

(2) Sanatoria should also be linked to the dispensary and domiciliary service of the tuberculosis scheme.

(3) Where practicable it would be advantageous that tuberculosis dispensaries be placed in general hospitals.

(4) Non-pulmonary forms of tuberculosis should be dealt with as part of the sections of orthopaedics and of paediatrics.

(5) The major surgery of tuberculosis should be done at a thoracic surgery unit.

Finally, the surveyors indicate what in their view should be the short-term policy and the long-term policy for each of the divisions. In the Hull and East Riding Division, for example, under the short-term policy, the Royal Infirmary, the Children's Hospital, the Women's Hospital, and the municipal general hospitals should become component parts of one hospital centre, without necessarily losing their autonomy, and the emergency hospitals at Beverley and Driffield should be maintained in their present activity for the service of both the city and the county until the full hospital scheme has been put into operation. Under the long-term policy it is suggested that to the three hospitals mentioned there should be added a fourth, situated somewhere in the county, to meet the deficiency in bed accommodation. In York, again, under the short-term policy, the formation of a key hospital centre by the existing county and city hospitals, together with the emergency hospital at Nayburn, is recommended; the long-term policy would necessitate the erection of an additional general hospital.

The surveys of the North-Western area, South Wales and Monmouthshire, and Berkshire, Buckinghamshire, and Oxfordshire will be reviewed in a later issue.

THE MEDICAL DEFENCE UNION

SIXTY YEARS OF SERVICE

The Medical Defence Union is celebrating its Diamond Jubilee, and by a luncheon on Jan. 15 it recalled its history and honoured the memory of the men who assured to the profession a service which has come to be recognized as essential to medical practice. The Union was incorporated on Oct. 23, 1885, by a group of laymen under the leadership of C. F. Rideal, to provide doctors with an insurance against the risk of prosecution for malpraxis, to meet attacks by libel or slander, and to suppress unfair competition by unregistered persons. On May 6, 1886, a Midlands Branch was formed at Birmingham under the chairmanship of the well-known surgeon, Lawson Tait. Tait recognized the potential value of the Union to the profession and worked hard to set it on a firm foundation. He took the chair at the first annual meeting held in London and was there elected first president. A council composed of medical men was appointed, and early in 1888 new Articles of Association were adopted and the Union became an entirely medical organization.

Progress from Small Beginnings

During the first decade internal dissension and external rivalry made progress very slow. Nevertheless by the end of the century the main lines of current and future development had been defined and the Medical Defence Union had established itself as a permanent feature of British medical organization. The membership, which at the first annual meeting totalled 544, had grown to 4,604, and the reserve fund amounted to £7,637. The next 20 years saw a progressive rise of membership, at first somewhat slow, with a slight setback during the war of 1914-18; and after 1920, when the membership was 9,032 and the available funds £19,876, the Union made rapid headway, outstripping in a few years all its previous records. The membership to-day approaches 30,000, and the available funds exceed £150,000. This remarkable growth and consolidation could have been secured only by the adoption of a policy and the pursuance of a procedure that met with acceptance from practitioners in all branches of the profession.

The content of medical defence has broadened with the extension of medical practice into new spheres of activity, and the Council of the Union finds more and more ways whereby it may serve its members. In addition to the individual medical defence of members involved in or threatened with legal actions, the assistance of members worried by medico-legal difficulties, both great and small, in the course of their profession, and arbitration in disputes between members, the Union has developed the collective defence of the profession

in the medico-legal sphere. Under this heading come the suppression of practice by unregistered persons, the reporting to the General Medical Council of practitioners conducting themselves in a manner alleged to be infamous in a professional sense, the interpretation of Acts of Parliament and official regulations, and advice on the medico-legal aspects of new methods and techniques in medical practice.

Of the men whose work for the M.D.U. and the profession are being remembered at the Diamond Jubilee, a few only can be mentioned: C. F. Rideal, originator of the idea of medical defence; Lawson Tait, first president; the line of secretaries—Leslie Phillips, A. G. Bateman, James Neal, Robert Forbes—and Campbell Pope and Victor Jaynes, who gave honorary service; the early treasurers—Granville Bantock, J. A. Masters, and F. J. Wethered; the solicitor, W. E. Hempson, and his son, Oswald Hempson; and among those who served very long as members of Council, M. Hallwright, M. Arden Messier, and W. S. A. Griffith, the sole survivor of the pioneers of medical defence. It is fitting to mention also Victor Horsley, Charles Ballance, Herbert Waterhouse, and Eric Pearce Gould, who gave of their best in promoting the success of the M.D.U.

