

history of medicine in Glasgow, and he was happy in it, for he at once established himself as a teacher of his subject in the classroom, and as an exponent of humanistic medicine in the wards of the hospital. In both spheres his intellect and his strength of character and of purpose gained for him an ascendancy and influence in local and national affairs to which few attain. But it was not on this account alone that he won the esteem and unbounded affection of his colleagues and students. It was well known to his friends that his supreme interest in life was in his fellow-men and in the interplay of personality, and I know that he would have liked this to be said of him. He made and retained friends in every walk of life; he made friends of his students, and was content only with the best they had to give, watching over their progress through the university and in after life. In his work as a physician and scientist, he was quick to seize every opportunity to advance his subject and to encourage and even constrain others to join in the search for truth, infecting them with his own enthusiasm. I should acknowledge with gratitude Prof. Morris's services to public health and the deep interest he took in the relations between clinical and preventive medicine. I was constantly indebted to his wise advice on our city hospital problems before and during the war. Had he lived he would have played a prominent part in the new health service.

Medical Notes in Parliament

APPOINTED DAY

On June 9 Mr. VIANT asked when it was intended to bring the rest of the National Insurance schemes and the English and Scottish National Health Service schemes into operation.

Mr. ATTLEE replied: "The preparatory work necessary to arrange the transition from existing schemes and agencies and to create the organization to operate the new provisions effectively is very heavy. Considerable progress has been made with these preparations despite great difficulties of staff and premises. The various schemes are closely linked up with each other and with proposals for completing the break-up of the Poor Law and providing a comprehensive scheme of national assistance standing behind the insurance provisions. The Government consider that there are compelling reasons in favour of bringing all these schemes into operation on the same date. They have reached the conclusion that by giving high priority to the legislation which it is hoped to introduce next session to complete the break-up of the Poor Law, this will be possible. On a consideration of all the factors involved they have decided that the best date for this purpose is July 5, 1948, which coincides with the end of the next contribution year for health, pensions, and unemployment insurance."

NATIONAL SERVICE BILL

The Second Reading of the National Service Bill was moved in the House of Lords on June 3 by Lord HALL. He said that for the period provided in the Bill some 200,000 men would regularly be called up for twelve months' full-time training, with reserve training covering a further period of four years. The main object of the Bill was to prevent war.

The Archbishop of YORK said the reduction of service from eighteen months to twelve would probably enlarge the number of recently conscripted men who had to serve in Germany. In the British Zone of Germany there were several million young women in excess of the number of men. Some of them, because of the circumstances of the Hitler regime, were over-sexed. Inquiries by the medical authorities would show the result of the temptations to which these boys were subjected. He pleaded that conscripts should be kept in England a considerable time before being sent to Germany. Temptation often took place in the first weeks.

Incidence of Venereal Disease

Lord MORAN doubted the wisdom of recruiting by compulsion or of leaving to soldiers the decision on the numbers required. The experience when they pressed for the demobilization of doctors did not encourage them to give the Army a blank cheque in this matter. The decision about conscription would really be made when they knew the real potentials of the atomic bomb and bacterial warfare. There were great risks in employing conscripts overseas. In September of last year, in

our Army in Japan, of every 1,000 men 228 had venereal disease. In another command alongside, 600 out of 1,000 had venereal disease—more than half. In Germany at the same time the figure was 185 out of 1,000; in Austria and Italy 168 out of 1,000; and in Burma and Malaya 141 out of 1,000. The figure in the Middle East was 31 out of 1,000. The reason for that lower figure was that there was really no mixing between the Army and the civil population. Those figures might alter from time to time, but were substantially the same now. The figure for the Army at home was 33 in every 1,000. That was very much higher than usual; it was generally in the neighbourhood of about 12. He was told that the figure for syphilis worked out at about 5 to 6 per 1,000 among the civil population. They had the same prevalence of venereal disease in 1919, after the first German war when similar conditions prevailed. Then the figure was 150 out of every 1,000 in the Army of the Rhine; while in the American Army in September of that year, of all the white American troops in Germany and France, 859 out of every 1,000 had venereal disease. He quoted from Volume XV of *Medical and Casualty Statistics*. Absence from home was the factor which led to this high incidence of venereal disease. The longer a conscript was away from home the higher rose the rate and incidence of the disease. These figures lent no support to the Prime Minister's idea that the Army was a people's university.

