articulations and protrusion with sciatica; and to osteoarthritis. Injuries and postural strains can be dealt with fairly successfully and easily by a judicious use of rest in bed, exercises, and manipulation.

Neither disk degeneration nor osteoarthritis can be cured by treatment, and we are left with the problem of the management of recurrent acute attacks or of chronic pain. In some cases of disk protrusion with sciatic nerve root compression operative removal of the disk is advisable. In a few cases of localized osteoarthritis spinal fusion is necessary.

Next article on Emergencies in General Practice.—"Drunk in Charge," by Dr. A. B. Davies.

Refresher Course Book.—Copies of the second volume of collected articles from the Refresher Course for General Practitioners are still available at 25. (postage—inland 1. 6d., overseas 1s.) each from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1, or through any bookseller. The first volume is now sold out.

ROYAL SOCIETY OF HEALTH

ANNUAL CONGRESS AT BLACKPOOL

[FROM A SPECIAL CORRESPONDENT]

Meeting at Blackpool, the Royal Society of Health held its 63rd annual congress from April 24 to 27, under the presidency of the MARCHIONESS OF READING. Besides the meetings of the 11 Sections, there were the usual conferences for medical officers of health, domiciliary nurses and midwives, engineers and surveyors, health visitors, and sanitary inspectors. A new Section—the "World Health Section"—was inaugurated with a plenary session at which the invited speaker was the Director-General of the World Health Organization, Dr. M. G. CANDAU. Below is a short selection from the many papers read at the congress.

A Programme for Preventive Medicine

Health, said Professor C. FRASER BROCKINGTON in his presidential address to the Section of Preventive Medicine, during the last century had been both the subject of serious popular interest and one of the principal objectives of government. It was a condition that depended very largely on the environment. The pioneers of public health had recognized that this was so. Though the main physical features of the environment, such as housing, water supplies, and food hygiene, had been much improved, other problems connected with the way people live, and with social factors in their homes and workshops, still remained. The hospitals had been unnaturally elevated to a position of pre-eminence, while environmental factors had tended to recede into the background. Now it was essential to re-focus medical care on to the community and lessen the emphasis on hospitals. There should be a service of community health linked to the family—both in the home and at work—and continuous study of disease and ill-health within the community.

The concept of the family doctor was firmly rooted in Britain, and Professor Brockington suggested that most of our difficulties could be solved by a merger of public health and general practice. The general practitioner should work in close partnership with the midwife, health visitor, home help, and other workers employed by the local authorities. Pleading for the development of health centres, he declared that these would give the general practitioner both the scientific and the social instruments for a modern approach to health. A new service for community care would become the friendly rival of the hospital service and would tend to reduce the calls upon the hospital. Recent studies had favoured the view that the care of the sick in their homes was better for them than admission to hospital. The new service should include welfare, as this could not be administered separately. Both general practice and public health as at present administered covered the same areas; and the present local government service, fortified by a statutory local medical committee, with modifications to ensure adequate representation of other community health workers, would provide the ideal administrative scheme.

In the same Section, Dr. HUNTINGTON WILLIAMS, Commissioner of Health, Baltimore City, U.S.A., and Sir ALLEN DALEY read a combined paper on public health practice. Though the administrative structure in Britain and the United States differed, the problems were basically the same, they said. In both countries the people were keenly interested in health problems, and in both there was unbridled criticism of the work of the public authorities. But it had to be remembered that each of the 48 states in America had its own legislative assembly, the Federal Government in Washington having only limited powers of interference in the states' domestic affairs. The state or city commissioner of health, or health officer, had much greater power than the medical officer of health in Britain, and was subject only to the governor or mayor. He or his board of health could often make sanitary regulations which corresponded to our by-laws, and they could enforce them in the local courts. Thus there was no common pattern of work in the public health departments in the United States, nothing comparable to the uniform system of administration prevailing in the British public health services. Private practice was strongly entrenched in the United States, and there would be immense opposition, not confined to doctors, if any proposals were made on the lines of the British National Health Service. (As a point of interest, it is a legal duty for American doctors to report cases of infectious or communicable disease, but no notification fees are paid.)

