

that are available to any fathead who cares to dip deeply enough into his or her pocket. Thus, the doctor who takes the least line of resistance and succumbs to the blandishments of the patent medicine manufacturer by prescribing their articles, actually whets his unfortunate patient's appetite to sample the prolific medicine market on his own account. Had he written that very same prescription to be dispensed by the local chemist the patient would probably have had his medicine at half the price.

The British Medical Association once published a series of books entitled « Secret Remedies. » These books set out in clear language the exact analysis of practically all the better known patent medicines, and the cost of each drug used in their dispensation, together with the market price. Some of the ingredients used in these preparations were astonishing in their simplicity—and futility; while the difference between the cost and selling price easily explained the tremendous dividends paid by some manufacturing companies.



In an effort to stem the tide of loot arising from the gullibility of the public, the Medical Advertisements Act sets up a committee headed by the Director-General of Health, assisted by an analyst, a medical practitioner and two other nominees. Their task is to call upon any advertiser of medicines, cosmetics, dentifrices and the like to justify his published claims.

Failure to do so results in an injunction to refrain from further advertising and if the manufacturer persists in his defiance of the law, heavy penalties are prescribed.

The intention of the Act is important and should perform a valuable service to the com-

munity. There are, however, too many loopholes to prevent the unscrupulous drug-vendor gathering his harvest from the dope-swilling public. A complete remedy could lie in the most rigorous analyses, the results of which should be made known to the populace in a voice of thunder only equalled by the manufacturer himself.

If the product is genuine, then no harm is done and a reputable firm would welcome investigation. But the quacks should be exterminated ruthlessly.

However, the goose that lays the golden eggs is a prolific fowl and not easily discouraged. Judging from recent indications it should ovulate cheerfully forever.

## FOUR YEARS AGO

3 Oct 40.—Late Brig. J. Hargest assumed command 2 NZEF (UK) on departure for ME of late Brig. R. Miles.

4 Oct.—1 NZ Convalescent Depot arrived Moascar from Maadi to take over Egypt Command Convalescent Depot on 12 Oct.

5 Oct.—General Freyberg left Maadi for Western Desert to reconnoitre forward areas.

7 Oct.—1 NZ General Hospital left the Clyde in the *Georgic* for Egypt via Freetown and Capetown.

8 Oct.—2 NZ General Hospital took over Grand Hotel, Helwan, from 4 NZ General Hospital, which was disbanded.

9 Oct.—6 NZ Field Ambulance and reinforcement draft with Third Contingent returned to Bombay from Deolali and sailed for Egypt in the *Felix Rousset*.

10 Oct.—29 NZ Battalion (UK) transferred from 7 Infantry Brigade to 5 Infantry Brigade.

11 Oct.—Detachment of 16 Railway Operating Company began duty on Daba-Matruh section of Western Desert line.

12 Oct.—General Officer Commanding, British Troops in Egypt, Lt-Gen. Sir Maitland Wilson, inspected all units in Maadi Camp.

—2 NZEF Official Archives Sec.