

service to the profession abroad by drawing attention to some of these precious exhibits. No student of medicine can hear of the beauty and interest of this exhibition without a thrill of delight.

The Indian student, however, cannot help a mild regret at the complete absence of any reference to the great texts of Indian medicine which have been collected in only one or two places in the whole world, of which one is the Bodleian. Members of the Indian Medical Service and Indians visiting Oxford would have a unique opportunity there of coming into contact with a most interesting cultural aspect of medical history. Oxford played a very important part in the early annals of the East India Company. Sir Thomas Row, the first Ambassador of England to the Mogul Court, owed part of his success to his early schooling at Oxford. Many distinguished sons of Oxford, medical and non-medical, have contributed to the building of the Indian Empire. Sanskrit research has been, side by side with Greek and Latin, a favourite pursuit at Oxford. It is needless to repeat the long list of the Orientalists that blazed new trails from there. Even in the present century, Oxford made a unique contribution to medical history in general and to Indian medicine in particular when Dr. Hoernle edited the magnificent edition of the now famous Bower MSS, and later published his illuminating *Studies of Ancient Hindu Medicine*.

No place in the Empire is better equipped than Oxford for an exhibition of ancient and mediaeval texts of Indian medicine. One must make a pilgrimage to Oxford to peruse the early MSS of the oldest Indian medical classics—namely, Charaka and Shusruta. Mediaeval medical texts of Indian origin are also well represented there. Some of the earliest MSS of Bhavaprakasha, Sarangadhara Samhita, and Sata-Sloki are also there available for inspection. Treatises on chemistry like Rasarnava and Rasendrachintamani, composed between A.D. 1300 and 1500, and another treatise on chemistry attributed to Nagarjuna in an MS of A.D. 1415, form a particularly interesting group.

I trust that it is not entirely out of place to allow a reference in your *Journal* to these old MSS and rare early editions which are preserved at Oxford. It may serve to stimulate some interest in the collection and comparison of old texts, and also bring about a mutual and closer understanding between the two nations whose master minds in medicine, the heritage of all mankind, are represented in the great library at Oxford.—I am, etc.,

Vizagapatam, India, Oct. 1st.

D. V. S. REDDY.

### National Maternity Service

SIR,—In reply to my letter in the *Journal* of October 31st Sir Henry Brackenbury states that the B.M.A. scheme provides "medical supervision throughout by the doctor of her choice." On the face of it this purports to show that every patient has the benefit of a doctor's services throughout pregnancy and labour. Actually this is not so. The scheme provides for ante-natal examinations by a doctor in every case, but otherwise no doctor except "when, as a result of his ante-natal examination the practitioner has declared his personal attendance to be necessary, or when his attendance is requested by the midwife." This is the actual wording of the clause in the B.M.A. scheme. It means that, apart from abnormal cases and those where the doctor is booked by the patient, all others will be attended by a midwife only. I think Sir Henry Brackenbury has been guilty of a gentle prevarication in his effort to completely squash my argument. As I was discussing matters from the standpoint of drugs administered for the relief of labour, it follows, therefore, that in my opinion most patients would have inadequate relief afforded them.

The B.M.A. scheme was formulated in 1929. I think it is out of tune with the times, and suggest that the moment is ripe for a reconsideration of the whole question. In conclusion, I would like to thank Dr. John Elam for his supporting letter.—I am, etc.,

Leicester, Nov. 10th.

C. L. SOMERVILLE.

### Teaching of Obstetrics

SIR,—May I be allowed to add something to your correspondent's letter under the above heading in the *Journal* of September 12th (p. 562). At my own school I saw forceps applied a very few times, and was allowed to apply them myself on the dummy only, an utterly futile performance, as one has no chance of feeling for the cervix to avoid including it in the grip, neither is there any indication of the force of traction necessary in the living subject.

Like so many others, I had to practise the application of forceps for the first time in a country cottage, without even a nurse to help, truly a nerve-wracking experience to one who has any conscience. Unfortunately it is the rule rather than the exception under the present system of training in many of the best schools in the country. However, the gods have been on my side, for during my ten years of practice I have successfully applied forceps many times in vertex presentations, to the after-coming head of a breech presentation, and even to a persistent face presentation once, so I would encourage "M.B., B.Ch." not to be downcast. If he is as fortunate as I in the acquiring of the art his early patients need never know what they have escaped!

