Local News

ENGLAND AND WALES

A Veteran Medical Charity

At a meeting of the court of the directors of the Society for Relief of Widows and Orphans of Medical Men, held on January 6, with Mr. V. Warren Low, president, in the chair, six new members were elected and one death and one resignation were reported. From the ordinary funds £1,540 was voted, and from the Brickwell Fund £541 5s. for the payment of the half-yearly grants to the fifty-nine widows and nine orphans in receipt of relief. A widow of a deceased member was voted an annual grant of £50 from the ordinary funds and £10 from the Brickwell Fund. A sum of £640 was distributed in December as Christmas presents, each widow receiving £10 and each orphan £5, in addition to their ordinary grants. In 1938 the society will celebrate the 150th anniversary of its foundation. Membership is limited to registered medical men who at the time of their election are resident within a twenty-mile radius of Charing Cross. After election they may remove beyond this radius, but still retain their membership. The annual subscription is two, three, or four guineas according to age at the time of election. Relief is only granted to the widows and orphans of deceased members. Full particulars and application forms for membership may be obtained from the secretary at 11, Chandos Street, Cavendish Square, W.1. He attends there, should a candidate desire an interview, on Wednesdays and Fridays between 4 and 5 p.m.

The Midwifery Service

The annual report of the Central Midwives Board for the year ended March 31, 1936 (H.M. Stationery Office, 2d.) shows that on that date there were 62,064 women on the midwives roll, a net increase of 3,100 on the total for the previous year. Only a little more than a quarter of the total number of qualified midwives are actually engaged in the practice of their profession—the number practising during 1935 being 16,165. Over the whole country three out of every four candidates who sat for the examination in midwifery during the year were successful, but the proportion varied in different examination centres—four out of five passed at Newcastle-upon-Tyne, but only two out of three at Liverpool and Manchester. The report states that during the year the Board proceeded further with the revision of the training and examination rules, and, after the close of the year, approved the final draft of the new rules which has since been submitted to the Minister of Health. The report includes notes of interesting decisions given during the year on midwifery etiquette and practice, and a warm tribute is paid to the services of Dr. J. S. Fairbairn, who took an active part in the Board's deliberations throughout his membership from 1918 to 1936 and was chairman during the past five years. Admiration is expressed for "the immense efforts which he made to improve the status of midwives and midwifery in this country."

Coming of Age of Star and Garter Home

The twenty-first anniversary of the Star and Garter Home for disabled sailors and soldiers has just been celebrated. In the early part of 1916, when the pressure of war casualties made it necessary to evacuate from the war hospitals paralysed patients who appeared to be incurable, a temporary hospital of sixty-five beds for their use was installed in the banqueting hall and ballroom of the Star and Garter Hotel, then derelict, overlooking the Thames at Richmond. The hotel was purchased as a hospital, largely as a result of a public appeal by the Auctioneers' and Estate Agents' Institute, and presented to Queen Mary as the foundation of a permanent home for paralysed and disabled ex-service men. The British Red Cross Society was entrusted with the duty of carrying out the scheme, and after the war the hotel buildings were pulled down and the present beautiful home erected on the site, the funds being subscribed by the women of the Empire as their war memorial. In its early years the home admitted only victims of the war, but it is now open to all disabled ex-service men except those suffering from certain specified diseases. At present 186 patients are being cared for, and the waiting list of applicants is larger than ever before. At the celebration of the coming of age a message was read from Queen Mary as patron of the home, saying that she rejoiced to think that so many of the men disabled in His Majesty's service had found on Richmond Hill a happy and comfortable home, and had been spared so much suffering and distress that might otherwise have been their lot. The need for continued public support was voiced by Air Marshal Sir John Salmond, president of the home, and Sir Arthur Stanley, chairman of the governors. The home, with its seaside branch at Sandgate, costs some £48,000 a year to maintain, and some of the patients can make little or no contribution to their maintenance. Sir Arthur Stanley mentioned the debt of thanks owing to Sir Edward Cooper for his gratuitous work in designing the home and supervising its building.

