Lord Horder think for one moment that a person without any medical knowledge could or would apply an antiseptic "properly or promptly"?

In reply to the threefold policy I would say that it is not a scientific fact that V.D. can be easily prevented; that to "supply interested persons" with details of preventive measures without proper safeguards seems to me to be the best possible method of promoting the spread of venereal disease and immorality; and that to allow the indiscriminate advertisement and sale of these preventive materials must inevitably encourage immorality.—I am, etc.,

Birmingham.

E. W. ASSINDER.

National Hearing-aid

SIR,—A headband is as inconvenient to a man as it is to a woman who needs some aid for hearing, and the disadvantages of easily detached parts are only too evident among travellers and country residents, so that in Natal one commonly encounters deafened persons who have purchased expensive aids but have been forced to discard them. A short trial of an instrument is of little avail, for a small mechanical defect is likely to occur at any time unless the attachments are fool-proof, and devices which prove suitable close by, as in a store, are of little avail when seeking to discern speech at a distance. Unfortunately international trade still keeps the price in South Africa to approximately £35 for one instrument in spite of favourable notices about most of the makes by the National Council for the Deaf's widely circulated magazine.—I am, etc.,

Durban.

F. GORDON CAWSTON.

Training of Nurses

SIR,—Dr. J. H. Weir's letter (July 10, p. 109) confirms the opinion of many members of the profession that the standard of "medical" learning required of nurses is unnecessarily high. Like Dr. Weir I attempt to infuse into groups of exhausted young women the details of clinical medicine expected by their curriculum.

Unlike the ward and out-patient work of the medical student, their daily labours, comprising practical nursing, have little in common with "academic" medicine. Doctors with experience in general practice know that a high percentage of women who have had no training can provide excellent nursing after very little tuition. Experience during the war showed that men could provide the same. At a time when the nursing profession is so short of members it seems absurd to continue the high standard of the past. In the medical profession doctors are graded by examination and experience into general practitioners and specialists. I see every reason why a similar practice should be adopted in the nursing profession.—I am, etc.,

Chester.

PHILIP R. GRAVES.

Administration of Medicine

SIR,—May I, as one who had the privilege of serving with him in the C.M.F., be permitted to make some comments on the first of the two Croonian Lectures delivered by Dr. E. R. Boland in November, 1947, and reproduced in an abridged form in the *Journal of July 3* (p. 9)? Although it is indeed a pleasure to read an article, lecture, or other communication by an ex-temporary member of the medical branch of one of our fighting Services which is not filled with carping and too often destructive criticism of the Service concerned, certain points raised and statements made by the lecturer appear to require elucidation or even correction in fairness to the authorities concerned.

Medical "Planning."—In the first place one notes with relief that Dr. Boland avoids the all too frequent and usually unfair comparison between our medical services and those of our American friends and allies. It is indeed true, and how often did one hear it said, that the Americans (to use one of their own expressions) "got things done"; this they certainly did and usually in a far shorter time than we were or had been accustomed to. But it should be remembered that to obtain this rapid and no doubt effective result they were most uneconomical both in man-power and material, this being the inevitable result of the immense resources of both available to them, especially in the field of "transportation" by land, sea, and air.

Standardization of Treatment.—Apart from the reasons in favour given in the lecture, it should, I think, be stressed that this was bound up to a great extent also with the availability or shortage of some drugs and items of medical equipment. How often does one recall impassioned appeals from hospital divisional officers or specialists for some drug, dressing, or item of special equipment for use in some "special" case or series of cases? Frequently the item in question was either not available or was in short supply, nor in point of fact was it really necessary in a standardized and general medical service. In no case, so far as my personal experience went, was there ever any but a very temporary shortage of any essential item, at least in the C.M.F.

Suggested Improvements.—1. Higher Administration. Desirable though it may appear that the medical services should be divorced from control by the Adjutant-General, it should be realized that such a "revolution," and revolution it would be, cuts right across a long-established practice in respect of other administrative services and also that of the sister fighting services both British and Allied. In many ways we in the British Army were far better placed in this respect than those in the Royal Navy, Royal Air Force, or the American Army, in none of which could the medical services be said to hold any "executive" authority. Though it may be true, as Dr. Boland puts it, that "recommendations and observations have to pass through intermediaries who have the power of suppressing or altering them," in point of fact it was seldom if ever that any alteration or suppression was made, and direct access by the director, if not to the commander-in-chief at any rate to the chief administrative officer and/or the chief of staff, was always available. In the C.M.F. all heads of services attended both C.O.'s and C.A.O.'s conferences and were asked their opinions in any relevant discussion at such *directly* and not through the chief staff officer of the adjutant or quartermaster-general.

