employed must also be a necessary item in the scheme that is proposed.

But it may be permissible to give some indication of the syllabus envisaged and to state that, in order to attract the right type of entrant for this specialty, a preliminary course (three months) on general medicine at the Postgraduate College or similar institution should be undertaken especially with the encouragement to take a higher degree or diploma. A suggested syllabus of the course itself may now be outlined.

A Suggested Syllabus

Aetiology.—Survey of the recent trends in aetiological concepts in acute and chronic rheumatism and arthritis, including toxic, metabolic, climatic, dietetic, and traumatic factors and possibilities.

Pathology.—The classification and pathology of acute and chronic rheumatic diseases (including gout and spondylitis). Morbid anatomy and histology.

Applied Anatomy and Physiology.—(*a*) Surface anatomy: body mechanics and posture. (*b*) The structure and action of muscles and joints. (*c*) The skin and its reactions. (*d*) The blood, the circulation, and respiration as they affect the locomotor system. (*e*) The nervous system with reference to: (1) Segmental and peripheral nerve distribution. (2) Pain: the methods of causation, transmission, reference, and clinical application.

Radiological Investigation.—The normal radiology of bones and joints. The radiology of the rheumatic and pseudo-rheumatic diseases.

Clinical.—(The chief rheumatic diseases will be dealt with during the course in general medicine. Such "rheumatic symptoms" as occur in poliomyelitis, tuberculosis, gonorrhoea, osteomyelitis, leukaemia, etc., may be mentioned.) Standardized history-taking and the recording of symptoms. Orthopaedic aspects: postural and congenital abnormalities; chronic strain. Neurological aspects: neuritis, prolapsed disks, "hysterical joints," the mechanism of pain reference, muscular dystrophies; "sciatica."

Therapy.—Physical medicine: demonstrations of apparatus and methods in use; remedial exercises and physiological rest; the writing of prescriptions. Re-education of muscles and joints: occupational therapy. Reconstructive surgery of joints. Specialized methods of treatment: gold salts; procaine injections; aspiration of joints. Simple plaster work. Vaccines. Manipulation. The prophylaxis and treatment of acute rheumatic fever.

(N.B.—Practical experience of all the above should be acquired when working as a clinical assistant in rheumatic and orthopaedic special departments or hospitals.)

Social Medicine.—Environment; housing; dietetic, psychological, traumatic, industrial, and occupational factors.

Finally it may be pertinent to recall the close co-operation between orthopaedic specialists and "rheumatologists" advocated by the joint committee of the Empire Rheumatism Council and the British Orthopaedic Association, and the agreement of these bodies in their joint memorandum to the Ministry of Health as regards the organization and, where possible, as regards buildings, for the establishment of a decentralized scheme of out-patient and treatment centres depending upon a central hospital department. It would appear desirable for trainees to spend three months in an orthopaedic centre. The replacement of the title "orthopaedic physician" for "rheumatologist" might well be considered.

EMPIRE LEPROSY RELIEF ASSOCIATION

TWENTY-FIRST BIRTHDAY APPEAL

On April 26 at the Mansion House an appeal for £210,000 was launched at the coming-of-age meeting of the British Empire Leprosy Relief Association (B.E.L.R.A.)—that is, £10,000 for each year of its work. The Lord Mayor, who was accompanied by the Lady Mayoress, in opening the proceedings read a message from the King, who is patron of the association. Messages in support of the appeal were also read from the President, Lord Halifax, and from Lord Wavell, Viceroy and Governor-General of India.

Sir ALFRED BEIT, M.P., represented the Colonial Office in the absence through indisposition of the Colonial Secretary, Col. Oliver Stanley. He spoke of the long and fruitful collaboration and consultation of B.E.L.R.A. with the Colonial Governments, which would need not only to be sustained but extended in the future. Although the various Governments concerned had not been inactive, it could not be denied that measures for the relief of leprosy are still inadequate, and the Colonial Governments would desire to be associated with the tribute he was paying to the association. The newly passed Colonial Development and Welfare Act would be able to provide some of the required assistance, as in the case of the recent grant to Nigeria, but the Colonial Office hoped they would be able to rely on receiving help from B.E.L.R.A. in the future as in the past. The tours in the Colonies of medical secretaries of the association had been greatly appreciated, and further research work was essential. Last year he had witnessed for himself the leper settlement in Southern Rhodesia, with the remarkable record of 50% of cures as a general average. Equally good work had recently been carried out by Dr. Ernest Muir in the Trinidad Leper Settlement.