That such a state of affairs should exist at all in this enlightened age is far from creditable to the teaching authorities of the great universities. Surely no great upheaval of the curriculum is necessary to allow every student to apply forceps at least once in the living subject, and so gain that essential "feel" of the correct application, locking, and traction which makes all the difference between experience and inexperience.—I am, etc.,

J. S. L.

M.B., Ch.B.

October 9th.

### Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons on November 11th appointed a Select Committee to consider the medicine stamp duties and to make such recommendations for the alteration of those duties and otherwise as it thought fit, with a view to reforming the law. The committee appointed is: Mr. Acland, Mr. Baxter, Admiral Beamish, Mr. Benson, Sir Reginald Blair, Mr. Cary, Sir John Ganzoni, Mr. George Hall, Mr. Hardie, Sir John Haslam, Mr. Lewis Jones, Mr. Keeling, Mr. Lathan, Captain Ramsay, and Sir Arnold Wilson.

The motion on the condition of natives in East Africa, for which Sir Ernest Graham-Little had secured time on November 11th, was not moved, because Mr. Attlee obtained the adjournment of the House to initiate a discussion upon the Government's refusal to receive unemployed marchers.

On November 12th the House of Commons agreed to additional import duty orders, including one which alters the duty on imports of potassium salts. Dr. Burgin said the Board of Trade wished to vary the duty on potassium fertilizer salts because of a difficulty in distinguishing certain mineral potassium salts from processed salts. The new definition might render liable to duty some potassium nitrates which had hitherto been free of duty.

The House of Commons this week read the Public Order Bill a second time and considered the Expiring

Laws Continuance Bill. Mr. Chamberlain promised further legislation to aid the special areas. The House of Lords discussed defence.

The Parliamentary Medical Committee, at its first meeting of the session on November 17th, decided to meet on the first Monday of each month. The committee made arrangements for the complimentary dinner to Viscount Dawson on November 24th, and discussed its arrangements for watching Parliamentary developments in respect of physical fitness, physical training, and nutrition. It agreed that representative experts in physical training should be asked to address the committee, and that information bearing on the forthcoming Factories Bill should be asked from those concerned in factory inspection. Inquiries about milk will be left to other committees of Members. The Select Committee on the Medicine Stamp Duties met for the first time on November 17th and appointed Sir John Ganzoni its chairman. It agreed to sit twice weekly and to hear evidence.

### Health and Physique of the Nation

#### DEBATE IN THE LORDS

As reported briefly in our issue of November 14th (p. 1009), Lord MOUNT TEMPLE in the House of Lords on November 10th initiated a discussion on the physical fitness of young people. We did more than most nations, he said, in cramming the brain, but paid no attention to the physique of young people, male or female, after leaving school. The State did little for the health of children during the school years so far as games or exercise in the open air were concerned. The provision of playing fields was ludicrously inadequate. As the Ministry of Labour was already able to compel attendance at evening classes for unemployed youths between 14 and 19, the same policy ought to be applied to remedying defects in their bodies. Moreover, any youth, whether employed or not, should be allowed to attend classes free of charge for courses of physical exercise. It was vital that the physical improvement of the people by the Government should be the continuation of the work done by the Board of Education and should not be in charge of any other Department.

#### SEEDS OF DETERIORATION

VISCOUNT DAWSON said he had visited not only Germany but also Sweden and Denmark, and found that these countries had studied these questions to greater advantage than the United Kingdom had done. A time had come when the nation must take stock of its ideas and keep pace with events. It was a small view to espouse nutrition and depreciate physical education. It was equally foolish to pretend that the human race could be independent of the laws of sound breeding, though the qualities sought in the human race were more complex and nobler than those sought when breeding animals. That did not alter the fact that if we, as a nation, neglected the law of breeding we should suffer. There were evidences that we were suffering now. In discussing fitness he wished it to be understood that the term "fit" comprehended the whole man in body, mind, and character. It would be wrong to say this nation was deteriorating, but the seeds of deterioration were in our midst. In the elementary schools, say of London, the children as a whole would be found to be well-nourished, well-kept, bright, of good colour, and brimful of vitality, and with better promise of good teeth. Rickets was disappearing. At the same time there was among these children a minority of weaklings. If, on the other hand, the group inspected was one of adolescents, such as boys in public schools, young men in factories, etc., the observer would at times be ill at ease. Such groups often showed defects in their bodies, which boded ill for their health when they grew older. The average boy and girl of to-day were taller, stouter, and heavier, but bulk of frame was not evidence of fitness, and the demands on the race were greater now than in days gone by. The nations agreed that physical developments must be in the forefront of the programme, but Parliament must distinguish between physical education and physical recreation. Physical education should take place in school

