against justice being done between the parties, and of which judges have often complained as appearing to do so, is that the Crown is entitled to withhold official documents if their production would be injurious to the public interest either because of the contents of the document itself or because it is one of a class of documents which it was essential in the public interest should remain confidential.

In 1941 the House of Lords in the course of litigation arising out of the loss of the submarine *Thetis* on her trials in 1939 held that it was not for the courts to inquire into whether production of the document would be injurious to the public interest. Provided the Minister responsible made a claim to withhold the document on that ground in the proper form, the courts were bound by his claim.

An example of the practical working of this principle in relation to medical documents is the case of *Ellis* v. *the Home Office*,[1] which arose out of an attack by a convict called Hammill in the hospital in Winchester Prison on Ellis, who was on remand in custody awaiting trial. Hammill was in hospital for observation as a mental defective, and, in order to establish his case that the Home Office had not taken reasonable care for his safety by exposing him to the possibility of attack by Hammill, Ellis sought disclosure of the daily reports on Hammill's behaviour by the hospital officers whose duty it was to observe him, and of the prison doctor's notes of his examination of Hammill. Privilege was claimed for these documents by the Home Secretary, and, being bound by the ruling of the House of Lords in the *Thetis* case, Mr. Justice Devlin upheld the claim, though he felt bound to express his "uneasy feeling that justice may not have been done because the material before me was not complete, and something more than an uneasy feeling that, whether justice has been done or not, it certainly will not appear to have been done." As was said in the Court of Appeal, where Mr. Justice Devlin's decision was upheld, that was a serious thing for a judge to have to say about the administration of justice in his court.

By reason of the express provisions of s. 13 of the National Health Service Act, 1946, regional hospital boards and hospital management committees cannot themselves claim privilege under this principle, but the Minister can intervene and do so. The principle applies directly in respect of Service doctors, prison doctors (as in Ellis's case), and others in similar positions.

From time to time efforts have been made, particularly by the Law Society and the General Council of the Bar, to persuade the Lord Chancellor to change the law as expounded in the *Thetis* case in the only way in which it can be changed—by legislation. These efforts have so far been without success, since Governments are not unnaturally apt to think that they are better equipped than the judges to assess the "public interest"—a matter, they would say, of politics rather than of law. That Governments are properly sensitive to the effect that unwise invocation of the principle may have on their ultimate master, public opinion, is shown by the statement[2] made by the Lord Chancellor in the House of Lords on June 6, 1956, in answer to a question by Earl Jowitt on what government policy was on the subject.

The Lord Chancellor discussed, among other matters, policy in relation to medical reports and records in the light of the Ellis case. It was the intention not to claim privilege for ordinary medical records kept by departments in respect of the health of civilian employees. Privilege would still be claimed for records and reports of Service doctors and prison doctors, in order that their frankness and the confidence of their patients should not be inhibited, which was especially important in the case of venereal disease. When the Crown or the doctor employed by the Crown was being sued for negligence it was intended not to claim privilege, but there still might be reports which were of a specially confidential character in respect of which privilege ought to be claimed. The Lord Chancellor believed that these and other decisions of policy would eliminate many of the grounds of complaint which had arisen in the past. In answer to Lord Silkin he said that no legislation was necessary and that the proposals he had announced would come into force at once.

Accordingly the law is unchanged. All that is changed is the policy of the Crown in using the opportunity the law allows to claim privilege. Once the claim is made, it remains as a matter of law final, and cannot be challenged in the courts. This may be half a loaf for the better administration of justice, but is likely to be considered no bread by the reformers.

[1] [1953] 2 Q.B. 135.
[2] *Hansard, House of Lords*, June 6, 1956.

Medical Notes in Parliament

USE OF FLOUR IMPROVERS

The composition of flour, and the difference between the recommendations of the Cohen Panel on Bread and the views of the Medical Research Council (*Journal*, June 9, pp. 1347 and 1354), were discussed in the House of Lords on June 7 at the instance of Lord HANKEY. He denounced the result of the Government's acceptance of the Cohen Report as not a health loaf but "a whitewashed political loaf, a caricature of a loaf, denatured, shorn of its bran, with the precious store of Nature's best replaced by three synthetic products of a chemical factory." The Cohen Panel and the Government, he claimed, had put the milling and other interests first. They had ignored the principle insisted on by their own medical and scientific advisers that if there was any uncertainty about a nutritional policy it was better to err on the side of caution; and their opinion that "nothing is gained in terms of health of the population by providing flour of lower extraction, even if enriched with the three token nutrients in place of well-made flour of 80% extraction, and that something may even be lost."