At the luncheon party last week in London the president, Mr. St. J. D. Buxton, F.R.C.S., took the chair, and gave a brief survey of the earlier years of the Union in acknowledging a toast proposed by Sir Alfred Webb-Johnson, P.R.C.S., who had paid tribute to the valuable work done during 60 years, not only for individual members but for the profession as a whole. With the approach of a new concept of civilian medical practice in the form of a National Health Service wider fields of activity may lie open in which the help of the Council will be sought by members engaging in that service who need personal protection against attacks and guidance in the operation of multifarious regulations.

PHYSICAL EDUCATION IN INDUSTRY

At the annual general meeting of the Research Board for the Correlation of Medical Science and Physical Education on Jan. 16, under the chairmanship of Dr. Frank Hoyt, a report, *Medical Science and Physical Education in Industry*, was approved for publication.* It is complementary to the three-part report on medical science and physical education in their relation to maternity and child welfare, education, and the Services published in 1945. This year's report covers certain aspects in industry, including nutrition and diet; job analysis, job specification, vocational selection, vocational guidance; recreation; occupational health services; rehabilitation; young persons in industry; women in industry.

Research Board's Recommendations

A number of recommendations are made by the Board, among which the following stand out as of special importance:

More co-ordination should be effected between organizations making a special study of, and advising on, job analysis, job specification, vocational selection, vocational guidance; and the advice of these bodies should be made more readily available to all types of firms.

The number of works medical officers and welfare workers should be increased. The co-operation of physical medicine specialists should be sought. Firms should also employ experts in physical education.

Suitable leaders of physical recreation should be trained. It is certain that with further training a number of ex-Service instructors would be suitable for this work. Although no guarantee of employment is expected, the appropriate Government Departments should encourage suitable firms to employ well-trained men and women.

An industrial health service should be planned as an integral part of the National Health Service; it should be a co-operative undertaking with full support from both management and workers. The establishment of polyclinics within industry should be the subject of experiment. The education of management and workpeople on health problems in industry should be regarded as fundamental to any improvement in the health of our industrial population.

Medical officers and personnel officers should have facilities for undertaking research. University departments and other bodies should assist such men and women with their research problems.

Great stress is laid on accident prevention in sections of the report dealing with occupational health services and young people in industry; and in the section on rehabilitation the need for co-operation between all concerned with the treatment and

* Obtainable from the Ling Physical Education Association, Hamilton House, Bidborough Street, London, W.C.2. Price 2s.

resettlement of substandard and injured men and women is strongly advised. The report reads:

"In any scheme of rehabilitation surgeons, physicians, psychiatrists, nurses, physiotherapists, physical educationists, education officers, almoners, welfare supervisors, Ministry officials, training centre authorities and instructors, trades union officials, employers, and the patients themselves should work together as a team. Closer liaison should be established between authorities responsible for medical rehabilitation and industrial resettlement."

The Research Board recommends plans for the adaptation of Service rehabilitation and physical development centres for civilian purposes, and emphasizes the need for establishing juvenile and industrial physical development centres on the lines found so successful in the Army physical development centres. It is very anxious that Service men and women doctors and physical training specialists should continue their work in research and treatment under civil conditions, and hopes that, where young people are concerned, the introduction of county colleges, made compulsory under the Education Act, may not be unduly delayed, and that these colleges should form a focal point for recreational and other activities. In the interests of the health of young workers the factory law relating to the hours of employment should be strictly enforced. Constant reiteration is made of the need for research and for closer liaison between industry, youth services, and voluntary organizations.

WAR MEMORIAL FOR NURSES AND MIDWIVES

A fund is being launched to provide a war memorial to the nurses and midwives of the British Empire who have given their lives in the war. The primary object of the fund, which is to be known as the British Empire Nurses War Memorial Fund, is to furnish a war memorial chapel in Westminster Abbey, which shall house a Roll of Honour of the dead. For this purpose £5,000 is required. A chapel has been allocated by the Dean and Chapter of the Abbey, and it is anticipated that the sum will be easily reached and passed, and that a substantial balance will remain to be used for the benefit of the nursing and midwifery professions in a way to be decided later. £50,000 is the minimum hoped for.

A distinguished Council of medical, nursing, and lay members has been gathered to serve the Fund, and it is hoped it will include representatives of the Dominions, the Colonies, and India. Medicine is represented on the Council by the Presidents of the Royal Colleges of Physicians, Surgeons, and Obstetricians, and the Chairman of the Central Midwives Board. Nursing representatives include the Matrons-in-Chief of the three Nursing Services of the Crown (the Royal Navy, Army, and Air Force), the Matron-in-Chief of Red Cross and St. John, the Chief Nursing Officers of the Ministries of Health and of Labour and the Department of Health for Scotland, and the Chairman of the General Nursing Council (who is also Matron of the Middlesex Hospital and the Matron-Elect of Guy's Hospital, London), and the Registrar of the General Nursing Council for Scotland.

