when his fellow-Scot, Mr. W. S. Morrison, now Speaker of the House of Commons, was his guest. Dr. Clow is survived by his widow and two daughters.

J. R. C. writes: The Gloucestershire Branch of the B.M.A. owes much to Dr. David Clow for all the hard work he carried through on its behalf, but even more impressive was his personality. Deeds are more potent than words, and David Clow, loyal to his friends, straight in all things, kindly and skilful to his patients, set an example of the best in our tradition of medicine and raised our professional repute in society. Fortunate are those who were for a time his close associates.

# Medical Notes in Parliament

### Tuberculosis Incidence Among Immigrants

Dr. BARNET STROSS (Stoke-on-Trent, Central, Lab.) asked the Minister of Health on July 25 whether he was aware of the high incidence of pleural effusion and progressive primary tuberculosis lesions in young Irish girls who immigrate to Britain, and who are free from tuberculosis on entry; and what action he proposed to give them protection against this disease.

Mr. IAIN MACLEOD, Minister of Health, said that he was aware of certain studies which had been made on these subjects, but no comprehensive statistical information was available about the condition of immigrants on entry or about the time of infection. Nor could such information be obtained without the imposition of fresh restrictions and controls out of proportion to the danger to public health. The same protective, preventive, and treatment services were available to these as to other residents in this country.

Dr. STROSS said that the answer was not good enough in reality. The problem increased with the increasing number of people entering, not only from Ireland but from the West Indies and Africa, who came from agrarian areas and were negative reactors, and had no immunity from tuberculosis when they entered this country. Would the Minister at least ask the Irish Ministry of Health to assist in seeing that they were skin-tested or given B.C.G. vaccine treatment before coming here? If many did not then receive that treatment, would he ensure that they were given it when they arrived? Mr. MACLEOD said he agreed that there was a problem, but not with all that Dr. Stross had said. He was advised about two years ago that the figures revealed by an inquiry did not indicate a serious menace to the health of this country. If there was anything useful he could do with the Irish authorities he would do it, and he would consider Dr. Stross's suggestion. He added that he was sure the Eire authorities were deeply concerned about this matter.

He also informed Dr. Stross that 2,568 beds were allocated for the treatment of pulmonary tuberculosis in the North-west Metropolitan Region. Dr. STROSS said the number of those beds occupied by Irish immigrants was more than the total of all beds occupied by all other foreigners. Mr. MACLEOD said that Dr. Stross was better informed than he.

### Health Check Impractical

Dr. STROSS raised the subject again in a short debate on July 27. He said that the number of Irish immigrants was possibly 20,000 a year, and the number from the West Indies about 10,000. Most of the Irish immigrants were females, and the great majority were in the 15–25 age group. About half were negative reactors. He was told that in the past five years 1,300 immigrants had returned to Eire and entered sanatoria there. It was significant that the death rate from tuberculosis per 100,000 in Liverpool and Glasgow, where many of the Irish went, was 57 and 72.7, whereas in Leeds and Bristol it was 37 and 38.

He suggested that there should be a committee of representatives, principally medical, from both countries, established by the Ministry of Health. It should consider means of preventing tuberculosis in migrants, and means of early detection and treatment. There should be effective liaison between the medical services of Britain and Ireland, with particular regard to the exchange of case records and *x*-rays. The British part should be primarily supervision of the health of the migrants.

Miss PAT HORNSBY-SMITH, the Parliamentary Secretary, pointed out that far fewer cases were being recorded, in spite of better methods of detection; facilities for treatment were more widely available; and the preventive services were in an increasingly better position to take vigorous and effective action. In all these measures the immigrants shared. This country had been more cautious in its approach to B.C.G. vaccination than some others, and the Medical Research Council was conducting widespread investigations into the long-term protection it gave. Some two years ago the Central Health Services Council was attracted by the idea of action to ensure that people from abroad seeking work here should be free from the disease. The matter was referred to the Standing Tuberculosis Advisory Committee, which expressed the view that there was no serious menace to the health of the country and that the number of immigrants entering with active tuberculosis was very small.

