

brought a fund of practical and procedural knowledge and the invaluable insight he had gained in Lagos as assistant director at a time when authority was being devolved to the regions. "Monty" never made heavy going of the duller tasks of administration and often introduced to official minutes and discussions a whimsical humour which might occasionally exasperate but more often delighted his colleagues. His private life was quiet, not that of the "old coaster," but he always had a warm welcome for old friends.

J. YERBURY DENT, L.M.S.S.A.

Dr. J. Yerbury Dent, who wrote on the prevention and treatment of alcoholism and had been honorary editor of the *British Journal of Addiction*, died suddenly at his home in London on January 8. He was 73.

A. D. M. writes: John Yerbury Dent was born in 1888 and qualified from King's College Hospital. Thereafter he held house appointments at the Norfolk and Norwich Hospital, Dudley Eye Hospital, and St. Pancras Hospital, where he was at one time assistant medical superintendent. He took a special interest in ophthalmology in his early days, but spent most of his life in the study and treatment of the chronic alcoholic. In this he obtained remarkable success and an international reputation, and his patients came back to see him from time to time from all over the world. He claimed about 75% successes in treatment, and he gave the credit to his use of apomorphine, which he regarded as much more than an aversion treatment. He never regarded himself as a psychiatrist, yet he radiated encouragement, enthusiasm, and confidence which must have been at least supportive to his pharmacological practice. He used apomorphine in the treatment of other addictions as well as that to alcohol and refused to believe that other physicians might fail to duplicate his successes provided they followed his routine.

Dent will long be remembered for the part he played in organizing and maintaining the Society for the Study of Addiction. This little society which meets four times a year has had its difficulties, but Dent always found a way over or a way round. Problems of finance he either met himself or sought and obtained help from one of his patients. He served its council as honorary secretary and honorary editor of its *British Journal of Addiction*, persuading distinguished workers in this field to come and address its meetings or write for its journal, raising funds to maintain a worker at the Burden Neurological Institute to study the biochemistry of alcohol addiction, and entertaining anyone seriously interested in these and related problems.

For some months he had suffered from congestive heart failure and he was unable to attend the October meetings of the society. All who knew him will miss his cheerful enthusiasm, especially his patients, his brother Savages, and the members of the society who would wish to express their sympathy with his daughter and sister.

Medico-Legal

SPEEDING DOCTORS

Two cases have recently been reported (*The Times*, January 25 and 26) in which doctors were involved in police action when exceeding the speed limit in answering urgent calls.

In one case a consultant paediatrician in Huddersfield was stopped for speeding when going to a hospital in an emergency. The police, he said, insisted on seeing his licence and gave him a "lecture," although he gave his name and explained his reason for speeding. The child he was called to see was dead when he arrived at the hospital. The chief constable of Huddersfield announced that he would not proceed against the doctor.

In the other case a doctor had a fine of £5 and an endorsement of his licence, imposed by the Acton magistrates,

cancelled by the Middlesex Sessions Appeals Committee. The doctor had been driving a light van to answer an emergency call, but when stopped by the police he did not tell them of the emergency. He explained this in a letter to the magistrates' court and pleaded guilty to speeding, but when he appeared in person his letter was not before the court. The doctor told the Appeals Committee that the magistrate had given him no opportunity to say anything in mitigation. The deputy chairman of the Appeals Committee, allowing the appeal, said: "If the circumstances had been adequately put before the prosecution there would probably never have been a case."

Medical Notes in Parliament

DOCTORS RETAINED FOR ARMY SERVICE

[FROM OUR PARLIAMENTARY CORRESPONDENT]

In their efforts to reduce to the smallest possible number those National Service men whom the Government propose to retain in the Army for an additional six months, the Labour Party produced on January 31 a series of amendments to the Army Reserve Bill which would exempt from this new liability several categories of professional or skilled men. These included men who had received central or local government appointments before they knew they were to be retained, university students and students in comparable institutions, men in professions and trades requiring a specified training period, and doctors.

The general argument was that in such occupations a man could not walk straight out of the Army into a job. The process required a good many months, and the man must be able to say to the prospective employer, "On the given date I shall be available." Without the protection sought in the amendments young men whose careers had already been interrupted by National Service must be put behind every applicant not in the Forces, because only such applicants were able to take the jobs if offered to them.