In the field of health education, television was now commonly used by American health departments, medical societies, and other health agencies. By this means it was possible to bring carefully prepared health information direct into the homes of millions of persons each week. The same was true of sound broadcasts. The earlier years of public health endeavour had been directed towards lowering the death rate; now the community wanted real substance given to the longer life-span possible to-day.

Spoilt Children

Introducing his paper on "The Growth of Independence in the Young Child" in the Section on Mental Health, Dr. JOHN BOWLBY said that the effective promotion of health demanded a thorough understanding of the developing organism and of the origins of disease processes. Thus, if our aims regarding mental health were to be achieved, there must be among other things a well-based theory of the nature of dependence and independence and of the ways in which health development in this field can be disturbed. Unfortunately, owing to the relatively little relevant research, there were here a number of "pre-scientific" and erroneous theories. He then proceeded to discuss the so-called "typically spoilt child," defining him as one who is for ever seeking attention, selfish about his belongings, envious of those of others, and anything but independent.

In theory, a personality of that kind developed if a child was given too much attention in his early days so that he never learnt to get on without it. In fact, there was no evidence to support this theory. All the experiences of workers in child-guidance clinics pointed to an opposite conclusion. It was often found in investigation that the child had had anything but an easy time; he had experienced rejection, harsh discipline, or separation. All too often the parents' efforts to give the child affection had been a pathetic but inadequate attempt to make up for the feelings of hostility and rejection experienced by another side of them. Dr. Bowlby believed that this was a rationalized form of sibling rivalry. The difference between the infant's actual dependence on his mother and his "feeling" of dependence on or need for an attachment to her must be distinguished. The infant's helplessness at the time of birth made him absolutely dependent on her ministrations, though this decreased through the years of childhood. At birth and in the weeks that follow

he was not aware of his dependence. It was only gradually that his feelings for her developed. Not until the second six months of life did he come to differentiate clearly from others the person who looked after him, and begin to focus all his interest on her. This phase persisted for a considerable period, and in most children there was no appreciable diminution in it until the child was about 3 years old. There were two schools of thought among psychologists regarding this need for attachment: one that the infant's only primary needs were the physiological ones for food, warmth, etc.; and the other that the infant's need to attach himself to a mother-figure was as primary as his need to take nourishment. Dr. Bowlby thought the second hypothesis was more likely to be proved right, but the matter would be settled only after detailed research.

In conclusion he said that the emotional disturbances in parents which hinder the natural development of dependence and independence in their children sprang almost always from a disturbance of this function in the parent's own childhood. Problem children became problem parents, who then created more problem children in the next generation. But many parents were eager and willing for help with these difficulties, and the vicious circle could be broken if help were given at the right time and in the right way.

Health of Travellers

Dr. J. J. O'DWYER, in the Occupational Health Section, spoke on the "Health of the Travelling Business Executive." Travelling could be healthful and stimulating, and sometimes gave a much-wanted respite from day-to-day anxieties, he said. But long and very busy visits, whether in tropical, subtropical, or temperate climates, were not a happy release from responsibility nor added leisure time, but work—harder than the normal day's work in office or factory. At their best travel and the meeting of new colleagues were educative, exciting, and pleasurable; at their worst, annoying and frustrating; but over a period of time travel could become tiring because of difficulties of language, mental outlook, and physical environment. Too often the pleasant anticipation of the return home was ruined by the thought of the work which had been accumulating during the executive's absence. Also, after a long and arduous journey, a rest was needed.