SCOTLAND

New Aberdeen Professor

As briefly recorded on another page, Professor John Stirling Young has been appointed to the vacant chair of pathology in the University of Aberdeen in the place of Professor Theodore Shennan, resigned. Professor Young graduated M.A. at Glasgow in 1919, B.Sc. in 1921, and M.B., Ch.B. with honours in 1923, proceeding to the M.D. with honours in 1929. During his course at the University of Glasgow he gained the Brunton Memorial Prize in 1923 and the Bellahouston gold medal in 1929. After holding resident posts in the Western and Royal Infirmaries of Glasgow he became assistant to the professor of pathology and assistant pathologist at the Western Infirmary in 1924. In 1927 he was appointed reader in experimental pathology and assistant director of cancer research in the University of Leeds, and in 1932 he became professor of pathology in Queen's University, Belfast, a post which he still holds. He has made numerous contributions to the literature of his specialty.

Physical Fitness in Scotland

In an address to the Edinburgh City Business Club on January 12 Professor P. S. Lelean of the department of public health in the University of Edinburgh drew attention to a deplorable loss of fitness in Scotland. He said that maternal mortality was the keystone of a nation's health, and in Scotland the maternal mortality rate last year had been 50 per cent. above that in England, while it was double that of Holland. In fourteen countries of Europe the infant mortality rate was lower than it was in Scotland last year, and in England it was only 75 per cent. of that in Scotland, although in 1900 the English figure had been worse than the Scottish. Another fact was that out of 100,000 school children examined in 1934–5 in Glasgow, 93,000 were defective, of whom 87,000 were suffering from remediable defects. In order to assess the health of adolescents one might take the recruiting figures which bore upon the age of 18. Last year, out of 80,000 young men who presented themselves for recruiting, 37,000 were rejected at sight and another 17,000 on medical examination, or, in other words, two out of every three were rejected. With regard to persons insured under the National Health Insurance Act, on an average each worker was off work eleven days in a year, and one out of every five was incapacitated for seven

weeks in a year, while the number of persons sick reached the huge total of 395,000. Under the Unemployment Insurance Act of 1934 there was power to arrange for and compel attendance at physical training classes for the unemployed, but these powers were not being used. Young men were loafing around the street corners with their hands in their pockets, and they had not the instinct of physical fitness. In order to create this there must be a thirst for physical fitness at an early age. Some people would rather that a man should be unfit than that he should become fit with the possibility of ever being called upon for patriotic service. There was a contrast with Germany, where 400,000 recruits of the 1920 class were called up, and 80 per cent. of these had been found fit for front-line service. Germany, with her system of physical training, was therefore passing four recruits out of five, as compared with the rejection of two out of three in this country. Professor Lelean urged that more playing fields should be provided, and suggested that national physique might be improved by making it a condition for drawing unemployment pay that young men should attend summer camps for six months.

Maternity Work in Glasgow

The medical report for 1935 of the Glasgow Royal Maternity and Women's Hospital is lucid and informative, reflecting credit on its compiler, Dr. M. D. Black, the registrar. This institution is the largest purely maternity hospital in the country. Of its 175 beds, seventy-eight are reserved for ante-natal and seventy-eight for lying-in patients. Nineteen beds are set aside in a separate isolation block for "suspect" cases. Each of the assistant obstetric surgeons takes charge of this block for a period of four months, and during his tenure of this office he has no dealings with patients in other parts of the hospital. The same restriction applies to the special house-surgeon who works under him. The hospital treats a large number of abnormal cases, totalling 68.5 per cent. of all admissions in the year under review. This is attributed in part to the high incidence of rickets in the population served by the institution. In classifying cases it is stated that the simple division into "booked" cases and "emergencies," as suggested by the committee of the Royal Society of Medicine, is not easily applicable at this hospital. The scheme has therefore been modified, and indoor patients are divided into Category A, comprising those who were under ante-natal supervision at the hospital clinic and who had attended on at least two occasions shortly before admission; and Category B, including all other patients: 57.7 per cent. of admissions during the year belonged to the latter category. It is stated that a considerable amount of research work on infections of the urinary tract, puerperal fever, and the toxaemias of pregnancy is being carried out by members of the medical staff.

