

We have received the following appreciation of Dr. Bate from a distinguished member of our profession who knew his work well:

Both the late Sir R. C. Brown of Preston and Dr. G. Paddock Bate were closely associated with the Factory Department, the former for fifty-five and the latter for thirty-five years. No factory inspector had been in Preston or East London for more than a week or two without feeling that here was the special medical knowledge of real assistance to him in appraising the seriousness of the accidents caused by machinery. Both of them maintained the most cordial relations with successive inspectors, as, indeed, was to be expected, seeing the interest they took in their factory work. Dr. Bate, no doubt, also from his position as medical officer of health for Bethnal Green, acted as examiner in sanitary science for many years for posts as inspector of factories. He never ceased to regret that the discontinuance of the requirement of reporting on accidents caused by machinery deprived him of the best means of ascertaining the danger points to life and limb—from which it was his duty to try to safeguard the children whom he had to examine. He must have "passed" at least half a million children and young persons into industrial life—all with a word of encouragement. He used to say, when discussing the question of whether it was worth while to go to the trouble of visiting the place of employment instead of making the children come to his office, that *at the factory* he could see them with the signs of their occupation upon them, and he could influence employers to concede willingly matters not legally enforceable, once the need or desirability was pointed out to them. Small points, like biting the nails in the handling of lead paint, poisonous drugs, or stains containing potassium bichromate, never escaped him, nor would he permit girls with loose hair, or children with deafness, to work near power machinery. He utilized the power of attaching conditions to his certificates, as to the nature of the work upon which the child or young person should be employed, to the utmost. On the other hand, he used to say that young persons—particularly girls—who attended for examination at his office, *away from the factory* in their outdoor clothes, carried with them no precise indication of their actual employment, of which, indeed, they were often ignorant. No responsible person attended with them to whom instructions could be given. He was always a protagonist for the certifying surgeon as a field worker in the factory.

SIR HENRY F. NORBURY, K.C.B.,

Formerly Medical Director-General R.N.

SIR HENRY FREDERICK NORBURY, K.C.B., R.N. (ret.), died at Eltham on December 10th. He was born on September 12th, 1839, and educated at Oundle School and at St. Bartholomew's Hospital. After taking the M.R.C.S. in 1860, he entered the navy as surgeon in the same year. In 1868 he took the L.S.A., and in 1870 graduated M.D. Malta. He became staff surgeon in 1872, fleet surgeon in 1879, D.I.G. in 1887, I.G. in 1894, and in 1898 succeeded Sir James Dick as Director-General of the Medical Department of the Navy; he retired in September, 1904.

He served in the Kafir war of 1878, in medical charge of the Naval Brigade, was present in the actions at Quorra River and Quintana, was mentioned in dispatches and recommended for promotion. In the Zulu war of 1879 he was again in medical charge of the Naval Brigade, as principal medical officer, was present at the battle of Inyezane, was mentioned several times in dispatches, was promoted to fleet surgeon, and received the C.B. In August, 1879, he was appointed to the charge of the Naval Hospital at the Cape of Good Hope. After three years in that post he was appointed to the charge of the Naval Hospital at Stonehouse. From 1890 to 1895 he was Assistant Director-General, and from 1895 to 1898 principal medical officer at Plymouth, ending his career with six years as Director-General of the Medical Department of the Navy. In 1879 he won the Gilbert Blane gold medal; in 1882 he received the honorary degree of M.D. from the University of the Cape of Good Hope; in 1895 he was made a Knight of Grace of the Order of St. John of Jerusalem; in 1897 he was promoted to K.C.B. at the Diamond Jubilee; in 1900

he received the honorary Fellowship of the Royal College of Surgeons of England, and in 1901 was awarded a good service pension. He was also honorary surgeon to King Edward and to King George; and had the medals given for Queen Victoria's Diamond Jubilee, and for the coronations of King Edward and King George. In 1868 he married the daughter of Mr. E. G. Wade Brown of Burton Bradstock, Dorset, by whom he had three sons and five daughters. His eldest son is Captain H. B. Norbury, C.B., R.N.; the second is Mr. H. F. O. Norbury, Civil Service; and the third is Mr. L. E. O. Norbury, surgeon to the Belgrave Hospital for Children and to St. Mary's Hospital. His five daughters are all married, three of them to medical men.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT will be prorogued on Monday or Tuesday till February 2nd, 1926. Before rising it will have passed the Government of India (Civil Services) Bill and the Safeguarding of Industries Bill.

