

THE LATE DR. G. C. ANDERSON**MESSAGES OF CONDOLENCE**

The British Medical Association has received messages of sympathy on the passing of Dr. Anderson from all parts of the country and from many parts of the world. The Minister of Health in a letter to Lord Dawson, the President, says with what "very real regret I have heard of the death of Dr. Anderson, and I should be grateful if you would convey my personal sympathy to the officers and members of the B.M.A. I have heard much of the wise and courageous advice with which for so many years he helped my predecessors. . . . I fear we have lost a man whose services at this time would be invaluable."

The following message has been received from the Registrar of the Royal College of Physicians of London: "The Council of the Royal College of Physicians desires to convey to the British Medical Association its sense of the great loss sustained not only by the Association but by the whole profession of medicine in the death of Dr. G. C. Anderson, whom the College was happy to count among its Fellows. His wide knowledge of the conditions of medical service, his statesmanlike qualities, and his great gifts as a negotiator will be sorely missed, and the Council wishes to place on record an expression of its sense of the irreparable loss which the profession has sustained, and its sympathy with the British Medical Association in the loss of so able and so devoted a Secretary."

Tributes have come from the Federal Council of the Association in Australia, the Canadian Medical Association, the New South Wales Branch, South Australian Branch, and Victorian Branch, and the Jamaica Branch; from many Local Medical War Committees, Divisions and Branches of the Association, and Local Medical and Panel Committees. Messages of sympathy have been received from the Medical Branches of the Service Departments, the Medical Personnel (Priority) Committee, Medical Association of Eire (I.M.A. and B.M.A.), the Medical Women's Federation, Medical Association of South Africa, Editor and Staff, *South African Medical Journal*, Society of Medical Officers of Health, Medical Superintendents' Society, Association of Clinical Pathologists, British Hospitals Association, Voluntary Hospitals Committee for London, British Hospitals Contributory Schemes Association, Merseyside Hospitals Council, British Dental Association, National Association for the Prevention of Tuberculosis, Royal College of Nursing, Pharmaceutical Society of Great Britain, British Social Hygiene Council, National Ophthalmic Treatment Board, Central Office for Refugees (Medical Department), Central Council for Health Education, the London Hospital, the Westminster Hospital, the honorary medical staff of the East Surrey Hospital, Royal Society for the Prevention of Accidents, Joint Committee of Approved Societies, National Association of Insurance Committees, National Association of Clerks to Insurance Committees, Rotary International, British Medical Finance, Ltd., the Advertising Association, as well as from many individual colleagues and friends.

Mrs. Anderson has received a very large number of letters of sympathy from individual friends in the profession and from committees with whose work her husband was closely associated. She is very grateful for the kind thoughts of all, though it will be appreciated that she finds it impossible to reply to each personally. She hopes that medical friends and colleagues will take this note as an expression of her gratitude for the sympathy so widely expressed to her in her loss.

By an oversight the name of Dr. C. L. Batteson, who represented Epsom College and the London Panel Committee, was omitted from the list of those attending the memorial service at St. Pancras Church, and published in last week's issue.

The Hospital Saving Association has just paid £171,743 to the London voluntary hospitals as a final distribution. This brings the total for the year to £600,193. Once again it has been calculated at 9s. per day for every H.S.A. in-patient and 7s. 6d. for each out-patient. This brings the total distributed by the H.S.A. during its 21 years' existence to just short of ten million pounds. All this money has been collected by voluntary workers, of whom there are now some 13,000 in the Greater London area. The number of H.S.A. groups and contributors is steadily growing.

CANCER RESEARCH: A COMPLEX PROBLEM

The Duke of Gloucester, in presiding over the annual meeting of the British Empire Cancer Campaign, now in its twenty-first year, spoke of his approaching residence in Australia as Governor-General. He said that this would not mean for him a severance from the Campaign, which is represented by a Branch and by several affiliated organizations in the Commonwealth. The Duke also announced that the trustees of the Bernhard Baron Charities Fund had, for the second time, allocated to the Campaign the sum of £10,000, on this occasion for the establishment of a cancer research fellowship.

The adoption of the annual report—a document almost up to pre-war size—was moved by Prof. E. C. Dodds, F.R.S., who gave a picture in brief of "cancer research as it really is." The whole technique of pathology and biochemical research, he said, had been changed by the introduction of new methods, such as the use of isotopes in studying metabolism, the ultracentrifuge and electron microscope in the study of the form and structure of matter, and the introduction of the cyclotron in the study of matter from the physical aspect. The technical use of these and other instruments required new and deep knowledge of a most complex character, in addition to the knowledge of the problem to which the instruments were applied.

