

Obituary

P. A. DINGLE, C.B.E., M.R.C.S., L.R.C.P.

Dr. Percival Alfred Dingle, who died aged 82 on November 20 after a short illness, had retired to Seaton in Devon after an active life, most of which had been devoted to medical administration in North Borneo.

Himself the son of a doctor, after schooling and qualifying in London (Merchant Taylors and St. Bartholomew's Hospital) he joined the British North Borneo (Chartered) Company's Medical Service and went out to North Borneo in 1911. There his capabilities gained him early promotion, and at the age of 37 he succeeded to the post of principal medical officer, in charge of the territory's medical and health department, a post he held for over 22 years until he left on pension in 1940.

As the head of the medical administration in a young and developing country Dr. Dingle applied himself with characteristic energy to the multifarious tasks that demanded attention in insistent and daunting array. Malaria, tuberculosis, beriberi, yaws, and helminthic diseases between them took a heavy toll among the mainly agricultural populace whose birth-rate was good but survival-rate poor. In every department of medicine and its administration he had ample scope for exercising his energy and abilities and to all he gave devoted care. He tackled the establishment and equipping of hospitals in urban centres, the training of staff, the provision of medical care through travelling units in the less accessible areas of the territory, the application and maintenance of quarantine measures against the introduction of smallpox, plague, cholera, and rabies, the supervision of health and medical care on rubber and coconut estates, timber camps, saw-mills, coal mines, and other industrial undertakings, the combating of venereal diseases, the care and treatment of leprosy, the control of narcotics, the organization of mass vaccination or antihelminthic or yaws campaigns, and the local licensing of medical practitioners. These, and all else, were dealt with by him—as was everything to which he set his hand—with an unassuming competence, unfailing imperturbability, and a blandly disarming urbanity that was apparently inexhaustible. He also had that rare attribute in a medical man, an utterly legible handwriting.

His retirement on pension from the Chartered Company's Service in 1940, when he went to settle in Australia, saved him the heartache of seeing all that he had worked to establish suffer complete disintegration during the Japanese occupation. But in 1943 his retirement in Australia was disrupted by a call to join the Planning Unit in London concerned with the rehabilitation of the Japanese-held South-east Asia territories after their liberation. Towards the end of 1944 he was back in Australia as a member of No. 50 Civil Affairs Unit that was detailed to re-establish civil administration in the Borneo territories after the capitulation of the Japanese. His own health, however, prevented his proceeding to the liberated territories himself in 1945, but he remained at Ingleburn Camp, with an office in Sydney, as civilian adviser to the unit, and many are the civilian internees who retain grateful memories of his kindly assistance accorded to them on their way through Sydney after liberation.

Dr. Dingle's first wife died in Borneo in 1920. He is survived by his second wife, whom he married in 1938, and by the son of his first marriage. His services to North Borneo were recognized in 1937 when he was made C.B.E. He also held the North Borneo General Service Medal from the British North Borneo (Chartered) Company.

WILLIAM ANDERSON, M.B., Ch.B.

Dr. William Anderson died on December 4 at Scarborough, where he had retired five years ago. He was aged 77.

William Anderson was born on March 19, 1886, and qualified M.B., Ch.B. at Glasgow University in 1908. Moving

to County Durham in 1911 he took up general practice in the mining village of Coundon, near Bishop Auckland, where he remained until his retirement. He was in partnership with the late Dr. T. E. Ferguson for some years, and shortly after the last war was joined by Dr. W. Steele, who has carried on the practice since he retired in 1958.

Anderson was a familiar figure in the area during this time. His distinguished appearance, kindly manner, and Scottish accent, which he never lost, added much to the conception of the family doctor, which he represented at its best. He was an honorary physician and surgeon at the Lady Eden Cottage Hospital, Bishop Auckland, until the advent of the National Health Service in 1948, and many patients must be grateful for his skill in the years when a journey to the Royal Victoria Infirmary, Newcastle, was not a thing to be undertaken lightly. He was greatly interested in ambulance work, and was awarded the Ambulance Workers' V.C. in 1942, an award which he well merited. A member of the B.M.A., he was chairman of the Bishop Auckland Division in 1930-1.

Anderson was a keen sportsman and as a younger man was a better-than-average tennis player. He played golf, and was, like most fellow Glaswegians, a keen soccer supporter, following the fortunes of Sunderland F.C. and Middlesbrough F.C. with great regularity. He was also a skilful bridge player. He enjoyed his new home in Scarborough, but I suspect he enjoyed his return visits to South-west Durham even more. His final months were clouded not only by his terminal illness but by failing sight, and since he read a great deal this was a particularly irksome disability.