hours to train the youth to get the best out of his stature and powers, and should be guided by the teacher. The best physical recreation which taught the boy leadership and teamwork and gave qualities and character should be given to every class of the community.

#### PROBLEM ABOVE POLITICAL CONSIDERATIONS

The defects which compelled re-examination of the problem went deeper than political considerations. Nature's methods were to have a high birth rate and a high death rate, both adult and infant, which brought about a substantial elimination of the weaklings of the race. Formerly weaklings of body and mind lived precariously, sank to the lowest economic level, mated with their kind, and had a high death rate. They were carried off in hundreds by tuberculosis and diseases of nutrition. To-day that group of weaklings was not eliminated to the same extent. The nation gave them maintenance and treatment, and they were even able to marry on their maintenance allowance, and so were contributing to a lamentable extent to the future of the race. The nation had removed Nature's method of selection. We were preventing the death of the unfit, and had not planned any adequate substitute. The only adequate substitute was to promote the fit on the one hand, and, on the other, to take care of the inherently unfit and prevent them from vitiating the race. While securing for the child of average ability every opportunity in the sphere of usefulness for which it was fit, the better and the best must be pushed forward.

#### ADEQUATE PARENTAGE

The smaller family did add to fitness, but we were also saving the unfit children and thereby doing an unavoidable damage to the community. It was a fact that the smaller families of to-day had a higher proportion of fit children; and the mothers of those children were, in Lord Dawson's judgement, better than those of any previous generation. At the same time it was true that we did not want a population too small. British leadership in the world might easily be imperilled. An appeal was needed—and it would be answered if reasoned arguments were applied—that there should be adequate parenthood. We had to realize that by the lower death rate there was a residue of inherently unfit that no environment, however favourable, was going to raise up to the level of good citizens. These were the tares in the field of life. In days gone by those inherently unfit were eliminated in larger numbers; they were cared for but little. To-day they were quite properly preserved, but they and the race should be protected. No effort should be made to raise them above their biological level. These defectives, whether physical, mental, or moral, if they happened to be carriers of disease to descendants or if they were undesirable parents, should be discouraged from reproduction and, where possible, prevented from undertaking parentage. Doctors were always exhorted to think in terms of prevention; why should they not use preventive measures against the birth of children who were a misery to themselves, a misery to their parents, and damaging to the race? The medical profession should be exempt from that ancient law of maiming and enabled to extend their powers of preventive treatment in cases they were asked to treat and where it was right to proceed.

#### A NATIONAL SYSTEM NEEDED

LORD MILNE congratulated the Ministry of Health and the Ministry of Education on the physical training which was done in the State-aided schools. The instructors were schoolmasters, but the training was not detailed enough or long enough. In the preparatory and public schools games were carried possibly to perfection, but physical training was often badly neglected. Head masters did not allow physical training to be taken out of the time allotted to mental training and to games, and there was no medical supervision on the lines as in the State-aided schools. What the country lacked was a universal system, a British system of training to suit the British temperament and characteristics. Physical training, mental training, and the medical man should act together. Often physical training was carried out without reference to the medical man, and much damage was done. By a proper system they could not only build up the bodies of the young, but quicken the brain power and add to the moral strength of the young men of the country.

