Local News

ENGLAND AND WALES

The King's Fund

The King has been pleased to become Patron of King Edward's Hospital Fund for London. His Majesty has appointed H.R.H. the Duke of Kent President of the Fund, the appointment of His Royal Highness having been recommended by the Lord Chancellor, the Prime Minister, and the Governor of the Bank of England, in accordance with the Act of Parliament.

Research in Dairying

The last annual report of the National Institute for Research in Dairying, University of Reading, states that recent activity in the dairy industry has been reflected at the Institute by an increasing demand for advisory services. Many requests for information involve minor investigations, and some indeed require thorough and complete research. Nevertheless, despite the additional burden imposed by these duties, there has been a considerable output of original work during the twelve months under review, and summaries of forty-eight scientific papers are appended to the report. It is stated that contagious abortion, discovered by blood test reactions and by premature calvings, was found to exist in the Institute's herd in the autumn of 1933. After the lapse of a year, despite measures of control, the number of infected cows had markedly increased, and it was decided to continue blood tests of all negative cows at monthly intervals and of in-calf heifers at wider intervals, and to segregate the negative from the positive stock as far as possible. This policy was pursued during 1935, but it is stated that a number of negative animals have become positive, and that several cows have aborted before giving a positive reaction. No adequate explanation of the original source of infection has been found, and it is noted that it is ten years since fresh cows were introduced into the herd, while all bulls have given negative reactions to the blood test. The problem is being intensively studied with a view to obtaining information which may help towards the eradication of the disease. The experimental work of the Institute covers a wide range. Recent improvements in the technique of artificial insemination have been studied, giving a good proportion of effective results, though it has been found that semen does not remain fertile if kept more than forty-eight hours. In the course of nutritional investigations it was demonstrated that, as a result of feeding cows during the winter months on 2 lb. per diem of cacao shell, an inexpensive by-product of another industry, the vitamin D content of the milk was raised to summer level. In a comparison of the vitamin D content of butter made from the milk of Guernsey and shorthorn cows living under identical conditions it was found that the ratio of vitamin D secreted was 1.7 to 1 between Guernseys and shorthorns. Work is being carried out on the standardization of cheese with a view to replacing the present empirical method of grading by a more scientific procedure.

Blood Transfusion Service in Leeds

It appears from an article in the *Yorkshire Post* that notwithstanding a campaign early last year to recruit blood donors for transfusions at the General Infirmary at Leeds and other medical institutions and nursing homes in that city there is still a serious shortage of volunteers. The difficulty mainly concerns one group of donors (Group 4, "universal"), and the position has been worsened by the number of recent resignations from the transfusion service. There are nearly 400 donors on the list, but only about a third of the volunteers belong to Group 4. Valuable help is being given to the local transfusion service by the Leeds Rotary Club.

SCOTLAND

Glasgow Western Infirmary

Colonel D. J. Mackintosh, who has been medical superintendent of Glasgow Western Infirmary for forty-four years, has now been appointed consulting medical superintendent, and his assistant, Dr. Loudon MacQueen, has been promoted to the post of acting medical superintendent. Colonel Mackintosh, after a preliminary education at St. Andrews, studied medicine at Glasgow University and graduated M.B., C.M. in 1884. After holding resident posts he was appointed medical superintendent of the Victoria Infirmary of Glasgow when it was opened in 1890, and two years later he was selected for the corresponding position at the Western Infirmary. Before the war he had been an active officer in the Territorials, and during the war he supervised the military hospitals in the Glasgow area. He afterwards received the decorations of C.B. and C.V.O., and the degree of LL.D. from Glasgow University in 1912. He has taken an active part in State inquiries into hospital administration and services, and has been widely consulted in regard to the construction of various hospitals. His *Skiagraphic Atlas of Fractures and Dislocations*, and *Construction, Equipment and Management of a General Hospital* are well known. Dr. Loudon MacQueen, who succeeds him, after an education at Glasgow Academy and Loretto, graduated M.B., Ch.B. at Glasgow in 1924, and took the D.P.H. in 1928. During the war he served with the R.F.A. in Mesopotamia. After holding resident posts, he became assistant superintendent of the Western Infirmary in 1927, and has held this appointment since that time.

