

which he was confronted in Edinburgh made in turn a deep impression on him, which no doubt subsequently influenced his responsibilities and powers as physician-in-chief at the Royal Victoria Hospital, Montreal.

Jonathan Meakins was a great man, a great physician, and a great friend to many on both sides of the Atlantic. As his last house-physician in Edinburgh, before he returned to Canada, and as a friend of many years, I value greatly this opportunity to pay this small tribute to his memory.

JOHN KIRK, M.B., F.R.C.S., F.R.C.S.Ed.

The obituary of Professor John Kirk was published in the *Journal* of October 10 (p. 698).

Professor W. J. E. JESSOP writes: I first met John Kirk six years ago when he and I were asked by the General Medical Council to visit preclinical departments of the British and Irish medical schools. After accepting the task it became clear to me that the outcome would depend very much on the degree of co-operation between the two preclinical visitors, and I looked forward to meeting my opposite number in anatomy with great interest. A close association over four years confirmed my early conviction that I had indeed been fortunate in my colleague. Without abating one whit of his enthusiasm for his subject, or of his loyalty to his fellow anatomists, he could discuss the relationship of anatomy to physiology in the curriculum and in the time-table with the greatest sympathy and understanding. It rapidly appeared that there was no need to be guarded or circuitous in approaching these discussions. He invited frankness and continuously responded with constructive suggestions. His attitude is illustrated by one episode. Referring to a student in whom we were both interested, and who was having some difficulty in reaching a satisfactory division of his time between anatomy and physiology, he wrote to me, "Please tell him that I rely on him not letting anatomy down by omitting to give physiology a square deal. 'In medias res salus est,' which, being freely interpreted, might be rendered 'Structure without function is dead.'"

His cheerful companionship and his fund of experience from a very full life lightened many a journey, but, more than anything else, the qualities that endeared him to everyone wherever we went were his friendliness and kindness and his transparent sincerity.

Medical Notes in Parliament

HOSPITAL BUILDING PROGRAMME

St. Thomas's Hospital

St. Thomas's Hospital, London, is one of six new hospitals (including two dental hospitals) on which work is expected to begin during the financial year 1960-1. A progress report presented by the MINISTER OF HEALTH on November 4, in response to a question by Mr. J. SLATER (Sedgefield, Lab.), states that plans are being prepared for the entire rebuilding of this teaching hospital, of which the cost of the first phase may be of the order of £2m.

The other three are the Royal Marsden Hospital, Sutton, a branch of the Royal Marsden teaching hospital, which is to be developed as a medical nuclear physics centre, including 86 beds for cancer patients in the first phase (which is expected to cost about £750,000); Slough general hospital, a new hospital of 300 beds; and Truro general hospital, of which the first phase will comprise 180 beds. The two dental hospitals will be a teaching hospital in Birmingham and a teaching hospital adjacent to University College Hospital, London.

Hospital Building Since the N.H.S. Act

The question asked also how many new hospitals had been built since the introduction of the National Health Service Act. The summarized answer is that six new

hospitals had been partially completed and are in use, and that work on nine others is in progress. The full list is as follows:

New Hospitals Partially Completed and in Use

	Hospital	Type	Details of Work Already Done and Further Planned
England (1)	Balderton Hall, near Newark	Mental deficiency	First phase including 252 beds completed at cost of over £1m.; second phase of 156 beds being planned
(2)	Good Hope, Sutton Coldfield	General	Six ward units totalling 162 beds at a cost of £100,000 in use for pre-convalescent and geriatric patients, to which supporting facilities are now being added
(3)	Greaves Hall, Southport	Mental deficiency	First phase including 220 beds completed at cost of about £900,000; second phase to bring the number of beds to 610 about to start; further phase being planned
(4)	Princess Margaret, Swindon	General	First phase comprising mainly out-patient and casualty services completed at cost of about £700,000; a ward block of more than 300 beds is at advanced stage of planning
Wales	Oakwood Park, near Conway	Mental deficiency	First phase of adaptations to provide about 100 permanent beds completed; plans for further villas now being considered
	West Wales, Glangwili	General	Replacement of war-time hutted hospital. First phase including three-story ward block with 96 beds as well as nurses' home completed at cost of £4m. Work proceeding on second phase which includes another ward block, out-patients' department, and laboratories, at estimated cost of £600,000

New Hospitals on Which Work is in Progress

	Hospital	Type	Details of Work in Progress
England (1)	Cambridge ..	Teaching	This first phase includes an out-patients' department and 94 beds comprising neurological and orthopaedic unit, estimated to cost nearly £1m.
(2)	Crawley ...	General	Out-patient, casualty, and maternity departments, estimated to cost over £300,000
(3)	Harlow	First phase including out-patient and casualty departments at an estimated cost of about £450,000. This will be followed by provision of acute and maternity beds as second phase
(4)	Hensingham, W. Cumberland	..	First phase expected to be finished shortly includes geriatric and psychiatric units, estimated to cost £750,000. A further phase is at advanced stage of planning
(5)	Huddersfield	..	Site works in hand
(6)	Sheffield ..	Teaching	First phase including out-patients' department at estimated cost of £500,000
(7)	Welwyn-Hatfield	General	Hospital of 330 beds at estimated cost of over £2m. A psychiatric unit is also being planned
Wales (8)	Llanfrecchfa Grange, Newport	Mental deficiency	Work almost completed on four villas with 200 beds and other services, including occupational therapy department at estimated cost of £450,000. A further phase is being planned to include 4 more villas with 200 beds
(9)	Singleton Park, Swansea	General	The first phase including out-patients and x-ray departments expected to be completed by end of year at estimated cost of £400,000. Plans well advanced for second phase including 256 beds and operating theatres at estimated cost of over £1m.

