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President's Address LEST WE FORGET

"I will set down what comes from her, to satisfy my remembrance the more strongly."—Macbeth, v, i, 35.

BY

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On behalf of the members of the Canadian Medical Association may my first words be to welcome most heartily all who have paid us the compliment of coming to Toronto. The British Medical Association last met in this city forty-nine years ago, and on that occasion Professor Irving Cameron welcomed our visitors in the words of an old Indian greeting, which is so appropriate that I will repeat it to you now. "'It is good for us, O Brothers, that you came so far to see us.' To our open hearts and wigwams you are welcome! May the Gitchie Manitou [the Great Spirit] have you in his keeping while you sojourn with us, and bring you, returning with filial piety and devotion to the care and protection of your own lares and penates, safe again home."

We in Canada are proud of our place in the British Commonwealth of Nations and are anxious to do our full share, whatever it may be, in strengthening the ties which bind us together. Last year our Prime Minister, the Right Honourable Louis St. Laurent, encircled the globe in order that he might extend Canada's greetings to various parts of the Empire (I still like that word) and learn, first hand, of the problems which await solution in promoting and building better understanding and closer co-operation between us. Surely a gathering such as this, which brings outstanding representatives of many parts of the Commonwealth together, can and will do much to foster and advance our common desires and aspirations.

Again let me say how very happy we are to extend the right hand of fellowship not only to our brothers and sisters of the Commonwealth but also to our only slightly more distant relatives from south of the border. In 1930 a speaker at the British Medical Association meeting in Winnipeg referred to the duty and also the privilege of Canadians to endeavour to interpret the British Commonwealth to the United States of America. We are happy to think that we do constitute a friendly link between these two important elements of the free world, and that we may play some small part in advancing harmony and understanding between them.

My next words must be to thank you most sincerely for the great honour you have done me in electing me

to the Presidency of the British Medical Association. I like to think of this honour as one that I share with the members of the Canadian Medical Association, who so kindly nominated me for the position, and who, together with me, constitute your hosts at this meeting. On their behalf I can promise one thing—that I shall serve you as best I can without holding back my time or my strength. I am yours to command for any service which you may consider to be appropriate to this high office.

Of the duties which you lay upon me in the coming twelve months, few will present such difficulties as the address which, by custom, the President gives at his installation. The *British Medical Journal* once said: "Presidents must find it increasingly difficult as year follows year to find anything to speak about that has not furnished matter for the eloquence of preceding orators. . . . There is not for the moment, in the somewhat narrow sphere which custom allows the President of the Association, any new thing on which he can discourse." These words were not written recently for my encouragement or comfort, but in 1897 when the B.M.A. first met in Canada. Since then, close upon sixty Presidential Addresses have been given, and the field has, if possible, been even further narrowed. If, then, there is nothing new that I can say to you with profit, let me take example from the Man of the Century, Sir Winston Churchill, and look into the past as a guide to the future.

The British Medical Association has met three times previously in Canada—in 1897 in Montreal, in 1906 in Toronto, and in 1930 in Winnipeg. Now to our great joy you come back to us again. The year 1897 seems very far away to us; perhaps I can indicate how far away and yet how near it is by relating it to one man whose name I have already mentioned, and whose career spans all of this epoch. In 1897 Winston Churchill was a soldier serving his country in India, and already had been mentioned in dispatches for his valour. In 1906, when last you met in Toronto, he had exchanged his cavalry saddle for the leather bench of Westminster and was Under-Secretary of State. In 1930 he had just relinquished the office of Chancellor of the Exchequer,

and to the undiscerning his day was done; for as the public said, "He is already middle-aged." How wrong the undiscerning were! How amazingly wrong people sometimes can be!

A Look into the Past

May we, then, take a look into the medical past and, without venturing too far into fields of science into which my feet are not accustomed to stray, recall something of the medical scene at the time of the three previous meetings in Canada.

It is interesting to note the names of some of the sections of these meetings. In 1897 all of the basic sciences—*anatomy, physiology, pharmacology, pathology, and bacteriology*—were represented, although for some curious reason the anatomists were discussing anaesthesia. By 1906 the anatomists had parted company with the physiologists, and by 1930 they had bowed themselves off the stage altogether, while the physiologists had allied themselves with the pathologists and bacteriologists and had got the worst of the bargain, for there was little pure physiology on the programme. Now all these sections are gone. I do not quite understand what their departure portends unless it be that, though nameless themselves, they have assumed roles of importance within other sections.

