

after which he took up an appointment at Booth Hall Hospital, Manchester. He returned to Halifax to enter into general practice, continuing in this sphere up to the day of his death. He served for four years as a medical officer in the Territorial Army before the war and joined the Forces at the outbreak of hostilities. He saw service both at home and in Africa. On returning to general practice he set to work with vigour and understanding, and he was elected chairman of the local Division of the B.M.A. in 1952. His keen interest in rugby was well known, and he served as medical officer to the Halifax Rugby Union Football Club for over quarter of a century. During the last five years his health began to decline, but in spite of this he carried on manfully, disregarding his personal suffering.

Jimmy Tidd, as he was affectionately known by his numerous friends, will be sadly missed, and our deepest sympathy goes out to his widow and son.—A. F.

M. W. PARKER, M.B., Ch.B.

The obituary notice of Dr. Parker appeared in the *Journal* of March 30 (p. 892).

F. B. B. writes: The sudden, tragic death on March 12 of Michael Wyndham Parker caused deep gloom and sorrow not only to his wide circle of friends and colleagues but among all the people of Hereford who knew him. Michael Parker was quiet and unassuming in his manner and approach. He was happy and contented in his partnership, kind and considerate to all his patients, and conscientious for their well-being to the highest degree. He was a generous host and it was his pleasure along with his wife's to entertain their many friends and those of their children in their new home. His greatest happiness lay in his family life, and to his wife and two young daughters we would offer our deepest sympathy in their tragic loss.

C. G. DOUGLAS, C.M.G., M.C., D.M., F.R.S.

Sir ARTHUR S. MACNALLY writes: I am grieved to hear of the death of my friend, Professor C. G. Douglas, after a road accident, an abrupt ending of a most valuable life (Obituary, March 30, p. 890). He came of medical ancestry. Both his grandfathers were doctors, and his father, Claude Douglas, F.R.C.S., was a distinguished surgeon at Leicester. His elder brother, J. S. C. Douglas, was at Christ Church, Oxford, took a first in physiology in 1902, and after qualifying in medicine became professor of pathology at Sheffield University. When C. G. Douglas, a demy of Magdalen College, entered on physiology the men of his year realized that he would set a very high standard. This he did, for he and B. E. A. Batt, of Trinity, were the only two firsts in the class list (physiology) of 1904. Douglas and G. R. Girdlestone of New College, later the eminent Oxford orthopaedic surgeon, were great friends and played golf together.

Douglas at once fell under the spell of Oxford and it remained with him. As soon as he had qualified from Guy's Hospital he returned to his Alma Mater and physiology. His researches with J. S. Haldane were outstanding and gained him his F.R.S. in 1922. He was elected a Fellow of St. John's College in 1907. His research work on poison gas in the first world war brought him the C.M.G. and the M.C. In the second world war he told me of a most lethal gas to be used if the enemy again adopted this form of destructive warfare. Its existence was known of and therefore Hitler did not use gas for fear of reprisal. Douglas's services on gas warfare and the treatment of casualties from it were of great value.

To-day I think most of his kind friendship, his love for his adopted College, the College gardens which he took pride in beautifying, his hospitality at high table, and the pleasant little luncheon parties which he gave in his rooms for his friends and adorned by his wit and conversation. Also he did much for his pupils and for the teaching of physiology; and by his researches enhanced the high reputation of the Oxford school of physiology. *Ave atque vale.*

Medicine in Parliament

QUESTIONS IN THE COMMONS

[FROM OUR PARLIAMENTARY CORRESPONDENT]

New "Guiding Light"?

