

of Dependence on Alcohol and Other Drugs which recommends a method of treating addiction that differs in many respects from that which will be established in Britain. Rather than restrict the capacity to treat addicts to a small number of centres, the WHO committee considers that "treatment of high quality should be made available through an adequate variety of facilities to all who suffer from alcohol or drug dependence . . . The general practitioner can also be involved in treatment and rehabilitation." The WHO committee puts a great deal of emphasis on the problems of psychological and social rehabilitation. But it is difficult to see how an effective "network of facilities" concerned with helping the addict back into society can be maintained in Britain if addicts are required to register with the Ministry of Health and to move from their family doctors to impersonal clinics half way across a city. Some doctors and social workers doubt whether this kind of discipline will appeal to the drug addict, but even if the majority of addicts do attend the centres, very little attention seems to have been paid to psychological rather than physiological cure.

How far addicts can or should be compelled to undertake cures is a vexed question. Dr M. M. Glatt, the only British member of the WHO committee, endorses the view that compulsory treatment of addicts is often successful and should certainly be given to criminal addicts. He points out that it is sanguine to hope that many drug addicts would come for treatment voluntarily. On the other hand, at the homes run by the Simon Community, addicts are allowed to continue to take drugs until they may decide to be cured. The director of the Community, describing the bill as a panic measure, said that it is absurd to isolate "hard drug" addicts by subjecting them to a unique treatment. What is needed is an understanding of the "addict personality", which will become impossible if addicts are caused to reject authority further.

At this stage there is no way of knowing whether the bill will succeed in its main aim, the restriction of the supply of drugs, or whether by stimulating a black market it will make the association between addiction and crime closer still. In any case, the bill is certainly something of a makeshift: no specific sum has been allocated to the new centres and no training programme for the doctors working in them has been instituted, despite the recommendation of the WHO committee that specialists of this kind should undergo extensive training. If doctors are not trained, as Dr Glatt points out, there is a danger that the out-patient clinics will degenerate into drug dispensaries.

It is also difficult to appreciate the need to change the whole system of treatment of drug addicts in Britain in order to curb the irresponsible activities of those few doctors who prescribe excessive doses of drugs. The Swedish Drug Addiction Control Committee, faced with the same problem, has proposed that a computer record should be kept of all prescriptions. Doctors who supplied the black market could then be disciplined immediately, and the system would also prevent addicts from going from doctor to doctor in search of drugs. Could not the British Government have introduced legislation to deal with irresponsible doctors separately, and then have paid close attention to the far more serious questions of discouraging drug addiction and curing addicts both in body and mind?

## BA President

THE Council of the British Association has announced that Sir Peter Medawar will be the President of the British Association for the Advancement of Science for 1968-69 in succession to Dame Kathleen Lonsdale. Sir Peter has been the Director of the National Institute for Medical Research since 1962. He was educated at Marlborough, and Magdalen College, Oxford. While at Oxford he won the Christopher Welch Scholarship in Zoology, and became a Fellow of Magdalen by examination in 1938. He remained at Magdalen as Fellow and University Demonstrator until 1944, when he took up a fellowship at St John's College. In 1946 he returned for a year to Magdalen before becoming Mason Professor of Zoology at Birmingham University.

In 1951 he was appointed to the Jodrell Chair of Zoology and Comparative Anatomy at University College, London. It was his researches here that won him the Royal Medal of the Royal Society, of which he became a Fellow in 1949, and, in 1960, the Nobel Prize for Medicine. This latter award he received jointly with Sir MacFarlane Burnet, Director of the Walter and Eliza Hall Institute for Medical Research, Melbourne. Burnet had predicted that if an animal was exposed to an antigen at an early enough stage in development, "immunological tolerance" to that antigen would result. Medawar proved this by injecting spleen cells into newborn mice; skin grafts made on the mice showed that the mouse was tolerant of what would normally be a foreign body.

Sir Peter gave the Croonian Lecture of the Royal Society in 1958 and the BBC Reith Lectures in 1959. Before assuming the direction of the National Institute for Medical Research, he had been a member of the Agricultural Research Council and of the University Grants Committee. He is a foreign member of the New York Academy of Science and the US National Academy of Science. He was knighted in 1965.

