

others. In three cases he had treated both father and son or daughter for exactly the same condition, which was rather suggestive of a hereditary factor. In one case a septic tooth was the cause of recurrence. On the question of the treatment of chronic constipation by resection of the colon or by sympathectomy his own experience of sympathectomy was that while satisfactory in its way it was not permanent, and recurrence took place. The same was also true of the megacolon cases. But there was a very great difference from the point of view of risk between resection of the colon and sympathectomy. It had to be a very bad case if colectomy was justifiable, but there were cases where it was.

Mr. ERIC CROOK said that in mental patients the incidence of volvulus appeared to be much higher than in other patients. In surgery at a mental hospital volvulus was found to be a far more common emergency than appendicitis. He did not know whether this was due to any relative rarity of appendicitis among mental patients or was attributable to a back-pressure effect. Sir ROBERT ARMSTRONG-JONES said that his experience at Claybury over many years was that volvulus was exceedingly rare; appendicitis was equally rare. Dr. G. VILVANDRÉ said that the older he got the more difficult he found it to diagnose carcinoma of the bowel from x-ray appearances and the more reliance he placed on the sigmoidoscope. Mr. R. S. CORBETT referred to the prevalence of intussusception in connexion with growths in the colon. Mr. E. T. C. MILLIGAN asked under what conditions the opener had come across flatulence in the small intestine, which was a very common complaint among many patients. Where did the air come from?

Mr. GORDON-TAYLOR associated himself with what had been said about the relatively slight value of sympathectomy in cases of chronic constipation. The almost miraculous results of sympathectomy in Hirschsprung's disease in children were well known, but when it came to chronic constipation in adults or even adolescents his experience of sympathectomy was that it had at most a temporary effect, and in every case he had had subsequently to perform a resection. He was not quite prepared to accept Mr. Lockhart-Mummery's view as to the excessive risks of colectomy. He had been interested in the relative infrequency of the combination of diverticulitis and cancer. Did a patient ever get a perforated diverticulitis twice? He had operated in a large number of cases of perforation of diverticula of the colon, but he had never known a second perforation in the same patient.

Sir EDMUND SPRIGGS replied that he too had not seen a patient with a second perforation of a diverticulum. He agreed with Dr. Vilvandré that the recto-sigmoid junction was a part which in many patients could not be well seen radiologically however the patient was rotated, but it could be seen with the sigmoidoscope. With regard to a hereditary or familial factor in ulcerative colitis he had only come across one case out of the fifty in his series in which this presented, but in that case four members of one family were affected.

E. Junghans (*Med. Welt*, April 17, 1937, p. 530) draws attention to the dangers of the indiscriminate use of extracts of the posterior lobe of the pituitary during parturition. He reports four cases of rupture of the uterus following the administration of pituitary extracts, and recommends the following rules. The intravenous injection of pituitary extracts during the stage of dilatation and expulsion is contraindicated. During the stage of dilatation only small doses of stimulating drugs are permissible. In cases of disproportion between head and pelvis, and in the presence of weak uterine contractions, pituitary extracts are permissible only when a thorough vaginal examination has shown that spontaneous delivery is possible. The dose to be injected must not exceed three Voegtlins units.

Local News

ENGLAND AND WALES

Birmingham United Hospital

The Birmingham United Hospital, consisting of the General Hospital in Steelhouse Lane and the Queen's Hospital in Bath Row, has issued its second annual report covering the year 1936. Finance is dealt with as relating to the one organization, but each hospital retains its own list of subscriptions and donations, which in the case of the General Hospital amounts to over £10,000 and in the case of Queen's Hospital to little less. Apparently the arrangement reached in 1934 to unite these hospitals has not diminished the interest of their friends in one or other institution. On the united working there is a small surplus of £313, comparing with a deficit of £625 the previous year. Great assistance has been afforded by the Birmingham Hospital Contributory Association, whereby nearly £77,000 was received by the hospital during 1936, an increase of £3,000 on the previous figure. The hospital has again been fortunate in the receipt of free legacies, amounting to £47,286, which has been placed to a separate legacy account. A table is given showing the expenditure per patient at each hospital during the last six years. The cost per in-patient at the General Hospital has gone down from £8 16s. 1d. in 1931 to £8 0s. 10d. in 1936, and at Queen's from £7 15s. 11d. to £7 3s. 1d. The cost per out-patient has remained fairly constant at the General Hospital at 6s. 7d., and at Queen's it is now at that same figure, to which it has progressively risen from 4s. 3d. in 1931. It is mentioned that Lord Austin, the chairman of governors, undertook to defray the cost of one gramme of radium for use in a "bomb," and this has now been installed at the General Hospital. The number of inpatients at the General Hospital during the year was 8,562, and at Queen's 6,856. A neurological department has been inaugurated at the former hospital. It is expected that the opening of the new hospital at the Centre will take place in 1938.