Dr. J. V. WALKER, in the Conference of Medical Officers of Health, spoke on railway hygiene. On the question of infection, he said this could arise from two sources: either from droplet infection in overcrowded compartments or from contaminated food consumed on railway premises. The problems of catering on trains and in stations were not really different from those in restaurants. Provided the facilities for a decent standard of hygiene were there, what really counted was the personal factor. Conditions of employment favoured a high state of morale, particularly in train restaurants, and only those who were prepared to accept a relatively exacting job with long and irregular times of duty would work there. Every effort was made to keep the staff well informed about food-handling techniques, and a summary of the Food Hygiene Regulations, 1955, as they affected their work had just been issued. There was also a school for junior employees in the station restaurant section, to which those who showed promise were posted for a course of instruction. The typical unit attached to a restaurant car consisted of a kitchen where the food was prepared and cooked, and two pantries for the storage of glass, crockery, linen, etc., with double-rinse sinks for washing up. The units were necessarily constricted and the kitchen tended to be uncomfortably hot, but their disadvantages were no greater than those of ship's galleys. As might be imagined, damage to glass and crockery was common, but so far as possible no chipped or cracked piece was ever set before a passenger.

World Health Section

This Congress saw the inauguration of a new Section on World Health under the presidency of Sir ALLEN DALEY. In his presidential address Sir Allen outlined the reasons why this step had been taken. Public health ideas, he was glad to say, were exportable and importable—without regard to politics, whatever the ideologies of the countries concerned, and without any customs barrier or currency restriction.

Dr. M. G. CANDAU, who spoke next, used the opportunity to review the work of the World Health Organization. One of its basic functions, he said, was to collate and extend knowledge on the theory and practice of health work with a view to its international application, and to see that the experience and progress gained by one country was put at the disposal of other countries. International aid for training was of the greatest importance. Specialized training was needed by physicians and "health physicists" who worked in atomic energy laboratories and plants, and by medical users of radio-isotopes. Also, more general training in the broad aspect of radiation protection would be required by those public health administrators concerned with the disposal of radioactive wastes and the protection of communities against radiation. These problems would undoubtedly grow in view of the increasing use of atomic power in industry.

IMPERIAL CANCER RESEARCH FUND

ENCOURAGING RESULTS OF RESEARCH

The annual general meeting of the Imperial Cancer Research Fund was held in London on April 26. The president, the EARL OF HALIFAX, was in the chair, and he referred to the retirement from the council of the Fund of Professor H. R. Dean, Sir Henry Dale, and Sir Arthur MacNalty, and praised their long and devoted service over years which had seen a considerable growth of the Fund's activities. Presenting the 53rd annual report of the Fund, Professor DEAN spoke of the encouraging results which were now coming out of the Fund's laboratories. Mr. A. DICKSON WRIGHT, the honorary treasurer, told the meeting that a great financial effort was going to be needed for the new laboratory building in Lincoln's Inn Fields, the cost of which was likely to be £1m.

At the meeting of the council after the annual general meeting Sir Cecil Wakeley was elected to succeed Professor Dean as chairman and Dr. Cuthbert Dukes was elected vice-chairman.

The Imperial Cancer Research Fund, which has no income from any official source and relies entirely on the public for support, has two research centres—the Mill Hill laboratories under the direction of Dr. James Craigie, F.R.S., and the Lincoln's Inn Fields laboratories under the supervision of Professor G. Hadfield. The annual report states that the main activity of the laboratories at Mill Hill will continue to be basic research into the origins of cancer and similar fundamental biological problems, whereas in the laboratories at Lincoln's Inn Fields the chief object of investigation will be cancer as it occurs in the human patient. The policy of the Fund is to apply its resources primarily and almost entirely to the support of whole-time specialist investigators in its own laboratories.

Endocrinological Studies

At the Mill Hill laboratories the effect of prolonged stilboestrol treatment of guinea-pigs is being studied in detail, and particular attention is being paid to adrenal overactivity, kidney damage, and mucous metaplasia of the prostate gland. Changes similar to those in the kidneys of guinea-pigs have been found in the kidneys of a few men treated with stilboestrol for prostatic cancer, and glomerular changes seen in guinea-pigs and men are said closely to resemble those found in women dying during pregnancy from eclampsia and from other causes.

Another problem under investigation at Mill Hill concerns the changes in a cancer which occur after it has first appeared. This potentiality for change—for instance, loss of responsiveness of prostatic cancer to hormone treatment, or the development of resistance of a leukaemia to a