B. Frattini (*Arch. Ist. biochim. ital.*, October, 1936, p. 251) has studied the preventive and curative action, in experimental infection of rabbits with a Type II pneumococcus, of fractions of the products of autolysis of the bacterium concerned. A product of prolonged autolysis, from which the pyrogenic factors have been excluded by dialysis, was found extremely active in experimental infections of rabbits, leading to recovery in 96.6 per cent. of animals which had received an injection of a culture which was otherwise lethal within twenty-four to forty-eight hours. There was no pyrexia. It would seem that the curative action of the injection was due to destruction of bacterial virulence: pneumococci isolated by blood culture from the surviving animals were avirulent for others, but the blood of the former contained no protective antibodies. The protective fraction of the dialysate seemed to be specific: one prepared from staphylococci was ineffective in treatment of pneumococcal infections.

Correspondence

Nutritional Anaemia in the East End of London

SIR,—I welcome the criticism by Dr. Helen Mackay (January 16, p. 140) of my communication on haemoglobin and red cell estimations in children, not only because Dr. Mackay has done so much work on the same subject herself, but also because her own observations were made in children resident in the East End of London.

Regarding the technique employed for obtaining the blood, I may say that a sharp lancet-shaped Hagedorn needle was used so that a satisfactory incision with a free flow of blood resulted. It may be for this reason that I personally have never obtained the great differences between blood from ear and heel punctures recorded by Drucker and apparently also observed by Dr. Mackay. For the most part the differences I have observed have been within the range of experimental error. Moreover, if such a variation in the haemoglobin content of the ear blood, as Dr. Mackay suggests, was a common feature, I should have expected a much wider spread of the individual estimations than is revealed in the curve. A really wide spread of the estimations was only observed during the first few months of life.

Dr. Mackay raises the further question of the standard of normality which I have taken. I venture to think that the more rational standard is the level present in the average healthy child and not the highest level to which the haemoglobin can be forced by artificial means. I might say in passing that I have found it very difficult to increase the haemoglobin content of the healthy child by the administration of iron. In any case it seems to me that the admission of such a principle not only implies that nature does not know how to provide for the needs of the growing infant, since Dr. Mackay considers the haemoglobin content even of the breast-fed child unduly low, but it would necessitate a reconsideration of the normal standard of other substances in the blood—for, example, calcium.

And finally, whether or not the height of the haemoglobin is a measure of the resistance of the individual, I think there can be no doubt that it is not a measure of the health of the individual. I always remember that many years ago, when I was studying the blood in rickets, I found that the rachitic children on the average gave definitely higher readings of both haemoglobin and red cells than were obtained in my own and my colleagues' healthy and very often rosy-cheeked children, who were used as controls.—I am, etc.,

London, W.1, Jan. 16. LEONARD FINDLAY.

Appendicostomy in Acute Appendicitis

SIR,—For some years past when performing appendicectomy in cases where much peritonitis was present I have adopted the simple expedient of inserting a rubber catheter through the base of the amputated appendix and fixing it into the caecum by a purse-string suture. It does not add appreciably to the time taken for the operation, and it usually enables one to dispense with a drain. Any pus which subsequently forms will readily escape from the wound alongside the catheter. Glucose and saline solution is administered by the slow-drip method and is rapidly absorbed from the large bowel,

Sir J. Y. Simpson and Chloroform

SIR,—From its very nature an abstract is apt to omit some detail and so convey a wrong impression. This may be the explanation of the elliptical statement in the condensed version of Dr. Douglas Miller's presidential address (*British Medical Journal*, January 9, p. 87) that "after further research, in which self-experimentation played an important part, chloroform was discovered [by Simpson] on November 4, 1847." The actual antecedents of the discovery of the properties of chloroform as a general anaesthetic were assembled by me in a paper read before the British Pharmaceutical Conference in 1934, a reprint of which I enclose.[1] Briefly, the relevant data are:

