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HEALTH SERVICES AND POPULATION PROBLEMS

THERE could be no better illustration of the extent to which the importance of the health of the nation is now generally realized than the general support which the broad policy of the Ministry of Food has received, as indicated in the lecture of Prof. J. C. Drummond on "War-Time Nutrition and its Lessons for the Future" delivered before the Royal Society of Arts on May 6 (*J. Roy. Soc. Arts*, 90, 422, 1942), or than the declaration of some two hundred members of Parliament of all parties in favour of family allowances. Even the General Council of the Trades Union Congress, long the backbone of opposition, is now in favour of a State scheme, and resolutions in favour of a scheme of family allowances, and the right to all forms of medical attention and treatment through a national health service, were passed at the annual conference of the Labour Party in London. The general principle of family allowances in the form of cash payments from national funds was also approved at the Co-operative Congress in Edinburgh on May 25.

The somewhat non-committal memorandum of the Chancellor of the Exchequer (see *NATURE*, June 13, p. 656) makes its belated appearance when the ground is at any rate cleared for consideration of the application of the general principle to concrete schemes or proposals. This advance in opinion may fairly be attributed to a development in the general outlook on public health corresponding with that which has characterized the medical profession itself in the last two decades, with the change in emphasis from remedial to preventive measures. There is widespread recognition that disease is largely preventable, that malnutrition is a conspicuous factor in many diseases, and that the main causes of malnutrition are ignorance and poverty, with the emphasis on the latter. This undoubtedly has been the chief factor in overcoming opposition to the idea of family allowances. They are welcomed above all as a contribution to the health of the growing generation, and as Prof. Drummond has shown in his lecture, the success of many of the measures adopted to safeguard the nutrition of the nation in war-time is now widely recognized as too valuable to be discarded when victory is won. Prof. Drummond's emphasis on the value of the canteen and of the 'British Restaurant' is supported by a P E P broadsheet on "Health in War-Time" which appeared last year. Like the allotment movement, they can fill as essential a role in peace-time as under war conditions. He sees in these two types of communal restaurant the essence of what might become, with competent handling and appropriate guidance, one of the strongest links in our industrial machine—the health and efficiency of the workers of Great Britain.

It needs but little imagination to realize how powerfully such a development could contribute to that other outstanding matter discussed by Prof. Drummond—education on food and food values.

His lecture gives an inspiring glimpse of the possibilities if such education is not confined to the general population, but is inculcated effectively in the medical and nursing professions. This vision of a campaign to be launched in the United States for promoting good health by ensuring good nutrition holds great implications for Great Britain in agriculture as well as in industry and in health if that example is followed. The consequent expansion of agriculture is exactly of the type which keys in efficiently with town- and country-planning, the reconstruction of the countryside and the most efficient use of our natural resources of land.

Much, it is true, has to be done, as Prof. Drummond himself has shown, before public opinion is ready for such developments. Hospitals and medical men alike in Great Britain are lamentably behind institutions and colleagues in the United States and in Canada in the scientific planning of diet and attention to the prevention of disease by good food. Interest is growing, however, and might be powerfully stimulated by adoption of suggestions such as Prof. Drummond advances in regard to the foundation of chairs in our medical schools for lectures on the prevention of disease in this way as a part of the clinical training of every student, and for the sending out to each of half a dozen countries of small, qualified and equipped teams of young medical men and nutrition experts, trained to correlate on the spot information about diet and the incidence of disease.

Satisfactory evidence of that growing public interest, moreover, is to be found in the debate on hospital administration in the House of Commons on April 21. The question was raised on a motion relating to the regional planning of hospital services by Mr. McNeil, and it was very clear in the debate that the opportunities which the War has given us of establishing out of the Emergency Hospital Service a much more effective hospital service for the whole community are very much in the minds of members of the House of Commons. Mr. McNeil, for example, considers that both in respect of medical and nursing personnel, the War would give us reserves for any expansion on which we might decide; there is in the Services at present a great reservoir of young professional men who will come out with much more administrative experience than their normal professional life would have afforded.