2. Professional Status and Promotion. Here again one cannot but agree with the lecturer in principle, but at the same time some of his statements are not strictly accurate. It is true that in war promotion to higher rank has up to now been far easier to attain on the "administrative" as compared with the "professional" side. No reference, however, is made in the lecture to the many professional improvements instituted as a result of the Warren Fisher Committee recommendations some years before the last war. Since the time of this committee officers of high professional attainment have had far more than the four senior appointments quoted by Dr. Boland to aim at; I need only mention officers i/c hospital divisions (who had in the large majority of cases been specialists for some time before the war), professors and assistant professors at the R.A.M. College, deputy or assistant directors of hygiene and pathology, O.C. school of hygiene, command consultants, etc.

Stores and Equipment Branch.—The following points should, I feel, be stressed in fairness to the small but devoted and efficient cadre of quartermasters who organized and administered base and other medical stores. (1) Supply. This was largely, as indeed it had been before the war, under "civilian" control, at any rate at the source. Shortages were world-wide in certain commodities, especially those obtained from Eastern sources, and although large reserves had been built up in peacetime these could not be expected to compare with those of the Americans with their greater resources and shorter "carry." (2) Distribution. From home to overseas bases immense difficulties did occur, largely if not wholly due to shortage of shipping space or enemy action, but from bases to forward areas, at any rate in the C.M.F., distribution never failed, and forward shortages, if they ever occurred, were rare (subject to my comments under "Standardization"). (3) Accounting. The method finally evolved in the C.M.F. could hardly be described as "archaic," and it was certainly not "lacking in system." As far as base depots were concerned it should be realized that estimates had to be calculated six months or more in advance in overseas theatres owing to the long "carries," and that the "turn-over" was enormous owing partly to the practically unrestricted use of drugs and dressings and also to the necessity of avoiding deterioration in many commodities. That the system was efficient is I think proved by the fact that the C.M.F. Base Depot, containing at the time some 4,000 tons of stores of a value of over £1,500,000, was eventually closed down and the contents disposed of with infinitesimal losses and without the prolonged courts of inquiry necessitated in the case of some other administrative services.

—I am, etc.,

Pulborough, Sussex.

G. P. KIDD.

The Homosexual in the Courts

SIR,—While Dr. Eric Coplans' letter (July 3, p. 53) is certainly timely, it seems only fair to impute to legal and public opinion the primary responsibility for the retention of our archaic British laws on homosexuality, and to absolve from blame in this respect psychiatrists and sociologists who have for many years fought to overcome the "conspiracy of silence" and ignorance.

Indeed, ever since the latter part of the nineteenth century eminent medical men, seeking to shed the light of science on puritanical obscurantism, have clearly advocated a more rational attitude on the part of the law and society. Krafft-Ebing¹ stated that the punishment of homosexuality *per se* "does not deter from crime and has no corrective influence, for pathological manifestations are not removed by penal remedies. Decidedly it is not an atonement for a criminal act which can only under certain and mostly false presumptions be considered as criminal, and thus may lead to acts of gross injustice." The writings of Havelock Ellis,² Raffalovich,³ Moll,⁴ Stekel,⁵ and above all Hirschfeld's⁶ detailed and forthright discussion of the whole question, must also be mentioned. Clifford Allen⁷ has ably criticized the still prevalent legal misconception that sexual perversion is "the result of wicked impulses, capable of being checked by advice and resolution."

A clear and constructive sociological analysis of this problem has recently been made by H. Mannheim,⁸ who states that the fact that the invert's sexual activities, "which he is often unable to regard as abnormal, are treated as serious crimes by the law is likely to make him profoundly anti-social and produce the mentality of an outlaw." Alexander and Staub⁹ concluded that the solution of the problem "is not the punishment of the adult, but the proper management of the child. . . . The revengeful attitude of society towards the victims of its own mistakes is cruel, useless, and purposeless." Ruth Benedict¹⁰ has well stated the effect on the homosexual of social and legal condemnation: "His guilt, his sense of inadequacy, his failures, are consequences of the disrepute which social tradition visits upon him, and few people can achieve a satisfactory life unsupported by the standards of their society. The adjustments that society demands of them would strain any man's vitality, and the consequences of this conflict we identify with their homosexuality."

It must be stressed that contemporary English law on this question, as embodied in the Offences against the Person Act, 1861, and the Criminal Law Amendment Act, 1885, is derived from Exodus xxii. 19 and Leviticus xviii. 22-30 and xx. 13-16. There is no reference to female homosexuality in either. These Old Testament laws may or may not have conformed to the ethical and social needs of the Judæan kingdom about 625 B.C., but they can have little place in our western civilization of the twentieth century A.D. Discussing the evolution of the attitude of Christianity to homosexuality, Westermarck¹¹ says:

"To be called wrong an act must . . . be productive of other harm than the mere aversion it causes, provided that the agent has not in an indecent manner shocked any one's feelings. Any moral condemnation of homosexual practices (nobody can, of course, be blamed on account of his abnormal desire) must be founded on an opinion of their hurtfulness, individual or public, whatever they may be. But thoughtful people will be on their guard against the common tendency to seek a rational justification for judgments springing merely from sentimental dislikes."

