

was able to cope with all demands, a bombed-out dental surgeon has now settled, and is seeing 200 patients a week.

Up to now the problem of calling up the "Dentist 1921" has not arisen, all such men being over military age. It is owing to the inclusion of these men that the average age of dentists is so high; 65% of those on the *Register* are aged between 45 and 65.

The memorandum urges that all these questions should be the subject of a conference to which a wide representation of the dental profession, of its ancillaries, of health services in general, of approved societies, and of Government Departments should be called.

Local News

SCOTLAND

Scottish Sanitary Congress

The sixty-sixth annual congress of the Royal Sanitary Association of Scotland was held recently in Glasgow under the presidency of Mr. Frank Preston, who in his opening address urged that plans should be prepared now to meet the transitional period from war to peace, and that planning should be of three types—national, regional, and local. In a paper on precautionary measures against infectious diseases Dr. Frank Main, M.O.H. for Perth, emphasized the need for a drastic overhaul of the procedure of exclusion from school for varying periods of all contacts of infectious disease. He said that many thousands of school attendances were lost every year by exclusion of contacts which could be saved without the slightest danger of an increase in the incidence of infectious diseases. Under the present rules a contact of mumps must stay away from school for twenty-one days, while a child with a severe cold might, and usually did, remain at school and infect the whole class. Colonel Sir Alexander Russell, I.M.S. (ret.), of the Department of Health for Scotland, stressed the importance of immunization against diphtheria, pointing out that pre-school children were by far the most susceptible to this infection. Out of an estimated child population in Scotland of 1,124,500 only some 600,000, or about 53%, had so far been immunized against diphtheria. It seemed wrong that, in the name of liberty of the individual, parents could veto the protection of their children against disease and untimely death.

Neurosurgical Unit for Glasgow and the West

Meetings have recently taken place between representatives of the Glasgow Corporation hospitals and of voluntary hospitals to discuss a plan for establishing a single unit for neurosurgical treatment of patients from Glasgow and the West of Scotland. Agreement upon general principles has been reached, and the Department of Health for Scotland has undertaken to place at the disposal of the area a number of beds and facilities for operative surgery at its hospital at Killearn, to which both civilian and casualty patients would be admitted. The Health Committee of the Glasgow Corporation has adopted a resolution recommending approval of this plan as a temporary arrangement during wartime.

The September issue of *Industrial Welfare and Personnel Management*, the journal of the Industrial Welfare Society (14, Hobart Place, S.W.1, price 1s.), includes articles on "Lighting for the Older Worker," by E. B. Sawyer, manager of the Lighting Service Bureau, and on "Foot Wear and Tear," by W. Sayle Creer, M.Ch.Orth., F.R.C.S., who suggests that firms should establish foot clinics needing only very simple essential equipment and a chiropodist (full- or part-time, depending on the number of workers). "In the minds of medical men who have experience of the value of the chiropodist there is no doubt at all that the establishment of foot clinics in industry is something not to be discussed as a possibility or as a luxury but as a necessity and one which quickly repays the money spent on it."

Correspondence

Voluntary Hospitals

SIR,—Sir Frederick Menzies asks: "What are the particular virtues of the voluntary hospital system which are conspicuous by their absence in the municipal hospital system?" Without attempting a comprehensive answer to this question, I would like to mention a few of these virtues.

1. The control of the work of the hospital by a medical committee, consisting of all the members of the senior staff, with a chairman elected by them and re-elected and changed at frequent intervals, no medical superintendent taking full final responsibility.
2. Recommendation for election to the medical staff, of all grades, by the medical committee, of the future colleagues.
3. Part-time visiting senior staff, individually having sole and final personal responsibility for each patient under his care. These members of the staff may hold part-time appointments at another hospital of a different type, do non-institutional work, and see patients in their own homes, thus having a broad professional experience.
4. Apprenticeship system of junior resident staff, each personally responsible to, and each individually trained by, a member of the senior visiting staff.
5. Admission open to all, and not restricted to local government boundaries.

These points will not, I think, be disputed by many of those who believe that the voluntary hospital system has something of real worth to contribute to the health services of the future. I have purposely not enlarged on them. But I must, even at the risk of Sir Frederick Menzies calling this a "Niagara-like cataract of words which are entirely meaningless," mention a much more controversial point. In my view the voluntary hospital system, largely owing to the above features and to the absence of cramping central control, provides great scope for the development and expression of individual initiative and personal responsibility, both so essential to good and satisfying work in clinical medicine.—I am, etc.,

London, Sept. 15.

