

MEDICAL DEFENCE UNION

ANNUAL GENERAL MEETING

Moving the adoption of the report at the annual general meeting of the Medical Defence Union on September 28th, the president, Dr. W. S. A. Griffith, said that the only branch of professional work which was not represented on the council was that of dentistry. While the Union would be ready to remedy this, they could hardly expect a busy dentist, whose working hours were more limited than those of a doctor, to give up the time necessary to attend the council's meetings. He added that dentists appeared to be more immune from attack than members of the medical profession. Dr. Griffith went on to say that the success of the Union in dealing with cases in which its assistance had been sought during the year was gratifying. In one case, however, an adverse decision had been given, but the verdict would always be regarded, by those who knew the facts of the case, as a miscarriage of justice. No effort was spared to provide members of the Union, when attacked, with the best defence obtainable, and it was a very rare occurrence for a member to question the steps taken on his behalf. Dr. Griffith paid tribute to the manner in which the routine work of the Union was conducted, and particularly to the organizing ability of the secretary, Dr. James Neal. There had been 1,681 new cases for the Union to deal with during the year—an average of five on each working day—and when it was realized that some of these were of a very delicate nature, involving correspondence extending over many weeks, perhaps months, some idea could be formed of the amount of correspondence entailed in the office by this part of the work. He reminded the meeting that the Union would reach its jubilee in two years' time, and said he hoped members would find some way of celebrating this and of placing on record their appreciation of the Union's satisfactory progress.

The meeting adopted the report and financial statement, and re-elected the retiring members of council: Dr. Henry Robinson, Mr. Eric Pearce Gould, and Dr. Elizabeth Bolton.

At a meeting of the elected members of the Council held on the same day, Mr. Eric Pearce Gould was unanimously appointed president of the Union for 1933-4.

Report of the Council

This report showed that 984 members had been elected during 1932, an increase of 60 over the previous year; the total membership on July 19th, 1933, was 17,475. As a result of the council's decision to allow members who had paid thirty-nine subscriptions to compound for their future subscriptions by a single payment of £1, some 400 life members had been enrolled. Examples were given in the report of cases dealt with by the Union during the year, these cases turning on such matters as unpaid accounts, inquest fees, allegations of negligence, the charging of fees to panel patients, and the assumption of medical titles by unqualified persons, etc.

Report of the Solicitors

The Union's solicitors (Messrs. Hempsons) stated that 133 cases had been handed over to them by the council during the year, this being the largest number since 1919. Of these, sixty-three involved allegations of negligence, many of which were raised as a defence to claims for fees. The Union was concerned in a case in which a certain coroner refused to pay the prescribed fees to medical men. As a result of the efforts of the Medical Defence Union not only were the fees paid, but a resolution was passed by the Coroners' Society regulating this question of fees to medical men for attendance at coroners' courts.* The Union was also successful in resisting the attempts of certain county councils to obtain from their whole-time medical officers any fees they received for attending inquests, medical reports, etc. The report points out, however, that since these whole-time appointments are, in the main, at the will of the county council, it is always possible for the latter to terminate the appointment and to offer it on revised terms. Five cases of complaints to the General Medical Council were also dealt with, but in none of these was a formal inquiry held.

* The medico-legal aspect of this case was dealt with in the *British Medical Journal* of September 30th (p. 627).

INTERNATIONAL HEALTH AND THE ECONOMIC CRISIS

[FROM OUR CORRESPONDENT AT GENEVA]

If the present perils of the nations could be averted by the wholesale issue of documents then Geneva would reach the greatest achievement of history. The documentation office of the League of Nations is the busiest place in Europe. Every delegate to the present Assembly received, along with his credentials, some thirty documents, many of them voluminous, and these have been multiplying every day until the most conscientious delegate must despair of acquainting himself with even a fraction of them. The most melancholy of spectacles in the city by the lake is the waste-paper van drawn up outside the Secretariat every morning.