Lord NATHAN said he had been staggered by the figures of venereal disease given by Lord Moran. He suspected Lord Moran had taken the figures for treatments instead of those for cases. The highest figure for the United Kingdom forces for the third quarter of 1946 was 9.6 per 1,000, and the lowest was for the latest quarter, 5.3 per 1,000. In the British Army on the Rhine the highest figure was the third quarter of 1946, 44.6 per 1,000, and the lowest figure, the last quarter, 30 per 1,000. In the C.M.F. the largest figure was 39.5 per 1,000 in the second quarter of 1946, and 22.8 per 1,000 was the lowest figure—being the figure for the first quarter of 1947, based upon January and February only. In the M.E.F. the highest figure was 9.4 per 1,000 for both the second and third quarters of 1946, and the lowest was 4.1 per 1,000 for the first quarter of 1946. In S.E.A.L.F. the highest figure was 37.6 per 1,000 for the first quarter of 1946, and the lowest figure 31.2 per 1,000 for the first quarter of 1947, based upon January and February only.

Lord MORAN said he had quoted from A.M.D.5 Statistics, September, 1946. The figure of 228 per 1,000 which he had given had nothing to do with treatments. It meant 228 on an annual rate. These figures had been given officially by the Army Medical Department.

Lord NATHAN said there was no disagreement that venereal disease had to be dealt with properly and promptly. General McCreery, Commander in Chief of the British Army on the Rhine, had devoted time and labour to put this right. But on the whole they must rely for conduct abroad on what these young men learnt at home.

The Bill was read a second time and referred to a Committee of the whole House.

SCOTTISH UNIVERSITIES

On June 3 Mr. RANKIN discussed admissions to the Scottish Universities. He said that last November Mr. Dalton stated that for the session 1945-6 there were 6,440 applications for admission to the four Scottish universities but that almost 50% of these candidates, although equipped to benefit from a university education, had not been admitted. The raising of the school-leaving age would create a need for something like 15,000 new science teachers in secondary schools. This was a demand which the universities as a whole must meet. The number of students in Great Britain had risen by 32% since the war, but in Scotland by only 28½%. Scotland ought to contribute 5,000 or 6,000 to the extra graduates required, but last year the number who graduated in pure or applied science from Scottish Universities was 460. When they added the numbers in medicine and arts it seemed clear that the obligations which would be placed upon Scotland would not be met. He suggested the solution of the problem lay in founding another university. Claims to this had been made from Dundee, Oban, and Dumfries, but he favoured Inverness.

Mr. GLENVIL HALL said Scotland was not alone in having crowded universities. Other universities were absolutely packed out because 90% of the places had to be reserved for ex-Service men and women. Scotland proposed to increase by 32% the places available for students, raising them from 9,500 to 12,550 and the expectation was that she would be able to crowd in even another 2,000. There were limiting factors which would prevent the Government from initiating the building of another university. It could not undertake to find building labour or material nor would there be the teaching staff at the

present moment. Where buildings could be easily converted extra places could be found for students. Recurrent grants for all purposes given to universities were: Aberdeen £158,000, Edinburgh, £255,200, Glasgow University £305,550, Glasgow Royal Technical College £37,000, and St. Andrews University, including Dundee, £162,050. In addition capital grants for building and equipment had been allocated to a total of £172,100, and additional grants of £15,000 to Edinburgh and £80,000 to Glasgow had still to be approved. Grants to Scottish teaching hospitals attached to the universities amounted to £159,550, out of £500,000 allocated to this purpose.

Services Medical Examinations

Mr. HUGH FRASER asked on June 4 what steps the Minister of Defence was taking to bring the medical examination and documentation of all ranks of the British forces, especially in regard to pulmonary and dental x-ray, into line with modern practice in the U.S. and late German armed forces.

Mr. ALEXANDER replied that up-to-date methods were already used in all three Services. Medical examinations in the Navy included miniature radiography of the chest when a person was entered, or as soon as practicable afterwards, and thenceforth periodically so far as staff and equipment allowed. A "follow up" system included full-scale films and special observation in hospital of doubtful cases. The number of dental x-ray machines had recently been considerably increased so that all essential x-ray examinations could now be carried out. Over 90% of Army recruits were examined by mass radiography to detect primarily the presence of pulmonary tuberculosis. As soon as enough staff and equipment were available all recruits would be so examined. Facilities were available for dental x-ray for diagnosis and treatment. In the Royal Air Force all recruits had a chest x-ray as a routine. Further chest x-rays, and also dental x-rays, were arranged as required. The facilities would be developed further as and when skilled personnel became available. In general, routine dental x-ray examination and documentation of all personnel was not regarded as justifiable, having regard to the present resources of the country. An inter-Service Committee on medical documentation had recently been appointed to consider the possibility of introducing a common system for the three Services, on the most up-to-date lines, bearing in mind war experience not only in this country but also in Germany and the United States.

Medical Certificates

On June 5 Mr. JOHN MORRISON invited the Minister of Health to give a list of all the certificates required by Government Departments which a doctor may be called upon to sign on behalf of a patient.