The main emphasis in Mr. McNeil's speech, however, was on the regional aspect of our present hospital system, with reference to the cure and prevention of disease, and the ways in which regionalism can be used to provide the extensions and the elasticity required in our present system. Whatever anxiety may be felt by some local authorities as to the size and pattern of the regional scheme, its administration and finance and its identity with the Civil Defence region, the necessity of regionalism is now generally admitted. Unit borders may require re-definition from time to time in accordance with the re-allocation of industry and the movement of population, and while the existing units of the Emergency Medical Service may well be acceptable for some time to come, in the post-war years the

units should at least be open to reconsideration in relation to the planning of physical reconstruction under the Ministry of Works and Planning. Objections to regionalism, as Mr. McNeil suggests, are likely to diminish the more readily with a wise degree of devolution in the administration of the units.

Mr. McNeil stressed the importance of health centres, an efficient educational scheme in health and industrial health officers. Moreover, Mr. Frankel, referring to the announcement that a new site for Charing Cross Hospital has been purchased and that plans are ready, asked for a categorical assurance from the Minister of Health regarding the planning and siting of new hospitals. They must be located in areas where they are most likely to be needed, in accordance with a definite policy intimately related to the building and reconstruction plans being prepared by the Ministry of Works and Planning.

In his reply, the Minister of Health, Mr. Ernest Brown, was scarcely as specific on this point as might be desired, but he reiterated his previous statement as to the Government's intention to continue the partnership between the local authorities and the voluntary hospitals. In affirming his support for a positive and not a negative policy in the field of health, he gave the assurance that the Emergency Hospital Scheme would be fitted into the general scheme. While he declined to commit himself to any definition of the regional unit, it was made clear that the intention is to promote co-operation between a county branch and the teaching or central hospital, and to avoid overlapping and uneconomical expenditure by securing the provision of highly specialized services at teaching hospitals and other centres selected to serve these wider areas, and by arranging for a proper division of functions between the hospitals in those areas. The existing hospital system in the county boroughs, with the exception of a few of the largest towns, cannot provide the enlarged and full facilities in the way of hospital treatment which modern science has put at our disposal, and any attempt to provide them town by town would be grossly uneconomic. In planning our lay-out of hospitals, we must accordingly look to wider areas, said Mr. Brown, and see that all future accommodation provided, whether by municipal or voluntary effort, forms part of a new public health hospital service, set up not haphazard but in accordance with a general design.

The House of Commons debate demonstrated beyond question that the idea of preventive medicine is rapidly gaining ground, and also the general desire to build on existing experience and develop the present system to serve the new needs as they become clearly seen. The same emphasis on the preventive aspects of the health services recurs in a pamphlet on "National Health Services and Preventive Methods for Improving National Health", by Dame Janet Campbell and Dr. H. M. Vernon recently published by the British Association for Labour Legislation. Mr. H. Graham White, in an introduction, directs attention to the implications for a national health policy of the overhaul of our social insurance schemes

already in progress—a real extension of national health insurance, reorganization of our hospitals system and a change in the position of the medical profession in the community. Dr. Janet Campbell attempts an analysis of the situation to encourage the ordinary citizen to think out the problem from his own point of view, and to bring an intelligent judgment to bear on whatever schemes may be advanced for reorganized health services to promote better health and higher physical efficiency. From this admirable emphasis on the necessity of educating public opinion, Dr. Campbell's survey of existing services leads her, after an incidental reference to the social factors and services also involved, to discuss the possibilities of a national medical service in which a service of whole-time medical men and women would replace the present panel service by a scheme providing both domiciliary treatment for all who need it and any necessary consultant and hospital services. To secure conditions of work which would be attractive to a first-rate medical man and offer encouragement for reasonable specialization, opportunities for promotion or hospital service, post-graduate study, etc., Dr. Campbell visualizes a unit such as a team of medical men, each specializing in some branch of particular interest to him, and based on a well-equipped clinic or health centre, which would largely replace the out-patient department of the general hospital.

Such a clinic would be supplemented for special purposes by the school clinic, venereal diseases clinic and tuberculosis dispensary, where these are to be found. Dental treatment would be an essential auxiliary service, while physiotherapy, home-surgery and a social service for follow-up work and after-care would be required. Adequate staffing of the clinic would ensure that the medical practitioners had reasonable leisure as well as sufficient time for the needs of each patient and for keeping in touch with the advance of medical science. On the other hand, no patient would fail to obtain prompt medical assistance because of poverty, or be required to pay for special treatment in excess of his capacity.