In a detailed examination of the effects of improvers he began with the decision to discontinue the use of agene from January 1 this year—29 years after the original decision of the Ministry of Health Committee of 1927—and said that he had sent to the late Sir Edward Mellanby, as a Christmas card, a copy of the announcement of the Government's intention. The reply he received included this passage: "I have often felt that if I had brought the agene film to our distinguished legislators, and really shocked them and made them realize the importance of the facts, action would have been taken much earlier." Lord Hankey said that one of his objects in initiating this debate was to avoid such shabby official indecision and procrastination in relation to chlorine dioxide, the one of the four permitted improvers which the industry had for the most part adopted. It had threadbare merits, but was becoming increasingly suspect in connexion with the steady rise in the U.S. death rate from coronary thrombosis, and because of its destruction of a large part of vitamin E contained in the wheat germ. A deficiency in vitamin E had been found in Sweden to impair fertility; and in a letter to the *Lancet* on December 24, 1955, Dr. L. Schmidt had suggested that a high calorie diet coupled with low vitamin E consumption brought about a high incidence of heart disease. Dr. Hugh Sinclair, reader in human nutrition at Oxford, had advanced the thesis in the *Lancet* on April 7 that change in national dietaries in recent decades had meant that food had become increasingly defective in essential fatty acids, which in the presence of vitamin B_6 formed arachidonic acid, which exerted a vital defensive action. The essential fatty acids and vitamin B_6 occurred in the wheat germ, but survived only to a small extent in 70% flour, and only in part in 80% flour, owing to the use of the so-called improvers. He urged the Government to think again, and to make wholemeal bread the starting-point for a new policy of promoting positive health; and in the meantime to accept the advice of their own experts and stand firm on 80% flour, without improvers.

Lord DOUGLAS OF BARLOCK, Lord TEVIOT—who described as perfectly dreadful the reference in the Cohen Report to "commercial bread"—and Lord BALFOUR OF BURLEIGH joined in the criticism of the Government's decision in view of the different opinion of the Medical Research Council.

Case for Improvers

Lord STAMP, putting the case for improvers, found the debate premature, since experiments that had been made to study some of the questions raised had not been published and others had not yet been completed. The provision of flour with suitable baking qualities and an acceptable colour was a major question for home millers competing with imported flour. The Jameson Committee of 1949–50 had reported that if a loaf acceptable to the general public was to be produced some form of "improver" must continue to be used. Chlorine dioxide had no harmful effects in animals. The claims of Dr. Sinclair that deficiency of essential fatty acids might be responsible for a variety of human ailments were quite unproved, and much more experimental work and clinical observation were required. Just as bread was by no means the only source of fatty acids, so it was also far from being the only source of vitamin E. If the treatment of flour with chlorine dioxide did result in a reduced intake of vitamin E and essential fatty acids, it was most unlikely that it would result in a deficiency in view of the presence of those substances in other common foodstuffs; and deficiency had yet to be associated definitely with impaired human health. There seemed to be no case for condemning the use of chlorine dioxide on those grounds. That was not to say that it could be regarded as completely satisfactory, and the search must continue for a method that was above criticism.

Lord SEMPILL thought the technique of the big bakeries had reached its zenith in the sliced, wrapped loaf—ideal pap for the toothless, never really fresh and never really stale, with the texture of high-grade cotton-wool. Lord HADEN-GUEST thought that much of the criticism had been exaggerated and out of perspective. The ordinary bread sold in the baker's shop was not an unhealthy product. Many people would refuse wholemeal, because they did not like it.

Government View

Earl ST. ALDWYN, Parliamentary Secretary, Ministry of Agriculture, Fisheries, and Food, said the millers were convinced that the improvers were necessary to the process of supplying bread that the public required. All the Government did was to refrain from preventing their use. Dr. Sinclair, in suggesting a possible deficiency in fatty acids and a relationship between that and the degenerative diseases, was not putting forward demonstrable and firm conclusions, but was making interesting and important suggestions on which more research was necessary. Such suggestions did not provide a firm enough basis for Government action, but they would keep in touch with developments. There was no evidence which would justify prohibiting the improvers in use.

National flour, of 80% extraction or over, was sold at a controlled price, but brought the baker a subsidy. Bakers were free to produce whiter bread from flour of lower extraction, provided that after milling there were put back the "token" nutrients—vitamin B_1, nicotinic acid, and iron—but there was no subsidy or price control on this bread. The Government were proposing to take off the subsidy, and bakers would be free to produce whatever bread they liked, at a free market price. The Government would, however, lay regulations under the Food and Drugs Act, 1955, requiring that all flour should contain not less vitamin B_1, nicotinic acid, and iron than were at present required to be restored to the whiter flour.