International Union Against Cancer

The Minister of Health, Sir Kingsley Wood, presiding on May 22 at a dinner given by His Majesty's Government at Lancaster House, London, S.W., to the International Union against Cancer, said the fight against disease knew no political barriers and no national frontiers. Cancer research was proceeding unceasingly. Devoted workers in almost every country in the world to-day were working steadily and quietly in the attack on cancer, which was still one of the most deadly enemies of the human race. This work went into the common stock for the welfare not of one country nor of one continent but of humanity. Although the cure of cancer had not been discovered, nevertheless if the disease was caught in its early stages—and treated by surgery, by deep x rays, or by radium—it had shown a high recovery rate. It was simply untrue, as too many people thought, that a diagnosis of cancer was necessarily a death sentence. In Great Britain, for instance, it was true that over 60,000 people died every year from cancer. When, however, the increased longevity of the population and the more accurate diagnosis of the disease were taken into account, it was probably fallacious to assume that these figures connoted a greater prevalence of whatever factors were concerned in its causation. So far as treatment was concerned the position generally was more hopeful than at any time, and thousands of people were being cured to-day. This fact could not be too widely known, for perhaps an even more deadly enemy than cancer was the nameless fear which caused a man or woman to destroy his or her hope of life by postponing a visit to the doctor

until it was already too late. M. Justin Godart, formerly Minister of Health in France, who said in reply that he shared the optimism of Sir Kingsley Wood, emphasized that means and methods had been worked out which had brought relief to thousands of sufferers. The most hopeful outlook lay in the fact that people, more and more, were losing the terror which the name of the dreaded sickness had been causing for centuries, and were, therefore, seeking early treatment. M. Godart, in the name of all nations represented on the Union, paid tribute to the work done in England since the end of the eighteenth century.

Maternity and Child Welfare Conference

The full programme has now been issued for the seventh English-speaking Conference of Maternity and Child Welfare, which (as announced in the *Journal* of February 27, p. 468) will be held in the Great Hall of British Medical Association House, Tavistock Square, W.C., on Tuesday, Wednesday, and Thursday, June 1, 2, and 3, under the presidency of the Minister of Health, Sir Kingsley Wood. Discussions will take place on "The Promotion of Maternity and Child Welfare in Backward and Rural Areas" (chairman, Sir George Still); "Progressive Legislation in Connexion with Maternity and Child Welfare"; "The Education of Parents in the Care of their Children" (chairman, Dame Enid Lyons, wife of the Prime Minister of Australia); "Nutritional Problems in Relation to Mother and Child" (chairman, Dr. R. E. Wodehouse, Deputy Minister of the Department of Pensions and National Health, Canada); "The Future of Preventive Psychology in Relation to Parent and Child"; and "Preventive Work for Cripples and Invalid Children." The Minister of Health of Tasmania, the Hon. G. F. Gaha, is also attending the conference. There will be a reception by the Minister of Health on behalf of the British Government at Lancaster House at 9 p.m. on June 1, and a reception at the College of Nursing on June 2 at 8 p.m. The Child Welfare Travelling Exhibition of the National Council for Maternity and Child Welfare will be displayed at Woburn House, Upper Woburn Place, W.C. (opposite B.M.A. House) throughout the three days. Arrangements have been made for tours and visits to institutions, all of which start from B.M.A. House. Particulars of the conference may be obtained from the honorary secretary, Miss J. Halford, Carnegie House, 117, Piccadilly, W.1.