In 1897 the subject we now call preventive medicine had a section called Public Medicine, and the talk was all of sanitation—pure water, pure milk, sewage disposal. We whose countries are represented at this meeting have outgrown that limited concept of public health, though I would remind you that elsewhere within our Commonwealth, and in a great many underdeveloped parts of the world, such problems still require solution, as witness the motto for World Health Day this year—"Clean water for better health." By 1906 the section had changed its name to State Medicine, suggesting that this was a part of medicine for which the State, and not the individual, should be responsible. Since those days the State has developed various ideas in various countries as to its responsibility, and the name of the section has veered round to what most members of the profession would consider to be its proper title—namely, Preventive Medicine.

Another significant change through the years has been the replacement of the name "Diseases of Children" by "Child Health," in line with the positive definition of health as propounded by the World Health Organization.

In 1897 there was a Section of Psychology, which discussed the evolution of the mind. By 1906 its field was what we might now call neuropsychiatry, for it discussed neurological topics like epilepsy, as well as hallucinations and delusions. By 1930 the separation of neurology from psychiatry had begun, and the section was called Mental Diseases and Neurology, though a discussion on mental changes at the menopause was opened by a neurologist. Now the divorce of the neurologists from the psychiatrists is complete, and I doubt whether either would care to invade the territory of the other.

Of the sectional newcomers to the field since 1930, one at least has a very ancient lineage. I refer to the Section of General Practice. As you know, of recent years the general practitioner has begun to realize that the branch of the profession which he follows is as much a specialty as the practice of surgery or psychiatry, and that he must give heed to the development of his specialty, to the training necessary for good general practice, and to the means of gaining the maximum intellectual satisfaction from his job. In the United States of America, in the United Kingdom, and in Canada he has taken steps by the formation of a College or Academy to foster these laudable aims. We are happy to see that this meeting is to make a contribution towards this fundamentally essential movement.

I should like to mention another section, that of Occupational Medicine, which has grown up since 1930. Like the practice of psychiatry, which has marked off its territory

and expanded out of all recognition in the last few decades, the specialty of occupational medicine, embracing a relatively new programme of rehabilitation which has been described as the third phase of medicine (preventive and curative being the first two phases), surely merits a section of its own. Indeed, might we not say that occupational hazards now confront not only the industrial worker, a person of growing importance in our economy, but also, with the increasing use of toxic pesticides, the agricultural worker, on whose efforts the wealth of Canada and many other parts of the Commonwealth so greatly depends? And fresh hope appears to be rising for that vast army of persons who, because of physical or mental disability, have so frequently been written off as expendable.

Two sections have disappeared since 1930. One, labelled rather strangely as "Medical Sociology and History of Medicine," concerns me personally, as I was invited to open a discussion at the Winnipeg meeting on migration within the Empire, a subject which, from time to time over the years, has attracted varying degrees of attention. In passing, one wonders whether, at our next conjoint meeting in Canada, there will be included a section on Social Medicine (not Socialized Medicine) as a successor of Medical Sociology, or whether the difficulty in defining this field will preclude its separation from the existing specialties. There is need for clear thinking and sound leadership by the medical profession in the broad field of social medicine, embracing as it does the important aspects of public relations and medical economics.

The other section no longer with us is that of Tuberculosis. Over many phases of the 1897-1906 meetings the white plague cast its dark shadow. In 1930 no fewer than three sessions were devoted to this disease; they met at a time when the Lübeck tragedy had just occurred. You will recall that, through a tragic error, a large number of Lübeck children met their death after B.C.G. vaccination. This event cast an unwarranted suspicion on a method which is currently being employed successfully on millions of persons every year. Since you last met in Toronto the picture of tuberculosis has been considerably modified, mortality having declined by more than 80%. Early diagnosis, the discovery of antibiotics, the progress in chest surgery, and the development of rehabilitation services have gone far towards lifting the terror from this one-time scourge and given us courage to think that tuberculosis can be conquered completely. However, until that happy eventuality occurs we must not be lulled into complacency and there must be no let-up in the attack upon the disease.

Surgery, 1897-1930

What were the surgeons talking about at these meetings? In 1897 the emancipation won for them by Lister, a most popular figure at the Montreal meeting, was being chiefly applied in abdominal surgery. Surgeons were vying with each other in daring excisions of abdominal organs. Christopher Heath, in an address, complained that surgeons were not troubling to diagnose but were operating "to clear up the case." A contemporary remarked that the names of the new gall-bladder operations were simply terrible and fit only for Welsh villagers! Surely this was a left-handed compliment to our Welsh friends, who are so adept in the handling of curious-looking words.