It had been found that for technical reasons the minimum extraction rate of 80% for subsidized flour was difficult to enforce; there was a keen demand for the whitest available National bread, and this had led traders to take advantage of the difficulties of enforcement. The result had been that in practice the flour used for subsidized National bread contained less of the token nutrients than the flour used for unsubsidized bread. It had therefore become apparent that the assumption that National flour properly made was significantly better than the whiter flour plus the token nutrients was not generally accepted. An independent review of all the scientific evidence was therefore undertaken by the Cohen Panel. Their conclusion was not in agreement with the evidence submitted by the Medical Research Council.

But the Government were not so much rejecting the advice of their own experts as finding themselves confronted with conflicting evidence: the Panel said the differences between the two kinds of flour were unimportant; the M.R.C. said that, although the differences were not apparently material, there was an element of risk which they thought ought not to be taken. Into the balance the responsible Ministers had thrown two other considerations that were not the concern of scientists as such—first, the political view that by and large it was undesirable to require people to eat one thing when they desired another; and, secondly, the administrative view, of the difficulty of enforcing regulations prescribing a minimum extraction rate. The Government accepted the Panel's assessment of the risk. For the long term they would await the advice of the Food Standards Committee, who would be asked to consider whether, in addition to the requirements about the token nutrients, more extensive regulations governing the composition of flour and bread were needed to protect consumers. All the interests concerned would have ample opportunity to make representations to the Food Standards Committee on these matters.

NUCLEAR WEAPON TESTS

Announcing the new series of British thermonuclear weapon tests over the Pacific Ocean in the first half of 1957, the PRIME MINISTER stated on June 7 that the tests would be high air bursts that would not involve heavy fall-out. All safety precautions would be taken in the light of the knowledge and experience gained from the tests of other countries. The main base of the R.A.F. task force will be Christmas Island.

Mr. ARTHUR HENDERSON (Rowley Regis and Tipton, Lab.) expressed some concern about the possible fall-out of strontium. Sir ANTHONY EDEN deprecated any alarmist conclusions—because he was sure they would be wrong—before the report of the Medical Research Council had been read (see p. 1418). Replying to a suggestion by Mr. DONALD WADE (Huddersfield, West, Lib.) that "the higher the burst, the more widespread the fall-out," he said that the higher burst resulted in less heavy fall-out, and therefore less danger to anybody concerned. As to the effect of these tests on health in the world in general, the M.R.C. report was a very thorough and well-documented publication and he asked the House to study it before coming to any conclusions.

On the general question of limitation of test nuclear explosions, which was also raised, the PRIME MINISTER stated that Anglo-French proposals suggesting first limitation and then banning had been made to the United Nations Disarmament Commission, and these were most likely to be discussed at the next meeting of the commission in New York.

Measuring Strontium Fall-out

Mr. R. MASON (Barnsley, Lab.) asked the Lord Privy Seal on June 7 to what extent a monitoring system was in operation within the United Kingdom to check the increasing fall-out of radio-strontium following atom and hydrogen bomb tests. Mr. R. A. BUTLER stated that such a system was already in operation. The amount of radio-strontium reaching the ground in the United Kingdom was

monitored by the regular analysis of rain-water samples. The radio-strontium still to fall was monitored through the analysis of dust samples collected by aircraft.

New Medical Bill

The LORD CHANCELLOR introduced in the House of Lords on June 6 the Medical Bill, to consolidate enactments relating to medical practitioners, with corrections and improvements, made under the Consolidation of Enactments (Procedure) Act, 1949. The Bill was read a first time.

Hospitals and the Public

A debate on June 9 on the public relations of various kinds of public authorities produced some comments on hospitals. Mr. WEDGWOOD BENN (Bristol, South-East, Lab.), who initiated it, said that hospitals were appalling in the treatment of out-patients, and he could not understand how the country put up with it. The benefits of the service, he agreed, were very good when a patient came under the doctor, and his complaint was only on the way people were treated as individuals.

Mr. J. MACCOLL (Widnes, Lab.) said the hospital service, at its worst, had the most shocking public relations of any institution. He recently had to go to a casualty ward—they are frequently regarded as becoming casualty wards. He had to be *x*-rayed, and, although he accepted that there were difficulties about ensuring privacy for people in varying degrees of undress, he thought the staff might have prefaced the names with "Mr." Mr. Pierrepoint, when training his assistants, would have taught them more courtesy in the way they treated a client than was shown by the girl operating the *x*-ray. In inviting him to assume various contortions she never used the words "please" or "thank you," and never gave any indication that she regarded him as anything other than an animated cadaver which had to be pushed through a machine.

