

"As approved societies are aware, Form M.C./X is proper for use only in cases where societies desire certificates in respect of members suffering from certain kinds of prolonged illness and where *specific requests* for such certificates are made to certifiers by societies on Form M.C./10. Societies are also aware that payment for a certificate properly given on Form M.C./X is to be made at double the rate for a certificate issued on Form M.C./1 or Form M.C./1A.

"In Circular M.C./25 the Commission, with a view to the making of any requisite adjustments in respect of payments for any certificates improperly issued on Form M.C./X, requested societies to furnish to this Department, within a week after the close of each quarter, particulars of the serial number of any certificate received by them in the quarter on that form, for which a request had not been made to the certifier who issued the certificate. Only a small number of the societies complied with the request, although it is clear that certain societies who did not comply in fact received certificates on the form in question for the issue of which no request was made.

"The Commission have suitably dealt with any case which came under notice where a certifier irregularly issued a certificate on Form M.C./X, but, nevertheless, such irregularities have not yet ceased. With a view, therefore, of enabling a better and more effective examination to be made in this Department of the counterfoils of the M.C./X certificates received quarterly from medical officers, the Commission have had Form M.C./10 printed in duplicate, the right-hand section of the form to be sent to the certifier from whom a certificate on Form M.C./X is required, and the left-hand section to be forwarded to the Commission. A supply of the new forms is herewith, and it is requested that they be brought into use as soon as may be necessary after their receipt by the society, and that the use of the old form may then be discontinued. Further supplies of the new forms may be had on application to this Department.

"Societies are reminded that a certificate on Form M.C./X should only be applied for in respect of the particular type of case described in paragraphs 9 and 10 of Circular M.C./23, and that ordinarily such a certificate should not be required in any case at more frequent intervals than three months."

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

### Therapeutic Substances Bill.

IN the House of Lords the Therapeutic Substances Bill was taken in Committee on May 22nd. The first, second, and third clauses were passed without any alteration, as printed in our issue of April 12th, p. 677. An amendment by the Government to add to the Advisory Committee another member appointed by the Institute of Chemistry of Great Britain and Ireland was carried. To the fifth clause, defining power to make regulations, a new paragraph was added to exclude from the operation of the bill any therapeutic substance intended for use solely for veterinary purposes. A new subsection was also inserted that all regulations made under the section should be laid before both Houses of Parliament as soon as could be after they were made. The object of this change was to meet a request from one of the large manufacturing firms that due notice should be given of the intention of the department to add any substance to the schedule. Various drafting amendments were also agreed to and the schedule was approved. The bill attained the Report stage on May 27th.

### Lunacy Laws Commission.

Mr. Costello inquired, on May 21st, whether the attention of the Minister of Health had been called to the remark of Lord Justice Scrutton in giving judgement in the case of *Harnett v. Bond* in the Court of Appeal; and whether he was now able to give the names of the proposed Royal Commission and to say when it would begin its sittings. Mr. Wheatley, in reply, said he had seen the report. He was not yet able to give the names, but hoped that the Commission would be appointed within the next few weeks.

**Encephalitis Lethargica.**—Sir George Berry asked, on May 22nd, if, in view of the fact that the disease known as encephalitis lethargica had recently become prevalent, and having regard to the nature of the disease, the Minister of Health was prepared to have a special investigation as to its cause. Mr. Greenwood replied that the Minister was not clear as to the nature of the special investigation Sir George had in mind. Investigations both as to the nature and the cause of the disease had been undertaken by officers of the Department and of the Medical Research Council for some time past, and they were being energetically pursued at the present time. Constant touch was also maintained with research workers abroad who were engaged in special investigations into this disease.