By 1906 the surgeons had begun to invade the skull, and the surgical star at the Toronto meeting was Sir Victor Horsley, the pioneer neurosurgeon of whom someone said, "He does not quote the literature; he is the literature."

By 1930 the surgeons had discovered the autonomic nervous system, and the age of "physiological repair" had begun. They had also penetrated the chest, and a major theme at the meeting was thoracic surgery. Now even the secret places of the heart are no longer a mystery to them, and one is pleased to note that the profession on both sides of the water is well represented on the symposium on cardiovascular surgery which is to be held this week. What worlds are left for surgery to conquer? I do not

know, but I am certainly not rash enough to suggest that there are none. Who in 1897 or 1906, or even as late as 1930, could have predicted some of the amazing advances that have taken place in the broad field of medical science since then? Hope springs eternal, and surely history reveals that hope has been considerably rewarded during the past 50 years in the fight against disease.

Revolutionary Changes in Therapeutics

In 1897 the President of the Section on Internal Medicine lamented the fact that scientific therapeutics had very little influence on treatment, but predicted hopefully and confidently a brighter future. In 1906 Dr. R. A. Reeve still lamented the fact and took a somewhat dim view of the progress being made. One might recall that even the first of the magic bullets of chemotherapy, salvarsan, was still unknown. Indeed, as someone said in 1897, "The microbe of syphilis is still wanted by the scientific police." The 1906 meeting was not sure that the spirochaete, then exacting a terrible toll we scarcely realize to-day, was the cause of this disease. As a sidelight on the revolutionary changes in therapeutics, one might point out that none of the ten drugs discussed at the British Pharmaceutical Congress of 1897 is regularly prescribed to-day, and some are absolutely unknown to modern students; not one of the hypnotics recommended in 1897 in the treatment of insomnia has stood the test of time.

In his delightful historical address appearing in the *British Medical Journal* of January 1, 1950, Sir Henry Dale, whose presence at this meeting is such a joy to us all, in discussing the progress of medical science for the first half of this century, reminds his readers that shortly after the turn of this century therapeutic empiricism was still strongly entrenched. Listen to his words. "Look back, those who can do so, to the beginning of this century, and recall again the state of medicinal treatment 50 years ago. Heart tonics, purgatives, diaphoretics, analgesics—such, indeed, were in use, and could be reasonably credited with the promotion of a natural function, or the relief of a distressing symptom; but there was a wide range of remedies then still current for which nothing more definite than a generally 'tonic' or even 'alterative' action could even be suggested. The idea that a remedy could directly remove or neutralize the cause of an illness was still a startling innovation, and neither physician nor patient had yet learned to expect a medication which would go thus to the root of the trouble."

Continuing, Sir Henry said: "Our successors, viewing the times in which we live from the longer perspective of history, are likely to recognize the first half of the twentieth century as the period in which civilization first began to feel, for good or ill, the full impact of progress in the natural sciences. . . . The end of the nineteenth century found medicine still a body of largely empirical knowledge." In 1900 it was "not unreasonable for the student then entering the wards to receive, as I did, the authoritative warning that it was his duty to forget the teachings of the experimental sciences of physiology and to accept those of medicine as still an empirical art."

"The remedies which were being administered in 1900 had almost all come into use as the result of empirical observation. . . . I don't pretend to explain it, but I have seen it do good."

Since that time the improvement in morbidity and mortality statistics pays glowing tribute to the advances made in medical science, and the acceptance of this knowledge by the medical profession.

The rapidity with which new and effective therapeutic agents appear is dramatically revealed by the fact that 70% of the drugs prescribed on this continent last year were unknown fifteen years ago.

At the Cross-roads

At the 1930 meeting the profession stood at the cross-roads with regard to the therapy of infections. The participants in the Winnipeg meeting were obviously sceptical of

therapeutic vaccines and sera, but for another five years, until Domagk produced the first sulphonamide, there would be nothing to put in their place. In 1906 typhoid fever was beginning to show signs of being on its slow way out, although the 1930 meeting referred to an epidemic in Canada of serious proportions in the previous year. In 1930 diphtheria was definitely losing its hold; and Canada, as represented in particular by the City of Hamilton, can take credit as a pioneer in its eradication by toxoid. And now, on the threshold of this meeting, comes the heartening news of the success which has attended the efforts of Salk and his fellow workers in the fight against anterior poliomyelitis. I am sure we all join with a grateful world in extending words of appreciation and praise to those responsible for this newest advance in the conquest of one of the most terrible of all diseases.