One of the reports which were placed in the hands of delegates, and one which deserves more consideration than it is likely to receive in the press of business, is an account (in sixty closely printed pages) of the work of the Health Organization of the League down to this present autumn. It describes the collaboration which takes place with a number of Governments, the work of the technical commissions on biological standardization, on tuberculosis, on syphilis, on cancer, the liaison effected with sanitary administrations, the improvements brought about in rural hygiene, and the service of the epidemiological information bureaux, of which there are two, one at Geneva and the other at Singapore.

A striking section of the report concerns the effect of the world economic crisis on public health. Here we have an echo internationally of some of the things that Sir George Newman has lately written about England and Wales. The Health Organization does not commit itself to very definite conclusions; it makes only the rather vague statement that the economic depression has imperilled the health of millions of individuals, and has threatened to set back the progress realized in the sphere of medicine and hygiene over a long period of years. It is estimated that the number of persons directly or indirectly affected by unemployment the world over is more than fifty millions. Inquiries into the state of nutrition of the unemployed are being made in several countries, although, unfortunately, not all of them are being conducted in a systematic and uniform manner so as to furnish comparable results. In October last the Health Committee of the League decided to establish contact between those organizing these inquiries in the different countries. A conference for this purpose was held in Berlin in December last. A consideration of the problem on an international scale has, of course, to take account of many factors—the severity of the crisis in the different countries, its duration, the conditions obtaining in the principal occupations, the cost of living, and the normal mortality and morbidity. The Berlin conference laid it down that such a medico-sociological study as was contemplated should take into account groups of not less than one thousand families, while to elucidate certain special points larger groups, of ten thousand families or more, might be taken. The examination of the individuals should take account of weight, general health, state of the muscles, also the haemoglobin index, the effect of muscular fatigue on the cardiac rhythm, and any signs of commencing avitaminosis. Such inquiries—not so complicated as to prevent them from being made on thousands of individuals at not infrequent intervals—are being carried out in Germany, Austria, Belgium, Hungary, Holland, Poland, Yugoslavia, and, with certain modifications, the United States.

In conformity also with the recommendations of the Berlin conference and at the invitation of the Council of the League of Nations, the Health Organization and the International Labour Office have joined hands in studying the methods most appropriate for safeguarding the public health in times of crisis. A conference of experts in sanitary administration and social insurance, comprising representatives of Germany, Belgium, United States, France, United Kingdom, Czechoslovakia, and Yugoslavia, has been called under the presidency of M. Cahen-Salvador, secretary of the National Economic

Council of France. One conclusion which this body has reached is that the organization of medical attendance is defective in many regions, and needs what in the business sphere is called rationalization. Not only are medical resources unequally distributed, but the cost of them is not well proportioned as between rich and poor. In some areas doctors and clinics are overworked, and in others they are idle. It is therefore recommended that the Health Organization, with the collaboration of the International Labour Office, should devote itself to a study of the best means of procuring for the different populations a rationalized and economic system of medical attendance.

It is stated that the cost and prescription of medicines might be placed on a better economic basis, and to this end doctors, pharmacologists, pharmacists, and patients might co-operate to prevent extravagance. Immediate action is called for against quack and secret remedies, which, it is pointed out, create a prejudice ultimately in the minds of the public even against sound therapeutics. In present social and economic conditions compulsory insurance is regarded as the most rational means of organizing the protection of the masses of the workers against disease. It is also felt by this same expert committee that some reduction should be made in hospital building and equipment, which might well be more precisely calculated and co-ordinated in advance. There should be stricter co-operation between hospitals and public assistance authorities and between the staffs of hospitals and general practitioners. It is, further, the opinion of those who have been considering these questions that the attention of medical students might be drawn to the economic repercussions upon the exercise of their future profession. Finally, the experts recommended the setting up of national committees, where these do not exist already, and, where necessary, regional or local committees, charged with the duty of surveying the organization of health services according to a prepared plan so as to realize public economies while maintaining the necessary level of efficiency.

DEBATE IN THE ASSEMBLY

The work of the Health Organization was discussed on the fourth day of the Assembly, in the Commission dealing with the technical organizations of the League. It was opened by the representative of the British Government, Mr. Douglas Hacking, M.P., Parliamentary Under Secretary for the Home Office, who, after saying that the British experts had been happy to participate in the work, raised mildly the old cry of economy, which every League project has to encounter. The financial situation, said Mr. Hacking, should induce the Health Committee carefully to examine its programme with a view to retaining only the more important tasks. He considered the work undertaken on the effects of the economic crisis on public health (alluded to above) to be one of the less essential activities. The work was based on the assumption that unemployment had affected the public health, but such was not the case in the United Kingdom, where no limitations had been imposed on public health and social protection, and he thought the same must be true of other countries.