**Public Health: Consultative Councils.**—Mr. Robert Richardson asked, on May 21st, whether the consultative councils authorized by the Minister of Health had been set up. Mr. Wheatley replied that they had. Four such councils were established for England and one for Wales under Orders in Council made in 1919. Their meetings had been as follows: In England, the Council

on the Medical and Allied Services had held 31 meetings (last meeting, July 1st, 1921); the Council on National Health Insurance (Approved Societies' Work) had held 34 meetings (last meeting, March 14th, 1924); the Council on Local Health Administration had held 12 meetings (last meeting, July 7th, 1921); the Council on General Health Questions had held 24 meetings (last meeting, December 7th, 1921). In Wales, the Welsh Consultative Council had held 15 meetings (last meeting, March 18th, 1924). Dr. F. E. Fremantle inquired whether the advisory body which brought out the extremely useful interim report on the hospital scheme two or three years ago was continuing its labours. Mr. Wheatley asked for notice of the question.

**Incipient Mental Disorder.**—Mr. Costello asked the Minister of Health, on May 21st, whether, in view of the fact that borough councils were empowered by the Public Health Act, 1875, to establish and maintain hospitals for any class of illness, he would consider the advisability of allocating to the Health Committees of local authorities grants sufficient for the provision, where desired, of hospitals for uncertifiable cases of nervous breakdown, to promote their restoration to self-supporting life while avoiding the stigma associated with institutions controlled by lunacy authorities. Mr. Wheatley said that the terms of reference to the Royal Commission would include the question of the best method of providing for the treatment of mental disorder in the incipient stage; pending the recommendations of the Commission, he was not prepared to introduce legislation on the subject.

**Animal Diseases Research.**—Mr. Adamson stated, on May 22nd, that the estimated cost of land and field laboratories, including apparatus, for the Animals Diseases Research Association, which was being transferred from the Glasgow College to Edinburgh, was £17,550. A central laboratory accommodation would be provided in the Royal Dick Veterinary College, Edinburgh; the cost of adapting premises within the College was estimated at £1,650.

**Voluntary Hospitals: Government Assistance.**—Mr. Potts, on May 26th, asked whether the Chancellor of the Exchequer from his budget surplus could make an additional grant to the hospitals of the country, having special regard to industrial centres where hospitals were in serious financial difficulties. Mr. Graham said that the demands already made on the surplus left the Chancellor little scope for accepting fresh liabilities of this kind.

**Blind Persons Act (1920) Amendment Bill.**—This measure, which was introduced by Mr. Thomas Henderson as a private member's bill, was read a second time on May 23rd. The first section provides that blind persons who, under the existing law, would be entitled to receive pensions at the age of 50, shall be so entitled at 30. The second section gives local authorities power to set up and maintain workshops, hostels, homes, and other places for the reception of the blind, and requires them, within twelve months after the passing of the Act, to submit to the Minister of Health a scheme for the exercise of such powers. It was stated that the number of blind persons between the ages of 30 and 50, in England and Wales, is 8,059. Mr. Henderson claimed that the increased charges would not be very heavy, because the bill provided for greater facilities for payment, and for better physical conditions of the blind, and in those circumstances a large number of sufferers would not desire to have the pension. The number of children born blind, or who go blind up to the age of one year is 5,979. The hope is, that, thanks to the active assistance of local health departments, and by medical authorities' attention, this total will be largely reduced in the future. In the course of the discussion Dr. Haden Guest expressed the earnest hope that the Government would find it possible to give facilities for the passage of the measure. Mr. Greenwood, for the Government, was very sympathetic, but said that the question of facilities must depend upon the leader of the House.

**Ex-Service Mental Cases.**—Replying to Mr. Costello, on May 22nd, Mr. Roberts said that when the Ministry of Pensions had classified a man as a service patient the responsible relative had the power to insist on the removal of the latter even against the considered advice of the medical superintendent. It was the practice in these cases to inform the relative that should application be made for readmission of the patient to the asylum (which experience showed frequently happened) the question of reissuing family treatment allowances must be considered afresh. This procedure was exercised with the greatest discretion solely in the interests of the patient's treatment and prospects of recovery.