The Degenerative Diseases

As infections one by one were being brought under subjection, the degenerative diseases gained in importance. Obesity and coronary diseases are down for discussion at this meeting. In this connexion one might recall the dictum of Sir James Barr, in his address on overweight at the 1906 meeting, that "a life of indolence and luxury is more deleterious to the circulation than the work of a navvy." Coronary disease was still quite a novelty in 1930, while to-day the well-informed layman speaks of it with considerable familiarity.

There is one disease which has been with us at all previous meetings, is with us here, appears to have grown steadily commoner since 1897, and, sad to say, is still undefeated. I refer to cancer. We all long for the day when it will no longer appear on the scientific programmes as an unsolved problem; may that great day come soon. But the picture is not all dark. We know that bits and pieces of scientific knowledge gained in painstaking research are being put together, offering some hope that this death-dealing riddle may be solved in the not-too-distant future.

Medical Education

What of medical education? It has appeared in some shape or form on all three previous programmes here in Canada. I say in some shape or form because on no occasion was the subject discussed as an integral whole. Individual sections sniped at their medical schools, but largely from the standpoint of their own specialty. Thus, in 1897, Japp Sinclair, the obstetrician, said: "Students learn surgery which they will never practise, and will practise midwifery which they have never learned." In 1906 the anatomists agreed that they should "avoid entangling the student in a superfluity of detail." Obstetricians were still dissatisfied, and complained that poor teaching was a result of the "ingrained idea that labour is a natural process."

In 1930 the emphasis was on teaching in public health, but a full-scale discussion on the curriculum as a whole awaited the First World Conference on Medical Education organized by the World Medical Association, and held in London under the auspices of the British Medical Association in the autumn of 1953, and about which I propose to speak in some detail a little later on in this paper. In passing, it is interesting to note that there will be a Second World Conference on Medical Education held under the auspices of the World Medical Association on this continent four years hence. Meanwhile, I shall be surprised if someone at this meeting does not voice his dissatisfaction with the present curriculum.

Debt to the Motherland

At this point I should like to place upon the record the great debt we in Canada owe to the Motherland for the help, stimulation, and guidance given to medical education in this country. Indeed, history reveals that in the basic essentials many of our medical schools adopted from the

Motherland not only your methods of teaching and curriculum but also imported a considerable number of your graduates as faculty members. We are proud of the standard attained by our twelve medical schools, and we thank you for the part which you have played in helping to develop and strengthen them.

You may wish to recall something of the organizational aspects of the Association at the dates about which we have been speaking. In 1897 the British Medical Association was a flourishing organization, but it had its critics, for an editorial in *The Times* of London dismissed it as an "inert mass," and stated that it had done little "either for the benefit of the medical profession or for that of mankind." This is neither the first nor the last time that the Press has erred in the statements upon which it has based its criticism of the profession. However, here in Canada we are rather proud of our relations with the Press, though I would not for a moment wish to convey to you the impression that they always compliment us. On the contrary, they sometimes take us to task; but our knowledge of each other's obligations and responsibilities has increased and improved, particularly in recent years, and we rely upon the Press to assist us in spreading helpful information and facts bearing upon the health of the people.

In 1906 the British Medical Association was applying for a Royal Charter. It was also talking of reforming its constitution. I understand that such reform is again under consideration, though I have no intention of entering into the discussion.

Six years prior to the Winnipeg meeting the present relationship in which the B.M.A. and the C.M.A. became affiliated had been reached. In the words of the late Dr. Alfred Cox, "A marriage between the two Associations, with the word 'obey' left out, was arranged in 1924." And here let me say that much credit for the affiliation must be given to Sir Jenner Verrall and Alfred Cox, who, as ambassadors from the British Medical Association, visited Canada for the purpose of discussing the subject, and by their knowledge, skill, and diplomacy were very largely responsible for the consummation of a marriage which, for more than thirty years, has been so happy and harmonious.

At the 1930 meeting there was much preoccupation with medical costs. "The economic organization of medicine," said the President, Dr. Harvey Smith, "has not kept pace with scientific progress. In my judgment there is only one possible solution—voluntary health insurance, instituted, organized, and controlled by the medical profession, and widely applied."

