Local News

ENGLAND AND WALES

National Hospital: New Wards and Research Department

The new wing of the National Hospital for Diseases of the Nervous System, perhaps better known as Queen Square Hospital, London, which was opened by Queen Mary on July 19, increases the accommodation of the hospital by 43 beds and provides two entire floors and a basement for research work. The building adjoins the old hospital, overlooking the square, and is severely simple in its lines, with no ornamental detail.

The two highest of the seven floors are devoted to single-bed wards, where patients can have the privacy that is often so desirable in an institution for this class of case. Each ward has one of its walls consisting almost entirely of window, which can be opened out upon the gardens and trees of the square below. The fifth floor contains two operating theatres, with a large sterilizing room and a room for *x*-ray diagnosis. Students' galleries are built in the theatres in such a way that their occupants can obtain a close view of an operation from the best possible angle, although separated from the main theatre by sloping glass screens. Below this theatre floor there are three floors occupied by four-bed wards, two of them surgical and one medical, and here again one of the walls is glazed and can be opened out to give the ward the effect of a balcony. The first floor, ground floor, and basement are given over to the purposes of laboratory research and teaching. The post-mortem department is in the basement, with two small chapels attached, one for Jewish rites. On the ground floor there is a large lecture theatre and two sets of consulting rooms, where the physicians and surgeons of the hospital can see private patients, and all the remainder of the space on these floors, apart from a library and a refectory, is occupied by laboratories. The furnishing of these laboratories has had special attention, and in the search for ideas some of the best-equipped laboratories in various parts of the world have been visited, including the famous physical chemistry institute of Upsala. The complicated system of electrical and mechanical services has been installed in such a way that in the finished building they obtrude themselves to the least possible extent. All the benches are standardized and movable, and can be placed anywhere around the walls or in the centre of the room with the certainty that the necessary services will be available at any point. On each landing there is a clock which dials the number of any member of the staff who is wanted, and the number is dialled fifteen times in succession until the truant is traced. Electrically controlled blinds close the windows when a button is pressed. In the private wards the lights can be dimmed from outside without the necessity of entering and disturbing the patient. There are innumerable contrivances of this kind. Another amenity is the provision of waiting rooms on each floor for the friends of patients.

The new building, which is not yet occupied—the shortage of nurses here as in other new hospitals is one cause of delay—is by no means the end of present developments at Queen Square. It is hoped to build a new nurses' hostel, for which a neighbouring site has been acquired, and to reconstruct the out-patient department. The new wing, especially the research department, has been rendered necessary by the fame of the research work in neurological medicine and surgery done at this hospital. The accommodation for research became inadequate, and in 1935 the Rockefeller Trust gave £60,000 towards the building on condition that another £60,000 was raised. The Trust gave a like sum to be invested for the endowment of research. The second £60,000 was more than secured from three sources—£29,000 from Lord Nuffield, £11,600 in response to a broadcast appeal, and £20,000 from picture-house collections. In addition there have been many other large gifts, including £1,000 from the Corporation of the City—recalling the fact that the hospital itself was started as the result of a Mansion House meeting—and the building fund has now reached £158,000.

Voluntary Hospitals of Sheffield

The Duchess of Gloucester visited Sheffield last week to inaugurate an appeal for £1,000,000 for the city's voluntary hospitals. During the day she attended a meeting at the City Hall; opened a new ward at the Children's Hospital, for the treatment of children under 1 year suffering from dietetic disorders; and laid the foundation-stone of the new maternity block at the Jessop Hospital. It was announced by Mr. W. R. S. Stephenson, chairman of the executive committee of the appeal, that two-thirds of the sum required would be found by employees and employers in the district, who already contributed to the maintenance of the hospitals through the "penny-in-the-pound" scheme. The remaining third would, it was hoped, be subscribed by the general public and public bodies. The aim of the scheme of reorganization of the Sheffield hospitals was to centralize all specialized work. At the Jessop Hospital Mr. James Henderson, chairman of the board of management, explained that additional maternity beds were the most urgent of Sheffield's hospital needs, and the financing of the new block at that institution would be the first call on the £1,000,000 appeal fund.

A Convalescent Home in Kent

The opening of a convalescent home near Tunbridge Wells by Sir Kingsley Wood on July 1 marks the recognition by the Kent County Council of the need for restoring the individual to fuller health than is afforded by actual hospital treatment. The establishment of this home has been made possible through the generosity of Mrs. Vera Salomons, who has presented the house and grounds by deed of gift. The house was formerly the home of her family, and is being named the "David Salomons House" in memory of the father of the donor. It is a spacious country house standing in about thirty-five acres of beautifully wooded grounds, and has been adapted by the County Council to provide accommodation for seventy female patients between the ages of 15 and 45. In view of the importance of diet during convalescence a cook-dietitian has been appointed, and every effort has been made to depart from the hospital atmosphere and to create restful and pleasing surroundings. There are adequate facilities for rest and recreation both indoors and out, and there is a well-equipped theatre attached to the house for the entertainment of the patients. Until recently convalescent treatment has only been possible through the agency of voluntary bodies or by the private arrangements of the patient, and the fact that the Kent County Council has provided such treatment as part of its public health service is a noteworthy advance in the care of the sick. The decision to use the home for female patients in the 15–45 age group is important. While the average man after his discharge from hospital has some time on sick benefit before returning to work, the housewife, who will be represented by many patients in this group, often goes straight from hospital to full and arduous work in the home.

Notification of Measles and Whooping-cough in London

The Minister of Health on July 15 inserted a notice in the *London Gazette* advertising regulations which it is proposed shall come into operation on October 1 next for the compulsory notification by medical practitioners of all cases of measles and whooping-cough occurring in the Administrative County of London, except in the following cases: (1) If a previous case of measles or whooping-cough has occurred in the house and has been notified within the preceding period of two months. (2)

If the case is being treated in a hospital for infectious diseases. (3) Where the patient has been admitted into a hospital belonging to the London County Council. Regulations which are already in operation in certain Metropolitan Boroughs for the notification of one or both of these diseases will be rescinded by the new regulations. Measles and whooping-cough are notifiable only in those places for which special regulations of this kind have been made. Reference to this matter was made in our Epidemiological Notes last week.

Cost of Medical Care to Local Authorities

The Minister of Health has now issued Part I of the Costing Returns for the year ending March 31, 1937 (H.M. Stationery Office, 1s. 3d.). The returns relate to all the principal institutions (other than infectious disease hospitals) for the treatment of persons in need of medical or surgical care and attention which are administered or utilized by local authorities in England and Wales. The institutions for which particulars are given comprise Poor Law hospitals, general hospitals administered by local authorities, sanatoria and other residential institutions for the treatment of tuberculosis and maternity homes and hospitals. The main object of this publication is to assist local authorities in the economical administration of the institutions under their control by enabling each authority to make comparisons between the average costs of their own institutions and of the comparable institutions belonging to other authorities. Careful investigation into the causes of divergencies in unit costs is a valuable method of securing economies and improvements in methods of administration.