The mining community around Coundon and his former patients have much cause to be grateful for the skill and integrity of William Anderson. His wife died nine years ago, a loss which he felt deeply. He leaves a son, Dr. John Anderson, senior lecturer in pathology at Glasgow University, and two daughters, one of whom is in general practice in Cambridge. To them we extend our sympathy.—A. J. A. F.

R. W. G. GRINDLAY, M.R.C.S., L.R.C.P., D.A.
F.F.A. R.C.S.

Dr. R. W. G. Grindlay, consultant anaesthetist to the West London Hospital and to the Royal Albert Dock Hospital, died in his sleep on December 10 at the age of 58.

Robert Walter Guy Grindlay was born on July 31, 1905, and received his medical education at St. Bartholomew's Hospital, where he qualified M.R.C.S., L.R.C.P. in 1939. His association with the West London Hospital began at an early stage of his medical career, for he held appointments there as house-surgeon, resident anaesthetist, and casualty officer. In 1941 he left that hospital to join the Royal Air Force, in which he served for the remainder of the war. On his discharge from the R.A.F. in 1946 he returned to London and became a clinical assistant to the departments of anaesthesia at St. Bartholomew's and at the West London. In the same year also he took the D.A. diploma. In 1947 he was appointed honorary anaesthetist to the Royal Albert Dock Hospital and in 1948 he joined the staff of the West London Hospital. In 1953 he was elected F.F.A. R.C.S.

Dr. Grindlay was a member of that group of anaesthetists who in the immediate post-war years pioneered the advances in his specialty which were to prove epoch-making. He had a natural flair for anaesthesia, and the skill and quiet confidence with which he developed the use of new drugs and techniques made him an outstanding member of his branch of the profession.

Outside medicine Grindlay was a man of many attainments. In his younger days he had been a racing motorist, a scratch golfer, and a ballroom dancer of championship standard; but it is as a sailor that he will be remembered most. Both he and his converted 12-metre *Ailsa* were well known for many years on the East Coast, and he would think nothing of sailing her single-handed. As one colleague, himself an experienced

sailor, remarked, "If I describe myself as a yachtsman, then Guy Grindlay was a seaman." Ill-health had in recent years compelled him to give up sailing, but he still kept a motor fishing-boat, and he spent as much time as possible at his house on the Orwell near Ipswich. Here he returned to spend his last few weeks after a spell in St. Bartholomew's.—T. B. L. R.

F. WIGGLESWORTH, M.C., M.B., Ch.B.

Dr. F. Wigglesworth died in Wellington, New Zealand, on November 28 while on a visit to his two married daughters. He was aged 75.

Born on September 12, 1888, Frank Wigglesworth was educated at Leeds Middle Class School and later Leeds University. He qualified M.B., Ch.B. Leeds in 1911. He entered general practice at Howden, East Riding of Yorkshire, the following year. In 1914 he joined the R.A.M.C. and served throughout the first world war, being awarded the Military Cross and the Croix de Guerre. He returned to his practice in 1918 and became a successful and much-loved rural practitioner. Everyone with whom he came in contact appreciated his

sterling qualities, his devotion to and sympathy with his patients, and his conscientious care of them. He was medical officer of health for the Howden rural district for many years as well as being honorary surgeon to the Bartholomew Hospital, Goole. He was also a member of the local medical committee.

A keen gardener and lover of cricket, he entered fully into the life of his small country town. He played cricket until his early fifties and was a member of the Yorkshire Cricket Club. He took an active part in the affairs of the St. John and British Red Cross Societies and was president of the Howden branch of the British Legion for forty years. He was interested in country life and became a proficient shot. Latterly he derived much pleasure and developed no mean skill and success in competitive bridge.

He married in 1913, and his wife unfailingly fulfilled all the arduous duties of a dedicated and busy practitioner's wife. A visit to New Zealand was arranged to spend some time with their two married daughters. Tragically Dr. Wigglesworth lost his wife before the journey was completed. He leaves two daughters and two sons, and all friends extend their sympathy to them in their bereavement.

Medicine in Parliament

CENSURE MOTION ON HEALTH SERVICE

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The debate on the Health Service in the House of Commons on December 19, which was taking place as the *B.M.J.* was being printed, was instigated by the Opposition. It falls into place as one of a series in which the Labour Party have been attacking the Government on the home front. On housing, education, pensions, and social insurance they have already declared their intentions, and now the spotlight is turned on the Health Service, with a motion which censures the Government for failing to adopt "policies which would secure improved standards of service to the patient or permit the abolition of health service charges."