Edinburgh Royal Infirmary

The annual meeting of the Court of Contributors to the Edinburgh Royal Infirmary for consideration of the annual report on the work of the institution was held on January 4. The total ordinary income had amounted to £129,020, while the ordinary expenditure had been £169,694. The latter showed an increase over the expenditure for the previous year of £12,996, and it was noted that the ordinary expenditure during the course of the past ten years had increased by £40,000. These figures, it is stated, had caused the managers grave concern, especially in view of the enlargement of the hospital, which would preclude any possibility of reduction being effected in the future. The principal reason for the increase of expenditure during the past year had been the addition of the new building for dermatological and venereal diseases, which was opened last summer. The average cost per occupied bed had been over £175 as compared with £167 ten years ago, while the average cost per patient per day had been 9s. 7¼d., and the average cost per patient treated had been £8 4s. 8d. The amount of extraordinary expenditure had been £28,332, of which £20,625 had been on account of payments made for the new department for dermatology and venereal diseases. There was thus a total deficiency of £77,006, which, however, had been met by legacies and special donations for general purposes amounting to £78,659. The number of in-patients treated had been 21,568 as compared with 20,695 in the previous year. The daily average number of in-patients had been 965.5 as compared with 936.4 in the previous year, and the average length of stay had been 17.14 days as compared with 17.26 days. Of the patients treated, 9,506 resided in Edinburgh, while 11,169 came from country districts. In addition to the patients treated in the wards, out-patients to the number of 72,543 had been treated, an increase over the figures for the previous year of 4,960, and the number of attendances by these patients had reached the total of 379,688, which represented a daily attendance throughout the year of well over 1,000 out-patients. It is pointed out that the number of cases admitted as the result of motor traffic accidents had been 415, an increase of forty-nine over those of the previous year, while a further 587 motor accident cases

had been treated in the surgical out-patient department, and it is estimated that the expenditure involved in treating these cases was about £3,000, although the compensation recovered did not amount to half this sum. The constructional work connected with the maternity pavilion and the new nurses' home was now well advanced, and it was hoped that these buildings would be occupied before the end of 1937. The total cost of this extension scheme would amount to approximately £500,000. The appeal issued in 1930 had produced nearly £300,000, but it would now be necessary to reopen the appeal for the further amount of £200,000 required, and for this purpose the managers had appointed an appeal organizer.

Diphtheria in Edinburgh

The incidence of types of diphtheria among 625 cases and carriers from 1932 to 1936 has been investigated by Christison, Wright, Shearer, and Pearson. They point out that the case mortality in hospitals of the Metropolitan Asylums Board in 1889 was 40.7 per cent., falling to 22.8 per cent. in 1895. The corresponding figures for Edinburgh on these dates were 27.1 and 20.7 per cent. With the introduction of antitoxin in 1894–5, the mortality fell rapidly, but within the past few years epidemics with a high death rate have been reported in various parts of England, and since in these epidemics there was often a lack of response to antitoxin, the homogeneity of the toxins produced by different strains of the diphtheria bacillus has been questioned. The present workers found that 25 per cent. of the strains of bacilli occurring in Edinburgh could not be included in the gravis, mitis, and intermediate types, and they adopted a classification into six types, although clinically the cases were classified as severe, moderately severe, or mild. They found that Type II strain had been identified in 59.1 per cent. of cases in 1933, but in only 26.9 per cent. in 1936, while in contrast the number of cases showing Type IV strain had been practically non-existent in Edinburgh in 1932, but had rapidly increased in the later years. Generally speaking, it was found in Edinburgh that the proportion of mild cases was decreasing and that of severe and toxic cases increasing. Until the winter of 1935–6 Type II had undoubtedly predominated, while the disease had on the whole been mild. It is pointed out that the proportional incidence of the various types differs geographically, for Glasgow had approximately the same incidence of Type II strains as Edinburgh in 1933, whereas in Leeds, Hull, and Berlin there was a high percentage of Type III strains. The types also appeared to differ in each area from time to time—for example, in Manchester in 1935 the proportion of Type II strains decreased rapidly coincident with an increase in Type III strains. The report points out that there is ample evidence that active immunization properly carried out and adequately controlled by Schick testing can go far towards reducing the morbidity from the disease, and cases of diphtheria among the nursing staffs of hospitals in Edinburgh and Birmingham had been practically eliminated since the introduction of routine immunization. In Edinburgh the type commonly found in carriers among school children was Type VI in 60 per cent. of cases. The writers indicate that the biological relationship which appears to exist between the increasing Type IV in this country and the gravis type prevalent in recent epidemics both in England and Germany seems to show the likelihood of an increase in severity of diphtheria epidemics in the future and the importance of active immunization.

A meeting of the London Jewish Hospital Medical Society will be held at the London Jewish Hospital, Stepney Green, E., on Thursday, January 14th, at 3.30 p.m., when there will be a symposium on "Modern Aspects of the Prevention and Treatment of Infectious Fevers," to be opened by Dr. Andrew Topping, Dr. Maurice Mitman, and Dr. J. M. McCartney, with the president, Mr. Arnold Sorsby, in the chair.