**War Pensions.**—Mr. Roberts, in reply to a question on May 22nd, said that no instruction had been issued by the Ministry of Pensions to medical officers for lowering allowances where possible. In more than 25 per cent. of all the cases examined during the past four months the assessments of pensions had been increased. Replying to another question, Mr. Roberts said that the scheme for the constitution and procedure of the new advisory councils was in draft; it was the subject of discussion at the series of conferences being held in certain important centres with representatives of war pensions committees. The intention was that the new councils should include one representative appointed on the nomination of each war pensions committee in the area covered by the council, together with direct representatives of disabled ex-service men, widows, and dependants.

**Service Patients in Asylums.**—Mr. Wheatley stated, on May 21st, in answer to Mr. Costello, that the total number of service patients in county and borough mental hospitals in England and Wales on January 1st, 1924, was 4,623. Newspapers, books, games, etc., were provided, and such patients as were fit for it were given employment out of doors on the farm and gardens and indoors in the wards and workshops. It was the practice in most mental hospitals to reward patients so employed. He was not aware that the Brabazon scheme operated in any county and

orough mental hospital. The number of service patients discharged from county and borough mental hospitals in England and Wales during 1923 was 217.

*Trams and Hospitals.*—In the House of Lords, on May 20th, upon the second reading of a London County Council bill, Lord Denman moved to strike out a clause under which powers were to be obtained to run a strip of tramway past Waterloo Road Hospital. Lord Monk Bretton thought that opposition at this stage was unreasonable, as the bill had been passed through the Commons. After some debate the instruction was, however, carried by 57 votes to 35.

*Notes in Brief.*

In reply to Sir Kingsley Wood, on May 26th, Mr. Greenwood said that the Minister of Health was not yet in a position to say anything further as to the appointment of the Royal Commission on National Insurance.

In reply to a question as to why there was a decrease in this year's estimate on the grants for maternity and child welfare of £70,000 in the case of England and of £2,000 in the case of Wales as compared with last year's estimate, the Minister of Health said that the actual expenditure last year of local authorities and voluntary agencies proved to be considerably below the provision made in the estimate. The provision made for grants in the estimate for this year was substantially in excess of the actual amount of grants paid last year, and included the necessary provision for developments of this service, which it was the intention of the Ministry to encourage.

In reply to Dr. Spero, on May 14th, the Minister of Health said that he was advised that the practice of wrapping up food-stuffs in old newspapers was not a factor of importance in the spread of disease; he therefore did not feel justified in taking any steps in regard to it.

## Correspondence.

### INDIVIDUAL MEDICAL DEFENCE.

SIR,—The recent case of Harnett v. Bond and Adam has excited a considerable amount of interest in the minds of the general public, and has focused the attention of the members of the medical profession on some of the many problems that may arise in the course of their daily work, and more especially on the litigation in which any member of the profession may become involved as a result of the performance of his duties to his patients and to the general community at large. It has also exposed to the lay mind a possibility of securing large damages for some alleged infraction of professional treatment or procedure. The anxieties of professional life are sufficient in themselves without the addition of those inseparable from litigious proceedings.

Dr. Adam was a member of the London and Counties Medical Protection Society, and the responsibility of defending him was undertaken by the society after careful investigation of the case by the council of the society, and he was thus relieved of the pecuniary incubus. In view of the risks run by medical practitioners in their endeavour to discharge their duties as such, it is very remarkable that all members of the medical profession do not avail themselves of the services of one or other of the two societies that are responsible for the defence and protection of their interests. It is probable that less than one-half of the medical practitioners in the United Kingdom are included in the membership of the two societies at the present time, and it would seem to us that it is highly desirable that all practitioners should without delay join one or other of the two societies.—We are, etc.,

JOHN ROSE BRADFORD,  
C. M. FEGEN.

London and Counties Medical Protection  
Society, May 27th.