The county councils, whose views on the draft Poor Law Reform Bill were requested by Mr. Chamberlain, will not be able to furnish them before the House reassembles in February. For this reason, and because of other heavy calls on the time of Parliament, the Government has decided that it cannot carry the Poor Law Reform Bill into law next session. It may, however, be introduced late in the session to give the House of Commons an opportunity for discussion.

On December 14th, at the House of Commons, Mr. Chamberlain (the Minister of Health) met the Unionist party's Health and Housing Committee, with Dr. Fremantle in the chair. The Minister explained the scheme of the Poor Law Bill, and showed himself resolved to stand by its principles. He dealt incidentally with the opportunities which it would give local health authorities to assist voluntary hospitals and co-ordinate their work with other public health activities.

About thirty members who support the claim of osteopaths for recognition met at the House of Commons on Tuesday evening and decided to introduce next session a bill proposing that a statutory register of osteopaths should be established, and that this bill should define the educational qualifications to be demanded of osteopaths in Great Britain before registration. At this meeting it was announced that the osteopaths proposed to apply for a charter. There is no confirmation of the recent report that the Government had decided to propose the statutory registration of opticians.

No progress has been made with the Bethlem Hospital Bill.

The General Medical Council and the "Medical Register."

On December 14th Lieut. Commander Kenworthy asked the Prime Minister if the Lord President of the Privy Council had been approached by any section of the medical profession with regard to the constitution of the General Medical Council, and what steps, if any, he had taken or proposed to take in this matter. Major Hennessy, who replied, said the answer to the first part of the question was in the negative, and the Lord President of the Council considered that the case for action as suggested in the second part did not arise. Mr. Basil Peto asked if the Prime Minister would consider the necessity of amending Sections 26, 28, and 29 of the Medical Act of 1858, in view of the obscurity of the procedure under the Act and the confusion of the powers of examining colleges and bodies and the General Medical Council, whereby persons whose names had been removed from the Register were required by the General Medical Council to prove that they possessed degrees of which they had been deprived, in consequence of the General Medical Council having removed them from the Register, before their names could be restored to the Register. Major Hennessy said he was informed that there was no difficulty in interpreting the sections of the Act of 1858 to which Mr. Peto referred. It must be remembered that the General Medical Council could not confer medical degrees or qualifications, nor could it annul them when once conferred. Moreover, it could not place a man on the Register unless he possessed a degree or qualification. When, therefore, a practitioner had been deprived of his degree or qualification by the body which originally conferred it, that body must restore it before the General Medical Council could reverse its own previous decision. Mr. Peto asked whether, when the General Medical Council removed any person from the Register for reasons given, the consequence was that the colleges, or other examining bodies, automatically withdrew that person's degree. If that were the case, how could such a person get on to the Register again, unless the original examining body acted in the matter? Major Hennessy replied that he must have notice of that question.

Deaths from Erysipelas, and Successful Vaccinations in Infants.—Mr. Scrymgeour, on December 7th, asked the Minister of Health to supply figures giving the deaths of infants under 1 year of age from erysipelas per million births for each year since 1910; the number of infants under 1 year of age successfully vaccinated by public vaccinators for each year since 1914, with the percentage of such vaccinations to the births; and the total expenditure on vaccination out of national and local funds for each year since 1914. Mr. Neville Chamberlain, in reply to the first two parts of the question, supplied the following information relating to England and Wales.

Deaths of Infants under 1 year of age from Erysipelas per million Births.

Year.	Year.	Year.
1910 167	1915 207	1920 149
1911 154	1916 146	1921 133
1912 179	1917 127	1922 124
1913 161	1918 119	1923 112
1914 207	1919 94	1924 116

Number of Infants under 1 year of age successfully Vaccinated by Public Vaccinators, and the Percentage of such Vaccinations to the Births Registered.