Board of Education Report

The annual report of the Board of Education for 1937 (Cmd. 5776, H.M. Stationery Office, 3s. 6d.) covers the calendar year, and is, as usual, combined with the Board's statistical tables, most of which relate to the period ending in March or July. The introduction to the report mentions some of the outstanding events of the year. One was the introduction of the Government scheme for the development and extension of opportunities for recreation and physical education; a fuller account of this is given in Chapter I. The Board's total estimate for the year 1937–8 was £49,500,000—nearly £1,500,000 more than that for the previous year. Most of this increase was due to larger expenditure by local authorities on elementary and higher education. Substantial progress was made in all branches of educational activity, including the School Medical Service, and in particular the report comments on the more rapid growth in the provision of nursery schools. Widespread attention has been given by local authorities to the institution of preventive and instructional measures designed to promote the safety of children on the roads. The results of an inquiry into children's homework and the conclusions of the Board on the subject were published in 1937. The Board again calls attention to the importance of the appointment of organizers of physical education. At the beginning of 1936, out of 316 local education authorities, only 124 employed these organizers. By the end of last year the number had increased to 232 authorities. Steps were taken to meet the need for an increased supply of teachers capable of giving instruction in physical training. The Board explains in some detail the circumstances in which the Government scheme for the development of opportunities for recreation and physical training was launched. During the past quarter of a century educational practice has been steadily moving from a narrow interpretation of formal training to the wider conception of developing the individual. A similar change has transformed physical education in the schools from a system of formal drill into one of free exercise, embracing not only gymnastics and physical exercises but games, swimming, and all sorts of outdoor activities. This wider view of the educational process was recognized in the Education Act of 1918, which gave local authorities power to supplement and reinforce the instruction given in the schools by providing opportunities of social and physical training for school children and young persons. But the opportunities for young people to indulge these interests have in the past been incomplete. These considerations moved the Government, spurred on by the British Medical Association Report, to set up the National Fitness Council, and, through the Physical Training and Recreation Act, 1937, to confer on local authorities new and extended powers for providing gymnasiums, playing fields, camps, community centres, swimming baths, and the like. The report gives some account of the work which the National Fitness Council has already accomplished. From the section on school meals and milk it appears that only about half the children in public elementary schools take advantage of cheap milk. The number of authorities providing school meals or milk during the year ending March 31, 1937, was 247, compared with 235 in the preceding year; by the end of the calendar year 1937, 259 authorities were providing meals or milk. The Board points out that the Advisory Committee on Nutrition recommended that children should take from one to two pints of milk a day, and it regrets that parents do not appreciate more fully the opportunity provided by the milk-in-schools scheme of obtaining so valuable a food for their children at half-price.

Preston Hall, Maidstone

Two matters call for special notice in the report of the medical director of British Legion Village, Preston Hall, for the two years ended September 30, 1937. The first concerns the future of this settlement. It has been obvious for some time that Preston Hall could not continue as a centre for the treatment of ex-Service men only. Indeed, 38 per cent. of those now under treatment are not ex-Service men. The council of management has therefore recommended to the National Executive Council that the British Legion should continue to be the owners of Preston Hall and be responsible for its future, and that a separate appeal should be made on behalf of Preston Hall, "with the clear understanding that the money would be required to carry on a national work for the whole of the community, and not for ex-Service men only." The second matter is the "arrested-cases scheme." A number of patients in whom the disease has been arrested and who are still working in Preston Hall industries are now resident not in the Village Settlement itself but in houses in the near neighbourhood. These houses are being built by private enterprise, and are purchased or rented, sometimes with the assistance of the British Legion. In addition, twenty-four settlers considered to be within the category of "arrested cases" have left the Village and are working elsewhere in England. It is emphasized that no pressure of any kind is brought to bear on these men to move, that no relapses have been reported in this group, and that the introduction of this scheme has had no effect on the number of fresh applications for admission to the settlement.

London Emergency Bed Service

The Voluntary Hospitals Emergency Bed Service has now completed its fifth week of working, and in spite of having taken deliberate steps to avoid any rush of calls when it was opened it has already dealt with well over 500 cases. The actual cases offered have varied very considerably, and, though all types of medical and surgical emergencies have been dealt with, the average length of time between receiving a message from a doctor and obtaining admission for his patient is still in the neighbourhood of five minutes. It is possible, if all the circumstances are favourable, to complete the arrangements for the admission of a patient within three minutes, as was done in the case of a doctor who telephoned at 1.17 p.m. asking for admission for a patient suffering from acute appendicitis; by 1.18 p.m. the Miller Hospital had agreed

to take the case; at 1.19 p.m. an ambulance had been ordered; and at 1.20 p.m. the doctor was informed that an ambulance would call for his patient. Many doctors are apparently still reluctant to use the Service, as is evidenced by the fact that on several occasions doctors who have made use of it have said that they had already tried three hospitals, all of which had recommended them to ring Metropolitan 8781. In one instance a doctor said that he had spent over an hour trying to get admission for his patient, and when he finally rang the Service admission was obtained in seven minutes. The Service is now capable of dealing with any call that may be made upon it, and it is no longer necessary for doctors to hold back for fear of overwhelming an untried institution.

The Case for Cremation

A conference, organized jointly by the Cremation Society, of which he is president, and the Federation of British Cremation Authorities, was opened by Lord Horder on July 22 at Balliol College, Oxford. Lord Horder said that earth burial, which had long been a luxury, was to-day a social crime. On the score of lack of reverence, this at least could be said for cremation—that it spared the irreverence of exhumation, which was the lot of so many thousands of bodies, and it spared also the neglect of graves so evident in many cemeteries. Moreover, the crematorium chapel was more comfortable than an open graveside and spared much to mourners, who often attended funerals in an impaired state of health, due to the anxiety of the period through which they had passed. Cremation, by reason of its system of certification enforced by the law, both prevented and detected crime. Death certificates signed by medical men who had not examined the bodies after death were impossible in the case of cremation, for which two medical certificates were demanded, and these must be completed to the satisfaction of a medical referee before cremation could take place. Leeds City Council was represented at the conference, and this week Alderman Masser has opened a new crematorium at Cottingley Hall. Dr. J. Johnstone Jervis, medical officer of health for Leeds, in a handbook describing the Cottingley Hall Crematorium, writes: "If anyone were to ask me what, in my opinion, was the ideal method of disposing of the dead I would unhesitatingly reply, cremation. The reasons for this answer are, first, that it is the most hygienic method; secondly, that it is the most expeditious method; and, thirdly, that it is the method best suited to the times in which we live. Who will say that a graveyard in the midst of a thickly populated city, or even in a suburban area, is a benefit to the people's health?"