\*\* We referred to this matter last week (p. 923) after recording the action taken jointly by the Medical Defence Union and the London and Counties Medical Protection Society in arranging to afford their members "unlimited indemnity against damages and costs of the other side on the same conditions as at present prevail." We would invite readers who have not yet done so to peruse that paragraph. The address of the London and Counties Medical Protection Society is Victory House, Leicester Square, W.C.2, and that of the Medical Defence Union is 49, Bedford Square, W.C.1.

### INSULIN IN CONTRACT PRACTICE.

SIR,—So far as we have observed, there has been no reference in the JOURNAL to the administration of insulin to contract patients or to the peculiar difficulties that it presents. Such patients are being discharged from the hospitals after recovery from the graver manifestations of diabetes, and though they may have proved sufficiently intelligent to be trained in self-administration of insulin and in qualitative examination of the urine for sugar, and to be trusted to observe the dietetic rules prescribed for them, yet careful supervision is essential for many reasons. The question whether it would be possible, and helpful, to devise some special arrangement, such as a central clinic, for the provision of this superintendence was recently raised at meetings of the Leicester Panel Committee and the Committee of the Leicester Public Medical Service. As a preliminary, it was decided to try to discover the extent of the problem, and a letter was addressed to each of the panel practitioners and medical officers, inquiring whether they would kindly help by stating the number of contract patients known to them to be suffering from glycosuria. Forty-eight of these gentlemen replied, representing 69,343 insured (National Health Insurance) persons and 27,568 uninsured (Public Medical Service)—in all, 96,911 persons. The total number of patients reported as being known to have glycosuria was 55.

National Health Insurance (69,343):			
Above the age of 60	...	...	16 cases
Below the age of 60	...	...	19 "
Public Medical Service (27,568):			
Above the age of 60	...	...	13 cases
Below the age of 60	...	...	7 "

Of this total of 55, it was definitely stated that 30 were believed to be certainly diabetic.

These figures are sent by authority of our committees, and we are considerably indebted to Dr. Slight of Leicester for collecting and working out the statistics.—We are, etc.,

E. LEWIS LILLEY,  
Honorary Secretary, Leicester  
Panel Committee.

CUTHBERT C. BINNS,  
Honorary Secretary, Leicester  
Public Medical Service.

May 21st.

### THE CAUSATION OF CANCER.

SIR,—The argument that cancer must have a single, invariable, exciting cause has been put very ably by Dr. A. T. Brand in his letter to you (May 24th, p. 936). This has long been the attitude of the majority of people, lay and medical, and it may be long before it is finally broken. It has been productive of much fruitless speculation and much waste of effort.

I have no desire, even if I had the ability, to embark on a critical examination of this prevalent idea, but it may be as well to state briefly that the fundamental notion—that cancer is a specific disease—is disputed by many of us. To our minds, and I think I may speak on behalf of all those who are actually engaged in the experimental study on the etiology of cancer, the word connotes merely a more or less arbitrary selection of neoplastic diseases. It is generic and not specific. Just as the inflammatory reaction may be produced by any one of a large number of microbes or even chemical agents, so the neoplastic reaction may be caused by quite different tissue irritants; and as we have specific inflammations which we classify as distinct diseases according to their causes, so also we have specific tumours and specific cancers which we can separate in an analogous fashion. Thus, chimney-sweeps' cancer of the scrotum would be reckoned as a specific disease caused by soot, oil-refiners' cancer of the scrotum as another specific disease caused by mineral oils, and mule-spinners' cancer of the scrotum similarly caused by lubricating oils.

It is true that all these are histologically and clinically identical, and that cancers of the scrotum exist apart from such factors, but this merely means that other causal agents have not been identified for the rest: it does not necessarily mean that we have to look for a single cause operating on the whole class. In ancient and medieval medicine men sought to find the cause of disease: we seek to find the causes of diseases. Our fathers sought for the cause of