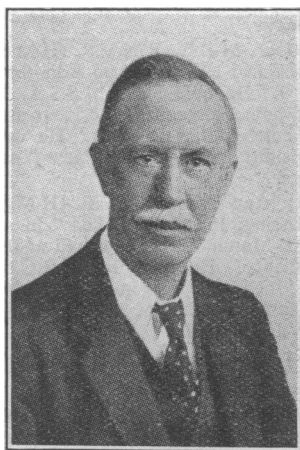


Obituary

SIR HENRY BRACKENBURY, M.D., LL.D.
Former Chairman of Council, B.M.A.

The announcement of Sir Henry Brackenbury's sudden death on March 8 at his home in the West of England has caused deep and widespread regret.

It is not easy to present such a career without allowing the narrative to become a mere catalogue of offices and dates. His work for the British Medical Association, done as much of it was while carrying on a large suburban practice, would have more than absorbed the energies of most men, but he found time to plough other fields of public service, and he was almost as well known in the world of general education as in that of medical politics. He had not one career, but several, and achieved distinction in them all.



When he came to high position in the central Council of the B.M.A. he had already been mayor of a large borough on the border of London, also president of the National Association of Education Committees, with experience of the governing bodies of several large secondary schools and membership of departmental committees of the Board of Education, and in the B.M.A. itself he had been chairman of his Division and president of his Branch. How he ever threaded his way through the multitude of committees which

claimed his services must remain a mystery. In one year (1934), in the B.M.A. alone, he served on 26 committees and sub-committees, and even in 1938, when he had relinquished a certain amount of Association work, he was still a member of 14. Nor was he ever a silent or perfunctory member. His interventions really shortened the proceedings, because when he had spoken most people felt that there was nothing more to say, and he would bring the question to issue to final decision or shape the recommendation as the case might be.

Henry Britten Brackenbury was a clergyman's son, which may account for the deep seriousness which marked his character and speech. He was born in 1866, and educated at Kingswood School, Bath, a school founded by John Wesley, principally for the sons of Methodist ministers. There he obtained a scholarship which would have carried him to Oxford had private circumstances allowed. He entered Westminster Hospital Medical School, and qualified in 1887. After holding hospital appointments in London he started in general practice in Hornsey, a growing suburb. Soon he began to take an interest in local affairs. Education claimed him from the first, and in 1898 he was elected at the top of the poll to the school board. Five years later the functions of the board were transferred to the Urban District Council, of which he became a member, and at the incorporation of Hornsey he remained as one of the councillors and later, for many years, an alderman. In 1905, when not yet forty, he was elected mayor. His interest in municipal affairs was chiefly in education and in public health, and thanks largely to Brackenbury's work Hornsey was soon in the van of educational progress. He was chairman of its Education Committee for ten years, and was co-opted on to the county (Middlesex) education authority, where he served for thirty years. He drew up the first syllabus of lessons in personal and domestic hygiene ever adopted by an education authority for use in public elementary schools and the first set of by-laws regulating the employment of school children.

At Hornsey, therefore, which in 1930 admitted him to its freedom, he graduated in public life. The abilities which so quickly shone forth in the local council chamber soon found

wider opportunities, but it was in dealing with municipal affairs that he became accustomed to the routine of committee work and acquired the technique of public debate. No doubt his persuasive logic, his ability to marshal facts and arguments, was an innate gift, but it was all the better for having been practised first in this local field.

WORK FOR THE BRITISH MEDICAL ASSOCIATION

Brackenbury's membership of our Association dated from 1907, a few years in advance of that testing time when the profession seemed likely to be rent in twain by the convulsions attending the passing of the National Health Insurance Act. He described more than once how, like many others, he had felt impelled to quit the Association. He actually wrote a letter of resignation, but turned back at the pillar-box. Instead of resigning he went to work on behalf of the Association. In his own Division he urged the importance of the revolution that was foreshadowed by this legislation. He entered into the local administration of the new Act, and was for many years a member of both the London and the Middlesex Local Medical and Panel Committees and of the Middlesex Insurance Committee.