1831–2, discovery of the chemical compound chloroform independently by Guthrie, Soubeiran, Dumas, and Liebig. 1833, chloric ether, a spirituous solution of chloroform, used internally by Dr. Black of Bolton in asthma and adynamic conditions of the system. 1838, chloric ether, which Mr. David Waldie had brought to the notice of Dr. Formby of Liverpool, prescribed by him as an anti-spasmodic. 1842, Dr. Mortimer Glover, a young Edinburgh graduate, discovered by experiment that chloric ether was a powerful narcotic poison to animals, one of its effects being to induce in them anaesthesia and insensibility. J. Lyle Davidson, a pharmacist, in a letter to the *Pharmaceutical Journal* (January 25, 1908), cites the testimony of his father that he, when a student at Newcastle-upon-Tyne, was for demonstration purposes put under chloroform by his teacher. 1847, Flourens, the French physiologist, demonstrated that the inhalation of chloroform caused in animals precisely the kind of anaesthesia induced by the inhalation of ether. In the same year Sir William Lawrence and Mr. Holmes Coote began to use chloric ether as a general anaesthetic at St. Bartholomew's Hospital, London, having been made acquainted with its applicability for this purpose through an experiment on himself by an assistant in the service of Jacob Bell, one of the founders of the Pharmaceutical Society.

Simpson's dramatic narrative of the after-dinner experiment in his house in Great Queen Street, Edinburgh, at least as regards his ostensible ignorance of the anaesthetic properties of chloroform, is discredited by the fact that Waldie of Liverpool had expressly suggested its use to him, and even more conclusively by the fresh evidence disclosed in the biography of Sir Robert Christison, in the passage now quoted.

"One day when he, Dr. Matthews Duncan—one of Simpson's colleagues—was in Dr. Gregory's laboratory at the College, he got possession of every liquid in the laboratory which he imagined would breathe. Four or five bottles were carried off, and chloroform was one. At the time correspondence with Dr. Waldie was being carried on, and the suggestion by that gentleman to try chloroform had *not* been heard of by Dr. Duncan. He had previously experimented upon himself with various substances, but found none suitable. On trying chloroform he was convinced that the article sought for had been found. The same or the next evening the trial was repeated by Dr. Keith, Sir J. Y. Simpson, and himself. This is the trial which is a matter of history, but the previous trial has never been noticed."

In the whole transaction Simpson shows up in an unfavourable light, especially by indefensible silence as to the lead given to him by Waldie and Matthews Duncan's experiment on himself. To repeat what I wrote:

"What is to his [Simpson's] everlasting credit, and forms the greenest and most lustrous leaf in his crown of bays . . . is the intrepid and triumphant battle that he waged for the official adoption and establishment of chloroform as a general anaesthetic."

—I am, etc.,

London, N.6, Jan. 11. J. P. GILMOUR.

[1] *Quart. J. Pharm. and Pharmacol.*, 1934, **7**, 440.

Medical Service in the Territorial Army

SIR,—The country has decided that the time has come to look to our defences, and great efforts are being made to encourage the young men of the country to join the Territorial Army. I feel that many medical men do not realize the advantage the Territorial Army offers in the matter of comradeship and opportunities to study their profession from a rather different aspect. The general practitioner can find his sphere as a regimental medical officer or as a member of a field ambulance; the consultant as a member of a general hospital staff; the laboratory worker and public health officer in a hygiene company. There is no great demand on the scant leisure of the doctor, and the pleasure gained is great. If any medical man in the London district is interested and will write to me I will do all I can to help find him the right billet.—I am, etc.,

R. S. TAYLOR,
Captain R.A.M.C., T.A.

88, Portland Place, W.1,
Jan. 15.

The New Journal Typography

SIR,—May I, as a brother Editor, congratulate you sincerely on your new format. I think I can truthfully say that it has been only on the very rarest occasions that I have not "gone through" each weekly number since I became a member of the B.M.A. over 40 years ago. This even with holidays intervening, as I have always had my numbers saved while I was away (world tour included) and have "gone through" them on my return. My object has been to note, and generally to read, any article or information having reference to the department of medicine in which I practise, and also to follow the political activities of the Association. The new format makes this job infinitely more easy.—I am, etc.,

London, W.1, Jan. 15. COMYNS BERKELEY.

The Services

QUEEN ALEXANDRA'S MILITARY HOSPITAL

The War Office announces that Professor C. Hadfield, M.D., F.R.C.P., department of pathology, St. Bartholomew's Hospital, has been appointed honorary consultant in pathology to the Queen Alexandra Military Hospital, Millbank, S.W., in succession to the late Professor E. H. Kettle.

COLONEL COMMANDANT R.A.M.C.

Major-General H. Ensor, C.B., C.M.G., C.B.E., D.S.O., R.A.M.C., R.P., has been appointed Colonel Commandant Royal Army Medical Corps, vice Major-General O. L. Robinson, C.B., C.M.G., R.A.M.C., R.P., who has attained the age limit for his appointment.