SCOTLAND

Edinburgh University Graduation

At the medical graduation of Edinburgh University on July 20 Lord Tweedsmuir was installed as Chancellor of the University in succession to the late Sir James Barrie. There were thirteen recipients of the honorary degree of LL.D., including the Governors-General of Canada, India, and Australia, and two Cabinet Ministers, one of whom was Dr. Walter Elliot, the Minister of Health. Lord Tweedsmuir, in his address, said that a university was not a mere wicket-gate which once passed was no more thought of; it should influence every stage of life. It had two plain duties—to transmit knowledge and to advance knowledge—and both required equal emphasis. General culture was of little value to a young man if he was going to starve, but on the other hand if they had only what had been called the "service station" conception of a university they would have men entering a profession without having been taught to think. The purpose therefore of the university should be to combine humanism with technique. The other primary function of a university was to pursue truth by research, experiment, and speculation. Our forefathers based all learning on the study of philosophy, and Lord Tweedsmuir suggested that they should return to an insistence upon the liberty of the mind. If they could give to the youth minds accustomed to think and inspired with a reverence for thought, and at the same time give them the perspective created by understanding our long human story, they would be endowed with confidence and hope. It was often said that modern youth lacked the enterprise, stamina, and fortitude of their fathers, but he believed this to be untrue. Those who to-day entered the church, medicine, law, or commerce found the technique of these professions more elaborate than it was in their fathers' day; that delicate structure called civilization had to be maintained in a world full of destructive forces. The mechanism of society to-day had become so intricate that it was far more exposed to disaster than the simpler mechanism of earlier days, and they could only preserve the standards by the constant exertion of intelligence. The Chancellor afterwards conferred the M.D. degree upon sixteen graduates and those of M.B., Ch.B. upon 163 graduands.

Principal of the Veterinary College

The Governors of the Royal (Dick) Veterinary College, Edinburgh, have appointed Colonel Sir Arthur Olver, C.B., C.M.G., F.R.C.V.S., to be principal of this institution in succession to the late Dr. O. Charnock Bradley. Sir Arthur Olver, who is 62, recently retired from the post of Animal Husbandry Expert to the Imperial Council of Agricultural Research in India. In 1908 he was appointed Assistant Director-General of Army Veterinary Services, and for his work in the war he was awarded the C.M.G. and C.B. He was instrumental in introducing many improvements in animal husbandry and veterinary education; among them were dairy farms in each of the five provincial veterinary colleges of India. He also drew up the scheme for a higher-grade veterinary college in India, in which he laid special stress upon the subjects of animal nutrition and animal genetics.

Conference on Health Education

At a conference organized by the Department of Health for Scotland in the Empire Exhibition, Glasgow, on July 19, Mr. H. J. Scrymgeour Wedderburn, Parliamentary Under-Secretary of State for Scotland, who presided, said the future of Scotland depended on the health of the young people who were leaving school at the rate of 90,000 a year. Mr. Joseph Westwood, M.P., suggested that the three routine medical inspections during school life could be cut down to two, and that medical staffs might thus be freed for work among pre-school children. Medical services should be provided for the family in the same way as they were for the insured worker. The law should be amended so that local authorities might provide meals for school children as a preventive measure; a good midday meal would prevent much of the debility which they were now seeking to remedy. The medical profession must work in the closest harmony with the local municipal services, and the State must give local authorities the necessary financial assistance. Mrs. Walter Elliot, speaking of the young citizen, pointed out that there was really no control after boys and girls left school; there were many voluntary organizations to cater for them, but these did not attract more than one in three of the juvenile population. When people were removed from the slums to charming new houses their social interests and leisure time should also be catered for. Sir John Boyd Orr considered that the physique of the youth of to-day was better than that of his father's generation, and he believed that twenty years hence there would be

still further improvement. The extension of the school-leaving age by another year would be a great benefit in providing another year's discipline, and much could be done in the last two years of school to impress upon the child that its future lay in its own hands. A healthy physique and character were of more importance for success in life than a good deal of money or a great deal of academic learning. The youth of to-day was not so much impressed with the necessity for getting on in life as was the youth of twenty-five or thirty years ago, but he was beginning to realize that he was a debtor to the community, and that he had to make some contribution for all he had received from it. The chairman said that Scotland was a small nation with a population under five millions. The fall in the birth rate had raised many issues of high policy in the State, and one problem was to secure that those who were born were equipped to lead a full and useful life. The conference had brought home to them that the health organization of Scotland was doing a great work, although it was not perfect and was not sufficiently used. They were now spending £20,000,000 in Scotland on health services of every kind, but he doubted whether they were getting as high a return for it as they ought.

Correspondence

Bragg-Paul Pulsator

SIR,—On July 8 an S O S message was sent out by the British Broadcasting Corporation asking for a Bragg-Paul pulsator, which was required for a case of respiratory paralysis at the Ipswich Hospital. A pulsator was at once sent off from the London Hospital, but did not arrive in time. In a recent article (*British Medical Journal*, June 4, p. 1206) Dr. C. J. McSweeney, of the Cork Street Hospital in Dublin, described the use of the pulsator, which he said had enabled him to tide over the period of complete paralysis of the thorax muscles, and to save life, in twenty-six cases. Quite recently a pulsator was required for a serious case in Belfast; fortunately, a spare pulsator had just arrived at Dr. McSweeney's hospital, and was sent off at once. It was hurried through the Border Customs, and arrived in time to be applied successfully. It is hoped that by this time the child is out of danger. It seems obvious that pulsators should be kept in readiness at known centres so as to be available for immediate use by qualified practitioners.

The particular form of apparatus which goes by the name of the Bragg-Paul pulsator had its origin in an attempt to give relief to a friend of mine and to his family. My friend suffered from an extensive paralysis; he was quite unable to breathe. For months he was kept alive by nurses and relations, who used a simple method resembling that which is prescribed for cases of apparent drowning. I thought that it might be possible to reduce the labour and inconvenience, and I arranged that a football bladder should be bound upon my friend's chest, connected with a similar bladder fixed between two hinged boards. By closing and opening the boards the chest was alternately compressed and allowed to recover by its natural elasticity. It was very much a home-made apparatus, but it worked and was in use for a long time. I then asked my friend Mr. Robert W. Paul to improve the design and, if possible, to draw power for working it from the water mains; electricity was not then available. This he did in a very ingenious manner. For three years or so my friend's breathing was accomplished entirely by the pulsators we made. He lay in bed all the time. The application of the apparatus caused him no inconvenience, nor did it interfere with his nursing. The tube connecting the pulsating machine with the hollow bandage which had now replaced the football bladder was hidden by the coverings of the bed, and there was no evidence of anything unusual except the quiet click-clack of the pulsator in another part of the room.