## FOOD AND FITNESS

Lord HORDER said he wished to make some remarks which would be supplemental to the ideal set out by Lord Dawson. Fitness for living, fitness for working, and, if that must be, fitness for fighting, could never be obtained by physical measures, whether educational or recreative. More basic things were imperative—food, shelter, air, and leisure. He therefore urged the Government not to cease from any efforts in those directions, but rather to intensify and expedite them. Why did the Minister of Health not advertise more fully what the nation had already done in those directions? Much remained to be done, and there was need for more co-operation between Government Departments. He had spoken of food being fundamental to fitness. He preferred the word food to the word nutrition. As a doctor he doubted whether Nature really intended us to be as selective in our diet as some people suggested. "Look after the accessibility of food," he said, "and nutrition would look after itself." He desired more co-operation in that respect between the Ministers of Health and Agriculture, the Board of Trade, and the Ministry of Transport. He welcomed the promised Factories Act as a contribution towards better living for the younger workers. If the Government speeded up the social services upon which depended the health and happiness of the people, and if the money was wisely spent on enduring rather than on temporary benefits, the cost of this revolution would be small by comparison with the cost of revolutions in other countries. As for physical training, he thought that methods and means would emerge naturally, given health and contentment in the nation. The Board of Education had sent delegates to Germany to study methods of physical exercise, but since when had Britons depended on other nations to teach them physical exercises? Let the Government stimulate and subsidize existing institutions that centralized physical training and physical recreation, chief among them the Central Council of Recreative Physical Training. He hoped the nation would not be regimented towards this work. Let the Government have faith that if the people were given security at home and security of sustenance their sturdy common sense would do the rest. A democracy which was asked to be physically fit advanced on its stomach.

The EARL OF LISTOWEL quoted the report of Sir John Orr on diet and the incomes available in the family budget of the country, and suggested that the physical training contemplated would not beneficially affect the depressed areas of South Wales and North-West and North-East England. He contended that long hours of work for persons between the ages of 14 and 18 were an important contributory cause to the physical debility of many working-class families. He pleaded for young persons who would not be covered by the Factories Bill, although they worked even longer hours. Lord AMULREE said the voluntary societies could get hold of young people, but could not provide the playing fields which they needed. He was impressed with the need of preserving and extending all the voluntary agencies. Similar agencies had been fitted into the national health insurance system, and an effort should be made to put them into the system which was now contemplated.

## GOVERNMENT REPLY

EARL DE LA WARR, replying for the Government, said any policy which the Government brought forward must be comprehensive. At a later stage they would have to consider the fundamental points made by Lord Dawson, but he would be the first to admit that they were a long way from action on those points, because much more knowledge was required. None the less they were fundamental questions affecting the future of the race, and would have to be considered by any Government. Making certain exceptions with regard to special areas, the health statistics of the country gave a basis for confidence in the future. It was a little too early to tell the House definitely what was the policy in the Government's new health drive. It was not its view that there should be resort in some measure to compulsion. The Government intended to mobilize voluntary effort plus the local authorities, and to help and encourage them in giving facilities for greater health. Legislation might be necessary for improvements in machinery, and financial aid would have to be considered. If the right food was available and the

right knowledge was available immense strides could be made in nutrition. Maternity and infant welfare work had to be developed. Nursery schools and nursery classes should be increased. Extension of physical training in schools had to be considered, and local authorities had been circularized on this. The efforts of the National Council of Social Service, the Playing Fields Association, the Central Council of Recreative Training, etc., had to be mobilized and assisted. The material provided by such inquiries as those of the Nutrition Committee of the Ministry of Health, the Marketing Supply Committee, and the Milk Reorganization Commission would need thinking out before it could be welded into a real policy, but he could tell the House that the Government recognized that any effective and comprehensive policy would have to deal with nutrition further than the Government had already done in the milk-for-schools scheme. Every suggestion made during the debate would be carefully considered by the Government.

Lord MOUNT TEMPLE thanked Lord De La Warr for his speech and withdrew the motion.

## Workmen's Compensation Bill Rejected

Mr. MAINWARING moved, on November 13th, the second reading of the Workmen's Compensation Bill. He said the objects of the Bill were to broaden the definition of dependants, to provide adequate compensation, to remove the administration of compensation outside the procedure of the courts, and to create an independent compensation of accident fund. There was widespread discontent with the existing judicial system and the degree to which the courts depended upon medical opinion—he would not call it medical evidence. In his experience and that of many of his colleagues medical science was prostituted in the courts because medical men in compensation cases took precisely the same attitude that legal men did. An employer or a workman could get any medical expert to say anything wanted in his favour. When men were briefed and in that manner merely went to court to express their medical opinion justice was liable to be left outside.