In 1914 he became a member of the Council of the B.M.A. Here as elsewhere his obvious abilities marked him out for leadership. Within two years he was chairman of the Insurance Acts Committee. To him it fell to take the lead in building up the fine organization of insurance practitioners, autonomous and yet within the ambit of the Association, through which the views of the whole profession can be expressed. The Insurance Acts Committee is still a body of great importance, but its work runs now on smooth rails. In those earlier days the railway had to be cut. Indeed, the land over which the railway was to run had to be acquired. Situations had to be dealt with for which there was no precedent, and great responsibilities had to be undertaken. It was no light task, and was not made easier by vociferous critics. Brackenbury once compared some of them to Mr. Flosky in Thomas Love Peacock's *Nightmare Abbey*, who, "because not everything had been done, deduced that nothing was done, and from this deduction, according to his system of logic, he drew the conclusion that worse than nothing was done."

In the task of remodelling the terms of service of insurance practitioners to meet the conditions arising after the end of the last war, Brackenbury's leadership was of immense value. His conduct of the negotiations of 1923-4, when a drastic reduction in the capitation fee was threatened, and his presentation of the doctors' case at the Court of Inquiry were, by general consent, masterly. The feelings of insurance practitioners towards him were marked by a widely subscribed testimonial which took the form of a cheque for £6,500, a gold watch, and a canteen of silver plate. In the same year he received the Gold Medal of the Association for "arduous and distinguished services to the Association and the profession."

In 1924 he resigned the chairmanship of the Insurance Acts Committee and was elected Chairman of the Representative Body. To a man with a gift for debate the chairmanship of a deliberative assembly is not the happiest position, but during this period the new House of the Association was opened, and on this and other occasions the Chairman of the Representative Body was called upon for a good deal of what might be described as decorative speech making, and Brackenbury shone in this role also. He could make a graceful speech, with just the right turn of phrase and the apt allusion, thanks to his wide reading in some unaccustomed paths of literature.

CHAIRMAN OF COUNCIL

At the Edinburgh Meeting of 1927 Brackenbury was elected Chairman of Council of the Association, a position he held for seven years, laying it down at Bournemouth in 1934. During that period the energy and wisdom he brought to Association affairs can be appreciated only by those who were in almost daily contact with him. They were important years in the history of the Association, covering its Centenary, and years also when the opinion of the Association was increasingly sought by Government Departments and public bodies—years when policy was gradually being framed. The B.M.A. memorandums are mostly anonymous, but it is not difficult to

detect in many of them issued at this period the hand of the Chairman. His instant grasp of the many subjects presented, his rapid analysis of the points, combined with his natural gift of leadership and unusual capacity for work, were of inestimable value to the Association. During his chairmanship he received a knighthood. He was also made Hon. LL.D. Wales at the Cardiff Meeting in 1928, and Hon. M.D. National University of Ireland at Dublin in 1933.

The outstanding work done by Brackenbury in many fields can be gleaned from successive Annual Reports of Council and the proceedings of the Representative Body. He had a mind for detail, and yet was never so engrossed in it as to forget the wider view. Although himself a general practitioner and an ardent advocate of the freedom of general practice, the public health medical service had no greater friend. He stood for general practitioners first and foremost, but he did not stand for them as a segregated body: he wanted the profession—whether general practitioners, consultants, or medical officers of health—to be considered as one. In hospital problems he carried the same statesmanlike point of view, well illustrated in the report of the Voluntary Hospitals Commission in 1937, with which he had a good deal to do. Medical education also interested him, and here some opportunity was given him as a member of the General Medical Council, to which he was first elected as a direct representative in 1924, heading the poll with 11,500 votes. One of his notable pieces of work was to travel, when over seventy, to the Antipodes at the request of the profession in New Zealand, where a national health insurance service was on the point of introduction. It is enough to quote the testimony of the honorary general secretary of the New Zealand Branch that the visit was most opportune and his help and counsel of tremendous value. "His intimate knowledge of administrative procedure and his familiarity with the methods of debate have added great weight to the representations made by the Branch to the members of the Government."

An interest which derived from both his educational and his medical activities, but which owed not a little to his compassionate nature, was his work on behalf of the feeble-minded. He was chairman of managers of a special school for mentally defective children and for a number of years chairman of council of a home for feeble-minded mothers and their babies. He was also closely interested in the Association of Mental Welfare, and was chairman of council for many years of the Tavistock Clinic, also known as the Institute of Medical Psychology.