Mr. Paul then designed the apparatus for use on the electric circuit, and has recently improved it in many ways, which have been suggested during its use in hospitals. Among other changes, the electrically driven gearing is enclosed in an oil bath, and the new pulsator is practically noiseless. Several pulsators have been made by Mr. Paul, or under his direction, because he is naturally interested in perfecting the design. I am sure that Mr. Paul (69, Addison Road, London, W.14) will gladly give advice to any person or institution proposing to procure one of the new pulsators. To avoid misunderstanding, I would add that I am not financially interested in the apparatus.—I am, etc.,

The Royal Institution, London, W.1, July 21. W. H. BRAGG.

Abortion and the Law

SIR,—There has been so much discussion in the lay press on the different aspects of my recent prosecution that, for the first time, I should like to make some points clear to my fellow members of the profession through your columns.

Before this case was brought before the courts it is a fact that, despite what has been said to the contrary, the question of even therapeutic abortion has been a source of great anxiety to doctors, chiefly those in general practice. Uncertainty exists because it is so difficult to define what constitutes an indication for the operation.

We all know that there are many vague and almost indefinable conditions which, as serious danger to health though not to life, are much more important than many straight cases of heart or chest disease. The latter often suffer little or no real depreciation of health, but they carry the label of a named disease, which is readily accepted by laymen; the former class, by reason of the lack of concise clinical definition, may not be readily convincing cases in any subsequent legal investigation. These patients form the real problem.

It is comparatively simple for the consultant obstetrician, behind his defence of special knowledge and experience, particularly in large centres, to induce abortion, but it is a very different problem for the general practitioner in a small town or country district. Between the pressure exerted on him by the patient and her husband on the one hand, and the justifiable fear of misinterpretation of his action by gossips, or even the police, on the other, his position can be very difficult.

For years I have been impressed by this difficulty and decided to bring forward a test case, when the opportunity arrived, in which there would be no real danger to *life* (except suicide, which is occasionally committed by girl patients) but in which one might very strongly suspect great danger to health. I was also concerned to establish in the eyes of the law that mental health was just as important as physical health, and in certain cases perhaps even more so. This does not mean that I regard abortion as necessary in most cases of insanity. I am informed by my colleagues practising psychiatry that the operation plays little or no part as a treatment or prophylaxis of most forms of insanity. I also wish to state once again that I did not bring the case forward as an attempt to alter the law by direct action, but to obtain a further definition of the present law.

(*b*) An obstetric board of, say, seven eminent gynaecologists to be set up. The method of nomination of such a board is obviously a matter for the medical profession, not for a lawyer to suggest. The board to have power to act by a panel of not less than three. (This provision is necessary to prevent the possibility of a member being called on to adjudicate on a case of his own.) It would probably be necessary to appoint regional boards in a number of large towns to prevent patients having to come long distances for examination.

(*c*) Any medical practitioner to be at liberty to refer to the board any case in which he considered that abortion ought to be allowed on any ground, and the board, after examining the patient and considering *all* the circumstances of the case, including the mother's health, the probability of good or bad heredity for the child, and any special ethical or social problems arising out of the case, to have power to permit or refuse abortion.

(*d*) Abortion without the board's permit to be unlawful except in cases of immediate urgency, in which case a full report on the circumstances should be furnished forthwith to the board by the surgeon.

(*e*) A reasonable fee to be paid for the board's examination and certificate by those who can afford it; hospital cases to be given it as part of the hospital service.

If such legislation were introduced the opportunity might perhaps be taken to overhaul and bring into line with modern thought and knowledge the whole criminal law with regard to sexual offences.

M.A., B.C.L.

UNSUSTAINED CHARGE OF NEGLIGENCE

On July 21, without leaving the box, a special jury at Leeds Assizes returned a verdict for Dr. Florence Slade in an action against her for alleged negligence in the course of attendance upon a young married woman in her first pregnancy. Mrs. Isabella Mary Lloyd-Hughes sued to recover damages from Dr. Slade; and Trevor Lloyd-Hughes, her husband, of Headingley, an insurance official, claimed for out-of-pocket expenses incurred as a result of the alleged negligence. Dr. Slade denied negligence and counter-claimed for her fees against the husband. Mr. G. H. B. Streatfield, K.C., for the plaintiffs, submitted that complications were discovered by another doctor after some lapse of time, and the result was that Mrs. Lloyd-Hughes had to undergo a much more serious operation than otherwise would have been required. The defence called Mr. Carlton Oldfield, consulting gynaecological surgeon to the General Infirmary at Leeds, who said that there was not one symptom in the case which should have induced Dr. Slade to suppose that everything was not perfectly normal. Judgment was entered for the defendant with costs on both the claim and the counter-claim for fees.

The Services

DEATHS IN THE SERVICES

Colonel ALEXANDER FRASER RUSSELL, C.M.G., late R.A.M.C., died at a nursing home in Edinburgh on June 12, aged 81. He was born at Kilmodan, Argyllshire, on December 21, 1856, and was educated at Edinburgh University, where he graduated M.A. in 1877, and M.B., C.M. in 1881. Entering the Army as a surgeon on February 5, 1882, he attained the rank of colonel on November 2, 1911, and retired on December 21, 1913. He served throughout the South African War of 1899 to 1902, when he took part in the relief of Kimberley, and in operations in the Transvaal, Orange Free State, Zululand, and Cape Colony, and was present in the actions at Paardeberg, Poplar Grove, Dreifontein, Karee Siding, Zand River, Johannesburg, Pretoria, and Diamond Hill. He was mentioned in dispatches in the *London Gazette* of April 16, 1901, and received the Queen's Medal with six clasps, the King's Medal with two clasps, and the C.M.G. He rejoined for service during the war of 1914–18, throughout which he served as A.D.M.S. on Salisbury Plain.

Obituary

CHARLES H. H. HAROLD, O.B.E., M.D., D.P.H.

Lieutenant-Colonel R.A.M.C. (ret.); Director of Water Examination, Metropolitan Water Board

We announce with great regret the sudden death on July 18 of Colonel Charles Harold, who succeeded the late Sir Alexander Houston as Director of Water Examination, Metropolitan Water Board, in March, 1934. Only a fortnight ago at Plymouth he was re-elected for the third time to represent the Royal Army Medical Corps upon the Council of the British Medical Association.