The problem was of particular concern to the North-west Metropolitan Region, because the survey showed that a quarter of the cases discovered in the survey were in their area. Most were citizens of the Commonwealth or of the Republic of Ireland, over whose entry there was no statutory control. Any measures to implement a health check would involve legislation. Even to check the small number of foreigners would mean a new medical check at 61 ports, apart from the difficulty of deciding what evidence should be acceptable as a medical record of freedom from the disease. It was not thought that a permanent committee was necessary, because there was already close liaison between the officers of the Ministry and the Republic of Ireland. The best method was that a local authority which had this concentration of immigrants should deploy its mass radiography units to seek out the danger spots.

### Reciprocal Health Services

Sir FRANK MEDLICOTT (Norfolk, Central, National Lib. and Con.) asked the Minister of Health on July 25 what proposals he had for providing financial assistance for British subjects who had occasion to receive medical or hospital treatment when visiting foreign countries with whom no reciprocal arrangements existed complementary to the British Health Service.

Mr. MACLEOD replied that it was the Government's policy wherever possible to negotiate reciprocal arrangements with foreign countries in respect of social services, including medical care; but it would not be practicable to refund directly the cost of medical treatment received abroad by people normally living in this country.

Sir FRANK MEDLICOTT asked what discussions were taking place with the United States Government with a view to reciprocal arrangements being made for the provision of medical or hospital treatment for British subjects visiting the United States of America.

Mr. MACLEOD said there were none, since the health services of the United States did not offer any suitable common basis for reciprocal arrangements. Sir F. MEDLICOTT said that it was a little out of balance that a large number of American visitors received these advantages, whereas the smaller number of British visitors to America did not have comparable facilities. Mr. MACLEOD replied that if one was to have reciprocal arrangements one must have something to be reciprocal with. Medical and hospital treatment in the United States was on a private footing. While that remained it was difficult to do anything.

### Deputation on Heroin

Mr. RICHARD WOOD (Bridlington, Con.) asked the Home Secretary on July 26 whether he had met a deputation from

the British Medical Association to discuss his decision to prohibit the manufacture of heroin. Major G. LLOYD-GEORGE stated that with the Secretary of State for Scotland and the Minister of Health he was considering the representations made by the deputation from the British Medical Association when he received them on July 11.

### Helicopters to Hospital

Mr. J. GRIMOND (Orkney and Zetland, Lib.) asked the Secretary of State for Scotland for a statement on his discussions with the First Lord of the Admiralty about the use of Naval helicopters for emergency medical cases in Scotland.

Mr. J. STUART stated on July 28 that, while the Navy could not be responsible for providing a comprehensive ambulance service by helicopter, the First Lord had agreed that the Naval helicopters based at Lossiemouth might, in exceptional circumstances, subject to Naval requirements and to weather conditions, be used to carry to hospital seriously ill patients for whom no other kind of quick transport was practicable. Requests for assistance would be made to the commanding officer, R.N. Air Station, Lossiemouth, through the senior administrative medical officers of regional hospital boards. General practitioners in the areas likely to be concerned were being advised accordingly.

### Tuberculosis in the Navy

Commander A. NOBLE, Parliamentary Secretary to the Admiralty, told Mr. J. Dugdale (West Bromwich, Lab.) that preparation of the next edition of *The Health of the Navy* was well advanced, but he could not give yet the probable date of publication. Mr. DUGDALE asked him to confirm or deny published reports on what were thought to be extracts from the document that the health of the Navy was not all that it should be, and in particular that there was a heavy incidence of tuberculosis. Commander NOBLE said that there was not a lot of tuberculosis in the Navy. The figure was 0.2%. That might seem high in comparison with others owing to the importance that was attached to regular and universal examination.

### Medical Decisions in R.A.F.

The controversy which has continued over several weeks about the standards of physical fitness for National Service, and to which the release or rejection of well-known sporting personalities from England cricketers to motor-racing drivers has given rise to much heated comment, culminated in a debate on the day Parliament rose for the summer recess on July 28.