Professor Gallavresi (Italy) also said that it could not be maintained that the crisis had lowered the level of public health in his country, though it had rendered necessary a more sustained Government support of the working population. The Italian Government, he added, had organized an extensive campaign against malaria, and in this connexion had received valuable League support. An institute for instruction in malariology was to be established in Rome. M. Neculcea (Rumania) said that infantile mortality was still high in his country, and the Rumanian Minister for Public Health had invited the assistance of the League in determining its causes. The results had led his Government to extend the inquiry to the whole country and to adopt certain preventive measures. Mr. H. T. Andrews (Union of South Africa) thanked the Health Organization for the way in which it had conducted a Health Conference at Capetown last November, under the chairmanship of Sir George Buchanan. Valu-

able results had been achieved in respect of yellow fever, plague, and small-pox.

The representative of the Irish Free State, Mr. Seán O'Kelly, joined in the tributes. Ireland, he said, had suffered severely from diphtheria and tuberculosis, but the incidence had lately much decreased. The economic crisis had not, in his country, had any deplorable effects on public health. Next came China, in the person of Mr. Hoo Chi-tsai, who commended the Health Organization for accepting the one new task—namely, the inquiry into the effects of the economic crisis, on the value of which the British representative had thrown some doubt; and the report was adopted for submission to the plenary meeting of the Assembly after some observations had been made by the chairman of the Commission, Count de Wiart of Belgium, who said he was glad to note that, in spite of the crisis, the efforts made in the field of public health had not been restricted in the majority of countries.

MATERNAL MORTALITY AND MORBIDITY

PROFESSOR MUNRO KERR'S SURVEY

The voluminous and imposing monograph upon maternal mortality and morbidity which comes from the pen of the Regius Professor of Midwifery in the University of Glasgow (Professor J. M. Munro Kerr)¹ will command the immediate attention of all who are interested in the subject, and much will be expected from the work of so eminent an authority. The combined subjects cover a very wide area, and connect at numerous points with medicine, surgery, and public health; they are therefore not perhaps ideal subjects for a monograph, which is best adapted for a compact and well-defined subject. The author does not appear to have initially defined his limits with precision; one may almost guess that, in the writing of it, the work grew by accretion rather than by development, and it eventually proved difficult to decide what to include and what to reject. Accordingly we find sections dealing with neo-natal mortality and morbidity, general practice and the medical curriculum, the design and organization of maternity hospitals, and the transport service, all matters which can only be regarded as rather remotely ancillary to the author's main purpose. Interesting and informative in all he writes, Professor Munro Kerr might, by greater concentration upon essentials, have given us a book which would have been a daily guide and counsellor rather than a somewhat ponderous work of reference. There is, however, no doubt that it will prove a storehouse of information for future workers in many departments of the subject, and in many lands.

The book is divided into four parts—causes, prevention, services, and organization. The opening chapter, from the pen of Dr. P. L. M'Kinlay of the Scottish Department of Health, deals with the general conditions affecting puerperal mortality. A series of charted maps has been prepared showing the distributional variations in the maternal mortality rates in England and Wales and in Scotland; they are most interesting, but apparently little light can yet be thrown upon the causes of the wide variations to be found within the limits of Great Britain. There is also reproduced the map prepared by Cullingworth in 1897, and familiar to a previous generation, showing the varying rates of maternal mortality in the London parishes during the period 1891-5. This is now of historical interest only; but if the author had prepared another map showing the rates prevailing in the London boroughs at the present time, the comparison, though not exact, would have been of great value as demonstrating the changes which forty years of effort have

¹ *Maternal Mortality and Morbidity*. By J. M. Munro Kerr, M.D. Edinburgh: E. and S. Livingstone. 1933. (Pp. xviii + 382; illustrated. 25s. net.)