Doctors with Prior Appointments

The specific amendment relating to doctors provided that the retention clause "shall not operate so as to prevent any doctor of medicine from taking up any appointment which he may have received prior to the receipt by him of any notice" of retention for service. On this Mr. R. T. PAGET (Northampton, Lab.), leading for the Opposition, said that a doctor could not just step out of the Army and start earning in his profession; he must obtain an appointment. The structure of the Health Service required that there must normally be an interval of at least six months between application and the commencement of an appointment. Were doctors in the Army to be put in this position of having virtually no employment for six months after discharge except some sort of locumtenent work?

He read a letter he had received from a doctor which he said summed up the position well. It stated:

"I feel that many National Service medical officers will be most anxious to return to more worth-while hospital work as soon as possible and make up for the time spent in National Service. In my own case I have made application for a post in my teaching hospital, beginning in September, 1962, but if Service is extended my entry will be delayed for a further year. When specializing in surgery, one of the most important principles is to 'be in the right place at the right time' in applying for appropriate surgical posts. The chance of achieving this if more than two years have elapsed after leaving one's own teaching hospital gets less and less, as the hospital chiefs tend to forget their house-surgeons and are very suspicious of the bad surgical habits that are so easily picked up in an Army hospital. It has been shown time and time again that three-year short-service-commission doctors rarely succeed in civilian hospital practice for these very reasons. I am sure that many of my colleagues are in a similar position, and, as you can

imagine, there is a strong feeling of grievance among those of us who have been placed at such a big disadvantage over those of our doctors who have not had to render National Service."

Mr. Paget also quoted a letter dealing with the situation from the B.M.A. point of view: "The provision of the new Bill, therefore, only adds to a situation considered unsatisfactory and one which has led to an acute shortage of doctors in the Army in particular. Staying for a further six months will jeopardize the professional careers of many a new doctor, and as the first line of compensation we feel that some gratuity ought to have been paid." It seemed a good deal better, Mr. Paget commented, to remove the cause for compensation by excluding those who had an appointment as from the time that the appointment became available.

Shortage of Civilian Doctors

Dr. ALAN THOMPSON (Dunfermline, Lab.) produced a different reason—the general shortage of doctors. It was important to the community to get the doctors back into general practice and into the hospitals as quickly as possible. He accepted the views of Mr. Paget's correspondent about it being more worth while to a doctor's career to get back into the main stream of major hospital teaching, but the point that there was little worth while for a doctor to do in the Army was put a little strongly, he thought.

Mr. J. PROFUMO, Secretary of State for War, of course resisted these amendments, arguing that once they began to exclude persons by categories the process would become never-ending. The right and only way was by the administrative arrangements—to be enlarged and made more flexible—for dealing with compassionate and hardship cases. In future, cases would be considered of men who, in anticipation of normal release, had in good faith entered into undertakings which would be seriously prejudiced by extra service. This would include commitments of a business, professional, educational, and financial nature. Warning notices, to the number of about 2,000, had been sent to all those in the first two groups due for discharge from B.A.O.R. at the beginning of April, telling them that they could appeal on hardship grounds.

36 Out of 180 Doctors

Mr. Profumo offered the estimate that the number of doctors liable to retention would be about 180 on March 31. Of these he thought he would need to keep back about 36, and inquiries he had made suggested that only a very small percentage of that 36 had already made definite arrangements to take up civilian jobs. This factor would be taken into account if any appeal was made. Of the 28 dentists serving he would probably need to retain only about four. He acknowledged the shortage of doctors in civilian life; but he must see that the strength of B.A.O.R. did not fall below an acceptable level during 1962, and with that there was an obligation to keep enough doctors to look after the men. He could not accept that doctors or dentists had a better case for exemption than persons in other professions or occupations.

"Surgical Habits" in the Army

In a comment on the letter read by Mr. Paget, which presumably (Mr. Profumo said) came from a fairly young doctor, he said, "I must wholeheartedly repudiate any suggestion that bad surgical habits are easily picked up in the Army. This would be a monstrous thing to get out from the point of view of the R.A.M.C.—one category in which we are very short of men—and we are doing everything we can to build up the reputation of this Corps. What the doctor says is irresponsible, and is simply not correct. I accept the idea behind the reading of this letter by Mr. Paget, but these things are apt to get out [of the House] and create quite the wrong impression. The integrity of the R.A.M.C. is something that I cannot allow to suffer." The amendments were rejected by 269 votes to 190.