Mr. KENNETH ROBINSON (St. Pancras North, Lab.), in a question on March 26 relating to the Prime Minister's announcement of the Government's decision on the report of the Review Body on doctors' and dentists' remuneration (see last week's *B.M.J.*, p. 894), said that this increase, amounting to 14%, and coming on top of 29% awarded only three years ago, was very substantial, involving the taxpayers in finding £16m. extra a year. Would the Prime Minister agree (he asked) that however justifiable that might be—"and I am not arguing that at the moment"—other professional workers in the Health Service, and Health Service workers generally, were no less deserving? Might they take it that the Minister of Health would approve similar increases to physiotherapists and radiographers, for example, if claims were submitted? This 14% to cover three years was equivalent to 7% cumulative per annum. Might they take it that 7% was the new "guiding light" for personal incomes? Mr. H. MACMILLAN answered that he could not accept the deductions, or even the arithmetical calculation. The Review Body was set up and the Government had accepted its proposals as a whole. They related to trends over a period much in excess of three years, and they were intended to stand for at least three years from April 1.

Debate Asked for on the Pay Award

Mr. L. PAVITT (Willesden, West, Lab.) entered a claim, when the House of Commons was discussing on March 28 its future business, for a debate on the doctors' and dentists' remuneration decision announced by the Prime Minister on March 25. Mr. IAIN MACLEOD, Leader of the House, who is regularly confronted with demands from M.P.s for time to discuss a wide variety of subjects, told him that the request would be noted and considered along with other claims.

Expenses Factor in Appointments Systems

Mr. L. PAVITT (Willesden, West, Lab.) asked the Minister of Health on March 25 what assessment of the merits and demerits of an appointments system in general practice had been made by his department; and if he would provide incentives for family doctors to see patients by appointment. Mr. E. POWELL told him that he agreed with the views of the 1954 Committee of the Central Health Services Council on general practice. Mr. PAVITT commented that the Minister had not taken this much further since 1954. At the moment there was a positive disincentive to doctors to have an appointments system in general practice because the expense factor weighed against this kind of approach. Would the Minister consider this with a view to saving the time of patients and giving encouragement to good general practice? Mr. POWELL replied that the matter had gone further since 1954. Many practices had successfully introduced appointments systems since then. He regarded the improvement in service which followed as the major incentive.

Finance for M.R.C. Units

Mr. A. ALBU (Edmonton, Lab.) asked the Parliamentary Secretary for Science on March 19 whether he would co-ordinate the procedures of the Medical Research Council for financing research units in universities with the methods of financing research of the University Grants Committee. Mr. D. FREETH stated that close co-ordination already existed between the M.R.C., the U.C.G., and the universities in financing medical research at the universities. In this

the functions of the council and the committee were complementary. The arrangements were kept under continuing review by the bodies concerned.

Mr. ALBU said that one of the complaints by medical research workers was that the M.R.C. established a unit at a university and paid for it for three years, and then left it to the university to carry on, and that often the university did not obtain the funds from the U.G.C. to enable it to do so. Mr. FREETH replied that if a particular project could not be financed out of the funds received by the university it was open to the research worker to re-apply to the Medical Research Council for an extension of his grant, and a number had done so within the past six months. He did not suggest that the present arrangements were absolutely perfect, and drew attention to the speech of Viscount Hailsham in the House of Lords on February 27 (see *Brit. med. J.*, March 9, p. 687) and the reference to the fact that he had initiated the general inquiry into the organization.

Mr. CROSSMAN (Coventry, East, Lab.) asked if it was not a fact that, as a result of having to continue projects which the universities would normally have taken over, the M.R.C. was unable to take up new projects, with the result that many new projects were refused last year. Mr. FREETH said he could not agree with the terms of the question. Certainly the number of possible projects which the universities might have taken on far outweighed any possible funds which they could have expected from the University Grants Committee.

Halothane

Mr. J. BOYDEN (Bishop Auckland, Lab.) asked the Minister of Health on March 18 if he had concluded a new contract with Imperial Chemical Industries for the supply of the anaesthetic "fluothane" [halothane] to the hospital service; if the contract included the costings clause; and at what price a quarter-litre bottle was available to the hospitals. Mr. POWELL: "A new contract has been made; no, it is against public policy to disclose an individual contract price."

Mr. BOYDEN asked how the Minister could say whether the contract was a fair one unless he knew what the costings were. Mr. POWELL answered that there were various ways of judging the reasonableness of a price, such as by comparison with the price in the export market. He was satisfied that with the further reduction—a substantial one—under this contract the public was getting a reasonable bargain.