Achievements and Aims

Sir BERNARD BOURDILLON, chairman of the Executive Committee, paid a tribute to the three founders of the association—Sir Frank Carter, recently deceased, Sir Leonard Rogers, and the Rev. Frank Oldrieve, the first secretary. He need not go into the history and twenty-one years' work of B.E.L.R.A. because the visitors had been supplied with a pamphlet on the subject by Sir Leonard Rogers. He paid a tribute to the good work of Toc H volunteers inspired by their founder-padre. He considered the time to be overripe for a whole-hearted drive to exterminate leprosy in the British Empire. It was only through the investigations of the last twenty-one years that the immensity of the task had been realized with the discovery that there were probably about two million sufferers from leprosy in our Empire—a far larger number than had been previously suspected. Thirty years ago the only recognized treatment for lepers was what amounted to imprisonment for life; this led to concealment of cases. Now we knew that far the more common neural cases were seldom infective, and therefore did not need segregation, and that if the disease was taken early enough it was susceptible to treatment. For example, when he was acting as Governor of Ceylon fifteen years ago the 600 known lepers were isolated. Soon after, as the result of a visit from the association's medical expert, the new methods of control were introduced into Ceylon, and a survey increased the known numbers to over 3,500. Only the infective cases were isolated, and all received treatment, with the result that from 1941 onwards new cases had declined and a start had been made towards eliminating the disease from the island. Two and a half years ago he had visited, as Governor of Nigeria, two enormous mission leper settlements in Southern Nigeria, whose work had received 100% co-operation from the whole population. He had been so convinced that "here is a magnificent work on absolutely sound lines which must be extended until we gradually cover the whole country" that he got his Director of Medical Services to prepare a scheme for a capital expenditure of £58,000 and an annual expenditure of £40,000 for five years. Col. Stanley at once provided the money from the Colonial Development and Welfare Fund. But this sum would only suffice for the three worst-infected of the 24 Provinces of Nigeria, and one-third of the total lepers. Hence the necessity for the most liberal support of the present appeal of B.E.L.R.A., who wanted in addition to extend their methods to many other colonies. Twenty-one years ago the association raised only £4,000 by their first appeal, but subsequent efforts had enabled them to spend just over £100,000 on actual work in the field. He announced the receipt of a gracious gift from His Majesty. The United African Company had given the splendid sum of one thousand guineas, and Barclay's Bank and John Holt and Co. £500 each.

First-hand Experiences

Dr. E. MUIR spoke of his wartime work at the beautiful island leper settlement of Trinidad. He traced the spread of leprosy in the Western Hemisphere after its discovery. Good progress had been made since Trinidad had modified its stringent Leper Segregation Act to allow early cases of a mild type to be treated in special out-patient clinics, in accordance with B.E.L.R.A. principles. In India and Africa admission of lepers to the modern type of agricultural colonies was now regarded as a privilege; no compulsion was required. Conditions were much more difficult under the compulsory segregation system in Trinidad, but patient work had improved the atmosphere of that settlement. The introduction of improved methods of treatment had done more than anything else to remove the sting of compulsion. Last August an American firm had supplied him with a new synthetic sulphonamide, which had been reported to be effective in tuberculosis, and which had been favourably reported on in the U.S.A. Carvile Leper Settlement. This had given encouraging results in the hands of Muir at Trinidad and had increased the cheerfulness of the patients. With regard to the future he pointed out that B.E.L.R.A., in co-operation with various missionary societies, had been to a large extent responsible for pioneer work, and the demonstration of methods along which leprosy could be dealt with effectively. The arrangement for the Nigerian

Government to take over and extend much of the work there would free B.E.L.R.A. to concentrate on other parts of West and East Africa, the Sudan, and other colonies. Work was urgently needed to test new remedies, for the discovery of a real cure for advanced and highly infective cases did more than anything else to hasten the elimination of leprosy. The best birthday present to B.E.L.R.A. was the provision of ample funds to enable the open sore of leprosy to be healed throughout our Empire.

Mrs. GRAINGER, who has recently returned from many years of work in Nigeria, latterly spent at a missionary leper settlement with 15,000 patients under treatment, spoke eloquently on her experience. She emphasized the importance of caring for the children of the patients to save them from infection, and the joy of handing back their healthy children to mothers who were being discharged cured from the settlement. The proceedings terminated with a vote of thanks to the Lord Mayor and the Lady Mayoress moved by Sir LEONARD ROGERS.

MEDICAL SERVICES IN TRINIDAD

SEVERE CRITICISMS BY GOVERNOR'S COMMITTEE

A committee to review the medical and health policy of the colony of Trinidad and Tobago was appointed by the Acting Governor in August last. By arrangement with the Secretary of State and the medical authorities in Scotland, Col. Sir Alexander Russell was appointed chairman. Of the four other members of the committee two belonged to the medical and two to the legal profession. Evidence was given by many public bodies and associations, including the Northern Division of the Trinidad and Tobago Branch of the B.M.A., and by the oilfields companies and sugar estates, and the heads of Government Departments submitted memoranda. The report of the committee, which has been laid before the Legislative Council, contains as many as 160 recommendations.

"Grossly Deficient"

The committee finds the medical staff of the Health Department, as a whole, to be grossly deficient, though the deficiency is relatively less on the medical than on the public health side.