Plans for health insurance were already under study in some of the western provinces of Canada, and the British Medical Association at home was discussing a medical service for the nation. On both sides of the Atlantic we have gone a long way since then; and later on in this meeting Canadians will hear with interest something of the present position in the United Kingdom. We in Canada have witnessed a remarkable growth in the voluntary plans of health care during the past 25 years, with more than one-third of the population now covered in whole or in part by such schemes.

International Medicine

Two outstanding international events in medicine have taken place since 1930, and it has been my privilege to play a small part in both, right from the beginning. I refer to the founding of the World Health Organization and the World Medical Association. A precursor of the former was the Health Division of the old League of Nations, which in the opinion of some observers formed the most effective part of the League, while the precursor of the latter was L'Association Professionnelle Internationale des Médecins, which was organized in 1926 with the support of a number of medical associations, mostly in Europe, and which did good work until forced to disband in 1939 with the outbreak of the second world war. It seems appropriate to say something about these two organizations on

this occasion for two reasons—firstly, because of their great importance in their respective fields, and, secondly, because of the vital part which the medical profession has played, and must continue to play, in their usefulness. Here may I interpolate that I am indebted to Dr. M. G. Candau, Director-General of the World Health Organization, for much of the information I have used in speaking of that organization.

The World Health Organization

Combining the functions of former organizations in the field of international co-operation on health matters, the World Health Organization, one of the specialist agencies of the United Nations, was founded at an International Health Conference in New York in 1946. For two years it functioned under the direction of an Interim Commission, emerging as a full-fledged organization in 1948, when its constitution had been ratified by the required number of nations. Dr. Brock Chisholm, a Canadian who had acted as Secretary of the Interim Commission, was appointed its first Director-General, a post which he filled with great distinction for five years. It is the first world-wide body of its kind in history. In amplifying its title, it defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." With this definition one thinks that the medical profession will concur, as the traditional frontiers of health are pushed forward and enlarged and the close relationship between health problems and economic and social conditions is fully recognized.

The Organization's objective is "the attainment by all peoples of the highest possible level of health." Its functions are: (1) to co-ordinate international health work; (2) to propose and administer international regulations on health matters; (3) to provide technical services, including reporting of epidemics; (4) to assist governments in strengthening their health services; (5) to foster mental health activities; and (6) to promote and conduct research in the field of health. It is important to note that the World Health Organization is not a supranational public health service. It works for, with, and through governments in raising health levels, and is responsible to the United Nations.

The Organization, although not 10 years old, may look with pride to a number of achievements. Time will permit of but a brief reference to some of them. It has promoted maternal and child health and welfare services in many parts of the world, particularly in the underdeveloped and war-devastated countries. In the fields of nutrition, sanitation, and environmental hygiene, and in the fight against widespread infections such as tuberculosis, venereal disease, malaria, and yaws, it has assisted in saving many thousands of lives. Opportunities by way of fellowships for advanced training in various branches of the healing arts have been provided to hundreds of students, many of whom have had the privilege of studying in foreign countries, thus gaining not only new technical knowledge but also a broader outlook on the world as a whole. In the fields of sanitation, vital statistics, medical nomenclature, and biological and pharmaceutical standards much useful work has been accomplished. And its work has only begun. Granted that it receives adequate financial support, adheres to its laudable purposes, is allowed to work out its destiny without undue political influence or interference, and continues to merit the respect, confidence, and support of the healing professions, it can look forward hopefully to a future of much usefulness.

The World Medical Association

Paralleling the development of the World Health Organization, the World Medical Association had its inception in London in the autumn of 1946, when, upon the invitation of the British Medical Association, 100 delegates from 32 national medical associations, meeting together for a week,

unanimously decided that a world-wide organization of national medical associations should be established so that medicine might speak with a united voice.

The aims and objectives of the Association may be summarized as follows:

To raise the standards of medical education and care throughout the world.

To raise the level of public health throughout the world.

To improve the standards of industrial and occupational health programmes in all countries.

To co-operate with the World Health Organization, the International Labour Organization, and similar bodies on matters of mutual interest.

To assist all mankind to attain to the highest possible level of health and in the pursuit of its objectives to promote world peace.

To-day, fifty-one national medical associations are members of the World Medical Association, and the number is growing yearly. As one of our outstanding members put it, "If there weren't a World Medical Association, one would have to be invented, because there is necessity for the medical profession to be heard at the international level."

The Association has no selfish motives, covets no preferment, and is not interested in a *quid pro quo*. Opportunities to protect and to improve health and to save lives is all that it seeks, fully believing that a healthier and happier world population is more likely to live at peace with its neighbours.