Mr. J. J. DAVIDSON seconded the Bill. He said that in his constituency many men with hands twisted with rheumatism resulting from shipbuilding work under hard conditions had been completely lost in regard to claims for compensation.

Mr. ERSKINE-HILL moved the rejection of the Bill.

Mr. ROWSON said the Bill was criticized because under it litigants would not be allowed to take a case further. Was that not the case under the present law when there was an agreed reference to a medical referee? Trade unions had tried to upset the decision of the medical referee, but knew the cost and the result. There was machinery in the Bill for improving that position. The medical referee might be competent or incompetent, prejudiced or fair, but under the existing law there was no right of appeal against his decision. Clause 72 of the Bill dealt with industrial diseases, a matter in which the present law especially needed amendment. Paragraph (b) of Section 43 (1) (iii) of the present Act was particularly hard on men suffering from miners' nystagmus, who, after varying periods of full compensation followed by partial compensation, were sent to the medical referee and certified to be recovered from the effects of that industrial disease. When the medical referee certified such men to be totally recovered they were deprived of their right to get employment in the industry again.

## MEDICAL REFEREES

Mr. CASSELLS asked if the Government was satisfied with the system of medical referees as it existed. The medical referee was expected to be completely unbiased, but the system was harsh so far as workmen were concerned. He would not saddle the complete responsibility on the medical referee. He believed he was asked on many occasions to decide questions which should devolve upon an ordinary judge. In Scotland they had many instances of medical referees not only sitting as such, but acting as medical advisers to insurance companies on behalf of employers. That was unfair to the referees, as to the workmen and the employer. Service on the workmen's compensation board, which was proposed by the Bill, should be a whole-time job. It should be a condition precedent to the appointment of

a medical referee that he acted neither for workmen nor for employers in any circumstances. At present medical referees themselves thought that the situation was intolerable.

#### A SPECIAL SCHEME FOR NYSTAGMUS

Mr. GEOFFREY LLOYD, replying to the debate, agreed that the question must be considered from a humanitarian point of view. There were 16,000,000 people covered by the Workmen's Compensation Acts and £9,000,000 was paid yearly in compensation, but there was room for improvement. He had no personal experience of nystagmus, but from what he heard from medical inspectors and Home Office and other doctors this was a terrible disease. He had listened with a certain sympathy to the criticisms of doctors, but the critics had gone a good deal too far. Medical ideas concerning nystagmus had changed a good deal during the last generation. Doctors in a given situation did their best, and Acts of Parliament must be founded on the accepted medical ideas of a particular time. Doctors once considered that nystagmus was specifically an eye disease, and that oscillation of the eyeballs was the disease itself. The more modern view was that although one aspect of the disease might take the physical form of oscillation of the eyes there was associated with it, as perhaps the most important part of the disease, a psychoneurotic illness which afflicted the whole personality. That view was now accepted to a very considerable extent and made compensation and cure extremely difficult. He thought it required a special scheme. The problem was under the thorough examination of the committee presided over by Judge Stewart. Mr. Lloyd said he was familiar with the question of medical referees and the view thereon of Mr. Cassells. It must be remembered that the country needed referees who were on the spot and of a high professional standard, but that in many districts there was not an unlimited supply of medical men, so they had to be used for more than one purpose. He understood the feeling that some people had about one man being in the position of having to take an absolute decision. There might be a case for considering a right of appeal in such cases. That matter was being considered at the moment by the Stewart Committee.

On a division the Bill was rejected by 115 to 109.

#### Tuberculosis Invalidation Among Naval Officers

On November 11th Lord STANLEY told Sir William Davison that twenty-four out of twenty-six Naval officers invalidated for pulmonary tuberculosis during the last three years had their disability accepted as attributable to their service. Officers whose disability was accepted as attributable received retired pay with disability addition, and also, as there were no Service facilities for sanatorium treatment, they received grants for sanatorium treatment outside. In some of these cases the disease would have developed equally in civil life, but the Naval regulations were drawn to avoid inflicting hardship in individual cases. The few officers whose pulmonary tuberculosis could not be accepted as attributable to Naval service received Service retired pay or gratuity according to their rank and length of service. It would not be possible to justify differentiation between these officers and those invalidated for other non-attributable causes.