Charles Henry Hasler Harold was born on January 1, 1885, and studied medicine at Liverpool University, graduating M.B., Ch.B. with honours in 1907, after which he spent two years in house appointments at the Liverpool Royal Infirmary. He was elected Holt Fellow of the University in 1909, and in the following year took his M.D. degree and joined the R.A.M.C. as a lieutenant, winning the Tulloch Memorial Medal and the Ranald Marten Medal. After several years' service in India he was promoted captain in 1914 while at Dagshai. During the war he served with the Indian Expeditionary Force in Mesopotamia and with the Marri Punitive Expedition in 1918; for his services in East Persia and Afghanistan 1918–20 he was mentioned in dispatches and promoted brevet major. He had been D.A.D.M.S.(San.) of the 3rd Lahore Division and on the Lines of Communication, East Persia, and sanitary adviser to the Forces in Transcaspia. In 1921 he was made instructor at the Army School of Hygiene, Aldershot, and five years later Assistant Director of Hygiene and Pathology, Northern Command, India. His last military post was that of Assistant Director of Hygiene, Southern Command, England, and he retired from the Service in 1934 with the rank of brevet lieutenant-colonel on taking up the important duty of watching over the purity of the water supply of the Metropolis. Colonel Harold's presence in London gave the British Medical Association an opportunity to profit by his knowledge and sound judgment at headquarters. In 1935 he was appointed to the Naval and Military Committee and elected to the Council as representative of the R.A.M.C.; he was also a member of the Subcommittee on Terms and Conditions of Service of Civilian Medical Practice.

After graduation at Liverpool he published jointly in the *Journal of Physiology* a paper on the influence of the presence and position of various radicles of adrenaline on its physiological activity; he also wrote on his war experiences with tick fever in East Persia, on the breeding of *Anopheles maculipennis* in captivity, and on mosquito bionomics. A contribution to the *Journal of State Medicine* in 1925 on sterilization of water by chlorine and some of its compounds had been preceded by a paper on the chloramine treatment of water in the field, and these foreshadowed the nature of his future line of work. The two annual reports bearing Harold's

signature on the results of chemical and bacteriological examination of the London waters were lucid and informative documents, lacking only the picturesque touch that readers had looked for year by year in the writings of Alexander Houston. Under Harold the high standard of purity of the water supplied by the M.W.B. was fully maintained. It is sad to think that death has prevented him from continuing his valuable career in the large new chemical and bacteriological laboratories at New River Head. He was a man of the most kindly and approachable disposition.

[The photograph reproduced is by Lafayette, London.]

The death of Dr. ANDREW WILLIAM THOMSON of Jamaica, which occurred on May 30, was mourned throughout the parish of Clarendon. Born on December 29, 1868, he pursued his medical studies at the University of Aberdeen, graduating M.B., C.M. in 1892, and returning home entered the Government Medical Service in the same year. His first appointment was acting district medical officer at May Pen in the parish of Clarendon. Soon, however, he was transferred to Stony Hill and later to Falmouth, and it was not until 1902 that he returned to Clarendon, where as district medical officer at Chapelton he was to serve the community faithfully until his death. For forty-six years Dr. Thomson was an active member of the Jamaica Branch of the British Medical Association, and in 1932 his colleagues showed their esteem by electing him to the office of president. In more recent years he was forced by ill-health to curtail his activities, but his interest in Branch affairs never abated. In municipal life any scheme for the improvement of the lot of the working man was assured of his whole-hearted support, and despite the continuous pressure of a very large practice he still found it possible to give much time, even in his busiest years, to this cause. Loyal to his colleagues, sympathetic with his patients, and courteous to all, he won the esteem and affection of all with whom he came in contact. The profession is the poorer for his passing.

The death of Dr. DAVID LAURENCE TATE, which occurred early in June, robbed the parish of St. James, Jamaica, of one of its outstanding personalities. Although his health had been failing for some time his sudden death came as a shock to his many friends throughout the island. He studied medicine at Glasgow, graduating M.B., Ch.B.Glas. in 1906 and taking the F.R.C.S.Ed. in 1918. A very able surgeon and keenly interested in his profession, Laurence Tate was incapable of sparing himself. His early years in the Government Medical Service were spent in the parish of St. Mary, whence he was transferred to Montego Bay, where as district medical officer he served zealously until his retirement a few years ago. In 1908 he became a member of the British Medical Association, and to the end he maintained a lively interest in the activities of the Jamaica Branch, particularly in medico-political problems. To his sorrowing widow and daughters the Branch tenders its sincere sympathy.

Dr. WILLIAM CLAUGHTON DOUGLASS, who died at Stanmore, Middlesex, on July 7, was for many years a keen worker in electrotherapy and *x*-ray diagnosis. He studied medicine at St. Bartholomew's Hospital, and qualified M.R.C.S., L.R.C.P. in 1900. During the war he attained the rank of major R.A.M.C., and won the Military Cross. He had been clinical assistant in the *x*-ray and electrotherapeutic departments at St. Bartholomew's, medical superintendent of Clare Hall small-pox hospital, and medical director of the Comely Bank electrotherapeutic clinic at Walthamstow. He obtained the Cambridge D.M.R.E. in 1926, and in recent years held the posts of assistant medical officer in the *x*-ray and electrotherapeutic department of the Metropolitan Hospital, and medical officer in charge of the electrotherapeutic and light departments at the Connaught Hospital, Walthamstow. Dr. Douglass published a small work, *The Elements of Medical High Frequency and Diathermy*, in 1930, and wrote several papers on his specialty. He had been a member of the Harrow Division of the British Medical Association for the past ten years.

Dr. CHARLES R. DICKSON, who introduced *x* rays to the Toronto General Hospital and, after losing his sight through exposure to the rays, founded in 1914 the Canadian Institute for the Blind, died at Toronto on July 9.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I:* J. C. A. Liddy. *Part II:* S. J. H. Douglas, Heather D. Dowling, Kathleen M. Henderson, F. B. Kiernander, Mary C. Leishman, K. Lumsden, J. K. Muir, R. S. Padaki, C. N. Pulvertaft, S. J. R. Reynolds, Alice M. Ross, A. Smerasuta, S. E. D. H. E. Taoudi, L. Werbeloff, M. A. A. Zohdy.

UNIVERSITY OF LONDON

At a meeting of the Senate held on July 20 the following titles were conferred in respect of posts held at the Schools of the University: *Professor of Anatomy*, Mr. E. P. Stibbe (King's College); *Reader in Clinical Pathology*, Dr. M. Maizels (University College Hospital).

Dr. C. K. Meek and Professor W. M. MacMillan were appointed Heath Clark Lecturers for 1938–9.

