

was during the course of this investigation that the Wilsons made what is now regarded as a classical study of malaria in the population of Gomboro. Here they undertook a complete demographic study of the village which, in correlation with malaria parasite rates and densities, revealed the means by which a community adapted itself to hyperendemic malaria. In 1934, through a grant by the Trustees of the Carnegie Foundation, Wilson was able to make an extensive tour through India in order to gain experience of the patterns of malaria endemicity, and relevant control problems, in those regions.

On the outbreak of war he served for a short period with a field ambulance in the Northern Frontier Province of Kenya before taking charge of a mobile malaria section. Aided by his wife at the base laboratory in Nairobi, he explored the malaria problems that appeared in the wake of the advancing troops. In 1941 he was appointed command malariologist with the rank of lieutenant colonel, and his responsibilities were extended over lines of communication and military installations in the area between Eritrea, Ethiopia, and Somaliland in the north to the Rhodesias and Madagascar in the south.

On demobilization he returned to the Tanganyika Medical Service. By then his unique value as a consultant to the East African Territories had become generally appreciated, and in 1949 he was appointed inter-territorial malariologist and given charge of the newly formed East African Malaria Unit. The introduction of the residual insecticides into public health had made the control of malaria in rural areas practicable. The precise techniques suited to African conditions had, however, still to be worked out, and it was Wilson's ambition both to do this in a large-scale field trial and at the same time to evaluate the effect of the interruption of malaria transmission on the health of the population. After careful planning the Pare-Taveta malaria control scheme was launched in 1954. In the same year the growing stature of Wilson's team was acknowledged by its reconstitution as the East African Institute of Malaria and Vector-borne Diseases. In this institute, amid some of the finest scenery in Tanganyika, he continued until his retirement from East Africa in April, 1960, to instruct and to promote research into problems of the epidemiology and control of malaria and bilharziasis.

KARL KLEIST, M.D.

The obituary of Professor Karl Kleist was published in the *Journal* of January 28 (p. 298).

E. W. A. writes: With the death of Professor Karl Kleist the leader of a famous school of German psychiatry has passed after a long life of distinguished work. Kleist was a pupil of Wernicke, and like his master his concept of psychiatric illness was fundamentally neurological. It was thus highly specialized, met with little acceptance outside his own school, and was very little known in Britain.

Kleist was an out-and-out cerebral localizationist who interpreted on this basis not only disorders of speech and allied disturbances, in which his studies (including those on constructive apraxia) are outstanding, but also such illnesses as schizophrenia. He saw this as a "system disease" due to a lesion of a specific part of the brain, which he sought to demonstrate objectively. This relentlessly pursued approach led him, as might be expected, to an extreme position demonstrated *inter alia* by the delineation of a multiplicity of "syndromes" all of which he related to specifically localized disturbances, although he conceded the conjectural character of many of these. The work of Goldstein and others of that school Kleist used to dismiss as "mere psychologizing," although he had great admiration for the work of Henry Head. Kleist's attitude to the psychological approach in psychiatry is sufficiently illustrated by the relegation of the works of Freud to a dark alcove in his library under the heading "belles-lettres."

As one who worked for a year shortly before the outbreak of the second war with Professor Kleist, I wish to take

this opportunity of expressing a warm personal tribute to him. To me his most impressive qualities were his friendliness, his intense vitality, and his utter absorption in his work. His ward rounds, which commonly lasted two to three hours, were a model which might be profitably copied by others responsible for training the young. A rigorous moralist (like very many psychiatrists), he gave a short shrift to the drunkards and street walkers admitted to the clinic for devious behaviour. He was a man of utter integrity and undeviating conviction in both his personal and scientific relationships. He detested the Nazi regime, particularly for its damaging effect on scientific work.

My last meeting with him was in Zurich in 1957. Although then nearly 80, his vigour was little impaired and his warmth of greeting after nearly 20 years was touching and cordially returned. His home life was happy and serene with his wife and four charming daughters. Although I had seen so little of him in the intervening years, his death leaves a sense of personal loss.