The cancer research worker of the past, said Prof. Dodds, stood no chance of making any fundamental discovery because he was handed a problem far too intricate and complicated in view of the development of his intellectual and scientific processes. It was as though one of the classical Greek philosophers were faced with a modern motor-car engine. All the sciences necessary to its understanding—electricity, magnetism, chemistry, metallurgy—were unknown to him. To-day the research worker in cancer had to start from the beginning. The vast amount of knowledge already accumulated was valuable in plotting out the mountain peaks, but he had now to start on the details, which would take time, though the future looked more certain than ever before.

Synthetic Oestrogen for Cancer of Prostate

Speaking as one of "the back-room boys" or laboratory workers in the chemical field, Prof. Dodds said that it was with particular pleasure he drew attention to one positive result—namely, the treatment of malignant disease of the prostate with synthetic oestrogens. The American work on the treatment of this disease by the administration of substances by mouth, and the subsequent complete disappearance of symptoms, had been wholly confirmed, and "for the first time in the history of mankind it is possible to state that one form of cancer can be completely controlled and the patient rendered symptom-free by the administration of a few pills by mouth each day."

In the annual report of the Campaign further reference was made to this substance, diethylstilboestrol, the usefulness of which, it was stated, seemed to be restricted to cancer of the prostate, though, even so, a new line of research had been opened up along which in the near future many workers were sure to pass. The substance is a synthetic chemical product resembling a number of glandular products, and possesses many chemical affinities, all of which, in course of time, will be brought under examination.

Carcinoma in Other Sites

The report also records the work of the Campaign's Clinical Research Committee, which this year presents a detailed analysis of over 1,000 cases of primary carcinoma of the lung. The investigation confirms the finding that cancer of the lung is much more common in males than in females, and it shows that engineers, mechanics, painters, and decorators are more liable to it than other occupational groups—for example, clerks and typists. The difference is said to be statistically significant, but it has to be borne in mind that the average age of the cancer patient is higher than that of the census population, and many clerks and typists change their occupation before reaching the cancer ages.

Some work is quoted from the cancer research committee of the Marie Curie Hospital suggesting that the cervix uteri is one of the sites of cancer in which great improvement might

be expected in the number of cures if intensive propaganda leading to earlier diagnosis were undertaken. Irregular haemorrhage at the menopausal and post-menopausal periods may be significant, and yet it is apt to be regarded by the patient herself as a natural phenomenon, and medical advice is sought only when symptoms become urgent. In the radiological field the work at St. Bartholomew's cancer research department is reported as suggesting that certain types of cancer are curable by high-voltage x-ray therapy (of the order of 1,000 kV), where x-ray therapy of the order of 200 kV produces at most a temporary palliation of symptoms.

Important investigations are being carried out both in London and in the provincial centres of the Campaign with the aid of the substance known as benzpyrene. In spite of threatened shortage the Campaign has been supplied with quantities of pyrene, from which benzpyrene is convertible. The substance figures in the reports from several centres, particularly in the study of the induction of skin cancers in mice. The editing of the report is again the work of Mr. J. P. Lockhart-Mummery, who has undertaken this task now for twenty successive years.

Nova et Vetera

THE HISTORICAL MEDICAL MUSEUM

At a recent meeting of the Section of History of Medicine of the Royal Society of Medicine, Sir WALTER LANGDON-BROWN presiding, Dr. S. H. DAUKES, director of the Wellcome Museum of Medical Science, lectured on the future and possibilities of the Historical Medical Museum. The lecture was accompanied by a large model of one of the ten halls of the Wellcome Historical Medical Museum, which is in process of reconstruction, and by an exhibition of rare books from the Wellcome collection. These included a number of first editions, notably a first edition containing all the chief works of Malpighi and a first edition of Morgagni's *De Sedibus*. Over forty works were displayed, and it was stated that fewer than half of them were to be found in the libraries of the Royal College of Physicians or the Royal Society of Medicine.

Dr. Daukes said that a museum must be a living thing with a message, not a valley of dry bones. Too often museums were treated as mausoleums, when they ought to be schools for the creation of ideas and exhibits of raw materials from which those ideas were formed. He liked the definition of a good museum: "Instructive labels illustrated by well-selected specimens." The Wellcome Historical Medical Museum was founded by Sir Henry Wellcome and opened by Sir Norman Moore in 1913. It was unfortunately arranged. There were two types of collector, one who spread a net and the other who used a rod and line, and Sir Henry Wellcome belonged to the former category. He detected some possible value as a museum exhibit in most insignificant objects, with the result that his collection became gigantic—there seemed to be enough weapons from all over the world to arm the Home Guard! His books and MSS. ran into half a million. The crude exhibition at Wigmore Street represented only a small part of the total collection and was never intended to be more than temporary.