It would, of course, be necessary to determine how far such a scheme should be available, and also its relations with the public health services. Clearly it cannot be limited to the insured worker. It must be open to all families below a certain income-level, and replace the panel service, the district medical service under public assistance and largely the out-patient work of the general hospital. Moreover, the wider it is open to voluntary contributors able to pay, in part or for the whole of treatment, the stronger would be the financial side of the scheme and the more readily class distinctions would be removed and the disastrous idea of differing standards of treatment for panel and for private patients.

Close and friendly relations with the public health services are essential. Moreover, there are certain duties which might now well be entrusted to general practitioners of the national medical service—Dame Janet Campbell points to school medical work as an example. In regard to administration, while a national medical service would probably be administered by a central

Government department and financed from national revenue rather than local rates, she emphasizes the importance of regional and local administration so far as possible, and of the delegation of all purely professional matters to a fully representative medical sub-committee. Her suggestions are reflected in the House of Commons debate, and she reiterates the importance of organizing a national nursing service as part of a national medical service, under which a scheme for the superannuation of nurses who have given recognized services could be established.

There is plenty of evidence that the medical profession itself recognizes the need for reform and reorganization of the medical services. Lord Dawson of Penn's address before the Medical Society of the Military Hospital, Shaftesbury, on "Medicine and the Public Welfare", is only one example of the way in which medical opinion is prepared to consider fundamental changes in the present arrangements and to work out the arrangements which would give us, in a framework planned to secure order but also elasticity, the individuality and freedom which mean life and evolution. Dame Janet scarcely sustains her plea for a Ministry of Medical and Nursing and Social Services, separated from the Ministry of Health, to organize post-war medical reconstruction. With a Minister of Health who is genuinely interested in medical and social questions, and willing and resolute to see the task through, the essential readjustments or transfer of powers between Ministries and Departments could well be better effected by a closer adhesion to the principles of the Machinery of Government Report.

Dr. Vernon's survey in the same pamphlet of preventive methods for improving national health is concerned primarily with industrial health, and he travels over ground which has been covered in several reports from the point of view of production during the last year or so. Social environment, he concludes, is a much more potent factor than occupational environment in controlling the health of the nation, and once again the fundamental importance of social and economic factors in relation to the health of the nation receives emphatic endorsement. It is against such a background that the question of family allowances must now be considered.

The Chancellor of the Exchequer's White Paper of May 7 endeavours to show the fiscal cost of a five-shilling-a-week allowance, now that for important sections of otherwise widely divided opinion the question of relating income to the extent of family responsibilities by means of family allowances has become, not whether there should be a scheme, but how best it can be applied. On such points as the cost of a scheme, its financial resources, its administration, its relation to existing partial schemes and how it could be supplemented by voluntary schemes, the White Paper supplies facts and figures. It is clear that the difference between the cost of allowances with a means test and allowances to all children is slight, compared with the total cost. This should be decisive in view of the objection of the Trades Union General Council to any scheme involving a means test, against which there is much to be said

on the ground both of equality and simplicity, particularly when the expenditure should be socially productive.

Much the same objections would apply to any contributory scheme, and if a reduction in cost is considered imperative, the most effective and practicable method would probably be to withhold the benefit from small families. There are precedents in the schemes of other countries for excluding the first child, but the social surveys in recent years which have brought out the relation between size of family and the poverty line have put the case for family allowances as a remedy for poverty on such a new footing that a generous scheme may well be the soundest policy. Moreover, the population situation provides a powerful argument for a generous scheme. Before reaching a decision at the present it would clearly be desirable, as the Chancellor points out, to explore the alternatives to a system of cash allowances, when the problem may be less one of cash than of supplies—alternatives which the White Paper unfortunately does not proceed to examine. Nevertheless, the Government could scarcely take any single step open to immediate adoption that would go so far as a system of family allowances both to mitigate poverty in its most distressing form, and to convince public opinion that it is taking serious thought for the future generation and is prepared to undertake far-reaching reorganization and development of the health and related social services.