DEATHS IN THE SERVICES

Lieut.-Colonel JOHN ROBERTSON, I.S.O., Indian Medical Department (ret.), died at East Sheen on January 11, aged 74. He entered the Subordinate, now the Indian, Medical Department in 1882, and after his course of instruction at the Calcutta Medical College joined the Service as an assistant apothecary in 1886. He rose gradually in that Service till he attained the senior rank in it, that of senior assistant surgeon and major, retiring on March 1, 1926. Just previous to his retirement, on January 1, 1926, he was granted the rank of lieutenant-colonel, a rank which had previously been bestowed on only one member of the I.M.D., the late Lieut.-Colonel T. H. Hill, who was the last medical survivor of the Mutiny. Robertson was selected for civil employ early in his service, and spent most of his time at Simla and at Nagpur, the capital of the Central Provinces, where he was

assistant to the civil surgeon, and acted on several occasions as civil surgeon of the station. Before retirement he was given the Imperial Service Order. He had been assistant surgeon to four Viceroys—Lords Hardinge, Chelmsford, Reading, and Irwin. He leaves a widow, a son, and two daughters.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Vice-Chancellor gives notice that the Professorships of Zoology and Physiology and the William Wyse Professorship of Social Anthropology will become vacant on September 30, 1937.

D. V. Davies, M.B., B.S.Lond., and W. R. M. Morton, M.D.Belf., have been appointed university demonstrators in the Department of Anatomy for three years from January 1, 1937.

With the object of encouraging original medical research the Grocers' Company offers annually three scholarships, each of £300 a year, tenable for one year and renewable for a further period of one or two years. Candidates must be British subjects under 35 years of age. Applications must be made before April 30. Forms of application may be obtained from the Clerk of the Company, Grocers' Hall, Princes Street, London, E.C.2. Further particulars may be seen at the University Registry.

A series of lectures on the history of science, open without fee to all members of the University or of Girton or Newnham Colleges, will be given in the lecture room of the Physiological Laboratory at 5 p.m., on January 22, 29, February 5, 11, 19, and 26, and March 5 and 11. The lecturers are Sir W. C. D. Dampier, Dr. J. Needham, Mr. J. D. Bernal, Sir A. S. Eddington, Dr. H. H. Thomas, Dr. D. McKie, Professor R. C. Punnett, and Professor A. Ferguson.

The title of the degree of B.Chir. was conferred during the month of December, 1936, on M. P. Shackle (Newnham) and W. Y. Young (Girton).

Dr. H. A. Harris, Professor of Anatomy, has been elected into a professorial Fellowship at St. John's College; and Dr. G. P. McCullagh, University Demonstrator of Pathology, to a reserved Fellowship at Queen's College.

UNIVERSITY OF LONDON

London School of Hygiene and Tropical Medicine

The following candidates have been approved at the examination indicated:

Post-Graduate Diploma in Public Health.—*Part I:* J. K. Adranvala, D. M. Blair, Kathleen G. Brimelow, Joyce M. Brockington, P. N. Chatterjee, A. B. Christie, Kitty K. Conrad, J. S. Cookson, Teresa I. M. Craig, Iris M. Cullum, C. F. Cumings, B. K. De Silva, S. Graham, Eva M. Gray, H. F. Green, R. M. M. Hunter, J. D. Lendrum, S. E. D. Masilamani, B. B. Mukerjee, D. Murray, A. F. S. Perera, Violet M. Spiller, Tsung-Sing Sze, J. W. P. Thompson, A. F. Turner, H. M. van der Wall, Sarah C. B. Walker, L. A. F. Wiles, Isabel A. M. Woods.

UNIVERSITY OF LEEDS

Appointment of Readers in Medicine and Surgery

On the recommendation of the Board of the Faculty of Medicine, the Council of the University has advertised for Readers in Medicine and Surgery. Those who are appointed will have to devote all their time to the duties of the posts, and the salaries are fixed at £600 per annum. Without its being made an absolute condition, it is mentioned as desirable that candidates for the medical and surgical posts respectively should have the Membership of the Royal College of Physicians of London or the Fellowship of the Royal College of Surgeons of England, and should not be more than 35 years of age. Application has been made by the University to the Board of Management of the General Infirmary that facilities should be afforded to these two officers to carry out certain of their duties within its walls, and this has been readily granted. In general terms it may be stated that the duties of the posts will be mainly those concerned with research in medicine and surgery under the direction of the professors of those subjects, and it is hoped that the correlation of clinical and laboratory investigations will receive special attention. Those who are appointed will take an important part in the teaching of the two subjects.