#### Medical Services in East Africa

On November 9th Sir ERNEST GRAHAM-LITTLE asked the Secretary of State for the Colonies if he was aware that the medical profession in Nairobi had petitioned the Governor of Kenya Colony against the removal of Dr. F. W. Vint from his present service in the medical research laboratory, which was specially praised in the Pim report; whether, as the removal of Dr. Vint would cripple the activities of the research laboratory and destroy the inquiry into the causes of native backwardness, he would reconsider the possibility of retaining Dr. Vint where his co-operation was essential.

Mr. ORMSBY-GORE replied that a memorial had been received by the Governor, who had consulted him regarding it by telegram, and had sent him a copy by mail. Dr. Vint applied last July for a transfer from Kenya, and he (Mr. Ormsby-Gore) was proposing to select him for an

appointment in Mauritius, which would have meant promotion to him. On receipt, however, of the Governor's telegram regarding the memorial he caused the Medical Research Council to be approached, in accordance with a suggestion of the Governor's, with a view to securing a grant which could be used to augment Dr. Vint's salary in Kenya, but the Medical Research Council did not feel justified in using its funds for such a purpose. He had consequently suggested to the Governor consideration of the question of increasing Dr. Vint's emoluments, so as to enable his services to be retained in Kenya without loss to himself if that were possible. But it would not be fair to retain him in his present position in Kenya to his own detriment.

#### Nystagmus and Silicosis

Sir JOHN SIMON, answering Mr. Tom Williams on November 12th, said the Departmental Committee on Miners' Nystagmus had almost finished taking evidence and had begun consideration of its report. It was not possible to say at present when the report would be completed. The inquiry also covered general medical procedure and arrangements under the Acts and the working of existing provisions and practice with regard to lump sum settlements. Mr. J. GRIFFITHS asked whether the Home Secretary had received a report from the committee of experts who were investigating silicosis and anthracosis in the South Wales coalfield. Mr. GEOFFREY LLOYD said this committee had been appointed by the Medical Research Council. It had made suggestions to the Council for further research, and these were at present under consideration by the Council. In the present state of medical knowledge it was impossible to say whether mine workers with pulmonary disease other than silicosis suffered from any illness which could be distinguished as occupational and be made the subject of a right to compensation. Mr. GRIFFITHS asserted that an increasing number of men failed to continue their work because of lung trouble, which their own medical advisers said was due to their occupation, but for which they could not get compensation. Mr. LLOYD said that Mr. Griffiths was prejudging the result of the inquiry.

#### Air Raid Defence

Mr. MATHERS asked what action had been taken with university authorities, particularly with those of Edinburgh, in regard to instruction in poison gas defence, whether this had been included in the curriculum as a compulsory subject in the public health course, and what authority the Home Secretary had for such action. Mr. GEOFFREY LLOYD said the Home Secretary had appointed medical instructors in anti-gas precautions who, among their duties, would instruct medical students in accordance with arrangements made with the authorities of universities and medical schools. Whether this subject should be taught on a compulsory or a voluntary basis was entirely for the authorities responsible for medical education. Sir ALFRED KNOX asked whether satisfactory arrangements had been made for large-scale manufacture of gas masks. Mr. LLOYD said substantial stocks of components had been produced and large-scale assembly was expected by next month. The Home Office anticipated the production of the factory shortly to be at the rate of two million masks per month. The factory was a Government one, and the masks would be issued free to the general population in emergency. The issue by the Air Raid Precautions Department of a handbook free to the public was under consideration.

Replying to Sir Alfred Knox on the same day Sir VICTOR WARRENDER said anti-gas respirators were in process of issue to Territorial Army units, and supplies on a full scale would be made as stocks became available.

Mr. GEOFFREY LLOYD told Mr. Arthur Henderson on November 12th that construction of shelters for the public which would be proof against direct hits by high-explosive bombs was impracticable. It was proposed that in the event of air raids members of the public should so far as possible remain indoors in a part of their home or place of work which had been adapted as a shelter and which was gas-proof and splinter-proof.