"Does the World Medical Association overlap the World Health Organization?" is a question one not infrequently hears. The answer is, decidedly not at all. On the contrary, W.M.A. is just as essential to W.H.O. as electric power is to a transmission line. Together they can accomplish much. And W.M.A. is committed in its constitution to co-operate fully with W.H.O. in those areas of mutual interest which require the services of the medical profession.

Among the accomplishments of the Association in its relatively short existence may be listed the following:

Establishment of a head office in New York City with a well-organized secretariat under the capable direction of Dr. Louis H. Bauer, a Past President of the American Medical Association.

Formulation and adoption of an International Code of Medical Ethics.

Adoption of a modified Hippocratic Oath, known as the Declaration of Geneva, which has found ready acceptance in most of the free world.

Publication of a bi-monthly journal in the three official languages of the Association—English, French, and Spanish.

Publication of reports of studies on medical education, medical man-power, medical advertising, social security, and others.

Aid in the establishment of new national medical associations in countries where hitherto none had existed.

Establishment of liaison with the World Health Organization, the International Labour Organization, the International Red Cross, and other international bodies who require the sympathetic co-operation of the medical profession to accomplish their purposes.

Supply of badly needed equipment to hospitals and medical schools in war-ravaged countries.

The holding of an Annual Assembly in a different part of the world each year, thus facilitating the discussion of medical problems on a global scale.

World Conference on Medical Education

To this list must be added one other accomplishment thought by many to be the most important activity yet undertaken by the W.M.A. I refer to the First World Conference on Medical Education, which was held in London

in August, 1953, devoted to undergraduate medical education. More than 600 delegates registered, representing 127 universities and medical schools from 62 different countries. Approximately 200 participated in the discussions, which, by simultaneous translation, were heard in English, French, and Spanish. The proceedings, now available in book form, provide for the first time not only an assessment of medical education on a global scale but also a stimulus and a guide to all medical educators who may be concerned about the quality and quantity of undergraduate medical education in their various countries.

The theme for the Conference was to be found in the admirable addresses of the President, Sir Lionel Whitby, and one of the honoured guests, Sir Richard Livingstone.

Sir Lionel said, "It is not difficult to draw a brief picture of the ideal medical student; cultured, broadly educated in the humanities, intelligent and intellectual, of transparent integrity, humane and sympathetic, and, above all, one who will love his profession as well as his fellow men and all their weaknesses, their joys, and their sorrows."

Speaking of the timber from which doctors are made, especially of what he happily chose to call the first-rate, Sir Richard Livingstone said, "The human being is a work of art, capable of a quality and beauty of its own, quite apart from any practical purposes to which its powers are put."

In the foregoing two quotations we find surely a superb definition of the ideal doctor. Is it too much to hope that in the days that lie ahead the glory and tradition of our noble profession will be enriched and elevated by generation upon generation of ideal doctors, who will be content with nothing less than the first-rate from themselves and their colleagues? One feels certain that the British Medical Association wholeheartedly and unreservedly stands committed to the support of such a laudable ambition.

Conclusion

And now, one more Presidential Address is ready for the archives. To those who have listened to it, and to any who may read it, let me say once again that while it may contain nothing new it will have served its purpose if it has portrayed, even in a sketchy way, some of the remarkable changes and advances which have been made in the science and the art of medicine since your first meeting in Canada, and also if it conveys to you the deep sense of pride and satisfaction of your Canadian colleagues that the British Medical Association has for the fourth time honoured us by meeting on our soil. Again let me say, "To our open hearts and wigwags you are welcome," now and always.

The Portsmouth Group Hospital Management Committee—one of the largest non-teaching groups in the country—has just issued for the first time a clinical report. This deals with the work of the hospital during the year 1953, and contains much of interest to clinicians and hospital administrators. For instance, the details given about infectious diseases illustrate the changes in the incidence and severity of these infections. The beds available for the treatment of infectious diseases numbered 126. During 1953 76 patients were sent to hospital with a diagnosis of poliomyelitis: in 20 of these cases the diagnosis was confirmed. Six patients admitted because of suspected meningitis proved to be cases of poliomyelitis. There was no case of diphtheria admitted to hospital during the year. Seventy-seven children with pertussis were treated, and three of these died, two of the deaths being in patients under 6 months of age. There were also three deaths from measles, but the total number of patients with this disease amounted to 110. Two hundred and three patients were admitted for the treatment of intestinal infections: the most important clinical group was the so-called acute infectious gastro-enteritis of infancy. Of 61 infants in this group under 3 months of age, four died.