the treatments to be investigated ; and to pass for publication any reports, articles, etc., emanating from the institution. It is hoped that this last safeguard will prevent the publication of over-hasty and impetuous theories on the treatment of cancer.

Having pointed out that the present organization of general hospitals makes clinical research on cancer very difficult, if not impossible, it is necessary to suggest a remedy which will not call for too great a sacrifice on the part of the clinicians, but will produce the essential requirements specified above. The suggestion I would make is:

(*a*) That each large general hospital shall set up a cancer unit consisting of at least fifty beds.

(*b*) That the special hospitals shall organize themselves on the lines suggested by the committee mentioned above.

(*c*) That the members of the various units who are working on the same subjects should meet from time to time to lay down lines of investigation and treatment to be carried out simultaneously in these units, thus increasing the numbers of patients from whom statistics can be obtained.

(*d*) That the directors of all the units, together with a certain number of representatives from each unit, should form a central cancer council. The duties of this council would be: (1) to act in an advisory capacity ; (2) to supervise and collect reports and statistics from the units for publication ; (3) to co-ordinate the work of the units ; (4) possibly to be the financial centre to which all money given for cancer treatment would be sent to be distributed to the clinical units.

The gain from such a co-ordinated effort must be very great ; for instance:

1. It would enable the central cancer council and the hospital units to look forward and lay down plans for research to extend over a number of years.
2. It would prevent overlapping of effort.
3. It would economize on such things as *x*-ray apparatus, because patients could be transferred to an *x*-ray centre.
4. It might even lead to the temporary transference of a member of the staff of one unit to another, where his services are more required.
5. It will prevent individuals, or even institutions, from publishing reports written on insufficient data.

I feel very strongly that this matter is an urgent one and should be taken up at the earliest opportunity by the leaders of the profession. Competition may have its merits in many walks of life, but co-ordination and co-operation are far more important to the advancement of medical science.

HEALTH PROBLEMS IN SHANGHAI

COMMISSION'S REPORT

In May, 1930, on the recommendation of Brigadier-General E. B. Macnaghten and Dr. Noel Davis, the Council for the Foreign Settlement of Shanghai approved the formation of a special commission to make a comprehensive investigation into the hospital and nursing services of the Settlement. The terms of reference included the investigation of: (1) future municipal hospital requirements, particularly foreign and Chinese isolation and mental hospitals, and of the most suitable situation for the latter in respect of population and transport facilities ; (2) general hospital accommodation for foreigners and Chinese ; (3) the possibility of providing an annexe to the general hospital for dealing with maternity cases (indigent foreigners) and venereal diseases (female foreigners) ; (4) the question of admitting Chinese to the foreign municipal isolation hospital and of reorganizing the Chinese isolation hospital. Other problems were concerned with municipal grants-in-aid, hospital charities, and centralization of control of non-Government cholera hospitals in the Settlement and hospital registration. Requirements in respect of nursing services for pre-natal care, maternity, child welfare, and school activities also came under consideration, together with the question of a central training school for nurses, including Chinese, and having regard to special subjects, such as fevers and maternity work.

The report of the Commission is now published, and occupies one issue of the Shanghai *Municipal Gazette*.* A number of complex problems, covering a very wide field of inquiry, have been dealt with under five separate sections, while detailed recommendations and a summary are well set out.

Particular attention was paid to such features of general hospital accommodation and medical services as come ordinarily within the scope of normal municipal or local government activities—namely, infectious disease, school health, tuberculosis, venereal disease, ante-natal, post-natal, and maternity work, and mental disease. It was early recognized by the Commission that the existing Chinese isolation hospital was no longer suitable for its purpose, and it decided that further delay in the replacement of this building was both uneconomical and unsound. The Commission's recommendation for increased isolation facilities was regarded as of prior importance, that for increased accommodation for mental patients being hardly less urgent. With regard to general hospital accommodation, it was found that, though this was adequate for the wealthier classes, the needs of the poor were urgent ; considerable congestion was evident in the major hospitals from chronic cases, bed space being more suitably utilized for acute conditions. The Commission was of opinion that the provision of accommodation for chronic cases had to take precedence over other very desirable projects. Hence its recommendation of something of the "infirmary" type. On the score of preventive medicine it was decided that centralization of social services in combination with the proposed infirmary would result in economical running and general efficiency.

The recommendations summarized are as follows:

1. The conversion of the present foreign isolation hospital into a building suitable to undertake the same functions as the present Chinese isolation hospital—to be known as the Northern Fever Hospital.
2. The establishment of a new isolation hospital for foreign and Chinese patients—the Western Fever Hospital.
3. The building, on the present site of the Chinese isolation hospital, of an "infirmary-clinic" to combine the functions of accommodation of chronic and other cases and of "clinic-service." A mental hospital, with nursing accommodation, should occupy the same site.
4. The provision of a district and infirmary-clinic maternity service. This would have to be developed slowly.
5. The provision of a school medical service, with dispensary and hospital treatment for tuberculosis and venereal disease.
6. Voluntary registration of hospitals.

A new system in regard to grants-in-aid is suggested, and machinery for dealing with this is outlined. Finally, the Commission recommends that the Council should formulate a policy with regard to the provision of further funds for hospital purposes. Particular attention is drawn to the possibilities of an amusement tax to augment revenue, an abstract of investigations into this problem being given in an appendix.

* Report of Hospitals and Nursing Services Commission, 1930–1. Vol. xxv, 1932, No. 1384.

A new native hospital was opened in November, 1932, at Livingstone, South Africa. Already 101 of its 108 beds for ordinary diseases have been filled, and there is also accommodation for twenty-eight infectious cases. The transfer of patients from the old hospital was quickly effected. At the opening ceremony it was stated that the old-time prejudice of natives that "to go to hospital was to die" was rapidly passing away, and the value of modern treatment for sickness was being increasingly appreciated. A similar institution would shortly be opened at Ndola, and others would be established in other centres as soon as a sufficient supply of money was obtained. It was intended to bring modern treatment eventually within the reach of all natives in the territory. The cost of erecting the hospital at Livingstone is computed at £25,000.