OTHER QUESTIONS

Medresco Hearing-aids

In reply to questions from several members, Mr. D. WALKER-SMITH stated in a written reply on November 2 that there had recently been shortages of some repair parts for Medresco valve hearing-aids, which arose primarily from production difficulties. Steps had been taken, in conjunction with the Postmaster-General, to increase supplies, and deliveries were now adequate except of receiver leads. Transistor aids were already being supplied to children, and the Minister hoped to begin supplying them to adults next spring.

Drugs and Appliances for Private Patients

Captain H. B. KERBY (Arundel and Shoreham, Con.) asked the Minister of Health if he would now introduce legislation to enable private patients to obtain their drugs and appliances on the same terms as N.H.S. patients

Mr. WALKER-SMITH, in a reply on November 4, stated: "The Government attach importance to the preservation of private practice and the right of patients to resort thereto, and would certainly consider making drugs available to private patients on National Health Service terms, in the context of available resources and competing claims, if it were shown that the present position was endangering the existence of private practice or preventing any substantial number of people from availing themselves of it who would otherwise wish to do so. But they have no present plans for legislation on this subject."

Influenza Vaccination

Colonel A. R. WISE (Rugby, Con.) asked the Minister on November 6 what special arrangements he was making this year for vaccination against influenza. Mr. WALKER-SMITH said he did not at present think that any special arrangements were necessary. The decision whether or not vaccination was desirable in any individual case must rest with the medical practitioner. But from the information and expert advice available to the Minister there was at present no evidence to suggest that there would be a major epidemic of influenza in this country during the coming winter. Moreover, it is not possible to identify in advance the particular strain of influenza virus that would cause such an epidemic if one should occur. Present circumstances were thus quite different from what they were in the autumn of 1957.

Hospital Beds for Mental Patients

The MINISTER OF HEALTH informed Mr. N. DODDS (Erith and Crayford, Lab.) on November 3 that the daily average number of N.H.S. hospital beds occupied during 1958 was 418,000, of which 48% were occupied by patients suffering from mental disorder.

Similarly, the SECRETARY OF STATE FOR SCOTLAND told Dr. J. DICKSON MABON (Greenock, Lab.) that the total number of hospital beds in Scotland occupied at March 31, 1959, was 54,721. Of these, 20,786 or 38% were occupied by patients suffering from mental and psychoneurotic disorders, and 4,909 or 9% by patients suffering from mental deficiency.

Royal Commission on Doctors' Pay

Mr. JOHN RANKIN (Glasgow, Govan, Lab.) asked the Minister of Health on November 9 when the Report of the Royal Commission on doctors' and dentists' pay could be expected; and if he would make a statement. Mr. WALKER-SMITH, in a written reply, stated: "I am informed that the Royal Commission have taken and considered all the evidence they require and that their report is now being drafted. I cannot of course say precisely when it will be submitted, but I know the Commission are proceeding urgently with their task."

N.H.S. Superannuation Deficit

The MINISTER OF HEALTH, in a statement on the report of the Government Actuary's investigation of the National Health Service Superannuation Scheme, said that the Government Actuary found that on March 31, 1955, there was a deficiency in the scheme of £79.5m. Of this, £34m. was an initial deficiency attributable to decisions at the inception of the scheme to give recognition to the existing rights and expectations of those transferred to the N.H.S. when it was set up, and to the entry into the scheme at that time of persons at ages above the normal ages of entry to the Health Service. About £40m. was attributable to rises in wages and salaries since 1948. It was proposed that the deficiency should be dealt with as follows. The superannuation account would be credited with £34m., representing the "initial deficiency." An accounting adjustment would be made retro-

spectively from 1948 in order to meet the whole of the deficiency of £4.1m. arising from payments in respect of practitioners who maintain individual policies. Employees' contributions would not be increased, but in future interest would not be paid on contributions returned to employees who voluntarily left the Health Service before becoming entitled to any superannuation benefit. It was estimated that this would produce a saving of about £0.9m. The balance of the deficiency—namely, £40.5m.—would be liquidated over a period of approximately 20 years by adding to the present employers' contribution a special supplement of 1½% of salary. The staff interests concerned were being informed and their observations invited prior to the laying of the necessary draft regulations before Parliament.

The SECRETARY OF STATE FOR SCOTLAND, in a corresponding statement on the Scottish scheme, said that the Government Actuary found that on March 31, 1955, there was a deficiency of £6m. Of this £1.5m. was an initial deficiency mainly attributable to similar decisions taken at the inception of the scheme, and most of the remainder is attributable to increases in wages and salaries since 1948.

The superannuation account was to be credited with £1.5m., representing the "initial" deficiency; an accounting adjustment would be made retrospectively from 1948 in order to meet a deficiency of £0.2m.; the cessation of interest payments is estimated to produce a saving of about £0.1m.; and the balance of the deficiency—namely, £4.2m.—would be liquidated over a period of approximately 20 years by increasing the rate of the employers' contribution by a special supplementary rate of 1½% of salary. Employees' contributions would remain at present rates.

Vital Statistics

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the years 1950-8 are shown thus - - - - -, the figures for 1959 thus ———. Except for the curves showing notifications in 1959, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.