It is a strange reflection upon our methods of choosing legislators that a man so well fitted for Parliament never got there. He made two attempts, one at East Walthamstow, as an Independent Liberal, in 1922, and the other as candidate for the Combined English Universities, when he stood as an Independent in 1937. Perhaps the trouble was that he was not a Party man, nor did he court popularity. He was a master of compromise in the sense of reconciling opposing points of view so as to achieve some practical result, but he would have nothing to do with that form of compromise which meant the sacrifice of personal convictions. He never trimmed his own views to make them agree with those of others. The first impression one had of him was of an austere personality, though he mellowed greatly in later years. But those who knew him found that he had a keen appreciation of humour (though he rarely used it in his speeches) and a great kindness and charity, a willingness to recognize and praise work well done, and a toleration of genuine mistake. Against him least of all could the reproach be levelled that he stood in the limelight while others did the work in the background. Like many men who are skilful in debate, he did not employ his pen in any considerable authorship, though he was for years a valued anonymous contributor to these columns. A little book by him entitled *Patient and Doctor*, containing some interesting and stimulating chapters on the organization of the medical profession, the training of the doctor, and the present outlook in medicine, was published in 1935. He also contributed an article on social insurance to the *Encyclopaedia Britannica*.

Lady Brackenbury, whom he married in 1898, and to whose help he often gratefully referred, survives him with one son and one daughter.

The death occurred on February 24 of Dr. JAMES GAIRDNER, the Medical Officer of Crieff, at the age of 96. So comes to an end the wide country practice carried on by himself and his father for the long period of 103 years; and there goes to his rest one who claimed to be the oldest M.O.H. in Britain and possibly in the world. Dr. "Jamie," as he was known to all in the neighbourhood, was born in Crieff (his father, Dr. Matthew Baillie Gairdner, a native of Glasgow, set up in practice in Crieff in 1839), was one of the original pupils to enter the newly opened secondary school, Morrison's Academy, in 1860, and was dux medallist of the school at the age of 15. He went to the University of Edinburgh, where he graduated M.B., C.M. at the age of 21, and took his M.D. degree in 1873. Entering into partnership with his father, Dr. Gairdner was at a special meeting of the Crieff Parochial Board seventy-five years ago appointed Medical Officer for the Parish of Crieff "owing to the appearance of cholera in one or two places in the kingdom." When Crieff became a burgh under the Burgh Police (Scotland) Act, Dr. Matthew Gairdner became the first M.O.H., and on his death at the age of 80 his son—Dr. "Jamie"—was appointed in 1880 to his place, and continued to hold the post for the past sixty-two years. Later he took up the study of public health, and got his D.P.H.St. Andrews at the age of 66 in 1912. Dr. Gairdner was a regular reader of the *B.M.J.* and of the *Lancet*. The contamination of bags of sugar with arsenic in a railway truck caused many cases of arsenical poisoning in Crieff in about 1890; Dr. Gairdner contributed an article on it to this *Journal*, and another article on manganese poisoning in 1918. He was at one time a member of the B.M.A., and was greatly pleased that he had had the wisdom to invest in annuities advised by the Association. He was very proud of his age, and was keenly desirous of living to 100.

Dr. CHARLES ARTHUR MORRIS, C.V.O., who died on February 25, was the elder son of the late Frederick William Morris of the Madras Civil Service. He took a first-class in the Natural Sciences Tripos at Cambridge, and graduated M.B. in 1884, afterwards obtaining the M.Ch. degree and the F.R.C.S. He was a student at St. Bartholomew's Hospital, and after holding house appointments there was for some years resident medical officer at the Royal Infirmary, Liverpool. Later he returned to London and settled down in general practice in Belgravia. He and his wife, who greatly assisted him throughout his life, made a host of friends in the neighbourhood of Chester Square, where he practised for many years; he was for over thirty years churchwarden at St. Michael's, Chester Square. He was an officer in the Queen's Westminsters Volunteers and Territorials, and during the Boer War and the last war he was medical officer of King Edward VII Hospital for Officers, founded by the late Miss Agnes Keyser (Sister Agnes). Dr. and Mrs. Morris enjoyed throughout her life a close friendship with Sister Agnes. King Edward VII decorated him with the honour of C.V.O. for his services to the hospital. Dr. Morris had been a member of the British Medical Association for fifty-seven years.

