

Obituary

Sir SHELDON DUDLEY, K.C.B., O.B.E., M.D.
F.R.C.P., F.R.C.S.Ed., F.R.S.

Surgeon Vice-Admiral Sir Sheldon Dudley, Medical Director-General of the Royal Navy from 1941 to 1945, died on May 6, aged 71. The brilliance and originality of his work on diphtheria prophylaxis brought him widespread recognition as a leading authority on that subject.

Sheldon Francis Dudley was born in Lisbon on August 16, 1884, the son of Surgeon Captain John Dudley, R.N. He was perhaps influenced by his early environment into entering on a career more suited to the man of action than to the research worker. His education at the Merchant Taylors' School and at St. Thomas's Hospital developed in him a well-trained mind; he passed his examinations early and was an enthusiastic Rugby football player, being in the United Hospitals fifteen and later playing for the United Services. Qualifying in 1906, he immediately entered the Navy. He served on the Mediterranean and China stations, and in 1914 was specialist in venereal diseases at the Royal Hospital, Chatham. During the first world war he served as senior medical officer of the Royal Naval Air Service at Dunkirk and in H.M.H.S. *Agadir*. Having graduated M.B., B.S. just before the war, he proceeded to the M.D. in 1919, when he was pathologist at the Royal Hospital, Haslar. In the same year he was appointed O.B.E., the first of many honours. Having taken both the D.P.H. and the D.T.M., he entered on the most fruitful and happy period of his life. In 1920 he won the Liddle Triennial Prize of the London Hospital for a paper on the epidemiology of influenza, and in 1922 he was awarded the Gilbert Blane Medal and the Neech Prize of the Society of Medical Officers of Health for an essay on "The Carrier Problem." In the following year, on his appointment as professor of pathology at the R.N. Medical School, Greenwich, he found scope for the development of his interest in epidemiology. The school was close to the Royal Hospital School, whose thousand boys provided an ideal community for testing his epidemiological views. The papers and reports he wrote as a result of his experience at Greenwich were the fruit of long and intensive research, culminating in the clear conclusions which characterized all his work at that time. He was the author or part author of three special reports to the Medical Research Council: "The Schick Test. Diphtheria and Scarlet Fever—a Study in Epidemiology" (1923); "The Spread of Droplet Infection in Semi-isolated Communities" (1926); and "Active Immunization against Diphtheria: its Effects on the Distribution of Antitoxic Immunity and Case and Carrier Infection." In 1930 he was awarded the Chadwick Gold Medal. Dudley's work at Greenwich can with justice be claimed to have made possible the success of the national campaign for diphtheria immunization.

He had trained himself as a medical statistician and reached eminence in this field, using naval statistics of great complexity to illustrate his Milroy Lectures in 1931—on the subject of "Some Lessons in the Distribution of Infectious Diseases in the Royal Navy." He was singularly favoured in his long tenure of appointments which permitted him to pursue his researches.

With the exception of one commission on the New Zealand station in 1927–8, he was never separated from hospital and laboratory facilities, until increasing seniority made it necessary to transfer him to administrative duties as Deputy Medical Director-General of the Navy in 1935.

His presence in London gave him the opportunity to accept the presidency of the Epidemiological Section of the Royal Society of Medicine, and he chose for the title of his address "The Ecological Outlook in Epidemiology." In 1933 he had been elected F.R.C.P.; in 1939 he was appointed Honorary Surgeon to the King; in 1940 he was appointed C.B.; and in 1941 he was elected F.R.S. In 1941 also he became Medical Director-General of the Royal Navy. Holding that post until the end of the war, he had great administrative responsibilities to carry, and much of his scientific work came to an end. Nevertheless he did much to forward research, and fostered close relations between the Admiralty and the Medical Research Council. The Royal Naval Personnel Research Committee received his strong support, and he especially encouraged and developed mass radiography, in which he had taken a keen interest long before it was used in the other Services or on a national scale. In 1942 he was promoted K.C.B. In 1947 he was appointed a Commander of the Order of Merit of the United States of America, and in the following year a Commander of the French Legion of Honour. The Netherlands and Norwegian governments also awarded him honours. He was elected to the Honorary Fellowship of the Royal Society of Medicine in 1945 and the Honorary Fellowship of the Royal College of Surgeons of Edinburgh in 1946, and in 1953 the University of Edinburgh conferred upon him the honorary degree of LL.D.