ALFRED NORTH WHITEHEAD

The Philosophy of Alfred North Whitehead

Edited by Paul Arthur Schilpp. (The Library of Living Philosophers, Vol. 3.) Pp. xix+745. (Evanston and Chicago: Northwestern University, 1941.) 4 dollars.

THIS volume provides a guide to Whitehead's published writings, an explanatory commentary upon them, and criticisms of the objections to which they may be considered to lie open. It had been hoped that Whitehead would reply to the criticisms. Unfortunately a serious illness has prevented him from doing so. Instead he has contributed some delightfully characteristic "Autobiographical Notes", and a letter (reproduced in facsimile) in which he has suggested that the outcome of this volume, had health and age allowed, would have consisted in his "devoting many years to rewriting [his] previous works". Two of his philosophical papers, not previously published, are also given, on "Mathematics and the Good", and on "Immortality".

The twelve autobiographical pages are a treasure in themselves; and happily the setting is worthy of them. The expository and critical articles, making up the body of the volume, are eighteen in number. Partly by pupils and disciples, but mainly by scientific and philosophical colleagues in the United States and Great Britain, they one and all aim at a critical account of Whitehead's teaching. Much the longest (pp. 15-125), and also quite the most important, of all the contributions is that of Victor Lowe on the "Development of Whitehead's Philo-

sophy". It is an interpretation and critical discussion of the successive phases of Whitehead's teaching as recorded in his published writings alike in the pre-philosophical period that opened with his "Treatise on Universal Algebra" (1898) and in the series of philosophical works that opened with his "Enquiry Concerning the Principles of Natural Knowledge" (1919). Dr. Lowe answers many questions which must have been in the minds of Whitehead's readers; and on those other questions in regard to which he can at best express only doubts and difficulties, he has been able to define the issues with a definiteness and clarity that is most helpful. He has also been able, as have several of the other contributors, to make very enlightening use of supplementary comments received directly from Whitehead in the course of his teaching or in private discussions. To Lowe, in collaboration with R. C. Baldwin, is also due a remarkably complete Whitehead bibliography (inclusive of "selected reviews"), compiled despite the many difficulties occasioned by the War.

Whitehead, in the "Autobiographical Notes", after an account of his schooling in "classics, interspersed with mathematics" at Sherborne—the classics, he remarks, were well taught—tells of his life in Cambridge. "During my whole undergraduate period at Trinity, all my lectures were on mathematics, pure and applied. I never went inside another lecture room". But the lectures, he adds, were only one side of his education. "The missing portions were supplied by incessant conversation, with our friends, undergraduates, or members of staff. . . . We discussed everything—politics, religion, philosophy, literature—with a bias towards literature. This experience led to a large amount of miscellaneous reading. For example, by the time that I gained my fellowship in 1885 I nearly knew by heart parts of Kant's *Critique of Pure Reason*. Now I have forgotten it, because I was early disenchanted. I have never been able to read Hegel: I initiated my attempt by studying some remarks of his on mathematics which struck me as complete nonsense. It was foolish of me, but I am not writing to explain my good sense".

These sidelights on his early studies go far in explaining what would otherwise be so difficult to understand: the seeming abruptness of Whitehead's transition from a philosophy of science to metaphysics. "Whitehead is very English. He is also very Whiteheadian: he could not have done otherwise. What might, by critics at least, be called the contribution to his philosophy that comes from his *amateur* side, has been a subject of meditation for decades; this appears plainly in every account of his life's activities". This is the central theme of Lowe's historical and critical account of Whitehead's development. He distinguishes in it three main periods: a first devoted to mathematical and logical investigations (up to 1914), a second to the philosophy of natural science (1914-24), and a third to metaphysics and the historical role of metaphysical ideas in civilization (1925 onwards). In the second period Whitehead has been chiefly concerned to achieve the integral inclusion of geometry in the world of change, and to do so without yielding to the anti-space bias betrayed by Bergson. As Lowe recognizes, what especially calls for explanatory comment, in regard to these second and third periods, is: (1) Whitehead's gradual divergence from the 'class-theory' of perceptual objects (as held by him in common with Russell) and adoption in its place of a 'control-theory' of physical objects; and (2) Whitehead's ever-increasing preoccupation