"When due allowance is made for the war, and the admitted shortage of medical men, there appears to have been no real effort, even before the war, to build up a staff sufficient to deal with both the usual and the more specialized aspects of curative medicine."

Apart from this, the committee found evidence of a certain "lack of keenness" and lack of *esprit de corps* and spirit of service among a considerable proportion of the medical staff of the Department. This deplorable situation, it believes, is largely due to the absence of a proper system of staff organization, and, as regards the hospitals, to the lack of a grade of house-physicians and house-surgeons. Another cause is the unsatisfactory method of granting study leave and of selecting officers for promotion. The specialist service is also declared to be very inadequate, while the district medical service is "depressing in the extreme," in some areas so deficient as to be virtually non-existent. There is no regular system of appointment of district medical officers, full-time, part-time, and contract officers being appointed in a haphazard manner without due regard to the size of the area or the needs of the population.

"We have heard numerous complaints of inaccessibility, hardship, exorbitant fees, callousness, and even sheer neglect in connexion with the district medical service; and it seems to us that these are bound to persist until the whole service is thoroughly reorganized and established on a satisfactory basis so as to ensure that even a poor labourer in a remote country district, in case of need, can obtain speedy and effective treatment."

On the public health side of the Health Department the usual activities are to be found, yet in the absence of a stated policy the public sees in these activities only spasmodic and uncorrelated effort. The committee adds that it

"did not receive that assistance we anticipated from witnesses as regards the formulation of a medical and public health policy. On the contrary, most of them, individuals as well as associations and societies, were principally concerned with, and devoted most of their written and oral evidence to, pointing out defects of the present system. In fact, it is true to say that we rarely received any constructive suggestions."

Proposals for Reorganization

The committee suggests as a long-term policy the reorganization of the medical service in accordance with certain proposals it lays down. Among its proposals is the appointment of a medical officer of health for each county, to have control of health staffs and to be responsible for all health activities in the area. One innovation suggested on the medical side is a united specialists' service for the whole of the British West Indies. It is considered that the present method of classifying medical officers in the colonial hospitals into Grades A, B, and C should be extended to all officers in the medical services, and a further grade D created to include house-physicians and house-surgeons. An officer should be up-graded to A only if he possesses an advanced degree, and to B only if he has taken a period of study leave and has gained an additional qualification from a British university.

On the question of private practice the committee says:

"We do not think it is the duty of the Government to provide medical service for the whole population; that is not a generally recognized Government function in any part of the world. But we think the policy of the Government should be to encourage the settlement of private general practitioners in rural and semi-rural areas, and one of the most certain methods of achieving this aim is to forbid private practice to all Government medical officers."

The only exceptions to this should be in certain scantily populated areas where it is unlikely that any private doctor would care to settle without a monetary inducement of some kind. It is affirmed unhesitatingly that the employment of part-time district medical officers is unsatisfactory and should cease at the earliest possible date. County and district medical officers should be fully occupied and have no time for private practice.

Other proposals are for a central advisory committee, the Director of Medical Services to be chairman, one member to be nominated from the Legislative Council, one to be nominated by the Northern and another by the Southern Division of the B.M.A. Branch, and one each to represent the Port-of-Spain and the San Fernando municipal councils. The committee recommends that all the sugar and oil companies should be required to provide a satisfactory medical service for their employees, and that the shipping and industrial interests of Port-of-Spain should provide a health centre, ambulance service, and full-time medical officer for the treatment of emergency cases arising among their workers.

Much public criticism has centred around the colonial hospital at Port-of-Spain.

"We have evidence to show that a number of the complaints are justified, some of the medical officers being equally responsible with the nurses in respect of delayed and careless treatment, lack of kindliness, and even neglect. . . . We have had evidence, which we accept, of a certain number of deplorable incidents which are bound to reflect on a hospital's good name."

On the other hand, many complaints are second-hand or third-hand stories. The committee believes that the general proposals made with regard to staffing will go far to improve conditions. The appointment of medical staff committees and the closer contacts which it is recommended that the director and deputy director should have with the staffs may do much to dispel suspicion and resentment. All the hospitals which the committee saw require complete reconstruction, and a very unfavourable opinion was formed of the district hospitals.

Many other recommendations are made concerning specific services, and appointments, promotion, and leave of medical officers. Finally, in place of the present Medical Board, it is proposed that a new controlling body, the Medical Council of Trinidad and Tobago, should be set up to take over the registration and discipline of medical practitioners. It should consist of twelve members, all belonging to the medical profession, nine of them elected by the registered medical practitioners of the colony, and the other three nominated by the Government.

Government's Reply

In a short covering memorandum the Government states that it has no desire to minimize the severity of the strictures on the medical services of the Colony, except in so far as they are due to war conditions and serious shortage of staff. On the contrary, the Government would not have instituted an inquiry if it had not expected such criticisms. But it explains that the shortcomings are not the result of financial parsimony. The amount expended on health services has increased by well over 50% during the last three years. Every effort will continue