C. A. BIGNOLD, M.B., Ch.B., B.Sc.

The obituary of Dr. C. A. Bignold was published in the *Journal* of December 31 (p. 1961).

C. A. D. writes: During the years of his tenure of the office of medical officer of health of Ayr County Dr. Bignold built up a magnificent district nursing service which can serve as a model for any area. This service, so far as the care of women and children was concerned, was and is second to none in Scotland. Such a service, of its nature, was incomplete without hospitals, and because of the distance of his area from adequate hospital facilities Dr. Bignold early appreciated the need for consultant services, especially in obstetrics and gynaecology and in the care of sick children. His efforts in this direction led to the establishment of the present excellent maternity and children's hospitals in the county. In other spheres his efforts to prevent and combat diphtheria were begun early. He also had effective services to prevent and combat tuberculosis in human beings and in cattle. These various services are still living monuments to his foresight and wisdom.

Dr. Bignold was one of the kindest of men, never too busy to receive friends and to discuss with them his own and their problems with a mind always open to new ideas. To one of these visitors to his area his memory will always be a treasured one. Our sympathy goes out to his son and daughter, who have been doubly bereaved by his death so soon to be followed by that of his wife.

A. C. WELCH, M.B., Ch.B.

The obituary of Dr. A. C. Welch was published in the *Journal* of January 7 (p. 59).

"SOMNIFACTOR" writes: Several years prior to the recent war it was my privilege to act as part-time assistant to Cedric Welch in a large and busy general practice, and it was soon obvious to me that, in addition to being a first-class doctor, he was a kind, generous, and essentially fair man. There was nothing mean or paltry about him, he took endless trouble over details of diagnosis and treatment, and his kindness to his patients was well known. He was generous to a degree, and he especially enjoyed Christmas, when he could spend time at home with his wife, his daughter, and his many friends. He was essentially a human and understanding man: he bore illness with exemplary fortitude, and in his passing one deplores the loss of this sincere, conscientious man, and of a very true Christian.

Sir GEOFFREY JEFFERSON, C.B.E., M.S., F.R.C.P. F.R.C.S., F.R.S.

The obituary of Sir Geoffrey Jefferson was published in the *Journal* of February 4 (p. 365).

H. K. A. writes: May I add to your notice some personal reminiscences of the late Sir Geoffrey Jefferson, whom I was privileged to know for 40 years? I have always considered him the most erudite man I have ever met. There

was a completely relaxing effect in hearing that calm, almost hypnotic, level-toned voice discussing such a variety of the aspects of life. They often ranged from either code of football to music, architecture, painting, politics, and philosophy. To listen to him was always stimulating and illuminating. He had the great gift of communicating his own insatiable thirst for knowledge to all who were trained as his disciples in neurosurgery.

Two memories are outstanding. The first when, as a comparatively young man, newly appointed to the staff of Manchester Royal Infirmary, he was suffering all the frustration that a genius in a hitherto unrecognized specialty could suffer at the hands of his colleagues, who had grudgingly admitted his right to consultant status at a teaching hospital, he chose as his forum for attack the annual dinner of the Medical School of the University, and made one of the finest speeches I have ever heard. It was based on Newman's *Apologia* and compelled many of his hearers (myself included) to hasten to read the original. From that moment the opposition melted away and he was able to plan his department to his heart's desire and thus enrich the whole sum of medical knowledge.

The other memory was when he was involved in one of the most dramatic incidents I have ever seen in an operation theatre during the past 35 years. He was operating on a child with a brain abscess one Sunday night when he suddenly dropped his knife, took a step back, and stood, like Lot's wife, rooted to the spot. His face was contorted with pain so severe that he was unable to speak or to disclose the site of it for several minutes. Then he gasped, "My back." It took an hour to get him home, after a sedative, so acute was his lumbago. He was more comfortable sitting, and Lady Jefferson bade us to stay to supper. "Geoff" held us fascinated by a discussion on Mahler, insisting on some of his records being played, and then asked us to help him to bed. This was a slow and painful process, and after it was accomplished he asked me how long he would be incapacitated. When I told him it would be at least a fortnight, his only reaction was to worry about the welfare of his patients, for at that time he had no junior staff except a share of a newly appointed house-surgeon.