B. A. BUTTERWORTH.

SIR,—Sir Frederick Menzies's pertinent question (September 6, p. 353), "What are the particular virtues of the voluntary hospitals which are conspicuous by their absence in the municipal hospital system?" is apposite and of fundamental importance if the new hospital (and medical) system which is in the process of forging is to be an improvement. In evaluating the voluntary hospitals the three types should be noted—the teaching, the non-teaching staffed by consultants with over 100 beds, and the cottage hospital: the advantages are not entirely enjoyed by the last. The object of this letter is not to "make a case" for the voluntary hospital, but to try and articulate that happiness, that freedom and apparent superiority of the voluntary hospital, so that the pattern is everywhere available for patients.

The particular virtues of the voluntary hospital are:

1. The primary importance and independence of the clinician. The clinician accepts full responsibility for every patient in his beds and inspires the first loyalty of the staff—medical, nursing, and lay—for his patients. The system of "firms" with their rivalries develops initiative; the periodic visits assist discipline.
2. The staffs and departments of the voluntary hospitals are "open" for all to see. Students, general practitioners, and postgraduates are welcomed and encouraged to discuss and to criticize the clinical work.
3. Many voluntary hospitals have that precious possession tradition, in some cases of many centuries of service. The value of tradition is difficult to define but is easy to feel and recognize. Tradition, however, is not vital, for I have seen new voluntary hospitals staffed by consultants capture the "spirit" in a decade.
4. The voluntary system still provides the leaders, the thinkers, the writers, and the teachers in medicine and surgery.
5. The system of private consulting practice associated with the voluntary hospitals exerts an instructive and co-ordinating influence between the medical services and doctors of the district..

Archer Taylor qualified L.S.A. in 1880 and M.R.C.S. in 1881. Not long afterwards he bought a practice at Kendal, Westmorland, where he remained for over twenty years: he was on the committee of the Westmorland County Hospital and was also a magistrate for the Borough of Kendal. An acute attack of rheumatic fever caused him to turn his thoughts to a warmer and drier climate, and he applied for a practice at Broome, Western Australia: his application, however, came too late, but his eyes being turned towards Australia, it was only a matter of time when an opportunity presented itself. Sir Gerald Strickland of Sizar Castle, Kendal, having been appointed Governor of Tasmania about that time—he was later Governor of Western Australia—reports reached Dr. Archer Taylor concerning the favourable climate there, and in 1909 he bought a practice at Swansea, East Coast, Tasmania, where after a short residence his health was completely restored. He returned to England and took a course at Moorfields Eye Hospital, London, going back to Australia in 1913 and settling at Femora, New South Wales. After the war he went to Ceylon and practised at Nuwara Eliya, but returned to Australia in 1921 and settled at Meckering, where he practised until his death, exactly twenty years later. Archer Taylor belonged to the old school. He had a whimsical sense of humour and his mind did not track along the usual ruts; so that, always open to new impressions, he was in the forefront of any community with which he was associated. He was an ardent optimist, a loyal and generous friend, and a practitioner of the kind that is honoured with the confidence and love of his patients. He was a keen cricketer and an enthusiastic golfer almost to the time of his death.

Dr. THOMAS RONALD FULTON, who died suddenly on August 5 at Sutton-on-Sea, Lincolnshire, where he had been in general practice since 1936, graduated M.B., Ch.B. at Glasgow University in 1916. He immediately joined the R.A.M.C. and served in India and Mesopotamia with the rank of captain during the last war. In 1920 he became a partner with the late Dr. Alex. Day, M.B.E., and Dr. V. E. Badcock, M.C., at Wooler, Northumberland, where his practice extended far into the Cheviot Hills. He remained in Wooler until the end of 1935. For many years he was a member of the B.M.A., and was chairman of the North Northumberland Division in 1926-7. He was medical officer at the infant and child welfare centre at Wooler; and later on medical officer to the Mablethorpe Convalescent Home and Alford War Memorial Hospital while at Sutton-on-Sea. Dr. Fulton was a keen golfer and was president of the Wooler Golf Club for a number of years. He leaves a widow and three children.