Mr. BEVAN in reply said that according to his present information medical certificates may have to be produced by patients (or their personal representatives) to Government Departments under the following enactments or for the following purposes. This list was not necessarily exhaustive.

1. Under the Births and Deaths Registration Acts, 1836-1926, e.g., to certify cause of death to the registrar.
2. To assist in determining a claim to war pension or allowance.
3. Under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts.
4. In support of claims to benefit under the National Health Insurance Act, 1936, and the Contributory Pensions Acts, 1936-41.
5. In support of sick absence by a Government Department as employer.
6. Under the Blind Persons Acts, 1920 to 1938, to support an application for old age pension at 50.
7. Under the Essential Work Orders, Control of Employment (Directed Persons) Order, 1943, and Control of Engagement Orders in support of a claim to leave or change the employment.
8. Under the Road Haulage Wages Act, 1938, the Catering Wages Act, 1943, and the Wages Councils Act, 1945, in support of a permit to be employed at substandard wage rates.
9. Under the Coal Distribution Order, 1943, and the Control of Fuel (Restriction of Heating) Order, 1947, to obtain additional supplies of fuel and exemption from heating restrictions.
10. Under the Disabled Persons (Employment) Act, 1944, for registration.
11. Under the Corsets (Manufacture and Supply) (No. 14) Directions, 1946, to assist in obtaining surgical corsets.
12. Under the Welfare Foods Order, 1946, to enable expectant mothers to obtain food benefit.
13. Under the Rationing Orders or otherwise to enable invalids to obtain special authority for supplementary rationed food and to assist invalids, expectant mothers, and others to

obtain special treatment with regard to goods which are the subject of Government control.

14. Under the Control of Motor Fuel Orders to assist claimants for additional petrol allowances on medical grounds.

15. Under the National Service Acts, 1939-47, in support of a claim for exemption from, and to justify failure to comply with, provisions of the Acts.

16. Under the Cremation Act.

Rubella.—Mr. HASTINGS on June 5 asked the Minister of Health whether, in view of the increasing birth rate and the clear evidence that German measles in the mother could produce serious defects in the unborn child, he would make this a notifiable disease, so that precautions could be taken to prevent its spread. Mr. BEVAN replied that the effects of this disease in pregnancy were being investigated in conjunction with the Medical Research Council. He preferred to await the results of this investigation before considering the matter further, and he invited Mr. Hastings to furnish his evidence.

Medico-Legal

A STERILIZED HUSBAND

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

We noted in our issue of Jan. 18 (p. 118) the decision of the High Court in *J. v. J.*¹ rejecting the petition of a wife for a decree of nullity on the ground that just before the marriage her husband had himself sterilized by vasectomy. Mr. Justice Jones found that this act amounted to wilful refusal to consummate the marriage, but he rejected the wife's petition on the ground of acquiescence: she had signed before marriage a statement that she fully understood and realized that the operation produced total and irremediable sterilization. The Court of Appeal has now reversed that decision and granted the wife's petition.²

Lord Justice Somervell, reading the judgment of the court, agreed with the judge's statement of the law but disagreed with his finding that the wife had acquiesced in the sterilization. The principle, he said, had been established by *Cowen v. Cowen*³ that a marriage was not consummated if a husband, by his own act in insisting on using a contraceptive, prevented sexual intercourse from having its natural consequence. The husband in the present case had effected by an operation what could have been effected by the use of a contraceptive on each successive occasion. By his act in submitting to the operation he had rendered himself incapable of effecting consummation. When the couple had been engaged for some months the wife had refused to sign the statement required by the doctor as a condition of performing the operation. She had ultimately consented to sign on the husband's promise to postpone the operation until after the marriage, for she had hoped to be able to persuade him to a different view. In spite of his promise he had undergone the operation before the marriage, and she had not known this until some six weeks before it. Her knowledge was not in law an absolute bar to her petition, and the question remained whether the petition should be dismissed in all the circumstances, including her knowledge, for lack of what was called "sincerity." The marriage had taken place in June, 1934; she had not known until late in 1945 that she might have grounds for a decree of nullity, and she had then left her husband and filed her petition. Lapse of time was no bar until a party knew both the facts and his or her legal rights. The judge was wrong in dismissing the petition because of the wife's knowledge before marriage. That knowledge had not existed at the time of the engagement; it had been sprung on the wife a few weeks before the date of the marriage, and would not have been an easy reason for her to give for breaking off the marriage. She had felt that it was too late to draw back. In all the circumstances the court did not think that the petition should fail for "insincerity." The question of wilful refusal to consummate the marriage did not arise; the husband's incapacity was a sufficient reason for a decree of nullity, which the court pronounced.

¹ (1946) 2 All E.R. 760.

² *The Times*, May 24.

³ (1946) P. 36.