Sir Sheldon Dudley fully enjoyed his 30 years' service, and even on the retired list he served for a further year in the rank of surgeon captain in charge of the Naval Hospital at Bermuda. Subsequently he still visited naval medical messes and "The Goat," whose conviviality he had always enjoyed. His long years of research had developed in him an inclination to the leisurely consideration of every aspect of every problem, and in his retirement he turned to the writing of books. *The Four Pillars of Wisdom*, published in 1951, was what he called a rational approach to a healthy education—the four pillars being semantics, psychology, statistics, and logic. In *Our National Ill-health Service* (1953) he was critical of the N.H.S.

In 1913 he married Mrs. Ethel E. Franklyn, a widow with one son.

R. P. SCOTT MASON, M.C., F.R.C.S.

Mr. R. P. Scott Mason, senior surgeon to the Birmingham United Hospitals and a Vice-President of the Royal College of Surgeons of England, died at his home at Lapworth, Warwickshire, on May 3, two days after his 63rd birthday. Robert Paul Scott Mason was born at Brest, France, on May 1, 1893, the son of an instructor captain in the Royal Navy. His mother was French. His early childhood was spent in the Far East, and he spoke Japanese before he could speak English. From Portsmouth Grammar School he entered the Middlesex Hospital to receive his clinical training and qualified M.R.C.S., L.R.C.P. in 1915. He then entered the R.A.M.C. and served for the remainder of the first world war, attaining the rank of captain. In 1917 he was awarded the Military Cross "for conspicuous

gallantry and devotion to duty in tending the wounded of several batteries. To do this he had to pass through very heavy shell fire, and on this, as on previous occasions, he showed absolute disregard of personal danger." His "heroic efforts while the Division was fighting in an area drenched with mustard gas" earned him high praise, as recorded in the official history of the 18th Division. He never recovered from the ill effects of the gas. After the war Scott Mason returned to the Middlesex, first as a house-surgeon and then as assistant anaesthetist. After his election as a Fellow of the Royal College of Surgeons of England in 1921 he became resident surgical officer at Bradford Royal Infirmary. Soon afterwards he settled in Birmingham, and was successively resident surgical officer and surgical registrar and assistant surgeon at the General Hospital. Ultimately he became honorary surgeon to the Birmingham United Hospitals, serving also on the board of governors. He was also consulting surgeon to the Walsall and Tamworth hospitals, and honorary surgeon to the Birmingham Children's Hospital. During the second world war he was commandant of the Queen Elizabeth Hospital, Birmingham. Less than a year ago he was elected one of the two Vice-Presidents of the Royal College of Surgeons of England.

Mr. Scott Mason married Dr. Helen Fox, who is an anaesthetist, and she survives him, together with two sons and one daughter.

We are indebted to Professor F. A. R. STAMMERS for the following appreciation: By the untimely death of Robert Scott Mason the Birmingham Medical School has lost a striking personality and an outstandingly good general surgeon. His work was characterized by a supremely conscientious personal attention to every detail concerning the care of his patients. He will be remembered in Birmingham for many things, in all of which efficiency was the predominant note. He certainly will be remembered by everyone of about my own age as a first-class resident surgical officer at the General Hospital. Trained at the Middlesex Hospital and having had a brilliant career in the R.A.M.C. during the first world war, he came to Birmingham and proceeded to set a new high standard of efficiency in that important post, and those of us who subsequently took up surgery as a career will remember with gratitude the many points we learnt from his own beautiful operative technique. He was always interested in the younger men, especially if, at any time, they had served him as house-surgeon or registrar, and to such he remained an influential friend. He was never so happy as when entertaining a group of these young people. A powerful personality and individualist, he was always clear in his own mind about such difficult things as medical etiquette, personal relationships, ethics, or similar matters likely to puzzle younger folk, and his advice was often sought, and always readily given in precise and clear-cut terms.

As a teacher he was excellent, clear and definite in his facts, expressing them in simple language. In the same way he was a good and very fair examiner. His surgical interests were wide, and everything he did he did well, but it was in abdominal work that he was so complete a master, being well ahead of his times in the years between the wars.

As a committee man he was invaluable, always well-informed and effective, and as a chairman quite superlative. With the changing conditions of hospital life, his opinion, judgment, and guidance were relied on greatly, and we shall miss his shrewd assessment of affairs to help us in facing future problems. As a colleague he was delightful, always friendly and amusing, and he became a very attractive and witty after-dinner speaker. The Moynihan Chirurgical Club, of which he became president, gave him especial pleasure, and he rarely missed a meeting. He particularly enjoyed his work on the council of the Royal College of Surgeons

of England, and it gave his friends and colleagues tremendous pleasure when he was honoured by being elected one of the two Vice-Presidents.