EXTENSION OF ALKALI CONTROL ORDER

Dr. BARNETT STROSS (Stoke-on-Trent, Central, Lab.) initiated an exploratory debate on the Alkali, etc., Works Order, 1961 (S.I. No. 2261), on January 29. He had some complimentary remarks to make about the expansion of the Alkali Inspectorate in fulfilment of the expectations when the Clean Air Act was being passed in 1956, and pointed to the difficulty of recruiting men of the required calibre and skill. He wanted to know why beryllium, selenium, and uranium works were being brought within the registration powers, and about the possibility of ending the emission of black smoke from some paper mills and coal-fired crucibles.

Effort to Get Clean Air

Mr. GEOFFREY RIPPON, Parliamentary Secretary to the Ministry of Housing and Local Government, accepted the tribute to the Inspectorate, who now numbered 25. He described the order as a stage in the efforts to secure clean air, and said that 295 bottle kilns in operation in 1958 had since been reduced to 100; the number would be further reduced, and the final disappearance of the bottle kiln would see the end of this nuisance in the pottery industry.

Beryllium gases were 250 times as toxic as arsenic, selenium five times, and uranium twice as toxic. Beryllium and selenium were rare and costly. Most uranium processes involved hazards that were primarily radioactive, and these would be controlled under the Radioactive Substances Act, 1960. There was a handful of works processing uranium in which the hazard was primarily toxic, and the order would bring them formally under the Alkali Act. In factories where both processes were involved administrative arrangements had been made which would ensure that any requirements imposed under the Alkali Act were consistent with safeguards imposed under other statutes against radioactive risks. The Alkali Inspectorate had hitherto kept in touch with industries concerned with all three products. Managements were always willing to co-operate, and satisfactory standards had been achieved. As a result of these informal arrangements emissions were very thoroughly filtered, and the protection was absolute. The fact that the Inspectorate's advice had been invariably accepted, and that the informal arrangements worked satisfactorily, was no reason why they should not be replaced by statutory methods. That was the reason for the Order.

Carbon-monoxide Fumes

The Order also added carbon monoxide and sodium and potassium fumes to the noxious or offensive gases controllable under the Alkali Act; it had been found that in addition to the smoke, grit, and dust covered by the 1958 order some of the processes emitted noxious or offensive gases not formally listed. These were certain iron and carbonization processes, sodium and potassium compounds evolved during the salt glazing of earthenware, and sodium compounds evolved in some aluminium processes. It also extended the definition of caustic soda works to bring under the Alkali Act a process used by paper mills producing pulp from esparto grass, which involved the emission of dark smoke and fumes; about 25 works were affected, and the emissions were more of a nuisance than a danger to health.

COMMONS QUESTIONS

Names of Review Body Expected Soon

Mr. L. PAVITT (Willesden, West, Lab.) asked the Prime Minister on January 30 if he could state the composition of the Review Body recommended by the Royal Commission on Doctors' and Dentists' Remuneration. Mr. HAROLD MACMILLAN: "Not yet, but I hope to be able to do so soon."

Mr. PAVITT: "While deploring the rather dilatory way in which this is being dealt with, is there any point now in going ahead with this review of doctors' pay, in view of the way the Government has interfered with the machinery concerned with the pay of lower-paid workers? If so, can we take it for granted that as the average medical practitioner receives £4,000 a year the recommendations of this review body will be of some influence?"

Mr. MACMILLAN: "I think it is right that this body should be appointed. I am very grateful to Lord Kindersley for accepting the chairmanship. I hope soon to be able to announce the names of the other six members."

Ratio of Doctors to Population

Mr. S. AWBERY (Bristol, Central, Lab.) asked the Minister of Health on January 29 how many doctors were in the Health Service, and what is the average number of patients to each doctor. Mr. E. POWELL stated there were about 42,000 in England and Wales in 1960. The ratio of doctors in the Service to the civilian population was 1 to 1,080.

Figures of Emigration Not Known

Mr. K. ROBINSON (St. Pancras, North, Lab.) asked how many doctors of British nationality and trained in Great Britain had emigrated during each of the last five years for which figures were available; and how many had gone to Commonwealth and non-Commonwealth countries, respectively. Mr. POWELL: "I regret that the figures are not available."