There passed away in Bournemouth on February 26 a lady formerly well known in Edinburgh circles, Mrs. M. K. AITCHISON ROBERTSON, M.D., L.R.C.P.Ed. She received her medical education in Edinburgh, and after qualification she went to Paris, where she studied diseases of the eye under the guidance of Dr. Darier, the well-known oculist. She took up residence in Edinburgh after her marriage and worked as a specialist in ophthalmology. She also carried on a dispensary for these diseases in the Canongate, and this became very popular with the residents there. Later she interested herself in various social and benevolent societies, and during the great war she carried through a great amount of very helpful work, so much so that both husband and wife overwrought themselves to such an extent that they had to retire from medical work and settled in Bournemouth. Mrs. Aitchison Robertson's large circle of friends, in both Edinburgh and Bournemouth, will cherish very happy memories of her gracious presence and intellectual abilities. Her father, George Barclay, was Paris correspondent of the *Times* newspaper for many years, and the degree of LL.D. was conferred on him by the University of St. Andrews; and her eldest brother, Sir Thomas Barclay, was a well-known international lawyer and the chief agent in bringing about the *entente cordiale* between Britain and France.

On March 8 the medical profession in Wandsworth sustained a severe loss by the sudden death of Dr. SIDNEY C. H. BENT, who had been a popular practitioner in that district for 37 years. Dr. Bent qualified from Guy's Hospital in 1902, and thereafter held resident appointments at the Evelina Hospital for Children and the Victoria Hospital, Folkestone. Possessing wide knowledge and sound clinical judgment, and blessed with a happy disposition and kindly nature, he soon built up a large practice, which he loyally left to serve as captain in the R.A.M.C. during the last war. On his return his practice continued to extend and he became a very busy man, yet he had the wonderful faculty of never seeming in a hurry, and was ever ready for a friendly chat. He was much interested in the Bolingbroke Hospital, and many generations of residents of that institution will gratefully remember his friendly hospitality. He was an active member of the board of governors of the hospital, and had been for many years a member of the B.M.A. Bent had a genius for friendship and was beloved by colleagues and patients. He was fond of sport, was regularly seen at Twickenham and Wimbledon, and in his day was a good tennis player and golfer. Yet these were but brief breaks in a life of hard professional work in the populous area in which he lived and from which he refused to move even in the most intense air raid. He will be sadly missed. Bent was singularly happy in his family life, and widespread sympathy will be felt with his widow and daughter.

Medical Notes in Parliament

The White Loaf Goes

Lord SOUTHWOOD, in the House of Lords on March 11, asked whether the Government could state the effect of recent war developments on food supplies.

Lord WOOLTON, in reply, said changes must be made in the national diet which, without detriment to the health of the nation, would set ships free for military purposes. To reduce the tonnage used for transport of wheat the Government had decided to increase to 85% the ratio of flour from wheat milled in this country. They would stop production of white bread, although the nation had made clear that it preferred that bread. From March 23 millers would be prohibited, except under licence, from manufacturing any flour other than national wheatmeal flour or some authorized specialty brown flour. From April 6 it would not be permissible, except under licence, to sell any white bread. From April 20, biscuits, cakes, and flour confectionery would be of the same type of flour as was permitted for bread. From March 23 bakers would be authorized to include up to 25% of white flour with the national wheatmeal. They would not go on to the total of 85% extraction flour until existing stocks of white flour had been used up. It was now possible for him to frame an Order prescribing a more detailed specification for national wheatmeal. He was satisfied they would get a bread good in substance, good in texture, and agreeable to the palate. This would be a pure bread, unlike the standard bread of the last war and vastly superior to it. He added that he proposed limitations on the production of sugar confectionery and biscuits.

Lord HANKEY trusted this reform in the type of bread would be extended as soon as possible to the fighting Forces. He hoped the Ministry of Food would press forward, so far as was consistent in wartime, with the advice of the Medical Research Council that it was an urgent national requirement, especially in early life, to have a much greater consumption of milk and other dairy products, of eggs, vegetables, fruit, and fat fish at the expense of bread, biscuits, sugar, and sweets.

Lord HORDER welcomed the Government's decision. He had never been satisfied that there came back in milk the equivalent of the wheat germ which was fed to cattle. He and his medical colleagues were uniformly of opinion that no other step concerning the nation's food was so calculated as this to raise the level of the nation's nutrition. There was no evidence that 85% extraction flour was indigestible. No evidence was forthcoming in the last war that digestions were disturbed by standard bread of a much poorer quality. In South Africa national wheatmeal was 90% extraction and in Eire 93%. He knew of no diseases of the digestive system, other than those for which bread of any kind was disallowed, in which national wheatmeal might not be given with impunity. Even in cases of gastric and duodenal ulcers, at the stage when bread was approved as part of the diet, national wheatmeal was well

tolerated. Evidence was accumulating that the minerals and vitamins in which national wheatmeal was rich were a valuable adjunct in the healing process. The national loaf would be of great benefit to those living behind the poverty line.