UNIVERSITY COLLEGE

The following awards have been made in the Faculty of Medical Sciences: *Bucknill Entrance Scholarship*, S. M. Chris. *Entrance Exhibitions*, D. B. Griffiths, Lesley M. M. Seaton. *Entrance Scholarship*, H. E. Thomas. *Anatomy* (Senior Course, gold medal), Gwendoline R. Briggs; (B.Sc.), Scholarship, D. G. Lambley. *Practical Anatomy* (Suckling Memorial Prize), S. D. V. Weller. *Physiology* (Senior Course, gold medal and (B.Sc.) Scholarship), Gwendoline R. Briggs; (Schafer Prize) R. A. Gregory.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

The following scholarships, exhibitions, and prizes have been awarded at University College Hospital Medical School: *Goldsmid Entrance Scholarships*, E. Emanuel, Janet W. Shrimpton. *Goldsmid Entrance Exhibition*, W. D. M. Paton. *Filliter Entrance Scholarship in Pathology*, Angela E. Ricardo. *Atchison Scholarship*, Josephine Barnes. *Atkinson Morley Scholarship*, J. D. N. Nabarro. *Magrath Scholarship*, J. I. P. James, J. D. N. Nabarro. *Filliter Exhibition and Alexander Bruce Gold Medal*, A. Hargreaves. *Liston Gold Medals*, J. C. Ford, B. J. Harries. *Erichsen Prize*, J. C. Ford. *Fellowes Gold Medals*, R. N. Houlding, Elizabeth Topley. *Fellowes Silver Medals*, J. R. Squire, A. G. Spencer. *Tuke Silver Medal*, Elizabeth Topley. *Junior Clinical Surgery Prizes*, E. Neumark, D. Coueslant. *Ferriere Scholarship*, Annie E. Walker. *Postgraduate Award: Leslie Pearce Gould Scholarship*, Margaret D. Baber.

LONDON HOSPITAL MEDICAL COLLEGE

The Price Scholarship in Anatomy and Physiology, open to students of the Universities of Oxford and Cambridge, has been divided between A. H. Ferguson of Wadham College, Oxford, and F. H. Howarth of Corpus Christi College, Cambridge.

UNIVERSITY OF MANCHESTER

The following appointments were made on July 14:

Lecturer in Medicine for Dental Students, Dr. C. S. D. Don. *Lecturer in Surgical Pathology*, Mr. A. H. Southam. *Lecturer in Operative Surgery*, Mr. R. L. Newell. *Special Lecturer in Bacteriology*, Dr. R. W. Fairbrother. *Demonstrator in Anatomy*, Dr. I. W. Ball.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examinations indicated:

M.D.—W. B. Roantree, C. G. S. van Heyningen.

FINAL MEDICAL EXAMINATION.—*Part I, Materia Medica and Therapeutics, Pathology and Bacteriology:* *L. Soloman, *J. Moore,

†E. C. J. Millar, †D. Aiken, J. H. Acton, G. H. Blennerhassett, J. T. Hanna, Caroline A. McEvett, D. L. Harbinson, M. A. Majekodunmi, R. StC. Mooney, J. M. Taylor, D. R. McCaully, R. J. S. Wilson, Phoebina Eakins, H. J. Smith, I. M. Ali, G. E. P. Kelly, P. F. Longford, J. R. Healy, W. M. Winn, Isabel M. Woodhouse, E. G. W. Lynch, G. Tattersall, B. E. R. Solomons, A. E. Tinkler, H. K. Bourns, D. S. M. Enraght-Moony, E. Kawerau.

Part II, M.B.: †G. E. Nevill, †F. H. Counihan, †T. L. Lawson, †R. T. Burkitt, †Isabella M. Dorman, †S. Sevitt, †H. A. Dougan, R. W. Temple, B. Mayne, F. D. F. Steede, Elizabeth M. Rees, Deborah Bloom, D. B. Taylor, R. J. Grove-White, W. W. McGrath, R. Wilson, Muriel Elliott, F. W. Parke, S. L. Wray, T. W. Buckley, Mary C. Conlin, J. R. Mahon, D. K. Stewart, Emily E. E. Hill, G. D. Stevenson, E. W. R. Hackett, H. R. T. Devlin, M. F. X. Slattery, W. C. Good, D. E. Meares, M. E. C. Balmer, J. W. Cathcart, D. M. R. Barry, R. J. Balfe, J. C. de R. Sugars, L. A. S. Edmondson, J. P. Condon. *B.Ch.:* *G. E. Nevill, *H. A. Dougan, *R. T. Burkitt, *T. L. Lawson, †Isabella M. Dorman, †W. C. Good, †B. Mayne, †J. C. de R. Sugars, †R. J. Grove-White, †D. B. Taylor, Elizabeth L. J. Ryan, F. H. Counihan, R. Wilson, J. R. Murdock, W. W. McGrath, J. G. Waugh, Muriel Elliott, D. M. R. Barry, Deborah Bloom, R. W. Temple, C. M. Ludlow, W. A. J. Pike, F. D. F. Steede, T. W. Buckley, E. W. R. Hackett, J. T. Speidel, Mary C. Conlin, G. D. Stevenson. *B.A.O.:* †S. Sevitt, †M. Herman, †L. S. Levinson, †Isabella M. Dorman, Mary A. Conyngham, V. T. Williams, J. L. Handelman, B. Kernoff, J. R. Mahon, Elizabeth M. Rees, Sylvia M. FitzGerald, W. Sandford, L. H. Bamber, E. Cullen, F. R. T. Hollins, W. B. Welply, E. R. F. Mellon, F. G. Millar, H. J. F. Draffin, Elizabeth L. J. Ryan, Rosaleen de C. McCormick. *M.A.O.:* D. P. Harris.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—P. M. Bloom, A. E. A. E. El-Tawil, M. Mishriki, S. C. Werch, O. K. Khallaf, A. Thomas, W. N. Chau, Y. Y. Azachey, G. B. Kabraji.

DIPLOMA IN PUBLIC HEALTH.—*Part II:* *W. A. Gillespie, *F. Keane, *Charlotte F. Pike, †Eveleen M. H. Scott, †B. P. P. Berney, †G. H. B. Roberts, †R. A. Heatley, A. Dolphin.

* First-class honours. † Second-class honours.

The following prizes have been awarded:

Surgical Travelling Prize, Bicentenary Memorial Prize, and Edward Hallaran Bennett Medal: G. N. MacFarlane, M.B. *FitzPatrick Scholarship:* T. L. Lawson, M.B. *Medical Scholarships:* Anatomy and Physiology, W. E. O'C. C. Powell; Chemistry, Physics, Botany, and Zoology, C. S. Cummins. *Dr. Henry Hutchinson Stewart Medical Scholarships:* Anatomy and Physiology, Elizabeth D. L. Simpson; Chemistry, Physics, Botany, and Zoology, T. N. Strong. *Dr. Henry Hutchinson Stewart Scholarship in Mental Diseases:* J. E. Gillespie, *M.B. *John Mallet Purser Medal:* Maude F. P. Bigger. *Daniel John Cunningham Memorial Medal and Prize:* Elizabeth D. L. Simpson. *De Renzy Centenary Prize:* Eveleen M. H. Scott, M.B. *Aquilla Smith Prize:* L. Solomon. *Walter G. Smith Prize:* Mary K. McCarthy. *Conolly Norman Medal in Mental Diseases:* H. A. Dougan.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, CORK

The following medical degrees and diplomas were conferred on July 9:

M.D.—O. T. D. Loughnan, T. P. O'Connor.