He did invaluable work as secretary of the Birmingham Medical Benevolent Fund, which office he held for many years, and he also served for many years on the Midland Branch of the British Empire Cancer Campaign.

Then, at the height of his powers, he was smitten by what was to be a long and painful illness. His astonishing and, at times, almost superhuman courage made him carry on in a manner quite typical of his whole professional life—there was work to do and patients to care for, and he must continue to be useful to his beloved hospital. And so it was to within a week or so of the end. We are infinitely poorer for his loss.

J. FURNEAUX JORDAN, M.B., F.R.C.S.

Mr. J. Furneaux Jordan, who died at his home in London on May 1 at the age of 90, was formerly a leading gynaecologist in Birmingham. He was the youngest son of Furneaux Jordan, honorary surgeon at the Queen's Hospital, Birmingham, who designed an operation for amputation through the hip-joint. Several other members of his family were also well known in medicine.

Born in Colmore Row, which at that time was part of the consultants' quarter in Birmingham, John Furneaux Jordan was educated at King Edward's School, Birmingham, and at the Birmingham Medical School in Queen's College and Mason's College, the predecessors of Birmingham University. He graduated M.B., B.Ch. (R.U.I.) in 1889, and in 1891 obtained the F.R.C.S. of England. He was house-surgeon at the Queen's Hospital, and also a demonstrator in anatomy and in physiology at the Queen's College. In 1893 he was appointed assistant surgeon to the General Hospital, but shortly afterwards he decided to join the band of surgeons who, under the influence of Lawson Tait, were beginning to establish gynaecology as a branch of surgery. After being appointed to the staff of the Birmingham and Midlands Hospital for Women, he later took an active part in the building of the fine new hospital in Showell Green Lane. He was also a member of the staff of the Maternity Hospital in Loveday Street, which was erected in 1906. During these years, before the first world war, Jordan was a frequent contributor to this and other journals, and practical gynaecology owes much to his pioneer work. As an operator he was careful and neat; and he developed sound methods which he employed with scrupulous attention to detail—for instance, when closing the skin incision he used a long curved double-edged needle which he inserted unthreaded through both skin edges, and then his assistant threaded it and the suture was pulled through and knotted. He used the same needle for fifteen years. He did not contribute greatly to the teaching of undergraduates apart from their clinical studies, but he had a large practice both in hospital and in private, and he was much liked by his colleagues and by those in general practice.

Quiet in manner and in speech, but firm in opinion. Jordan was erect and spare in figure and distinguished in appearance. A justice of the peace in the City of Birmingham, he had a conscientious sense of public duty: despite the unpopularity entailed, he joined Sir Victor Horsley in the campaign against the drinking of alcohol. He was always an enthusiastic supporter of his old school, and in his younger days played football for the Old Edwardians Association, of which he later became a vice-president.

Furneaux Jordan retired from his hospitals and from private practice in 1928, living at first in the country near Bromsgrove and afterwards for many years in London. In 1898 he married Mildred, daughter of John Pleyer, of Edgbaston, and she survives him, together with one son, who is a well-known architect.—H. W. F.

Dame HILDA LLOYD writes: By the death of John Furneaux Jordan, the Women's and Maternity Hospitals, Birmingham, have lost the oldest member of their honorary staff. At the outset of his career he was appointed to the staff of the General Hospital, Birmingham, but when a vacancy occurred at the Women's Hospital he decided to devote himself to gynaecology, and from then until his retirement in 1928 he served his hospital and patients with untiring devotion. In his younger days he had considerable athletic prowess, especially in lawn tennis. He had a charming personality, and his great kindness won him the affection of his medical colleagues and of innumerable patients. A favourite hobby was gardening, and nothing delighted him more than to take his friends round his beautiful garden in Edgbaston.