SCOTLAND

Lord High Commissioner and Hospitals

Lord Kinnaird, as Lord High Commissioner to the annual Assembly of the Church of Scotland, and Lady Kinnaird, following the usual custom, paid a round of visits last week to the hospitals in Edinburgh. At the Royal Infirmary on May 18 Lord Kinnaird presented the prizes gained by nurses in examinations, and visited two surgical wards and one medical ward. Lady Kinnaird also paid a visit to the Scottish Branch of the Queen's Institute of District Nursing, where she was received by Lady Nairn, who reminded her that this was the jubilee year of the Queen's Institute, the Institute having been founded in 1887 following the decision of Queen Victoria that the money presented to her then in memory of her fifty years' reign should be spent in providing nurses for the sick poor in their own homes. The first of these nurses had been pioneers of a wonderful movement, which had greatly increased, so that in Scotland there were now over 1,000 of these nurses. On May 19, at the Deaconess Hospital of the Church of Scotland, the Rev. Dr. Fiddes, in an address of welcome, said that this was the first visit of the King's representative since the hospital had been reconstructed and reopened last year by the present King and Queen as Duke and Duchess of

York. The reconstruction had cost £42,000, and this had been subscribed with the exception of some £3,500. The Royal Maternity and Simpson Memorial Hospital was visited by Lady Kinnaird, where she saw six infants that had been born on the forenoon of the day when the visit was paid. On May 21 both Lord and Lady Kinnaird visited the Edinburgh Foot Clinic. Sir John Fraser, who presided, said that this clinic was in some respects a unique institution; it had a record of some 21,000 cases annually, all of them presenting disabilities of the feet, which caused great distress to the sufferer and were sometimes so crippling as to make walking impossible. Miss Gertrude Herzfeld said she had been interested in the clinic since it began with four treatment chairs: now there were forty chairs. The clinic had taken thirteen years to develop, and the work now being done among children was of great importance, because it was not only preventive but educational. This school turned out a large number of competent chiropodists, and it was to be hoped that some day it might be endowed. Lord Kinnaird said that the public ought to appreciate this work, and should not allow such a clinic to go short of funds.

Presentation to Portobello Doctor

Dr. John H. Balfour, who has retired from practice in Portobello, Edinburgh, after fifty-five years, was presented recently with a wallet of money on behalf of a large number of patients and citizens. Councillor James Edward, in making the presentation, said that Dr. Balfour began his professional career in Portobello at the age of 21 as assistant to his father. He had not only been one of the best-known practitioners in the city of Edinburgh, but had thrown himself with energy into many forms of work for the benefit of the community. For fifty years he had rendered valuable service to the Portobello Destitute and Sick Society. Dr. Balfour, in returning thanks, said that he had always considered his patients as his friends, an attitude which he thought every medical man ought to adopt, with the object not only of benefiting the health of the patients but of helping them in every way possible.

Royal Victoria Hospital Tuberculosis Trust

The annual report of the Royal Victoria Hospital Tuberculosis Trust by Sir Robert W. Philip, president of the Trust, for the year to June 20, 1936, states that deaths from tuberculosis in Scotland now number only about one-quarter of what they were fifty years ago. It is pointed out that beyond the immense saving of life, such figures afford convincing evidence of the improvement that has taken place in methods of detection and in the advances made in prevention and treatment. Nevertheless the death rate in the age group of children under 5 years was 299 per 100,000, a figure which affords testimony to the fact that infection with tuberculosis is to be expected in infancy and childhood. The seeds of tuberculosis as manifested in adolescent and early adult life may therefore be regarded as having been sown in infancy. The disease may kill the patient at the beginning through the virulence of infection and the low resistance offered, or it may merely cripple, or may remain latent until some time when the individual's resistance falls. Attention is directed to the value of recognizing infection at the earliest possible moment by the tuberculin test. Thereafter ideal physiological conditions of existence should be provided for the children, and for this purpose the Southfield Sanatorium Colony of the Trust has been found most suitable. The research laboratory of the Trust has undertaken a considerable amount of work. Dr. Christopher Clayton has investigated the seasonal variation in the manifestations of tuberculosis, and has come to the conclusion that these are referable chiefly to two factors: fluctuation in the resistance of the individual and variations in the virulence of the infecting organism, the former being the more important. Dr. Iain Macdonald has con-