Maternity Beds in Greater London

Mrs. JOYCE BUTLER (Wood Green, Lab.) asked the Minister on March 25 what arrangements he is making to increase provision of maternity beds in hospitals in the Greater London area. Mr. B. BRAINE, Parliamentary Secretary, told her that besides 10 new contractual beds and 49 additional beds in existing hospital accommodation, new building would provide a further 50. Mrs. BUTLER asked if this number, and the nine beds provided in the past six months, were part of the 100 which the Minister had promised last May would be provided in the Great London area. If it was so it was a pathetic number, as a number of hospitals expected to be forced to give up their existing beds because of lack of finance. When was he going to tackle this problem with the urgency it deserved? Mr. BRAINE said the numbers were part of the 100. There had been a delay due to weather conditions in providing the 20 beds at Lewisham.

Self-medication with Antibiotic Lozenges

Mr. RAYMOND GOWER (Barry, Con.) asked what reports the Minister had received on the consequence of self-medication by persons taking antibiotic throat lozenges, etc.; what evidence he had of tolerance created by such self-medication; and what action he was taking in this matter. Mr. BRAINE: None.

INDEPENDENT TESTING OF DRUGS

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Lady SUMMERSKILL asked the Government on March 27 when they proposed to establish an organization independent of the pharmaceutical industry empowered to subject drugs to an adequate test before they were distributed, having regard to the recent warning from the industry that imipramine and cyclizine might cause foetal abnormalities. Lord NEWTON, Parliamentary Secretary to the Ministry of Health, told her that the Health Ministers expected to receive shortly a further report from the joint subcommittee on the safety of drugs (see *Brit. med. J.*, 1962, 2, 1336), and they hoped then to make a statement. Lady SUMMERSKILL pointed out that when she asked in the debate the previous week for an independent authority to be set up neither of the Government spokesmen deigned to reply. Last Friday (March 22) the pharmaceutical industry had warned doctors that certain drugs which had been sold for a number of years had only now been subjected to tests on pregnant animals. Doctors were warned that if the drugs were distributed women might have foetal abnormalities. Was not that proof that the matter was of the greatest urgency? Lord NEWTON said it was urgent, but not simple. It was necessary to be patient a little longer.

Epidemiology

Road Accidents in Australia

In 1962 there were 43,783 road accidents in Australia, causing 2,401 deaths and injuries to 58,523 people. Although excessive speed was held to be the cause of only 4,451 accidents, it was the cause of the greatest number of deaths—over a quarter of the total at 544. The second commonest cause of accidents was inattentive driving, which was responsible for 5,645 accidents and 299 deaths. In Britain there were 6,709 road deaths in 1962 and 341,696 casualties of all kinds on the roads.

Industrial Accidents and Diseases

The number of workpeople (other than seamen) in the United Kingdom whose deaths from accidents in the course of their employment were reported in February was 78, compared with 81 in the previous month and 82 in February, 1962.

The numbers of cases of industrial diseases in the United Kingdom reported during February were as follows: lead poisoning 7, mercurial poisoning 3, compressed air illness 1, anthrax 2, epitheliomatous ulceration 11, chrome ulceration 9: total 33. There was one death from epitheliomatous ulceration.—*Ministry of Labour Gazette*, March, 1963.

Fewer Road Casualties in January

One hundred and ninety-one fewer people died on the roads of Great Britain in January, 1963, than in January, 1962. The abnormal weather reduced road traffic by 10%. Road accidents in the month caused 356 deaths. This was a decrease of 35% on the figure for the same month a year before. Persons seriously injured numbered 4,857—17% fewer than in January, 1962. The reduction of slightly injured persons (15,669) was 10%, but the total reduction in casualties was 12%, but the reduction did not apply to all road users. Casualties among riders and passengers on motor-cycles, scooters, and mopeds were down by a half and among pedal cyclists by one-third. But although car and goods-vehicle traffic was reduced, the number of car drivers and passengers killed or seriously injured was 4% more than in January, 1962, and the number of goods-vehicle drivers or passengers killed or seriously injured showed a large increase of 30%.