Reports of Societies

KALA-AZAR IN THE SUDAN

At a meeting of the Royal Society of Tropical Medicine and Hygiene at Manson House on December 10 a paper was read by Sir ROBERT ARCHIBALD on the epidemiology of kala-azar in the Sudan.

Sir Robert said that the first case of kala-azar in the Sudan was recorded by Sheffield Neave in 1902, since when definite endemic areas had been found mainly in the provinces adjacent to the Abyssinian frontier. Sporadic cases had also been recorded in Southern and Western Sudan. The disease had never appeared in epidemic form, the sporadic cases in the Sudan only serving to maintain a smouldering fire of infection with slight periodic increases in incidence in villages and towns in the endemic areas. The endemic areas were confined to districts where the annual rainfall was ten inches or more, indicating that the disease bore some relationship to rainfall and humidity; it did not occur in the northern arid areas of the Sudan. In the endemic areas a ten-inch or more rainfall was usually obtained between the months of July and October; at this period humidity might reach as high as 90 per cent.; day temperatures were low and the rainfall varied from 100 to 200 mm. or more each month. For the remainder of the year the climatic conditions in the endemic areas approached those of Northern Sudan. From such data it appeared reasonable to infer that the seasonal incidence of the disease was between July and October; hospital records seemed to support such a hypothesis. This short seasonal incidence might account for the absence of the disease in epidemic form in the Sudan. No accurate data had been obtained to prove the incubation period of the disease, though experimental infection of monkeys suggested an incubation period of sixty to ninety days. In the endemic areas adjoining Abyssinian territory cases of nasopharyngeal leishmaniasis (espundia) had occurred, but cutaneous leishmaniasis (*L. tropica*), although looked for, had not been recorded.

In the Sudan kala-azar had rarely occurred among Europeans. There was no connexion between occupation and disease. Data showed the importance of proximity or prolonged contact with cases to be in some way concerned with the problem of transmission: in several cases there was a familial incidence of the disease. Ambulant cases, not ill enough to seek treatment, were also detected. Records showed that adult males and males under 15 were more liable to infection than females.

In 1934 a total of 289 cases of kala-azar was recorded; in 1935 the incidence was reduced to 171, probably as the result of better medical supervision, the detection of early ambulant cases, and increased facilities for treatment. The formol gel test for the detection of kala-azar had given disappointing results, but used in conjunction with the urea stibamine test it was of value. Morphologically and culturally the causal parasite of kala-azar in the Sudan was identical with that found in other countries. Clinically the disease was similar. The causal parasites were usually found with ease in spleen puncture and in smears. In the Fung Province parasites were present in the nasal smears of five out of seventeen cases. In thirty-five cases, in all stages of the disease, no parasites were seen in 320 peripheral blood films examined. In the Kapoeta district in South-Eastern Sudan parasites were invariably present in the peripheral blood. The viability of parasites in nasal mucus was proved by animal inoculation. Parasites were not found in excised portions of skin taken from six cases.

Man was apparently the only host of kala-azar. Domestic and other animals examined were never observed to be infected. Canine kala-azar has not been found in the Sudan. Blood-sucking insects, mosquitos, sandflies, Jassid bugs, bed-bugs, fleas, ticks, and lice collected in kala-azar hospital wards and kala-azar huts were examined for

Medico-Legal

ARTIFICIAL INSEMINATION

SOME LEGAL ASPECTS IN THE U.S.A.

The practice of artificial insemination in order that the wife of a sterile husband may bear a child is rare in this country, but has attracted some attention in America. Dr. Frances Seymour and Dr. Alfred Koerner in an article in the *Journal of the American Medical Association* of November 7, 1936 (p. 1531) point out a number of legal complications which they think may occur if the method comes into widespread use. Naturally there has been no judicial decision on the matter, and conclusions can only be drawn by inference from established principles of law.

The authors do not consider that artificial insemination can be adulterous, for by the law of New York State adultery is a physical relationship. Nevertheless they insist that the husband should give a written consent in a prescribed form and that the wife should sign on the same form a declaration that she joins her husband in the request for the operation. They also insist that both husband and wife shall make a finger-print opposite their signatures.