Plans for Future Display

After Sir Henry Wellcome's death in 1936 it became necessary to examine the material critically, and Dr. Daukes said that, having himself been responsible for the Wellcome Museum of Medical Science, he was given the task of arranging the historical museum on permanent lines. It was desired to preserve the identity of both museums, but to link up their activities. The space available for the Historical Medical Museum consisted of ten large halls on three floors, each hall measuring 110 by 40 feet. The exhibits would be arranged in an order partly cultural and partly chronological as follows:

- I. Cosmogony, palaeopathology, evolution of man, prehistory.
- II. Primitive medicine of all ages, Mexican and Peruvian medicine.
- III. Medicine of Ancient Egypt, Chinese and Indian medicine.
- IV. Greek, Alexandrian, Graeco-Roman, and Byzantine medicine.
- V. Mediaeval medicine.
- VI. Renaissance to end of seventeenth century.
- VII. Eighteenth and part of nineteenth centuries.
- VIII. Nineteenth and twentieth centuries.
- IX. History of diseases (to link up with modern museum).
- X. Central hall with library for reference and research.

In each hall—of course with modifications according to the era—the sequence would be:

Contemporary history as affecting the medicine of the period; general survey; chemistry (or alchemy) and physics in relation to medicine; physiology; anatomy; surgery; medicine, including aetiology (bacteriology, etc.), pathology, clinical aspects, and treatment (rational, superstitious, folklore, etc.); education and hospitals; prevention (social medicine).

It was hoped to have two floors ready within a year of the cessation of hostilities in Europe, and the remainder would be opened hall by hall as it was completed. An elaborate system of labelling and cataloguing would be arranged, and explanatory summaries of the exhibits would be kept up to date. Literature was the backbone of history, and books, MSS., and letters would be freely used as museum exhibits. As a rule literature was used to elucidate the objects; here also the objects would be used to elucidate the literature. Each section so far as possible would convey the atmosphere of its period by large-scale models and tableaux, including, for example, reconstructed pharmacies. There was too much inclination to judge the past in the light of present knowledge; it was necessary always to judge of achievement by contemporary history. Much of Sydenham, for instance, in the light of modern knowledge, would be accounted nonsense, but in the light of contemporary knowledge it was most wise. It was deplorable that younger members of the profession took so little interest in the history of medicine. Teachers might use a few historical details as a kind of *hors d'œuvre* to their lecture, but more than this was necessary; the historical background ought to have a closer practical application. It was hoped that the resources of the new museum would be freely used for illustrating papers and for loans to exhibitions. Thanks to the beneficence of the founder, funds were available for carrying out the scheme.

Function of a Museum

Dr. Ashworth Underwood said that Sir Henry Wellcome had much in common with Sir Hans Sloane and John Hunter. All three were great practical men in other fields than museum-making and all three were great collectors, but Wellcome alone was able to provide completely for the future of his collections without the help of State or university. Dr. F. Parkes Weber said that it was high time there was such an undertaking. Careful thought should be given to what was included in a museum of medicine. In his view a Wedgwood medallion of Hippocrates, however interesting as an object of art, had no value in medical history. He would prefer a copper coin from Cos with a portrait of Hippocrates, though that, of course, would not be contemporaneous.

Sir Frederick Kenyon, formerly Director of the British Museum, urged the need for a lecture theatre in association with a museum. He was of opinion also that not all the material should be in the "show window." Sir John Forsdyke, keeper of Greek and Roman antiquities at the British Museum, said that Wellcome's was the best method for the formation of a museum—namely, the accumulation of an abundance of material, with the opportunity of discarding what was not needed, rather than the opposite plan seen in many municipal museums which started with empty shelves. Mr. Arundell Esdaile, secretary of the British Museum, said that there was a great charm about a fortuitous concourse of objects, because it was possible to select from them what was wanted, and nearly always to find a good home for what was not.

Dr. Daukes, in reply, said that there would be an extremely fine lecture hall attached to the museum. He agreed that it was desirable only to show exhibits which answered the immediate purpose, while others were stored and brought out as required, and this plan was being followed. The question of the ethnographical section was being considered very carefully in order to see how far it bore on the history of medicine and how much of it could be allocated to other museums. The Wellcome Museum would be for students in the broadest sense of the word. It would be arranged in bays, so that the student could pursue his work in relative detachment, and portable chairs and tables would be provided which he could carry with him from bay to bay. But it was not intended to provide a peep-show for any casual passer-by on the Euston Road.

The medical teaching film on the diagnosis and treatment of scabies made by the Ministry of Information at the request of the Ministry of Health has been widely shown and has already proved successful. In three months it has been shown by means of the mobile units of the Ministry of Information to 254 separate audiences totalling 21,326 doctors, nurses, and other personnel interested in the subject of scabies, and copies have also been lent out to others who had the use of projectors. A second shorter film, lasting 7 minutes, called "The Scabies Mite," has just been made as a specialized scientific film for specialist audiences. Without touching on the subject of the diagnosis and treatment of the disease it incorporates the photomicrography of the longer film to give a full explanation of the life cycle of the acarus. Particulars of the arrangements which can be made for the exhibition of these films may be had from the Ministry of Information Regional Offices or from the Central Film Library, Imperial Institute, South Kensington, S.W.7.