M.B., B.CH., B.A.O.—R. A. MacCarthy, Ellen Murphy, W. J. Twohig, R. G. Barry, A. S. Beare, M. F. Beckett, C. J. Clohessy, M. M. Conran, Mary Corbett, M. Cronin, G. R. Cubitt, P. Farrell, J. FitzGerald, L. Kelly, Mary Lawton, J. Lucey, D. J. R. McConvell, Josephine C. Murphy, N. Newman, C. P. O'Connell, P. O'Flynn, P. O'Keefe, Mary F. O'Leary, J. G. Paton, Eileen L. Quinlan, M. F. Ronayne, R. H. Watson.

D.P.H.—V. J. Dillon, T. P. P. O'Riordan.

B.Sc.P.H.—T. P. P. O'Riordan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly Council meeting of the Royal College of Surgeons of England was held on July 14 with the President, Sir Cuthbert Wallace, in the chair.

Mr. Hugh Lett was elected President, Professor G. Grey Turner was re-elected Vice-President, and Mr. R. E. Kelly was elected Vice-President for the ensuing year.

Mr. Victor Bonney, Mr. R. C. Elmslie, and Sir William Girling Ball were readmitted, and Mr. L. E. C. Norbury was admitted, to the Council.

Dr. Mahmud Bayumi Bey (Cairo) was admitted to the Fellowship of the College, having been elected in April last.

The congratulations of the Council were expressed to Mr. Cecil P. G. Wakeley and Professor A. St. G. Huggett, who have been awarded the Insignia of Officer of the Order of the Nile (Third Class), and to Mr. Horace H. Rew, Director of Examinations of the College, who had been awarded the Insignia of Officer of the Order of the Nile (Fourth Class), after the Primary Examination for the Fellowship conducted in January of this year.

Lecturers

The following lecturers were appointed for the ensuing year:

Hunterian Professors.—Mr. George Armitage, one lecture on Gastroscopic Observations on the Healing of Chronic Gastric Ulcer; Miss Dorothy J. Collier, one lecture on Facial Paralysis and its Operative Treatment; Mr. A. L. d'Abreu, one lecture on Congenital Cysts of the Lung and Pleura; Mr. F. R. Edwards, one lecture on Studies in Experimental Pneumonectomy and the Development of a Two-stage Operation for the Removal of a Whole Lung; Mr. A. J. Gardham, one lecture on Surgery of Carcinoma of the Mouth and the Tongue; Mr. F. J. S. Gowar, one lecture on Pulmonary Lobectomy: Post-operative Complications and their Prevention: A Clinical and Experimental Investigation; Mr. C. A. Joll, one lecture on the Pathology, Diagnosis, and Treatment of Lymphadenoid Goitre (Hashimoto's Lymphogranuloma); Mr. J. H. Mulvany, one lecture on Differentiation in the Mechanism, Symptomatology, Pathology, and Treatment of the Two Types of Exophthalmos associated with Graves's Disease and a Short Account of their Probable Pathogenesis; Mr. D. W. G. Murray, one lecture on Heparin in Thrombosis; Mr. E. W. Riches, one lecture on Hydronephrosis: The Results of Conservative Treatment; Professor J. Paterson Ross, one lecture on the Effects of Radium upon Carcinoma of the Breast; Mr. H. T. Simmons, one lecture on Relapse following Sympathectomy.

Arris and Gale Lecturer.—Dr. John Beattie, three lectures on subjects relating to Human Anatomy and Physiology.

Erasmus Wilson Demonstrators.—Mr. R. St. L. Brockman, one demonstration on Some Inflammatory Lesions of the Alimentary Canal; Mr. R. Davies-Colley, one demonstration on the Pathological Contents of the Museum; Mr. L. W. Proger, four demonstrations on the Pathological Contents of the Museum.

Arnott Demonstrator.—Mr. A. J. E. Cave, six demonstrations on the Contents of the Museum.

The Hallett Prize was awarded to Howard Hadfield Eddey of the University of Melbourne, and the ninth Macloghlin Scholarship to Frank Batley of Oldham Hulme Grammar School.

The new regulations for the Licence in Dental Surgery, which will become effective gradually as from October 1, were approved, and the Council agreed to a recommendation that a Postgraduate Diploma in Dental Surgery should be instituted.

The Council appointed Professor R. J. S. McDowall (Physiology) and Professor R. Bramble Green (Anatomy) to act as Examiners for the Primary Examination for the Fellowship to be held early in 1939 in Lahore (India) and Cairo (Egypt).

The following reappointments for the ensuing year were approved: Mr. L. W. Proger, Pathological Curator of the Museum; Sir Frank Colyer, Honorary Curator of the Odontological Collection (on the nomination of the Royal Society of Medicine); Mr. C. J. S. Thompson, Honorary Curator of the Historical Collection.

Mr. George Kent Harrison (Toronto) was appointed a Leverhulme Scholar for one year from October 1, and Dr. David Slome was reappointed a Mackenzie Mackinnon Research Fellow.

Diplomas

A Diploma of Membership was granted to Chelliah Ponnambalam (Ceylon) and Diplomas of Fellowship were granted to Edward Philemon Connolly and Louis Julius Horn, both of Sydney.

Diplomas were granted jointly with the Royal College of Physicians of London as follows:

DIPLOMA IN ANAESTHETICS.—W. Bourne, S. M. Campbell, A. L. Flemming, P. V. Francis, S. Johnston, H. J. Shields, C. C. Stewart.

DIPLOMA IN PUBLIC HEALTH.—R. H. Barrett, C. Crowley, F. R. Glover, J. C. Hogarth, N. D. Karani, Susan MacMahon, A. W. McRorie, J. Marshall, B. Roberts, C. Seeley, C. G. K. Thompson, P. W. Vilain.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—M. J. Brookes, B. Finkleman, J. F. R. Goodlad, R. K. Grossart, C. R. Harris, C. Holmes, A. A. Huse, A. Leitch, J. P. McGuinness, R. L. Moody, R. B. Morton, E. K. Mulinder, J. E. Saville, S. Sharman, A. Stoller, V. H. Tompkins, Betty M. Zeal.

