columns last week. I have given the reference for those who wish to read the complete editorial, but to make my point here I shall quote some of the relevant passages.

Paragraph 2 commences: "Correspondents have urged us to 'state the principles at stake clearly in this *Journal*,' but we do not think that such a course is either necessary or desirable." The article goes on to say that it "presumes" that the members of the South African Medical Association "subscribe to the principles universally accepted by our profession—namely, that medicine knows no distinction of colour, or creed, or kind, or kin." Therefore, "We do not think any useful purpose will be served by discussing . . . in this *Journal* the points that Dean Hulme raises." In its concluding stages it says, "In this matter of the Colour Bar in Medicine our Association has not, as yet, taken up an attitude that supports, or conflicts with what may be called the liberal and conservative schools of thought in the Union."

Not long after this incident, non-European medical students at Capetown were asked to sign a document which officially prohibited them from attending any "class, clinic, lecture, operation, or post-mortem examination, on a white patient."

If to-day the Medical Association of South Africa feels that the colour policy of the South African Government will lead to the country's isolation from scientific and cultural intercourse with the rest of the world, it would be interesting to contrast their present-day attitude with that of the editorial I have quoted.

In the last world war we saw how medicine and science were prostituted to serve the inhuman plans of the Nazis, and I think we should bear this in mind when dealing with ideologies which discriminate on grounds of colour, creed, or race. The medical profession should be ever to the fore in upholding all that is righteous, and the B.M.A. should be proud of the stand it has taken in deciding not to take part in the proposed joint meeting at Johannesburg because of South Africa's racial discrimination.—I am, etc.,

Derby. RALPH A. A. R. LAWRENCE.

*** Dr. Lawrence informs us that he was himself the student who was suspended from the University in 1944.—ED., *B.M.J.*

POINTS FROM LETTERS

Allergy with Procaine Penicillin

Dr. F. E. LOEWY (London, W.1) writes: Dr. T. V. Humphrey's experience of an alarming allergic reaction after injection of this preparation (February 10, p. 299) deserves special attention. The cause in his case was most likely sensitivity to procaine, not infrequently met with also after local anaesthesia for dentistry, etc. Patients complain of palpitation, nausea, and faintness for some hours, and it is customary but unjustified to put the blame on a minute trace of adrenaline usually injected at the same time. . . . It is certainly advisable before giving procaine penicillin to inquire for unpleasant reactions after injections for tooth extractions, for fibrositis, or for local anaesthesia.

Research by General Practitioners

Dr. C. E. S. FLEMMING (Limpley Stoke) writes: In the *Journal* of February 24 (p. 415) there is a letter by Dr. G. G. Dawson regretting that the general practitioner's claim to research is not acknowledged. In the *Journal* of June 3, 1944 (p. 759), there is an article on this subject by me setting out this claim in some detail.

Corrections

The author of the paper "Side-effects of Chloramphenicol and Aureomycin" in our issue of February 24 (p. 388) is W. Tomaszewski, not T. Tomaszewski.

In the leading article "Occupation and Peptic Ulcer" (March 3, p. 463) line 18 of column 1, p. 464 should read ". . . from 0.03% at ages 20–25 . . ." and *not* 0.3% as printed.

Professor A. D. M. Greenfield (Belfast) writes: The post referred to by Professors Frazer and Huggett in their letter "Spens Awards for Professors" (March 3, p. 477) at the Queen's University of Belfast is a lectureship in physiology and not a lectureship in dental physiology as they stated.

Obituary

P. J. MACLEOD, O.B.E., M.B.

Dr. P. J. Macleod, medical superintendent of Bridge of Earn Hospital, Perthshire, died on February 15 in Dundee Royal Infirmary at the age of 54. During his tenure of office he had established and developed in Bridge of Earn a rehabilitation centre which, under his lively and enterprising guidance, is now of national and even international reputation.

Peter John Macleod, who was the son of an outstanding Lewis seaman, meant to be an engineer. He went straight from school into the Royal Artillery in 1914 and did not take up his medical studies until after the war. He graduated M.B., Ch.B. at Glasgow University in 1924 and then served as an assistant in Stornoway before joining the Highlands and Islands Service, first in Applecross, then in Carloway. He returned as an independent practitioner to Stornoway, where he was prominent in forming the Outer Isles Division of the B.M.A. Early in the second world war the Department of Health for Scotland decided to establish a rehabilitation unit for miners at the E.M.S. hospital in Gleneagles Hotel, and Macleod was put in charge. Shortly afterwards he joined the R.A.M.C., but was later released to resume his work at Gleneagles. The scope of the unit was extended to surgical and medical cases generally, and with the closure of the hospital at Gleneagles it was transferred to the emergency hospital at Bridge of Earn. There after extensive alterations some 120 beds were devoted to this purpose. The adaptation, equipment, and organization of this centre were entirely according to Macleod's planning, and the success he achieved is ample proof of his efficient administration.

Sir Andrew Davidson writes: Macleod's approach to the subject of rehabilitation was warmly humanistic, based on an intense desire to do the very best for each and every patient. He believed that the work of the hospital was not complete till the patient had derived the maximum degree of restoration to fitness. The rehabilitation centre was called the "fitness centre" because he felt that rehabilitation began long before the patient reached the stage of going to a special part of the hospital. Rehabilitation began in the earliest stages of the illness and continued throughout treatment and if necessary after active treatment was discontinued. The fitness centre was thus only a part of the rehabilitation process. To visit Bridge of Earn was to see how the inspiration of a leader uplifted and gladdened the disabled patient and infused him with zeal in his task of working himself back to fitness.

One of the secrets of Macleod's success was that first and foremost he was a general practitioner of medicine. He had experienced the loneliness and the responsibility of single-handed practice in a remote area and was able thereby to enrich his natural interest in people by getting down to the very roots of human life. In the town of Stornoway he has left his mark; his house there was a centre of warm-hearted hospitality to the stranger.

In 1949 Macleod, who had been awarded the O.B.E. four years before, visited the United States and Canada with a Rockefeller travelling scholarship for the study of his subject, and during his sojourn there he was in great demand for discussion groups, lectures, and even broadcasting on one of the networks. His interests