The very least that could be hoped for, then, would be the modification of English law on homosexual offences to bring it more into line with that on heterosexual offences, as is the case in the French *Code Pénal* (art. 330 ff.), and the rational treatment of those who have committed anti-social sexual acts. For the words of Isaac Ray¹² on the legal concepts of insanity are, in this instance also, as true to-day as they were over a century ago:

"It is to be feared that the principles laid down on this subject by legal authorities have received too much of that reverence which is naturally felt for the opinions . . . of our ancestors; and that innovations have been too much regarded, rather as the offspring of new-fangled theories, than of the steady advancement of medical science. . . . The ministers of the law seem to have forgotten that . . . the real dignity and respectability of their profession is better upheld by . . . thankfully receiving the truth from whatever quarter it may come, than by turning away with blind obstinacy from everything that conflicts with long-established maxims and decisions."

—I am, etc.,

R. H. AHRENFELDT.

London, S.W.3.

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- ⁷ *The Sexual Perversions and Abnormalities*, 1940, p. 183. London.
- ⁸ *Criminal Justice and Social Reconstruction*, 1946, p. 64. London.
- ⁹ *The Criminal, the Judge, and the Public*, 1931, p. 138. London.
- ¹⁰ *Patterns of Culture*, 1935, p. 189. London.
- ¹¹ *Christianity and Morals*, 1939, p. 369. London.
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Obituary

G. W. GOODHART, M.D., F.R.C.P.

Dr. G. W. Goodhart died at his home in London on July 16, after an illness from which he had suffered many attacks during the last five years; his courage in this time was an inspiration to all who knew him. He had almost reached his 66th birthday, and he retired only last year from his post as pathologist of the group laboratory at St. Mary Abbots Hospital in the London County Council's Public Health Department.

Gordon Wilkinson Goodhart was the younger son of Sir James Goodhart, Bart., of Guy's Hospital. He was educated at Westminster School, Trinity College, Cambridge, and Guy's Hospital, and graduated M.B. in 1908. At his teaching hospital he became house-physician, Gull research student, Douglas demonstrator in pathology, and senior assistant bacteriologist. Subsequently he worked in Germany, in Aschoff's department at Freiburg and in Berlin. His next principal appointment was that of clinical pathologist at University College Hospital. During the war of 1914-18 Dr. Goodhart was in France with the R.A.M.C., acting as pathologist to the 2nd London General Hospital. After the war he resumed his work at University College Hospital and over the next thirteen years developed his considerable and very individual talents as a clinical pathologist. During this time he gave his assistance to physicians and surgeons, taught students and junior colleagues, and did research work with Charles Bolton and Price-Jones.

In 1931 Dr. Goodhart was appointed one of the pathologists in the hospital services of the London County Council, first at Archway Hospital and after 1933 at St. Mary Abbots Hospital, Kensington. He gave skilled service to patients and colleagues in a way that placed medical work in its proper perspective among the duties and satisfactions of human fellowship. His work in different committees was most helpful, because by his good judgment he convinced others. It was typical of him that an address which he once gave on the significance of leucocytosis was the result of years of experience and gave a surprisingly illuminating view of a well-worn subject. He was president at different times of the Association of Clinical Pathologists, of the Medical Society of London, and of the Section of Pathology of the Royal Society of Medicine. He married, in 1914, Alice Stransham La Touche, and they had two daughters and a son.

Dr. Janet Vaughan writes: England has produced not a few physicians, surgeons and pathologists of international repute in the last thirty years. Gordon Goodhart who died in London last week was probably not known outside this country, and yet he made possibly as great a contribution to English medicine in those years as his better-known contemporaries. He carried out at one time a considerable amount of original work, particularly in association with Charles Bolton on problems of gastric secretion, but his greatness lay in his power of synthesizing the science of the laboratory with the art of the physician—a synthesis which he achieved quite unconsciously. By his own example he taught a long succession of students at University College Hospital and many colleagues in the medical service of the London County Council that work in the laboratory cannot be divorced from work at the bedside. What he saw down the microscope, in the test tube, or in the post-mortem room only became real to him in relation to the individual sick man, woman, or child, whom he had always to see with his own eyes—it was not enough to hear a case report. It is easy to say that Gordon Goodhart was one of the first men in this country to teach and practise clinical pathology as we know it to-day. It is true, but it does not give the full measure of his quality, which was compounded not only of knowledge but also of wisdom and experience and of judgment, perhaps inherited in part from his father. Gordon Goodhart was indeed a beloved physician. He was also the most trusted friend, unflinching in his help and understanding of personal problems. During the years of the war he was often ill, but he carried on, his hospital literally blitzed to rubble round him, with a gay courage that will never be forgotten by those of us who were