Assistant Physicians' Appointments

Dr. DONALD JOHNSON (Carlisle, Con.) asked the Minister of Health on June 11 if he had considered the particulars supplied to him in relation to three different regional hospital boards; why regional hospital boards had advertised posts of assistant physician (geriatrics) and then failed to fill them from suitably qualified applicants; and if he would ensure that in future all such posts were filled when suitably qualified and experienced applicants were available. Mr. R. TURTON stated that from those particulars, which he had considered carefully, it appeared that the boards decided that these senior posts could not suitably be filled from the applicants. This was a matter which must be left for decision by boards after considering the advice submitted by their advisory appointments committees.

Dr. JOHNSON said that the evidence he had submitted showed that on the one hand there were elderly people in need of attention, and on the other doctors looking for jobs. Would the Minister supervise this carefully and ask regional boards to make appointments wherever possible? Mr. TURTON replied that he must not supervise the boards in this matter. They were responsible for the service, and it must be for them to decide whether applicants were suitable.

Registrars' Posts

Mr. S. MCADDEN (Southend, East, Con.) asked how many consultant posts in general surgery had been filled in the last two years; and of those appointed how many were formerly registrars in other than teaching hospitals. Mr. TURTON said the number was 52. Of these at least 13 had held appointments as senior registrars in non-teaching hospitals. Mr. MCADDEN said there was a strong feeling among registrars that they were not getting a fair crack of the whip. Mr. TURTON answered that the selection of senior registrars was made on the advice of the advisory committees, of whom the majority were medical members.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending **May 26** (No. 21) and corresponding week 1955.

Figures of *cases* are for the countries shown and London administrative county. Figures of *deaths* and *births* are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available.

The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1956					1955				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	8	1	9	0	5	10	1	6	0	1
Dysentery	1,146	180	265	5	1	1,385	55	455	18	2
Encephalitis, acute	1	1		0		2	0		0	
Enteric fever:										
Typhoid	3	1	0	0		1	0	1	2	
Paratyphoid	9	3	1 (B)	0		10	0	2	0	
Food-poisoning	269	51		1		306	16		1	
Infective enteritis or diarrhoea * under 2 years				5	23				20	10
Measles*	3,234	249	272	111	243	25,470	923	211	259	301
Meningococcal infection	32	2	7	1	2	19	3	16	2	
Ophthalmia neonatorum	25	2	3	0	1	64	4	8	0	
Pneumonia†	339	10	167	14	3	423	19	154	4	
Poliomyelitis, acute:										
Paralytic	16	0	8	0	1	12	1	1	1	
Non-paralytic	9	0				13	2			
Puerperal fever§	170	26	6	0		201	39	7	2	
Scarlet fever	553	41	63	24	18	609	36	100	49	19
Tuberculosis:										
Respiratory	559	62	125	33		744	79	126	21	
Non-respiratory	81	1	17	4		97	7	15	2	
Whooping-cough	1,351	68	217	73	128	1,455	71	122	61	35

DEATHS in Great Towns	1956					1955				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	0	0	0	0	0
Dysentery	1	1		0		0	0		0	
Encephalitis, acute		0			0		0			0
Enteric fever	0	0	0	0		1	0	0	0	
Infective enteritis or diarrhoea under 2 years	6	0	2	0	0	6	0	2	0	1
Influenza	3	0	0	0	0	15	0	0	0	0
Measles		0	0	0	0		0	0	0	0
Meningococcal infection		0	0				0	0		
Pneumonia	205	30	13	12	8	198	21	23	10	8
Poliomyelitis, acute	2	0			0	1	0			0
Scarlet fever		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory	52	6	6	1	3	72	16	5	4	5
Non-respiratory		1	1	1	0		2	2	1	0
Whooping-cough	2	0	1	0	0	0	0	0	0	0
Deaths 0–1 year	202	27	36	6	6	219	27	37	5	15
Deaths (excluding stillbirths)	4,909	668	573	88	145	5,247	716	548	103	173
LIVE BIRTHS	7,321	1087	996	219	415	7,838	1103	956	212	440
STILLBIRTHS	212	26	21			210	35	17		

* Measles not notifiable in Scotland, whence returns are approximate.
† Includes primary and influenzal pneumonia.
§ Includes puerperal pyrexia.