Year ended September 30th.	Successful primary vaccinations by public vaccinators at the expense of the rates.	
	Number.	Percentage to births.
1914	284,227	32.2
1915-17	Figures not available.	
1918	180,090	27.5
1919	170,653	27.0
1920	241,209	24.8
1921	220,474	25.7
1922	205,106	25.5
1923	234,103	31.0
1924	245,211	33.3

Details of the expenditure on vaccination for 1914 had been circulated on November 30th.

Vaccination and Small-pox.—Mr. Chamberlain stated that in 1924 the deaths of four persons in England and Wales were attributed to vaccination or to causes associated with vaccination. These persons were aged 8, 3, 3, and 5 months respectively. Answering questions by Mr. Bromfield about deaths registered from small-pox in foreign countries, Mr. Chamberlain said that in Germany 109 deaths were registered from small-pox in 1921; the figure for 1922 was not available. In 1923 there were 17 cases, and in 1924 16. The number of deaths in those years were not available. In Italy 16 deaths were registered from small-pox in 1916, 114 in 1917, 924 in 1918, 16,380 in 1919, 11,037 in 1920, 1,360 in 1921, 37 in 1922, and 16 in 1923. In Japan there were 889 cases and 212 deaths in 1921; in 1922 the figures were 679 and 124; in 1923, 1,922 and 361; in 1924, 1,702 and 266. In reply to Mr. Compton, Mr. Chamberlain said vaccine lymph was not tested on rabbits before it was issued to public vaccinators.

Right of Appeal of Insurance Practitioners.—Answering Lieut.-Commander Kenworthy, Mr. Chamberlain said he was aware that a considerable section of insurance practitioners desired to be given a general right of appeal in the courts against his decision. He had received resolutions passed at a meeting of delegates, though he could not agree that they represented not less than 5,000 practitioners. He had refused to receive a deputation from the conference as he had already discussed the matter with the Insurance Acts Committee of the British Medical Association, which represented the general body of insurance practitioners. The question was engaging the attention of the Royal Commission on Health Insurance, and he did not propose to take any action pending its report. Inquiry committees, set up to consider whether the continuance of a practitioner on the medical list would be prejudicial to the service, were appointed in accordance with regulations made under Section 24 (2) of the National Health Insurance Act, 1924, and were not governed by the provisions of Section 91 of that Act.

Pensions Ministry.—Major Tryon (Minister of Pensions) has stated, in reply to questions: (1) That the number of pensions at present in payment for neurasthenia was about 32,000, of which about 12,000 had been awarded for life. Of the balance, about 17,000 pensioners had been in receipt of pension for four years or more. The possibility of making final awards in these cases was constantly kept in view in connexion with the medical re-examination of cases. (2) That the number of men in receipt of in-patient treatment for neurasthenia in the first week of the present month was 1,809. The yearly cost of the treatment in Ministry hospitals for this class of case was approximately £250,000.

Diphtheria.—Answering Mr. R. Richardson, Mr. Chamberlain said that the mortality from diphtheria in West Bromwich was exceptionally high in 1922 and 1923, but the incidence was fairly constant throughout those years, and the occurrence presented no feature necessitating any special inquiry by the Ministry of Health or reference to the matter in the annual report of the chief medical officer. The high incidence and fatality in 1922 were attributed by the medical officer of health to the fact that in the majority of cases medical assistance was not sought until the third or fourth day of the disease, and there was consequent delay in administering antitoxin. As regards the year 1923, the medical officer of health reported that more prompt recourse to medical assistance, which rendered earlier administration of antitoxin possible, had resulted in a reduction in the case mortality. In 1922, 96 cases were treated

in hospital, of which 18 proved fatal. The figures for 1923 were 159 and 19 respectively. In all these cases antitoxin was administered.

Infant Welfare Centres.—On December 11th Mr. Neville Chamberlain informed Sir C. Oman that he was aware that the infant mortality rate in Market Drayton had generally been in excess of the average rate for the whole country, although this had not always been the case in the past ten years. The county council was taking steps to provide a new infant welfare centre in the district, and further inspection did not seem to be necessary. In reply to another question it was stated that the total maintenance cost of the Wednesbury infant welfare centre was about £225 a year, and of the Wednesbury tuberculosis dispensary about £900 a year.