DIPLOMA IN LARYNGOLOGY AND OTOLOGY.—R. H. B. Bettington, B. K. Kapur, K. M. Mayall, D. G. Phillips, I. M. Robertson, R. A. Syed, R. Thomas.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The Dr. Jessie Macgregor Prize in Medical Science has been awarded to Dr. Susanne Jean Paterson for her work on the therapeutic uses of progesterone. The value of the prize is £50.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the quarterly meeting of the Council, held in the College House, London, W., on July 23, with the President, Sir Ewen Maclean, in the chair, the following officers were elected to take office at the October meeting of the Council:

President: Professor W. Fletcher Shaw. *Vice-Presidents:* Professor R. W. Johnstone, Professor Miles H. Phillips. *Honorary Treasurer:* Mr. Eardley L. Holland. *Honorary Librarian:* Mr. Frederick Roques. *Honorary Secretary,* Mr. G. F. Gibberd.

The following were admitted to the Fellowship:

M. W. B. Bulman, Norwich, L. G. Phillips, London.

The following were admitted to the Membership (*in absentia*):

F. G. McGuinness, Winnipeg, G. J. Strean, Montreal.

The following were elected to the Membership:

A. C. Belfield, New Zealand, Muriel S. Brander, India, W. M. Capper, Bristol, P. G. Charlewood, India, J. C. Coetzee, South Africa, Gladys S. Cunningham, China, J. B. Dewar, Edinburgh, J. Edis-Myers, India, Ll. M. Edwards, London, A. B. Evans, London, J. G. Gallagher, Dublin, Agnes J. Herring, Dundee, R. E. Hirson, Manchester, D. F. Lawson, Australia, T. E. Lennon, Liverpool, Mary H. Mayeur, London, C. R. Morison, Harrogate, H. A. Rippiner, Bradford, Dorothy A. Sharpe, London, P. V. Venkatswami, India, H. S. Waters, India.

Medical Notes in Parliament

Both Houses of Parliament were occupied this week in clearing away arrears of business before the Recess, which was due to begin on July 29. On the previous day a debate was arranged in the House of Commons on health administration. The Parliamentary Medical Committee also arranged to meet before the Recess.

Two members of the Parliamentary Medical Committee, Sir Francis Fremantle and Dr. Haden Guest, were able to accept the invitation of the Council of the British Medical Association to attend the Annual Representative Meeting at Plymouth.

On July 12 five members of the Parliamentary Medical Committee and two miner M.P.s were received by Captain Crookshank, Secretary for Mines, and Sir Alfred Faulkner to discuss rheumatism among coal-miners and its treatment. The Minister made it plain that his Department would not be interested in a scheme for the general health of the people or with merely experimental work, but said that if proposals to be submitted could be shown to be for the treatment of conditions peculiarly affecting miners the Miners' Welfare Committee might then be able to interest itself in them. He suggested that in the first instance the Miners' Health Research Board should be approached. Sir Francis Fremantle undertook to convey this suggestion to the Empire Rheumatism Council, with whom he is now in touch.

The National Health Insurance (Medical Benefits) Regulations (Scotland), 1938, were laid on the table of the House of Commons on July 25.

The Report of the Board of Control for 1937, Part I, was presented to Parliament on July 26.

Lord Horder on Quack Medicine Trade

In the House of Lords on July 26 Lord HORDER called attention to the enormous growth in the quack medicine trade and to the incongruity of exercising no control over the deleterious effects of such trade upon health at a time when a serious effort was being made to improve national fitness. He also moved for papers. He said he had been told that if he, a doctor, raised this question he would be charged with trying to create a monopoly for his own profession and with depriving the poorer classes of cheap cures. If there was any monopoly it lay, in his view, with the trade that bled the public of £25,000,000 or £30,000,000 a year—nearly as much as the total spent on all our hospital services. He was seeking to break up a formidable and largely unscrupulous monopoly which, judging from the exclusion of patent and proprietary medicines and foods from the Food and Drugs Bill, successive Governments seemed almost to go out of their way to guard. If the doctor thought only in terms of hard cash he would benefit from this unprincipled trade, which eventually brought him more patients; ultimately even the undertaker benefited sooner and oftener than he need. Only now was there something better to put in the place of these dubious "specifics." We had the finest health services in the world. The slogan "Use your Health Services" was one of the most intelligent he had heard. His main reason for pressing the matter at this time was his concern for the success of the national fitness movement. For every £100 the Government spent in making the people health-conscious the quack medicine mongers paid £1,000 in making them disease-conscious. A few patented and proprietary things were good, and the claims made for them reasonable; a great many did little good or harm, and were sold at fantastic prices; and now and again something was sold that did definite harm. There were an enormous number of preparations that were fraudulent in varying degree. The great increase in advertising media was capable of appalling results in its mass suggestion on the country's health and morale. The advertisements had become a graver danger than the medicines they served.

The debate was continued by Lord ADDISON.

Viscount GAGE said that investigation had borne out the fact that improper use of substances in themselves harmless was a distinct danger to the health of the country and handicapped the work of the medical profession. He was ready to agree that it might constitute an obstacle to national fitness. The problem of the dangerous drug had been solved, except possibly for new drugs which were being put on the market. It had been said that the public were being used as a guinea-pig by unscrupulous manufacturers. He was informed that there was no method of foretelling the effect of some compounds, and that the effects on the human body could only be ascertained by experiment. That constituted a positive danger, but it was difficult to put absolute restriction on new inventions. The majority of the substances were made by firms of the highest repute, which, in their own interests, saw that the precautions taken were very complete.

The real difficulty arose from products and substances which were not in themselves harmful, but the improper use of which constituted a danger. Aspirin, used properly, provided relief from a number of minor ailments, but used to excess it was not beneficial. The inherent difficulty in dealing with certain substances was that the real fault lay with the individual who used them. If people did not use the immense State-assisted medical schemes, and preferred to diagnose and treat their own complaints, it was largely their own responsibility if they suffered in consequence. They were encouraged to do so by very carefully worded advertisements. In theory there was a case for controlling the advertisements, but it was not easy to design forms of words which could not be evaded. He was not attempting to exclude the possibility of some legislation on certain lines suggested, but it was difficult to guarantee that it would be effective. Repression alone was one of the most dubious of all lines of progress. The Minister of Health would examine what Lord Horder had said and see if anything could be done to incorporate in the educational side of the national fitness movement some warning against the abuses of drugs generally. Perhaps Lord Horder might still be unconvinced by his reply. If so, possibly he would like to have a try at legislating himself. In regard to legal matters the Government would be pleased to place all their resources at Lord Horder's disposal, but on medical matters they had no higher sources of information than Lord Horder himself commanded. The Government's attitude must, to some extent at any rate, be dictated by public opinion, because in these matters the public must have the last word. The Government were perfectly prepared to lay any papers for which Lord Horder might wish.

Lord HORDER asked leave to withdraw his motion for papers, and this was agreed to.