

and detailing the several degrees of the melancholia cases. He discussed the symptomatology of each type and described their treatment, emphasis being laid on prevention of suicide and on the necessity for rest in bed. Prof. J. H. Biggart then gave an address entitled "The Interrelationship of the Endocrine Glands" and showed a large number of slides of the various changes found in cases of overacting and underacting pituitary. He pointed out that the physiology of these glands was based on animal experimentation and was therefore fallacious, and that further human study was required. Through the courtesy of Colonel W. R. Ward, A.M.S., a meeting was held at the 24th (London) General Hospital, at which a large number of cases of clinical interest were shown.

## Correspondence

### Medicine in a Changing World

SIR,—The correspondence which has followed the publication of the lecture on "Trends in Nutrition" and your leading article on "Medicine in a Changing World" in the issue of January 18 indicates that at least some of the members of the Association think that the medical profession should make a contribution to planning for post-war reconstruction.

While there may be differences of opinion as to what part medicine should play in planning, there is general agreement that planning is necessary. It is now being realized that this war is the convulsive end of an epoch. When the fighting finishes there will be a new order of some kind. To avoid a breakdown of the economic and social system we must have a plan for the adjustment of the existing system to make possible orderly progress towards the new order. To this end the Government has already set up a new Planning Department, and a number of other influential groups are planning independently.

But what are they planning for? Between the last war and this one there was a great deal of economic planning on both a national and an international scale. The main schemes which came to fruition were those which restricted the production and distribution of commodities which people need. This setting up of barriers between the common people and the great wealth which science has made possible tends to perpetuate economic distress and poverty. This led to discontent and a feeling of frustration which the Dictators exploited to gain the allegiance of the common people, and especially of youth, to whom they promised a new and better economic system.

And now we start planning again. But this time, whatever ideas the planners may have, there is a strong and growing opinion that instead of piecemeal planning for sectional interest there should be comprehensive planning for the welfare of the whole population. In Government planning the first objective should be to provide the necessities of life for all the people governed. Mr. Churchill's reference to the fuller life of the common man, and Mr. Bevin's reference to relegating the miseries of poverty to the limbo of the past, as the main objective of post-war reconstruction, have given expression to this idea.

Now here is where medicine can make an invaluable contribution both to national and to international planning. It can define the requirements for physiological and psychological well-being, which are essential for a full life. By defining the first objective of planning they will have set it upon the right course.

In your leading article you point out the danger of the profession's being involved in politics. The profession would lose its influence if it allowed itself to become the battleground for conflicting political and economic theories. While members of the profession as citizens should be free to hold any political views they think right, the profession as a profession should be apart from, and above, politics. But it should be interested in the promotion of health, and planners should look to it for guidance on the kind of conditions under which the common man would be able to attain his fullest inherited capacity for health and physical fitness. A statement

of these conditions based on facts, so far as they can be ascertained, would be a scientific, not a political, statement.

If the B.M.A. would undertake the task of laying down the standards needed for health and set them forth in what you, in your leading article, call a "medical charter," it would do much to lift all this planning out of the party political sphere. It would give the planners something definite to plan for, and enable them to deal with realities instead of with political and economic theories. As your correspondent Mr. Sayle Creer points out, the needs of man are absolute and unchanging and can be ascertained by investigation, whereas economic and political laws are alterable by man. Once the standards for human needs have been determined, the necessary political and economic adjustments can be made to provide for the needs. A statement of the needs would be a chart to planners. Once they had a clear idea of what was needing to be done they would tend to forget their conflicting theories and collaborate to devise ways and means of getting at the desired objective.

In the present crisis, when people of all shades of political opinion are co-operating in a spirit of good will to save freedom and build a better world, the B.M.A. can make an invaluable contribution to human welfare. It has the knowledge and the authority to state the first things that should be done. If the terms of the proposed "medical charter" were fulfilled—that is, if conditions were such that the whole population can attain physiological well-being—the worst evils of the past would be abolished. We would be well on the way to the new era of plenty. Indeed, we would be more than half-way home.

It is to be hoped that the B.M.A. will rise to the occasion and produce a charter which might well be of greater importance for humanity than many of the great historic political charters and declarations.—I am, etc.,

Aberdeen, Feb. 24.

JOHN BOYD ORR.

\*\* Sir John Orr's letter, to which reference is made in a leading article at page 366, brings this correspondence to a close.—ED., *B.M.J.*

### Effect of Peritoneal Irritation on Intestinal Activity

SIR,—I have read with pleasure and interest the paper by Mr. D. M. Douglas and Dr. F. C. Mann (February 15, p. 227). The subject of functional paralysis of the intestine was the theme of the Bradshaw Lecture I delivered in 1934, and I chose it "in the hope of inciting more workers in this country to enter a field of clinical and experimental research from which knowledge that will halve the risk and quarter the suffering that now attend abdominal operations is waiting to be garnered."

The problem is one which requires a welding of clinical and laboratory research, and no theory founded on experimental work can be acceptable unless it accords with and explains the clinical facts. An enormous number of experiments on dogs and other animals have been carried out, many of which to my mind miss the mark. For instance, a loop of gut or its afferent or efferent vessels are ligatured, and the investigator seeks to discover why the animal develops certain symptoms and dies. But surely the basic reason is the ligature!

Post-operative functional obstruction may be accompanied by peritoneal irritation, but the accompaniment is not constant, and, vice versa, peritoneal irritation frequently exists without any functional obstruction. The cases that most of all need investigation, and an explanation of which would throw a flood of light on the problem, are those in which functional obstruction occurs after operations not opening the peritoneal cavity, such as prostatectomy and nephrectomy, or sequent to states in which an operation plays no part, such as lobar pneumonia and severe injuries about the hip-joint.

The conclusion I reached in my lecture was that the motor and vasomotor disturbances in the intestine, fundamental to the derangement, are caused by an agent generated somewhere in the tissues that the operation, accident, or disease has injured, and that this tissue lies either in the peritoneal cavity or in close proximity to it. Such evidence as is available suggests that its production has some relation to partial circulatory interference in the tissue in which it is produced. Whether the agent, once produced, acts directly by blood or lymph conveyance or indirectly through the splanchnic nerves is not