"Geoff," as he was affectionately known to generations of students and a host of friends, was a whole man in every sense of that word, and all will mourn his passing.

We record with great regret the death on February 10 of Lady Jefferson, widow of Sir Geoffrey Jefferson.

Medical Notes in Parliament

HEALTH CHARGES CONTROVERSY ENDS IN "GRAVE DISORDER"

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The exhilaration of being able to speak with one voice and uninhibited vehemence, which the Health Service charges brought to an Opposition debilitated by disunity on other issues, carried the Labour Party beyond lusty and sustained conflict with the Government into collision with the Chair. So it happened that the official record of the Commons proceedings ended at 1.20 a.m. on Thursday, February 9, with a sentence that has not been seen for decades—"Grave disorder having arisen in the House, Mr. Deputy-Speaker adjourned the House without question put."

Censure Motion

Much old ground was covered when the censure motion deploring the new charges "as clearly indicating the determination of the Government to undermine the Health Service" was debated. Mr. GEORGE BROWN, as deputy leader of the Labour Party, led the attack in a speech that lasted an hour. He nailed the Party's colours firmly to

the mast—"a comprehensive medical service, free to the patient at the point of need, and with one standard for all the sick." Against this, the Tory conception, as he described it, was to provide an ambulance service for the wretched, but not comfortable, and not too easy to get lest some might thumb a ride when they should walk. The Minister of Health had said the total cost of the Service could not be allowed to go on increasing at so high a rate. In real terms the advance in expenditure over 11 years had been 22%—2% a year. Were they really to say that the nation could not put an extra 2% a year into the Health Service? The Minister had said that unless expenditure was cut they could not go on with development of the hospital service. The hospital building programme provided for an increase of £5m. a year from now until 1965-6. Yet the Minister proposed to take back through these charges £65m. a year. The Minister had said these proposals were needed to prevent waste. If the waste was in the drug bill the Minister should go for the pharmaceutical industry. But he found it easier to take it out of mothers and children and the sick. The doubling of the prescription charge would constitute a built-in deterrent to those seeking treatment; it would encourage them to try self-medication; it was a penalty on the chronically sick. The Health Service was no longer free at the point of need, and was no longer financed on the basis of the ability to pay.

Minister's Reply

The Minister's reply also took an hour to deliver. The first part was a long review of the development and prospects of the Health Service, in reply to the accusation that it was being undermined. Taking first the hospital service, Mr. ENOCH POWELL spoke of a dramatic increase in staffing: 10% more doctors in post in the last five years, 13% more full-time nurses, and 35% more part-time. The Platt Report on staffing would be published next month, and this would be followed by immediate consultations with the profession on the recommendations. This year a new phase had been opened in the history of the hospital service by asking authorities to plan ahead with the full view of 10 to 15 years' building work. For the middle of the decade the basis had been taken as £50m. annual expenditure, but beyond that no financial limitations had been placed on the plans which the Government expected hospital authorities to put forward.

They were facing a period in which the pattern of the hospital service would in some respects have to be radically altered, which would mean giving up many old habits and associations. The prospect of being able to look forward to developments in terms of decades had already revolutionized the morale of the service. The new hospital plan would spell out the direction in which local health and welfare services must be expanded to support the hospital service.

From the local authority service the Minister turned to the general practitioner service, in which he said there had been in the past five years an increase of 5%, and an improved distribution of family doctors reflected in the fact that since 1952 the population in under-doctored areas had fallen from 21 millions to nine millions.

Underpinning, Not Undermining

All this had been delivered to an increasingly restive House, and the Minister was compelled to assert that it was these records and these prospects that were his answer to the charge that the Government were determined to undermine the Service. On the specific proposals, which he defended in turn, Mr. POWELL said that even after the proposed changes were made the net cost of the Service to the Exchequer would be increased over three years by about 20%. That could not continue without development being limited or adjustment being made in the financing. To adjust the finance was not under-mining the Service, but under-pinning it.

While dealing with the prescription charge Mr. POWELL stated that the new, voluntary price-regulation scheme had