REASONS FOR PRECAUTIONS

These precautions are taken to safeguard the medical practitioners from a subsequent assertion by the wife that she did not know what was going to be done, and in order that the man whom the woman presents as her husband shall be identified. They insist on examining the man to make sure he is sterile; this makes it more likely that he is the husband and not some third party whom the woman has introduced in order to procure insemination under false pretences. Both husband and wife are required to swear to their written consents before a notary. Two copies are prepared, and these are deposited with two separate banks, and forgotten unless a legal complication should arise. Under the law of New York State these consents legitimize the child and establish it as the legal heir of the family unit. The authors fear that if these papers were not in existence the husband, tiring of his wife after some ten years, might be able to obtain a divorce by showing that he had always been sterile and denying the wife's story that he had assented to her artificial insemination. In this country it is doubtful whether a court would grant him a decree. He would first have to explain why he had delayed so long in bringing the proceedings. He could bring medical evidence that he was sterile, but he would not be allowed to say in evidence that he had not impregnated his wife, for that would be bastardizing an apparent child of the marriage by giving evidence of non-access. The wife might also plead that even if she had borne the child by another man, the husband had condoned the hypothetical offence by subsequent intercourse with her. Even without such papers, the child of an artificial insemination would in this country be by law a child of the marriage.

CONSIDERATIONS IN ENGLISH LAW

The question of inheritance is more important in the United States than in this country, where there is now no heir-at-law. The child of an artificial insemination could not be disinherited without an action of a quite unprecedented kind, based on lack of knowledge and consent by the husband. The American authors consider that the wife of the donor must give written consent to protect her husband from a charge of adultery brought by her. It is difficult to see why artificial insemination should be adultery by the donor if it cannot be adultery by the recipient, and in this country it seems hardly possible that a court could rule that it constitutes adultery by either party, for adultery does not consist in the begetting of a child, but in irregular sexual intercourse. The chief consideration in English law must probably be the consent of the husband and wife, given with full understanding of the implications of the procedure. There will be more likelihood of an action for malpraxis or conspiracy than of a petition for divorce.

Universities and Colleges

UNIVERSITY OF LONDON

A course of lectures and clinical instruction for medical practitioners on mental deficiency and allied conditions has been arranged by the University Extension and Tutorial Classes Council in co-operation with the Central Association for Mental Welfare, from April 12 to 24. The course will be based on the requirements for the University of London diploma in psychological medicine, and is intended for qualified medical practitioners, more especially for those who are engaged as school medical officers, certifying officers to local authorities under the Mental Deficiency Acts, or as medical officers of institutions, or who are otherwise definitely concerned with the care of subnormal or abnormal persons. This course constitutes Part I, and has been extended to a fortnight in order that considerable time may be given to practice in mental testing under the supervision of a psychologist. Part II, devoted to the problems connected with the retarded and difficult child, formerly held immediately after Part I, will this year be held in the autumn. Particulars will be sent out in July. The University will grant certificates of attendance to those who have attended regularly, taking both theoretical and practical work. All communications should be addressed to Miss Evelyn Fox, c/o University Extension Department, University of London, W.C.1.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The course of lectures for 1937 is arranged as follows: January 15, Mr. Laurence O'Shaughnessy (opened by Viscount Dawson of Penn), The treatment of cardiac ischaemia; January 18, Professor Evelyn Sprawson, Odontomes; January 20, Professor Russell J. Reynolds, Movements of the oesophagus, stomach, duodenum, and ileum during the passage of an opaque meal; January 22, Professor A. S. Kerr, The higher autonomic control of the hollow viscera; January 25, Professor S. Zuckerman, Tissue specificity in relation to sex hormones; January 27, Professor S. Zuckerman, The interrelation of endocrine and neuro-vascular factors in the menstrual cycle; January 29, Professor Cecil P. G. Wakeley, The surgery of the parapituitary region; February 1, Professor Philip Wiles, Postural deformities of the spine; February 3, Professor Philippa Martin, The effect on the eye of radium used for treatment of malignant disease in the neighbourhood; February 5, Professor J. H. Saint, The bipp method of treatment of acute osteitis; February 8, Professor A. R. D. Pattison, Cushing's syndrome; February 10, Professor D. W. C. Northfield, Some observations on headache; February 12, Professor F. H. Bentley, Experimental nerve anastomosis; February 15, Professor G. E. Gask, John Hunter in the campaign in Portugal, 1762–3 (an account derived from the Loudoun letters recently acquired by the College); February 22, Mr. David Slome, The nervous factor in traumatic shock. All the lectures begin at 5 p.m., with the exception of Professor Gask's on February 15, which commences at 4 p.m.

The Services

HONORARY PHYSICIAN TO THE KING

Surgeon Captain L. S. Ashcroft, V.D., R.N.V.R., has been appointed Honorary Physician to the King, as from January 1, in succession to Surgeon Captain J. B. Ronaldson, V.D., who has vacated the appointment.

COLONEL COMMANDANT, R.A.M.C.

Major-General W. H. S. Nickerson, V.C., C.B., C.M.G., has been appointed Colonel Commandant Royal Army Medical Corps.