ducted observations to ascertain if the healing of tuberculous lesions by means of calcium might be accelerated by the addition of tuberculin, vitamin D, or cholesterol in varying combination. Cases treated with tuberculin have been found to show a definitely increased deposition of calcium. Dr. J. M. Matheson, from the clinical aspect, has made a study of the circulatory and respiratory functions in tuberculosis, paying particular attention to arterial pressure and respiratory capacity. At the sanatorium an open-air school has been successfully conducted, and it has been observed that under the conditions of this school the child's mental processes are amazingly quickened. Much attention has been paid by the Trust to education in the prevention of tuberculosis; short courses of intensive training in tuberculosis work have been provided for nurses, and leaflets, cards, and posters have been distributed among the public. The tubercle-free dairy herd of cows at Gracemount farm in the neighbourhood of the sanatorium now numbers 111 cows. It is further noted that the number of cows in attested herds throughout Scotland in July, 1936, was 11,826, approximately five times as many as in July, 1935. The financial statement of the Trust shows that the ordinary income for the year was £4,802, while the expenditure was £5,922. The invested funds amounted to £36,036.

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

The Reorganization of the Public Health Service

Monsieur Henri Sellier, Minister of Public Health, continues to issue notes and memoranda on the reorganization of the public health service. It will be remembered that the Decree of October 30, 1936, provided for the appointment in each department of an inspector of hygiene responsible to the Minister of Public Health. In April of this year the Ministry of Public Health issued particulars concerning the duties of this medical officer of health. He is to act as the secretary of the Departmental Hygiene Council and of those departmental bodies called into being to assure the proper co-ordination of health activities. The medical officers on the staff of an inspector of hygiene must be French, doctors of medicine holding a university diploma of hygiene and a certificate showing that they have spent three months in the study of departmental inspection or in the municipal health service of a town with at least 100,000 inhabitants. The appointment of such officers is to be by examination, and the board of examiners is to be composed of medical experts in public health. The directors of public health services are to be selected by this board instead of being nominated as heretofore by the municipal authorities. The age limit is 60 years, and private practice is not allowed, except in towns with less than 50,000 inhabitants. What is perhaps the most striking feature of this reorganization is the emphasis laid on technical skill and experience throughout the new hierarchy and the corresponding weakening of lay and local bonds. Monsieur Sellier is evidently bent on gradually eliminating the layman's usurpation of functions which can properly be discharged only by fully qualified medical officers of health.

"Le Sou Médical"

The medical defence union "Le Sou Médical," now some forty years old, is a most prosperous body with nearly 8,000 members and a big financial reserve. Members whose clinical and therapeutic activities bring them into the law courts are guaranteed a support of 100,000 francs, which is raised to 500,000 for those who are also subscribers to the weekly journal, *Concours Médical*. In 1936 the letters received by this organiza-

tion numbered more than 11,000, and 537 new cases were handled. In as many as 151 of these cases the trouble concerned the payment of fees. In twenty-one first-aid on the highways had led to differences of opinion between doctor and patient. There were also fifty-nine cases concerned with occupational accidents, nine with slander, nine with difficulties over rent, eight with difficulties between colleagues, and as many as eighty-four with the tax collector. In the same year 667 cases were wound up, only sixty-four, or 10 per cent., being lost. In all the other legal cases "Le Sou Médical" scored a victory for its members. Its staff includes six legal experts. All this for 100 francs a year, with the *Concours Médical* thrown in for an additional 60 francs.

The Tercentenary of Descartes

It was in 1637 that René Descartes published his famous *Discours de la Méthode*, and some time this year an appropriate ceremony will presumably celebrate this event. At the end of his *Discours* Descartes asserted bluntly that his was the ambition to improve the art of healing, and he intimated that by pursuing a study of nature he might extract therefrom rules for the conduct of medicine more reliable than those then in force. He ventured on a description of the action of the heart and blood vessels: not a bad essay considering the date on which it was written. His advocacy of observation and experiment may not have been given place of honour in his scheme of reform, but it is remarkable that they were given any place at all. It was in 1649 that Descartes came to Stockholm on the invitation of Queen Christina of Sweden, and he died there in 1650. His remains, minus the skull and a bone of the hand which had written the *Discours*, were taken to France in 1667, and now rest in Saint-Germain-des-Prés in Paris. But the retentive Swedes were long in parting with the skull, and it was not until 1878 that it was acquired by the French Museum of Natural History, where it now rests after having been bought for 37½ gold francs.