Current and Capital Expenditure

This is an attack on the widest front, and it gives added interest to two questions only a few days before the debate. The MINISTER OF HEALTH, in a written reply to a Conservative M.P., Mr. MARCUS WORSLEY, on December 19, stated that the total cost of the Health Service in England and Wales in 1962-3 was £885m., and that this was an increase in real terms over the cost in 1951-2 (when the Conservative Party began its 12 years' rule) of 27%. On the same day the MINISTER and Dr. DICKSON MABON (Greenock, Lab.) crossed swords about hospital building, and the money for it. Dr. Mabon claimed there was a shortfall in spending on hospitals of £140m. over four years, that Mr. Enoch Powell had promised a rate of £70m. a year and had imposed health taxes of that amount on the chronic sick. Mr. BARBER retorted that this was wrong on both counts. The Hospital Plan assumed an average expenditure of £40m. a year (at current prices the equivalent of £45m.) over five years; the expenditure in this financial year had been £46m., and next year was planned to be £52m. When the Plan was published the volume of work in progress was £70m., and at the present time it was £120m. Dr. MABON stuck to his point that Mr. Powell had said

in February, 1960, that the health charges were to be spent on hospital building; they were then £68m., and were subsequently increased. Mr. BARBER's answer to that—was it a reflex action from his time at the Treasury?—was that if Dr. Mabon was contemplating removing the Health Service contributions and charges to patients the cost would be something like £190m., adding that it could be recouped by increasing the standard rate of income tax by 6d. in the £.

The Government, of course, produced an amendment for the debate. It invited the House to "welcome both the considerable expansion of the Health Service which has taken place in recent years and the further improvements which will be brought about by the policies of the Government."

Back-bench Bills

Back-bench M.P.s who won a place in the ballot presented the Bills they wish to sponsor on December 11. Among them is a Pharmacy and Poisons Amendment Bill, by Sir HUGH LINSTEAD, but he secured only fourth place for it on January 31. Its purpose is to make provision for increase in the fees payable by authorized sellers of poisons for the registration of their premises, and to amend the 1933 Act to that end. Dame PATRICIA HORNSBY-SMITH was only a little more fortunate: her Bill to make further provision for admission to a roll of nurses is third on January 17. Sir HUGH LINSTEAD brought in another Bill on December 13, to amend the Dangerous Drugs Act, 1951, to create certain offences in connexion with the drug known as cannabis, and to penalize the intentional cultivation of any plant of the genus *Cannabis*.

Beds for the Mentally Ill

Mr. KENNETH ROBINSON (St. Pancras, North, Lab.) asked the Minister of Health on December 13 how many beds were occupied by mentally ill patients on December 31, 1960, 1961, and 1962; and how these figures compared with the statistical projections of the Tooth-Brooke paper on which psychiatric developments within the Hospital

Plan were based. Mr. BARBER told him that the numbers of patients resident in mental hospitals and in other hospital units for the mentally ill were: 1960, 136,162; 1961, 133,560; 1962, 131,500 (provisional). These figures (which represent respectively 2,975, 2,89, and 2,82 occupied beds per 1,000 population) did not suggest that the estimate of bed needs for mental illness in 1975 used in the Hospital Plan needed revision.

Incomplete Staffing Reviews

The hospitals which had not submitted by December 13 their reviews of medical staff were the Hospitals for Diseases of the Chest, St. Peter's, St. Paul's, and St. Philip's Hospitals, and the National Heart Hospital. The Minister of Health stated that he hoped to receive the last of these reports by the end of March.

PUBLIC ACCOUNTS COMMITTEE ON COST OF DRUGS AND HOSPITAL EQUIPMENT

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Public Accounts Committee of the House of Commons has been given the sobriquet "the watchdog of public expenditure." Twice a week, from November to May, it meets in private, and in conjunction with the Comptroller and Auditor-General inquires into suggested examples of waste, faulty or weak administration of money voted for the several Government departments. There are 15 members, with of course a Government majority, but the chairman is by tradition a member of the Opposition party, and in its work the committee achieves a standard of non-party, or perhaps more truly of all-party, co-operation in the service of the House which is universally acknowledged. It owes its inception to Gladstone in 1861, when the annual budget ran at about £70m.

The committee publishes the reports of its investigations, and in the autumn these are brought to the attention of the Commons. Such an occasion was December 11, when three reports and one special report from the committee in the last session were reviewed. Again by custom the chairman,