We regret to record the death of Mr. MATTHEW LOGAN TAYLOR at his home in Park Quadrant, Glasgow, on August 20. Mr. Logan Taylor was the son of a doctor in Johnstone. He graduated at Glasgow University in 1897, and after passing through the house-physician and house-surgeon terms in the Western Infirmary became an assistant in the pathological department of the Western Infirmary and to the University professor of pathology, Sir Robert Muir. About the same time he was appointed surgeon to the out-patient department of the Royal Hospital for Sick Children and to the out-patient department of the Western Infirmary. Before settling down in Glasgow he was for a time in charge of a malaria expedition in Sierra Leone and the Gold Coast; that work was most favourably noticed by Sir Ronald Ross. During the war of 1914-18 Mr. Logan Taylor was Captain, R.A.M.C., in No. 3 Scottish General Hospital, Stobhill. For nine years (1915-24) he held the appointment of casualty surgeon at the Central Police Station. He was appointed visiting surgeon to the Western Infirmary in 1922. On his retirement under the age limit in 1940 he was appointed honorary consulting surgeon. For some years he acted as consulting surgeon at Dumbarton Cottage Hospital, and in the last few years held a similar appointment at Greenock Royal Infirmary. His contributions to medical literature were mainly along pathological lines. An article contributed to the *Journal of Pathology and Bacteriology* jointly with the late Prof. Teacher on a series of double malignant tumours, and another, published in the *Proceedings of the Pathological Society of Great Britain*, on a case of chorion epithelioma and adenocarcinoma of the testicle, were substantial contributions. His interest in pathology was maintained throughout the whole of his surgical career.

The Services

NAVAL AWARD AND COMMENDATION

The D.S.C. has been awarded to Temporary Surgeon Lieut. Alexander Gibson Reid, R.N.V.R., for bravery and devotion to duty during an enemy air attack in which H.M.S. *Mashona* was sunk; and Surgeon Lieut. Joseph Patterson, R.N.V.R., has been commended for bravery during an air raid on Plymouth.

AIR FORCE AWARDS AND MENTIONS IN DISPATCHES

The O.B.E. (Military Division) has been awarded to Acting Wing Commander James Proctor Huins, A.A.F., and to Acting Squadron Leader Benjamin Charles Curwood, R.A.F., in recognition of distinguished services rendered in operational commands of the Royal Air Force during the period October 1, 1940, to March 31, 1941.

Acting Group Captain Percival Maurice Keane, R.A.F., Acting Squadron Leader Thomas Arthur Hunt, R.A.F., and Squadron Leader Malcolm Langley Maley, R.A.F.V.R., have been mentioned in dispatches by Air Officers Commanding-in-Chief.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

Prisoner of War

Surgeon Lieut. Patrick Christopher Steptoe, R.N.V.R.

Medical News

A meeting of the Section of Orthopaedics of the Royal Society of Medicine will be held at Horton Hospital, Epsom, on Saturday, October 11, at 2 p.m., when short papers on "The Problem of the Foot in Service Cases," "Psychological Reactions to Injury," "Conditions of the Back simulating Visceral Disease," "Spinal Cases of Interest," and "Some Points in the Diagnosis of Osteochondritis of the Knee" will be read. Clinical cases and x-rays of interest and special cases will be shown, and there will be a demonstration of physical treatment.

At the annual meeting of the Hospital Saturday Fund, presided over by the Lord Mayor of London at the Mansion House, Sir Walter Womersley, M.P., Minister of Pensions, said that the restoration of disabled men to employment had been the subject of frequent conferences between the Ministry of Pensions and the Ministry of Labour and National Service. Everything is being done, he said, to ensure that while the disabled man receives treatment in hospital he is also considered in relation to his employability, so that there may be no delay in putting him into direct contact with the training schemes that are being developed by the Ministry of Labour.

On Saturday, September 27, the Chartered Society of Massage and Medical Gymnastics held a half-day congress in the Cowdray Hall of the Royal College of Nursing, Cavendish Square, W. The Founders' Lecture, at which Lord Horder took the chair, was given by Prof. F. Wood Jones, F.R.S., F.R.C.S., on "The Muscles of the Body Cavity."

Sir Bernard Docker, as chairman of the British Hospitals Association, has approached the Ministry of Health with regard to the growing difficulty experienced by all hospitals in getting and keeping domestic staffs, a matter which has been publicly ventilated in the *Times* by a letter from Dame Agnes Hunt, honorary superintendent of the Shropshire Orthopaedic Hospital.

The September issue of the *Glasgow Medical Journal* (Alex. Macdougall, 104, West George Street, 3s.) opens with an article on the effort syndrome by Lieut.-Colonel J. Gibson Graham and Captain J. D. Olav Kerr, and includes an Educational Supplement giving full particulars of the curriculum at the Glasgow Medical School.

An epidemic of infantile paralysis, the largest in the history of the province, has recently broken out in Manitoba. In the latter part of August there were more than a hundred cases. Most of the attacks are slight and there have been only a few deaths so far.

The draft Defence Regulation referred to in this column on September 13 (p. 390) came into operation on October 2, from which date no paraffin emulsion may be manufactured containing more than 25% volume in volume of liquid paraffin.