State Employees and Tuberculosis

Dr. E. Rist has lately drawn attention to the injustices of the law of 1929 concerning sickness benefit for State employees who develop tuberculosis. According to Article 51 of this law the servant of the State may, on developing tuberculosis, take five years' leave of absence in which to recover, the first three years on full pay and the next two on half-pay. To repair the generosity of this gift the State has become most exigent in its health standards for applicants for the service. They have to be examined by a specialist, who must employ radiological as well as clinical means for discovering traces of tuberculosis. He has to testify to the absence of any tuberculous affection, so when he finds a radiological shadow in the lungs, however insignificant, he is involved in a conflict between clinical common sense and the letter of the law. Certain examiners whose logic has outrun their common sense have most unjustifiably wrecked the prospects of the persons examined. Dr. Rist suggests, tongue in cheek, that the examination for State service should include a tuberculin-skin test, the positive reaction of which would disqualify some 75 to 80 per cent. of all the healthy applicants between the ages of 18 and 25 for State service. Dr. Rist's serious remedy is to give highly qualified medical examiners more latitude, and to let them pass into the service of the State a certain number of ex-tuberculous patients, even when their health records have been tarnished by artificial pneumothorax or sanatorium treatment. But such persons should be put on probation for a certain period during which the State should not be liable to give them tuberculosis benefits if they broke down from this disease. The mere fact of their being on such probation as well as being under close, skilled medical supervision should keep such persons in the narrow path of healthy living.

The Services

ARMY MEDICAL SERVICES

The War Office announces the following appointments:

Colonel R. W. D. Leslie, O.B.E., Officer Commanding the Queen Alexandra Military Hospital, Millbank, S.W., has been selected for promotion to the rank of major-general from August 10, 1937, and to be Deputy-Director of Medical Services, Northern Command, York, in succession to Major-General G. G. Tabuteau, D.S.O., who is taking up the appointment of Director of Medical Services in India.

Colonel A. D. Fraser, D.S.O., M.C., who commands the R.A.M.C. Depot and Training Establishment at Aldershot, has been selected for promotion to the rank of major-general from October 13, 1937, and to be a Deputy-Director of Medical Services in India, in succession to Major-General D. S. Skelton, C.B., D.S.O., Honorary Physician to the King, who will vacate the appointment on completion of four years' service as a major-general.

DEATHS IN THE SERVICES

Brevet Colonel EDGAR JENNINGS, Bengal Medical Service (ret.), died in London on May 12, aged 72. He was born at Outakamand on August 3, 1864, the son of Lieutenant C. J. Jennings of the Madras Staff Corps, and was educated at King's College, London, taking the M.R.C.S. and L.S.A. in 1886. He subsequently took the D.P.H. at Cambridge in 1909. He entered the I.M.S. as surgeon on March 30, 1889, became lieutenant-colonel after twenty years' service, and received a brevet colonelcy on January 1, 1916, for war service. He retired on February 5, 1920. He served in the war of 1914-18 and was mentioned in dispatches in the *London Gazette* of April 5, 1916.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on May 18 the following appointment made by the Board of the Faculty of Medicine and approved by the General Board of the Faculties was approved: B. G. Maegraith, B.S., M.A., D.Phil., Fellow of Exeter College as University Demonstrator in Pathology from May 1, 1937, to September 30, 1941.

Notice is given that the Readership in Bacteriology is vacant, and that Electors will meet to elect a Reader on Tuesday, June 1.

UNIVERSITY OF LONDON

At a meeting of the Senate held on May 19, with the Vice-Chancellor, Mr. H. L. Eason, M.D., M.S., in the chair, Mr. John Kirk, M.B., F.R.C.S.Ed., was appointed, as from October 1, to the S. A. Courtauld Chair of Anatomy tenable at the Middlesex Hospital Medical School.

The title of Professor of Morbid Anatomy in the University was conferred on Dr. W. D. Newcomb in respect of the post held by him at St. Mary's Hospital Medical School.

The Dunn Exhibitions in Anatomy and Physiology for 1937 were awarded to Mr. J. W. Paultey, Middlesex Hospital Medical School, and Mr. Philip Harvey, Guy's Hospital Medical School, respectively.