UNIVERSITY OF ABERDEEN

The King, on the recommendation of the Secretary of State for Scotland, has approved the appointment of Dr. John Stirling Young, professor of pathology in the Queen's University, Belfast, to be Regius Professor of Pathology in the University of Aberdeen, in the place of Professor Theodore Shennan, resigned.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College, held on January 14, with Sir Cuthbert Wallace, the President, in the chair, the death of Sir John Bland-Sutton, Bt., was reported and a resolution of condolence was passed.

Sir Cuthbert Wallace was appointed to represent the College at the Coronation ceremony, Dr. John Beattie on the Huxley Memorial Lecture Committee, Sir Arthur Keith on the Joint Committee of Anthrolopogical Research and Teaching, Mr. Eardley Holland on the Central Midwives Board, and Mr. L. R. Braithwaite on the Medical Advisory Committee of the British Health Resorts Association.

The Council agreed to enter into a contract for the rebuilding of the upper floors of the College as the Bernhard Baron Research Laboratories.

The best thanks of the Council were given to Lord Moynihan for the gift of the instruments used by the late Lord Moynihan.

A cheque for £25 was received from Mr. Walter Radcliffe, M.R.C.S., for the specific purpose of cancer research, and the best thanks of the Council were given him for his gift.

A diploma of Fellowship was granted to R. G. Worcester, and a diploma of Membership to B. J. Green.

The following diplomas were granted jointly with the Royal College of Physicians:

Diploma in Public Health.—R. M. Campbell, A. B. Donald, P. J. Doody, M. S. A. Hamid, Enid A. Hughes, Vida L. Liddell, C. Muir, K. Somaskander, H. E. Stevens.

Diploma in Psychological Medicine.—K. C. Bailey, B. P. Bhattacharjya, C. M. Carlyle-Gall, L. A. Collins, J. G. Dewan, D. S. Fairweather, H. Gillies, Lilian A. Hayward, B. H. Kirman, E. H. Kitching, A. R. McPherson, M. L. Meade-King, T. A. Ratcliffe, D. E. Sands, W. W. Sargant, A. S. Thorley, D. B. Watson.

Diploma in Laryngology and Otology.—D. L. Brown, C. W. Dixon, N. Dutt, G. A. Jamieson, R. N. Misra.

The following hospital with the post specified was approved for recognition for the six months' surgical practice required of candidates for the final Fellowship examination: The Cheltenham General and Eye Hospitals (house-surgeon at the General Hospital).

VITAL STATISTICS FOR ENGLAND AND WALES, 1936

We are indebted to the Registrar-General for the following statement regarding the provisional birth rates and death rates, and the rates of infantile mortality, in England and Wales and in certain parts of the country, during 1936. The statement is issued for the information of medical officers of health.

England and Wales

Birth Rate, Death Rate, and Infant Mortality for the Year 1936 (Provisional Figures)

	Rate per 1,000 Resident Population		Deaths under 1 Year per 1,000 Registered Live Births
	Live Births	Deaths (Crude Rates)	
England and Wales	14.8	12.1	59
122 county boroughs and great towns, including London	14.9	12.3	63
143 smaller towns with estimated resident populations of from 25,000 to 50,000 at the 1931 Census	15.3	11.7	55
London (administrative county)	13.7	12.5	66

Note.—The birth and death rates for England and Wales as a whole are calculated on the estimated mid-1936 population, but those for the towns aggregates and for London are calculated on the estimated mid-1935 populations.

The birth rate for 1936 is 0.1 above that for 1935 and is 0.4 above that of 1933 the lowest recorded.

The crude death rate is 0.4 above that of 1935 and 0.7 above that of 1930, the lowest on record.

The infant mortality is 2 above that of 1935, which was the lowest recorded, and is the same as that of 1934, the previous lowest record.