Government Finance for Industrial Deafness Research

Mr. R. MAWBY (Totnes, Con.) asked the Minister of Pensions and National Insurance whether he would use his powers under section 73 of the Industrial Injuries Act to promote research into occupational deafness. Mr. J. BOYD-CARPENTER said yes, the Industrial Injuries Advisory Council, who were studying occupational deafness from the standpoint of possible prescription under the Industrial Injuries Act, had asked him to initiate research to help them in their further consideration of this matter. The Government had decided to use their powers under Section 73 of the Industrial Injuries Act to finance a major scheme of research. The work had been planned by and would be carried out jointly by the Department of Scientific and Industrial Research and the Medical Research Council. The project was primarily aimed at obtaining reliable information about the effects of industrial noise on hearing, with special reference to those physical features of noise responsible for damage to hearing, but it was also designed to study preventive measures in industry, which were the concern of the Minister of Labour.

Major Causes of Sickness Absence

Mr. PAUL WILLIAMS (Sunderland, South, Con.) asked the Minister for the categories of ill-health which had caused the greatest number of working days lost during 1959, 1960, and 1961.

Mr. BOYD-CARPENTER told him that the following categories of ill-health caused the greatest amounts of incapacity for work recorded among people insured for sickness and injury benefits under the National Insurance Acts in the latest years for which figures are available:

	In Million Days, Ignoring Sundays, Year Ended On:	
	30.5.59	4.6.60
Bronchitis	31	29
Mental illness	27	27
Rheumatism and arthritis	20	21
Diseases of the heart	18	19
Accidents attracting injury benefit	19	20
" " sickness benefit	18	19
Tuberculosis of respiratory system	13	11
Diseases of the stomach and duodenum, except cancer	12	13
Influenza	21	9

Prescriptions

Mr. K. ROBINSON asked the Minister of Health on January 26 to state the number of prescriptions dispensed, and the average cost per item, for the months of September to December, 1961, inclusive. Mr. POWELL gave him the following information:

1961	England and Wales	
	No. of Prescriptions Dispensed (Millions)	Average Cost per Item s. d.
September	14.9	8 4.9
October	16.6	8 4.3
November	16.5	8 3.5
December	16.5 (provisional)	Not yet known

Imported Smallpox Vaccine

Dr. DONALD JOHNSON (Carlisle, Con.) asked the Minister of Health on January 26 what amount of lymph for vaccination against smallpox was imported into this country during the month of January; from what countries; and what had been the cost.

Mr. POWELL stated that there had been 500,000 doses from Canada and 1,500,000 doses from the United States of America, at a cost of about £35,000. He had also gratefully accepted a gift of 1,000,000 doses from the Argentine Government.

Hospital Building Expenditure

Dr. J. DICKSON MABON (Greenock, Lab.) asked on January 29 how much money had been spent in the current financial year to the nearest convenient date on hospital building in England and Wales. Mr. POWELL: About £20½m. to the end of 1961, excluding centrally purchased equipment.

Child Psychiatry

Mr. K. ROBINSON asked the Minister what consideration he had given to the memorandum on child psychiatry recently issued by the Association of Undergraduate Teachers of Psychiatry; and if he would discuss its implications with the Minister of Education with a view to formulating proposals for the future organization of child guidance. Mr. POWELL: "I see no reason at present to revise the advice on the organization of the child guidance service given in 1959 by my predecessor and the Minister of Education."

Lung Cancer and Bronchitis

Dr. ALAN THOMPSON (Dunfermline, Lab.) asked the Secretary of State for Scotland on January 31 how the number of deaths from lung cancer and bronchitis in Scotland compared with that in England and Wales.

Mr. T. GALBRAITH, Under-secretary, said that the death rate from lung cancer in Scotland in 1960 was 46.5 per 100,000 population compared with 48.3 in England and Wales. The death rate from bronchitis was 42.5 in Scotland compared with 58.2 in England and Wales.

Leprosy in Great Britain

Miss EDITH PITT, Parliamentary Secretary, Ministry of Health, told Sir CYRIL OSBORNE (Louth, Con.) on January 29 that at the end of December, 1961, there were 294 cases of leprosy in Great Britain. How many of the persons affected were born here, and how many were immigrants, was not known.

To meet the "great and growing pressure" on the London County Council's Mental Health Services, particularly in the community care of the mentally ill, 16 more social workers and two escorts are to be appointed at a cost of £18,300 a year.