The subject was raised by Mr. NORMAN DODDS (Erith and Crayford, Lab.), who has been a leading critic of what he regarded as anomalous if not unjust decisions. The case he quoted on this occasion was an aircraftman who had been in the Service 11 months. In October, 1953, he fractured his right leg in two places. In June, 1954, after two previous deferments, he was passed A.1. Before being called up in July his foot was crushed in an accident and two toes were broken. In August he enlisted at Cardington. In April, 1955, he was sent to Iraq, in May reported sick seven times, on May 22 was seen by a specialist and admitted to hospital, and a month later was sent home in a hospital 'plane and admitted to hospital at Swindon. Mr. Dodds claimed that here was enough evidence to indicate that if some people could get out of service to carry on with sport this man should not be in the Services at all.

Mr. GEORGE WARD, Under Secretary of State for Air, gave the R.A.F. version of the story. The injuries previous to enlistment were not disputed. In the R.A.F. on recruit training he was excused physical training. In Iraq he was seen by the medical officer on May 9, 11, and 12 because of a colicky abdominal pain, but no abnormality was found. His early return to this country did not arise from any foot or leg trouble. The specialists in Iraq and England concluded independently that he was suffering from mild dyspepsia of nervous origin.

Mr. Ward ended by explaining the principles that guided R.A.F. doctors in deciding whether an airman who might be a borderline case was fit to complete his National Service. The first question was: Is the man's condition likely to be aggravated to a material degree by further service? In the case of Cowdrey that produced a categorical "Yes" from an eminent civilian orthopaedic surgeon, as well as from a Service man. That did not apply in the case detailed by Mr. Dodds. The second question was whether there was a chance that an airman would become physically unfit from any form of R.A.F. service. That again applied to Cowdrey. The third question was whether the man's condition was likely to need frequent treatment and to result in excessive loss of his usefulness to the R.A.F. All these questions were put by the doctors themselves, and they were put in the case of this airman. It might be that as a result of further care and treatment the third question was the only one that could possibly apply to him. Mr. Ward declared himself satisfied that there had been no lack of medical care, no injustice, and generally no foundation for anxiety about the care which National Service men received in the R.A.F.

### Hydrogen Bomb Fall-out

Major G. LLOYD-GEORGE, the Home Secretary, corrected on July 28 misunderstandings that appeared to have arisen from abbreviated summaries of an account given by Dr. Willard Libby, of the U.S. Atomic Energy Commission, about the effects of fall-out from a hydrogen bomb over an area of 100,000 sq. miles.

The total fission products from bombs of the same type and power were always constant, the Home Secretary stated. Therefore the larger the area over which those fission products fell the lower would be the average intensity of radiation. The full text of Dr. Libby's statement showed that he quoted the area of 100,000 sq. miles as a simple illustration. His calculations assumed the total contamination to be spread uniformly, which in practice could not occur. The result of assuming a uniform spread over such an area was that the degree of contamination would be everywhere lower —and therefore much less dangerous—than if the bulk of the fall-out had been concentrated in a very much smaller area, as happened in the Bikini test, where the area of high concentration was of the order of 7,000 sq. miles.

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*Cardiff Teaching Hospital.*—As soon as agreement has been reached on the accommodation to be provided in the new Welsh teaching hospital at Cardiff, which it is hoped will be before the end of the year, architects will be invited to submit plans for the hospital.

*Mental Hospitals.*—On present estimates, about 8% of the £17m. capital programme recently announced for hospital building is represented by mental hospital projects, and 14% by mental deficiency projects.

*Nerve Gas Protection.*—Army respirators, when properly put on, will give complete protection against nerve gas. Liquid nerve gas can penetrate the skin rapidly and cause casualties. Protective clothing would therefore be provided if necessary.

## The Services

Major R. Montgomery and Captain G. C. Metcalfe, R.A.M.C., have been mentioned in dispatches in recognition of distinguished services in Kenya during the period October 21, 1954, to April 20, 1955.