary, 58, Queen Anne Street, London, W.1) must be made not later than Wednesday, September 9th.

## Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Royal Assent was given in the House of Lords on July 16th to the Finance Act. On the same day the Lords read the Shops (Sunday Trade and Restrictions) Bill a third time and returned it to the Commons.

The House of Commons this week discussed the Government's national defence programme and voted Supplementary Estimates for the Navy, Army, and Air Force. Three days were spent in discussion of the Unemployment Assistance Regulations. It was hoped to make further progress with the Public Health Bill.

On July 21st the Select Committee on the Medicine Stamp Duty held a first meeting, and elected Sir John Ganzoni as its chairman. The meeting decided to report to the House that it should not proceed further with its inquiry before the recess. This report was laid on the table of the House that night. The chairman will decide when the next meeting shall be held after the recess.

On July 21st the Education (Scotland) Bill passed through committee in the House of Lords.

The House of Lords considered the Midwives Bill in committee on July 21st, and after the withdrawal of two amendments the Bill passed through the committee stage.

### Health of the Nation

Sir KINGSLEY WOOD, in the House of Commons on July 16th, presented Estimates of £15,628,150 for the Ministry of Health in the financial year 1936-7. This was in addition to six millions already voted on account. The Minister states that the total estimates for his Department showed a net increase of about £1,200,000 over those for 1935. This increase arose mainly from increased provision for housing, rural water supplies, and health insurance. During the present year expenditure on social services, including amounts raised by local rates, would reach £420,000,000, and at least 30,000,000 men, women, and children would benefit. There had also been a considerable expansion in public works, and the amount sanctioned for these last year was practically £36,000,000. These works included large sums for hospitals.

The improvement in the health of the nation continued. The latest return furnished by the Registrar-General showed a death rate for 1935 of 11.7 per 1,000. The expectation of life at birth had increased by seven years in the last twenty years. Last year the infant mortality per 1,000 live births was 57, the lowest on record in this country, and



the action suggested. Fibrosis of the lungs was a not uncommon condition which arose from a variety of causes, not necessarily occupational at all. Fibrosis due to inhalation of silica or asbestos dust could be distinguished by expert examination. It was not possible in other cases to say whether the fibrosis was due to the effects of dust inhaled in the course of employment. The problem was being investigated by the Industrial Pulmonary Diseases Committee of the Medical Research Council, who were alive to its importance and urgency and visited South Wales last month, obtaining information from a number of local doctors and others. If, and when, that committee reported that other forms of occupational fibrosis could be distinguished as such, the Home Secretary would consider at once the steps necessary, whether by legislation or otherwise, to bring them within the scope of the Act.

**Contaminated Water Supply in Surrey.**—On July 20th Mr. SHAKESPEARE told Sir Richard Meller that his attention had been called to the recent pollution of the water supply in the districts of Carshalton, Beddington, and Wallington, as the result of which hundreds of persons had been seriously affected; and he was satisfied that the methods at present adopted to secure a pure water supply were efficient. Officers of his Department had been in close touch with the situation, and he did not at present think that any more formal inquiry was necessary. The supply from the contaminated source was cut off as soon as the contamination was suspected, and no notice to the consumers could have been given in time to be effective.

**Regional Medical Officers.**—On July 21st Sir KINGSLEY WOOD, replying to Mr. Graham White, said that at present two of the doctors employed on the regional medical staff for national health insurance were women. Regional medical officers were appointed by him, and their emoluments were borne on the Ministry of Health vote, but the bulk of the cost was recovered from the approved societies as an appropriation-in-aid.

#### Notes in Brief

Mr. Shakespeare, replying to Viscountess Astor on July 14th, said that the Minister of Health had no statistical material on which to compare the physical condition of elementary school children under the care of public institutions with those not under such care.

## Medical News

One of the efforts undertaken by her friends and colleagues in memory of the late Dr. Christine Murrell has taken the form of a small post-graduate fellowship fund, administered by the Medical Women's Federation for the benefit of its members. The first award will be made in the autumn. Medical women are invited to make application, by September 30th, to the medical secretary, Medical Women's Federation, 9, Clifford Street, Bond Street, London, W.1.