Mr. W. G. Spencer has been reappointed by Convocation as representative of Medicine in the Senate for the period 1937-41.

LONDON HOSPITAL MEDICAL COLLEGE

The prizes for 1937 will be distributed to students of the London Hospital Medical College by the Minister of Health, Sir Kingsley Wood, on Tuesday, July 6, at 3 p.m., in the College Library.

GUY'S HOSPITAL MEDICAL SCHOOL

An Entrance Scholarship in Science of the value of £100 has been awarded for 1937 to P. L. Masters, Alleyn's School, Dulwich.

Medical News

To commemorate the founding and planning of the City of Adelaide in 1837 a meeting will be held in the Assembly Hall of the Royal Empire Society, Northumberland Avenue, W.C.2, on Monday, May 31, at 4.30 p.m., when Dr. Thomas Adams will give a lecture, followed by an address by Sir William Sowden of Adelaide.

A meeting of the Kensington Medical Society will be held at St. Mary Abbots Hospital, Marloes Road, W., on Tuesday, June 8, at 8.30 p.m., when Mr. V. B. Green-Armytage will speak on "The Value of Hysterosalpingography in General Practice."

A meeting of the International Faculty of Sciences will be held in conjunction with the Institution of Electronics and the Institute of Chemist-Analysts at the Gaumont-British Theatre, Film House, Wardour Street, W., on Monday, May 31, at 7.30 p.m., when Dr. S. Monckton Copeman, F.R.S., will give a lecture on "Experimental Work Bearing on the Treatment of Cancer." A discussion will follow.

The annual provincial meeting of the Tuberculosis Association will be held as a joint meeting with the North-Western Tuberculosis Society at the Central Library, Manchester, on Thursday, Friday, and Saturday, June 10, 11, and 12. The following papers will be read: "How Long Should Collapse Therapy be Delayed?" Dr. Geoffrey Marshall and Mr. H. Morriston Davies; "Bronchiectasis in Pulmonary Tuberculosis," Mr. J. E. H. Roberts; "Pleural Effusions after Thoracoscopy," Dr. O. M. Mistal; "Treatment of Unilateral Pulmonary Tuberculosis," Dr. P. J. L. De Bloeme; "Difficulties in Dealing with the Tuberculosis Problem," Professor A. Ramsbottom and others; "Use of the Tomograph," Dr. J. B. McDougall; "Artificial Pneumothorax in Children," Dr. C. D. S. Agassiz. The annual meeting will be held at 6.20 p.m. on June 10, and the annual dinner at 7.30 p.m. at the Midland Hotel on June 11. A visit to the Manchester Sanatorium has been arranged for Friday afternoon, and to other sanatoria on Saturday. Further information may be obtained from the honorary secretary, Tuberculosis Association, 26, Portland Place, London, W.1.

The sixteenth congress of the Journées Médicales de Bruxelles will be held in that city from June 19 to 23, under the presidency of Professor Albert Dustin, rector of the university. It will be opened by Dr. G. Duhamel of the Académie Française, and among the subsequent speakers will be Sir Joseph Barcroft and Drs. Danielopolu, Jeanneney, Castellani, Sorel, Rathery, Veraguth, Brull, Lépinay, Pautrier, and Oljenick. The excursions will include a visit to the Albert Canal, and there will be receptions, banquets, and theatrical performances. A detailed programme is being prepared. The fee for membership of the congress is 100 francs (Belgian), and further information may be obtained from Dr. R. Beckers, the general secretary, 114, Rue Belliard, Brussels.

Among the recipients of King George VI's Coronation Medal are the following members of the Metropolitan Police Medical Service: Chief medical officer, Dr. Isaac Jones; consulting surgeon, Mr. Max Page; assistant physician, Dr. H. B. Russell; dental surgeons, Mr. Lloyd Williams and Mr. O'Donnell; divisional surgeons, Drs. F. J. Lawson, W. G. Johnston, A. R. Moore, and P. B. Spurgin.

The *Indian Medical Gazette* for April is a special tuberculosis number and contains five articles on various aspects of collapse therapy for pulmonary tuberculosis.

The centenary of the foundation of the German Association of National Science was celebrated in Posen on May 9.

An outbreak of psittacosis has recently occurred in Buenos Aires and the city of Tandil.