Treatment of Prisoners of War in Hong Kong

In the House of Commons on March 10, Mr. EDEN, in the course of his statement on the treatment of military prisoners and civilians by the Japanese Army at Hong Kong, said that all the survivors of the garrison, including Indians, Chinese, and Portuguese, had been herded into a camp consisting of wrecked huts without doors, windows, light, or sanitation. By the end of January 150 cases of dysentery had occurred in the camp, but no drugs or medical facilities were supplied. The dead had to be buried in a corner of the camp. Most of the European residents, including some who were seriously ill, had been interned, and, like the military prisoners, were being given only a little rice and water, and occasional scraps of other food. There was some reason to believe that conditions had slightly improved recently, but the Japanese Government had refused their consent to the visit to Hong Kong of a representative of the Protecting Power, and no permission had yet been granted for such a visit by the representative of the International Red Cross Committee.

Fracture Treatment and Rehabilitation

Mr. BROWN replied to Mr. Isaacs on March 12 that by the arrangements made under the Emergency Hospital Scheme for fracture treatment and rehabilitation, 21 special orthopaedic centres and 56 fracture departments provided a full range of facilities based on the principles recommended by the Delevingne Committee. The other hospitals in the fracture scheme, numbering 200 and known as Fracture Departments B, were limited to ambulant and short-stay cases in wartime because of their geographical position. Many of them attained the Delevingne standard in the facilities which they could offer. All these centres and hospitals, supplemented by numerous outpatient departments and clinics for follow-up care, worked on the principle of continuity of treatment and rehabilitation in one process. No separate rehabilitation centres had been established or were contemplated as part of the scheme administered by the Ministry of Health.

Fruit Juices for Children.—On March 11 Major OWEN asked the Parliamentary Secretary to the Ministry of Food if he was aware that a large number of children were suffering from undernourishment and other ailments in hospitals, hostels, and institutions; and if he was prepared to make or authorize an issue of fruit juices to such children up to the age of 14 as in the case of younger children. Major LLOYD GEORGE said that the present fruit juice distribution scheme would shortly be reviewed, when the claims of different categories of children at present outside the scheme would be considered so far as the supply position permitted of any extension.

Rehabilitation of Miners.—On March 11 Mr. DAVID GRENPELL said he was aware of the excellent work done at the Mansfield Centre of Rehabilitation in the treatment of mining accidents. Another such centre for Durham miners was now being established, towards the cost of which £10,000, or half the total outlay, had been granted by the Miners' Welfare Fund. Facilities for rehabilitation were also provided at some hospitals in mining areas, and the Miners' Welfare Fund had assisted by grants for equipment. In so far as miners were prevented from returning to their former occupation they were within the scope of the Ministry of Labour's interim scheme for the training and resettlement of disabled persons. The progress of schemes of industrial rehabilitation was being carefully watched by his Department, and he would do everything he could to further their development.

Chief Medical Officer's Press Conferences.—On March 12 Mr. ALFRED EDWARDS asked the Minister of Health who was invited to the conferences held by his Chief Medical Officer, and how the selection of persons to whom invitations were sent was made. Mr. BROWN answered that invitations were extended to the editors of the news agencies, the national and provincial newspapers, and medical, technical, women's, and other periodicals interested in public health subjects. No question of economy arose, since the conferences involved no special expenditure, and no written communiqué was distributed. The conferences were informal. Information imparted could not be conveyed by post because much of it was given in answer to questions.

Reductions in Petrol Allowances.—Mr. GEOFFREY LLOYD announced on March 12 that supplementary petrol allowances would be further reduced. The value of the basic ration coupons for May and June would be halved. As from July 1 the basic ration itself would cease. Applications for supplementary allowances to make up for the loss of the basic ration would not be considered except in the case of people who could prove a genuine need. These measures were designed to end pleasure motoring for the present. Mr. Lloyd made no mention of petrol supplies for medical men.

Notes in Brief

Mr. Brown states that expenditure on the Protection of Practices Scheme falling on Insurance Committees is very small, and cannot be separated from their other administration expenses.