In the *Journal* of October 12th, 1935 (p. 694), we published the text of a manifesto on war and peace signed by 350 psychiatrists and psychologists of various nations. The Netherlands Medical Association, which drew up this manifesto, has since issued through its Committee for War Prophylaxis a bibliography on the war problem, war psychology, and war psychiatry. We are asked to say that Captain Alan Thomas of the League of Nations Union, 15, Grosvenor Crescent, London, S.W.1, would be pleased to receive names of any psychologists who are in sympathy with this movement.

The posthumous award of the Albert Medal in Gold was made by the King on July 14th to the mother of the late Dr. John Melly, leader of the British Red Cross Society's expedition in Abyssinia.

The first European Congress of Plastic Surgery will be held at Brussels on October 3rd and 4th, under the presidency of Dr. Coelst (Brussels); the vice-presidents are Mr. Pomfret Kilner (London) and Professor Sanvenero-Rosselli (Milan). Communications and inquiries should be addressed to the executive committee, 118, Avenue Louise, Brussels.

At Golborne, near Warrington, an outbreak of diphtheria began just over two weeks ago. Most of the affected children have been taken to Astley Sanatorium, Leigh, where there are now thirty-nine child diphtheria patients from the town, of whom three have died and two have been discharged. According to reports in the lay press the origin of the Golborne epidemic has not so far been traced. In order to prevent the spread of infection, open-air baths at Newton-le-Willows have been closed, cinemas in the town have agreed to refuse admission to children under the age of 14, and all the other routine precautions have been taken.

The fifth International Congress of the International League Against Rheumatism will be opened at Lund, Sweden, on September 3rd, continuing there until the 5th and concluding at Stockholm, 7th to 8th. Discussions will take place on the following subjects: (1) allergy in rheumatic diseases; (2) the reading of x-ray photographs in arthritis; (3) the nature of myalgia; (4) the help of the orthopaedist in rheumatic diseases; (5) housing conditions for rheumatic patients; (6) affections of the shoulder-joint as affecting function in different occupations. Excursions will take place to Visby in the Baltic island of Gothland and the provinces of Dalécarlie and Jämtland. Medical men and their friends proposing to be present should apply before August 1st to the Congress Secretary, Professor Agrégé G. Kahlmeter, Birgerjargatan 36, Stockholm. An English party is being made up, to leave London on the afternoon of August 31st. Particulars may be obtained from Dr. R. Fortescue Fox, 36, Devonshire Place, W.1.

The fourth European Mental Hygiene Reunion, arranged under the auspices of the National Council for Mental Hygiene, will be held at the Ministry of Health, Whitehall, S.W., from Monday, October 5th, to Thursday, October 8th, both days inclusive. The proceedings will open with a discussion on "Mental Hygiene and the Cinema," and on the second day there will be discussions on "Mental Hygiene and the Nurse" and "Mental Hygiene and the School." October 7th and 8th will be devoted to visits to various mental hospitals, institutions, etc., in and around London. The number of tickets available for the Reunion is strictly limited; 75 have been set aside for members of the medical profession, and applications for these, with the remittance (£1 1s. for admission to all sessions and for advance copies of the papers) must be received by the National Council for Mental Hygiene, 77, Chandos House, Palmer Street, S.W.1, by July 22nd.

The German Society for Combating Rheumatism will hold its annual congress at Dresden from September 20th to 23rd, when the chief subject for discussion will be the spa treatment of disturbances of the motor nervous system.

The Soviet Government has decided to organize at Moscow a special institute for experimental physiology and therapeutics at the municipal hospital Pirogoff, in which physiologists, physical chemists, biochemists, and other men of science will take part, and has allotted 500,000 roubles for its equipment.

An institute for the investigation of rheumatism, the first of its kind in Austria, has been erected at Baden, near Vienna. A balneological investigation department will be added later. The honorary director of the institute is Professor R. Ewald.

The issue of *Deutsche medizinische Wochenschrift* for July 3rd is devoted to fruit as an article of diet.

Dr. Charles H. Mayo has retired from the chair of surgery at the Mayo Clinic, Rochester, and has been made professor emeritus.

An outbreak of over 400 cases of lethargic encephalitis has recently occurred in Tokyo.

Professor Hans Hinselmann, director of the municipal gynaecological hospital in Altona, whose study of the early diagnosis of cancer of the uterus by colposcopy has recently attracted much attention, has been appointed dozent in charge of the discipline: "Kolposkopie und Frühdiagnose des Uteruskarzinoms."