The hon. secretary of the Fund is Miss J. Elise Gordon, M.A., Editor of the *Nursing Mirror*. The address is British Empire Nurses War Memorial Fund, Dorset House, Stamford Street, London, S.E.1, to which all gifts should be sent. Lloyds Bank are the Trustees, and all administrative expenses are being paid by the *Nursing Mirror*.

The Medical Missionary College at Vellore, South India, has recently been recognized as a constituent college of the University of Madras and is now able to train women students for the M.B., B.S. degree of that university. The College was founded in 1918 by the pioneer medical missionary of the American Arcot Mission (Dr. Ida S. Scudder) as a medical school for women. In 1938 Dr. T. S. S. Rujan, the Minister of Health, abolished the lower diploma (L.M.P.) and thus the existence of the school was threatened. After long negotiation the council of the school entered into a co-operative venture with the Christian Medical Association of India, Burma, and Ceylon to establish at Vellore a United Christian Medical College for men and women of the M.B., B.S. grade. The first step in this direction was taken when the University of Madras recognized the Vellore Medical School as a college teaching for the pre-registration and pre-clinical subjects in 1942. In 1944 Dr. R. G. Cochrane was asked to become principal in order to assist in the final steps towards recognition for the full M.B., B.S. degree. The Vice-Chancellor of the University visited the college last November, and as a result of his report the Syndicate of the University gave recognition for the clinical subjects. A further University Commission will visit in 1947-8 to report on the progress of the college. It is hoped that by then it will be possible to seek permission from the University for the admission of men students.

Nova et Vetera

"THE POOR MAN'S PHYSICIAN"

There have always been, and there still are, a large number of persons who prefer to indulge in self-medication rather than entrust themselves to the care of the regular medical practitioner. For the guidance of such persons a great mass of literature has been available since the fashion was set by the publication of the *Regimen of Health* of the School of Salerno (*Regimen Sanitatis Salernitanum*) in mediaeval times. This work was printed in many editions, as also was Andrew Boorde's *Breviary of Health*, which latter is said to be the first original medical work, by a medical man, to be published in England. Such books as these were, no doubt, invaluable in country districts where no skilled aid was available, and this may explain why they were often sponsored by the Laird in Scotland and by the Lord of the Manor in England.

In 1712 there was published in Edinburgh a little book entitled *The Poor Man's Physician, or the Receipts of the Famous John Moncrief of Tippermalloch*. The author was Sir John Moncrief, who owned the estate of Tippermalloch in Perthshire and who was 85 years of age when his book was published. Like so many other works of its kind, it is a mere list of diseases with a large choice of remedies. There is no description of the cause or nature of the malady, such as is found in Boorde's *Breviary*. Some of the methods of treatment have a modern flavour and may be explained in the light of modern science, such as the use of dried blood for haemorrhage and of watercress for scurvy, but for the most part the "receipts" or prescriptions are of empiric nature and the medicaments are often disagreeable or even disgusting. A considerable choice, however, is offered to the patient who may dislike heroic or unpleasant doses.

For example, in "Bleeding of the Nose" the following are a few of the means of treatment suggested:

2. The Blood burnt, powdered, and blown up the nose.
4. Snails in their shells, bruised and put in.
5. Juice of Swine's Dung put in.
21. Sprinkle Hare's Hair on Vinegar and put them up in the nose. This is the best of anything known; it hath not an equal.
22. Blood of a Partridge or Dove wholesomely repelleth bleeding.

For "the Colick," of which no exact definition is given, there are advised:

1. The Hoofs of living creatures are singularly good being drunk.
2. The Heart of a Lark, bound to the Thigh, is excellent against colick.

"Stone in the Kidneys or Dolor Nephriticus" is to be treated by

1. A cataplasm to the Ureters, made of Onions fried with Hog's grease.
2. Whey drunk in summer is best to hinder breeding of the Stone.

A curious nomenclature is occasionally found in this book, the terms used being those employed in certain country districts to this day. For example, "Defluxion of the Windpipe or Wesand"—that is, tracheitis or bronchitis—is to be treated by "A Gargarism of the Juice of Barberries or of Mallow."

Another strange term is still applied to pharyngitis in some parts of Scotland by the patient who announces that "the pap of the halse has fallen down," meaning that his uvula is inflamed and elongated. This diagnosis appears in *The Poor Man's Physician*, where we read: "If the Pap of the Halse be overlax, first dry it with Decoction of Prune leaves or of Comfrey. Then divide an egg in two halves, after it has been well boiled, and apply one half to the Crown of the Head."

The advice of Tippermalloch is full of such nonsense and is of purely empiric quality. It has none of the sound precept to be found in later popular works of the eighteenth century, such as the Rev. John Wesley's *Primitive Physick* and Dr. William Buchan's *Domestic Medicine*, both of which had an enormous circulation.