A memorial service for Sir Morton Smart, G.C.V.O., D.S.O., M.D. (whose obituary was published in the *Journal* of March 31), was held on May 2 at the Queen's Chapel of the Savoy, London. The Queen was represented by Sir Horace Evans. Admiral Earl Mountbatten read the lesson. An address written by Marshal of the Royal Air Force Lord Tedder, who was unavoidably prevented from attending, was read by Dr. B. Kiernander, who said that if ever a man lived a full life it was Morton Smart. A fighter and a healer, he had initiative, courage, imagination, and sympathy—qualities that led him in two successive wars to turn to combatant service, that won him the D.S.O. at the Dardanelles for saving life. They were, too, the qualities that made him a great healer. Morton Smart fought for a new method, a fresh approach to old problems. He had the qualities that won the confidence of his patients. It was a two-way confidence he created, confidence in themselves and confidence in him. Many owed to Morton Smart the fact that they had been saved from being permanent cripples, and there would be many more, for his work lived after him.

Medical Notes in Parliament

GUILLEBAUD REPORT

When the House of Commons discussed the Guillebaud Report on May 7, Mr. R. TURTON, Minister of Health, said it was a welcome vindication of the National Health Service as it now existed. It made it clear that economy and efficiency had increased since the Service began, and showed that in real terms the increase in the gross cost between 1949 and 1954 was small—only some £30m. out of a total of £400m. During those years the Service was substantially improved and expanded. The Guillebaud Committee estimated that if the proportion of the national resources devoted to the Service had been the same in 1953-4 as in 1949-50 the net cost to the Service would have been some £67m. greater than it actually was. In these years it had been possible to save £67m. by greater efficiency and provide a more extensive service at little increased cost.

Perhaps the greatest problem in the Health Service was the tripartite division of the administrative structure. The committee considered any fundamental change at this time would be premature, though minor adjustments might be advantageous. The greatest need was for stability for a period of years, but there was the problem of co-operation between the different branches of the Service, and even within them, which was not yet fully solved. The Government accepted that there should not at this time be any

transfer to other authorities of responsibility for hospital or general-practitioner services; any creation of new central or local *ad hoc* authorities as recipients of particular functions; any changes in regional hospital board areas; or any transfer to the boards of responsibility for teaching hospitals in England and Wales, or any transfer of dental clinic services from local to the central health departments.

When the National Health Service Bill was being debated in 1946, and later in 1948 when the administrative action was being taken to bring it into operation, it was stated that the objective was the greatest possible decentralization of responsibility and executive action within the hospital service. This was certainly the policy of the present Government. Anything that could reasonably be decided and done on the level of the individual hospital should be done there. Anything that could be reasonably decided and done at the group level—the hospital management committee level—should be done there, and the regional board and the Minister should reserve to themselves only those functions which were inescapably theirs. The recommendation did not mean that the boards, in relation to the management committees, or the Minister in relation to the regional boards, should seek to put them in a strait-jacket of prior approval, or require them in any but the most exceptional or restricted fields to get authority before taking action within the scope of their proper functions. The conception was rather one of review and, if necessary, rebuke after the event, and not one of reference upward to get approval. That seemed to be an essential element of supervision and oversight as distinct from control. This relationship, which the report called the acceptance of authority, was the objective at which management at every level must aim. It might happen exceptionally that review and rebuke after the event were not enough. A direction might be required, or a particular management committee which had shown itself to fall short of the proper levels of responsibility might have to be subjected to something more nearly approaching control, but this would be most exceptional. The aim of boards and committees alike should be to cultivate confidence and trust and acceptance of each other's functions.

The recommendation that the time was right for a review of hospital groupings was a big issue which raised a number of other problems. The effects on the cost of administration and possible staff redundancy were being considered, and as soon as practicable a statement would be made.

Three Branches of Service

The main problem was undoubtedly that of co-operation between the three main branches of the Service. The Guillebaud Committee had pointed out that it was here rather than in any sweeping changes of structure that the answer to any continued difficulty of organization and function must lie.

That part of the Service where the tripartite nature of the administration raised the most problems was in the home health service and preventive health. The danger in the present structure was that they were far too inclined to work in watertight compartments. The local health authorities' services formed a most important contribution to the home health services, but they could not function alone. The first objective must be to place at the disposal of the patient in his home, equally with the patient in the hospital, a co-ordinated team acting under the clinical guidance of his personal medical attendant. This required the closest possible co-ordination between the general practitioner and the local health authorities. It was most important that the medical officer of health should be, if not a full member of the executive council, at least in constant attendance at their meetings. It was for this reason that the committee had, quite rightly, come to the conclusion that the right course was in general to keep the boundaries of the executive council coterminous with those of the local health authorities. Health visitors paid about one million visits a year to old people, and the proportion of time devoted to the aged increased year by year. It should be the aim of the domiciliary team to make it possible to keep out of hospitals,