

as measured by pulse rate and oxygen consumption. The usual methods might be dangerous for old people.

Prof. Crew in summing up said that the proportion of old people in the population was increasing, and gerontology was therefore of increasing social importance. He recommended the formation of a permanent International Congress Committee to organize international gerontological congresses.

Nova et Vetera

SIR DOMINIC CORRIGAN

Nos. 1 and 2 of Volume VIII of the *Dublin Historical Record* contain an interesting memoir by Dr. Eileen Dixon of Sir Dominic Corrigan, who described the "famine fever" of 1847, wrote upon diseases of the heart, and in 1832 published an original description of insufficiency of the aortic valve. His name lives in the characteristic "water-hammer pulse" of aortic regurgitation.

Dominic John Corrigan was born in Dublin in 1802, one of six children. He went to school at the Lay College of Maynooth, a separate institution from the Ecclesiastical College, though the boys were not kept apart too rigidly. His classical grounding stood him in good stead when later he attended medical lectures in Latin at Sir Patrick Dun's Hospital. After qualification he became known as a sound and popular lecturer in the medical schools. His practice was enormous and for many years very lucrative. After an early failure, due to party and religious spirit, he was elected a Fellow of the Royal College of Physicians of Ireland in 1859 and soon afterwards began a term of five years in succession as its president. He was for a time Member of Parliament. Honours flowed in. For the first time in history a Catholic was appointed Physician-in-Ordinary in Ireland to Queen Victoria, and two years later, in 1849, Trinity College conferred an honorary degree of M.D. upon him. He was a member of the General Medical Council from the time of its foundation in 1857 until his death in 1880. But perhaps, as Dr. Eileen Dixon says, the distinction that he himself may have appreciated most was his election as Corresponding Member of the Paris Academy of Medicine in 1874, an honour only once previously bestowed on an Irishman, Richard Carmichael. For four-fifths of his working years Dominic Corrigan was one of Dublin's famous Merrion Square doctors. He was created a baronet in 1866.

MEDICAL ASSURANCE

The annual general meeting of the Medical Sickness, Annuity and Life Assurance Society, Ltd., was held for the first time at its new offices, 7, Cavendish Square, on July 16, Mr. R. J. McNeill Love presiding.

In his address, Mr. McNeill Love made some reference to the National Health Service Bill. "We welcome any steps which might improve the service which our profession gives to the community, but we are not convinced that the suggested measure will secure the best results. There is no doubt that very many doctors resent the possible limitation and control of their work, and they are uneasy about the future. This state of mind is not improved by the realization that the eventual aim of the Government is to establish a full-time salaried service."

Turning to the accounts for the year, the Chairman said that in the Life Assurance Fund new business at £270,048 showed an increase of £45,208 on 1944, and the total annual premium income was now £175,431. Claims by death and maturity were over £80,000, which was a very large increase on previous figures. In the Sickness Fund the premium income was now £135,366, and claims paid during 1945 were £72,265—actually less than in 1944, although the amount at risk was substantially higher. The funds of the Society had increased by £200,000, and now amounted to £3,226,000.

Sir Cecil Wakeley, who was congratulated on his recent honour, and Mr. Bertram Sutton were re-elected directors. The meeting agreed to an interim bonus on with-profit policies for permanent sickness and accident insurance and life assurance terminating at the stated age or by death in 1946, the bonus on life assurance to include provision for each of the years since the valuation in 1936.

Imperial Chemical Industries has leased the house and laboratories at The Frythe, Welwyn, Herts, for conducting long-term research into such subjects as the antibiotic products of moulds, kinetics of continuous chemical reactions, and industrial design and toxicology. Work has already begun, but this accommodation will be temporary and will be used until a site near St. Albans can be developed.

Correspondence

Health Service Bill

SIR,—The National Health Service Bill has now been discussed from every conceivable standpoint, and there can be few medical men who are not well versed in its provisions. Professional opinion seems to be divided into four main groups: (1) Those who for political reasons strongly support the Bill. (2) Those who, having little or no experience of general practice and lacking economic security, support the Bill for its very obvious advantages for themselves. (3) Those who have been compelled for some years to submit themselves to the rigours of general practice and who, heartily disliking many of the provisions of the Bill, feel that the profession should accept it in the same spirit as the tired doctor accepts a night call. (4) Those who object to the Bill on a basis of principle regardless of its advantages or disadvantages to themselves. The fourth group has not been very conspicuous—probably because it is very much easier to know that a thing smells bad than it is to give concise reasons why it does so.

Since the Bill is called the National Health Service Bill, it is presumably to be judged by the degree of service which it provides for the general public. The advantages or disadvantages which accrue to the consultant or the general practitioner are therefore of secondary importance.

Regarded in this light two important facts emerge: (1) No adequate service can be given unless the amenities in the shape of hospital beds and staffs are forthcoming. (2) The medical profession has two distinct services which it renders to the general public: (a) a personal service rendered by the general practitioner; (b) an expert treatment-of-disease service rendered by the hospital and the consultant.

The hospitals, which started as institutions for the treatment of the sick poor, have developed into institutions for the specialist treatment of disease. Mr. Jones in the medical practitioner's surgery becomes No. 14 in the hospital ward. The specialist is not a specialist in human nature but a specialist in some specific group of diseases. Where the medical practitioner treats the whole person the hospital and the consultant treat his disordered function.

Now, the State through its Government deals not with individuals as such but with their functions. The various shades of political opinion vary from a right wing which, while legislating for man's functions, recognizes that he has an individuality which should be given expression, to a left wing which regards man as a functioning citizen and nothing else. When, therefore, the State takes an active interest in the health of the people it can legislate for man's disordered functions, but it cannot and must not interfere with his individuality. This fact has very important implications in relation to the Bill. It means that, taking a long view, the general public will get an ever-improving service from the consultant and the hospital but a continually deteriorating service from the general practitioner. This fact has nothing whatever to do with the willingness of the professional man to work the Bill or with his efficiency and skill.

It seems likely that the medical profession will be split into two sections on this point. The long-sighted consultant will see that he will have an ever-increasing opportunity to do good work, while the equally long-sighted general practitioner will see that purely clerical duties will absorb more and more of his time. There is much in the hospital and consultant services which will benefit from State interference. There is nothing in the general practitioner service which cannot be improved without the State interfering.—I am, etc.,

Bath.

E. R. MATTHEWS.

SIR,—Every doctor will agree with the first sentence of Dr. J. McIntosh Rattray's letter (Aug. 17, p. 238), but with his interpretation of Dr. Dain's address, as reflected by his subsequent remarks, there will not be such unanimity. While we all admit the difficulty of getting every single doctor to make up his mind, that is just what Dr. Dain told us to do. "Where do we stand?" he asked. "This decision has to be made, not by the medical profession as a body or acting through the