Arsenic and Apples.—The Minister of Health is trying to arrange that measures shall be taken to remove contamination by arsenical washes before apples are packed for export to this country, and has reminded port sanitary and other local authorities of the necessity for strict supervision of imported apples. Recent analyses have shown the presence of increased quantities of arsenic on certain brands. The Minister of Agriculture states that poisonous washes are used on apple trees in this country, but the applications are made so early in the season that the risk of any appreciable quantity of poison remaining in the apples, when they are gathered, is negligible.

Luminal in Epilepsy.—Mr. Scurr asked the Minister of Health what steps had been taken to draw the attention of the medical profession to the dangers arising from the use of the drug luminal, especially as, when used for the treatment of epilepsy, serious danger arose if the treatment was continued though the epilepsy was cured. Mr. Chamberlain said the effects of the drug had been fully discussed in the medical press, and it seemed justifiable to assume that those doctors who used it were well aware of its action and possible risks.

Industrial Poisoning.—Asked by Mr. J. Baker about the use of varnishes or dopes composed of celluloid or nitro-cellulose dissolved in acetone, amyl acetate, or similar solvent, the Home Secretary said he was advised that the existing requirements of the Factory Act had been found adequate so far as danger to health from inhalation of the fumes was concerned. The Chief Inspector was not satisfied about the security from fire or explosion. Answering Mr. Robinson, the Home Secretary said 5 cases of lead poisoning were reported in 1921 among pasters manufacturing or repairing electric accumulators, 11 in 1922, 44 in 1923, and 42 in 1924. Since March 1st there had been 15 cases among pasters. The new regulations appeared to have substantially reduced the number of cases. Two cases of carbon bisulphide poisoning had been reported since February 1st, and 30 cases of aniline poisoning; but no case of chronic benzene poisoning. The whole subject was receiving special attention from the medical inspectors of the Home Office.

Army Pharmacists.—On December 8th Captain D. King stated that all army dispensaries were under the direct supervision of a medical officer. The only persons, other than medical officers, who might make up prescriptions in those dispensaries were qualified army dispensers, and they might only make up prescriptions signed by a medical officer. He was not aware of any reason for considering that the present procedure was not satisfactory. It was not the case that a superintending pharmacist was now in subordinate charge of the dispensary in every military hospital of one hundred beds and over. The War Office had advised the Central Voluntary Aid Detachment Council, who consulted them on the subject, that the status of pharmacists in their detachments should not be higher than that of non-commissioned officers in the army. The reason was that the status of members of Voluntary Aid Detachments should be appropriate to the duties they might be required to perform in war. There were no appointments of officer's rank for pharmacists in the army. He would not be justified in giving instructions that quartermasters in the British Red Cross Society, whose duties it would be to order and superintend the distribution of medical supplies in war, should be qualified pharmacists.

Death Statistics of Seamen.—On December 15th Sir P. Cunliffe-Lister (President of the Board of Trade) told Dr. Watts that he had received a resolution from the Royal Sanitary Institute and also its detailed suggestions regarding the death statistics of seamen. The Permanent Consultative Committee on Official Statistics had appointed a special subcommittee to advise whether any alteration in the classification of these death statistics was necessary.

Notes in Brief.

Giving particulars of accommodation in Naval Hospitals, Mr. Davidson (Parliamentary Secretary to the Admiralty) said, in reply to General Charteris, that the average daily numbers of patients in these hospitals for the period January 1st to September 30th, 1925, were: Haslar 334, Plymouth 375, Chatham 377, Portland 50, South Queensferry 44, Malta 188, Bermuda 22, Hong-Kong 54, Cape 36, Wei-hai-Wei 11. No later information was available.

Meeting the Unionist Agricultural Committee at the House of Commons, on December 9th, Mr. Chamberlain said there was no intention of passing the Poor Law Reform Bill into law during 1926, though it might be introduced late in that session, purely for discussion.

The Minister of Transport is considering the question of asking for additional powers, to deal with dazzling headlights, in the Road Vehicles Bill, which he hopes to introduce.

The Secretary for Scotland has stated that no local authority in Scotland, so far as he was aware, made a charge to tuberculous patients or their relatives for sanatorium or other treatment provided by the authority.