

acetonuria. Insulin was given if acetone was present in the specimens of urine taken before and after breakfast.

#### Factors in Prognosis

Dr. B. A. YOUNG emphasized the importance of estimating the prognosis of a diabetic in relation to (1) his financial position, (2) his intelligence, and (3) the skill of his medical attendant. The increase in the number of diabetics over the age of 50 was due to the ageing of the population in general, and to the increased duration of life of diabetics. He referred to the difficulty under some authorities of securing any reasonable degree of continuity of treatment. He mentioned the general practitioner's appreciation of information relating to the dosage of insulin, the dietary, etc. He advocated periodic lectures for district nurses, and stressed the importance in poor localities of high carbohydrate diets, owing to their cheapness as compared with high fat or protein diets.

Dr. Young exhibited models used by him to illustrate portions of different foodstuffs, which he had found of value in the treatment of the less intelligent diabetic. Definite schemes for large municipal authorities were advocated with clinics centralized to promote continuity and standardization of diabetic treatment.

distant countries. It had grown in size and in efficiency, and while the annual cost in 1914 had been £60,000, in 1937 it was £180,000. The new extensions would mean still greater cost.

#### Glasgow Rheumatic Clinic

Speaking at the annual meeting of the Glasgow Orthopaedic and Rheumatic Clinic on February 24 Sir Hector Hetherington, Principal of the University, said that the morbid conditions with which this institution was concerned were receiving more and more attention from the public, the medical profession, and medical science. It was certain that there were few cities and districts which had a greater need of this service than Glasgow and the western district of Scotland. By reason of the climate and of the nature of the main industries, illness and accident in that area called for treatment by the methods offered in the institution. They were discovering to-day that a higher standard of physical well-being was possible, and that to remedy conditions which did not seem at first sight to be very serious added greatly to human efficiency and happiness. The report of the institution showed that 3,044 patients had been treated during the year, involving 104,700 separate treatments. The expenditure had been £6,300, to which the patients themselves had contributed about £5,000.

### Local News

#### SCOTLAND

##### Edinburgh Medical Officer of Health

The Public Health Committee of Edinburgh has unanimously recommended the appointment of Dr. William George Clark, at present deputy medical officer of health for Edinburgh, to succeed Dr. John Guy, who is due to retire from the post of medical officer of health for Edinburgh in October. Dr. Clark graduated M.B., Ch.B. at Glasgow in 1910 and took the D.P.H. of Cambridge in 1920. After holding posts as house-physician and house-surgeon in Glasgow Royal Infirmary and assistant medical officer in the Belvedere Hospital, Glasgow, and Brook Hospital, London, Dr. Clark became assistant medical officer in Woolwich Tuberculosis Dispensary and was later appointed assistant medical officer of health in Glasgow. From this post he was appointed deputy medical officer of health for Edinburgh in August, 1935. It was agreed by the Public Health Committee that the salary should be at the rate of £1,500 per annum rising by five annual increments of £50 to £1,750. It was also resolved that the medical officer of health might, with the consent of the committee, accept any appointment as professor or lecturer in connexion with the instruction of students, provided this did not interfere with the discharge of his primary duties.

##### Edinburgh Royal Medical Society

The annual dinner of the Royal Medical Society of Edinburgh, now in its 201st year, was held on February 24, Dr. G. J. Cleland, senior president of the society, presiding. Mr. W. J. Stuart, in proposing the toast of "The Royal Medical Society," reviewed the changes that had taken place in clinical teaching during the past forty years. He felt that at the present time students did not get enough to do in the wards. Mr. John R. Little, chairman of the managers of the Royal Infirmary, replying to the toast of "The Royal Infirmary," said that its principal difficulties at the present moment were financial, although they also greatly lacked adequate publicity. The Infirmary was not a parochial but a national institution, receiving patients from all over Britain and indeed from

### ENGLAND AND WALES

##### Rheumatism Research in Leeds

The third annual report of the Leeds Advisory Committee on Research into Rheumatism has now been issued; it relates to the year 1937. Dr. D. H. Collins, the committee's research fellow, states that work is continuing on the reactions of the peripheral circulation in rheumatism to temperature influences. He mentions the great advantage conferred by the direct association of abundant specialized clinical material with the resources of the scientific departments of a university medical school. New apparatus and further technical assistance have been obtained for the histological study of rheumatic bones and joints, and the accumulated data from clinical and radiological examinations are expected to contribute to the fundamental pathological knowledge, which has been so scanty hitherto as regards rheumatism. Eight papers have been published during the last three years. A second research fellow, Dr. W. Goldie, was appointed last March, and a follow-up investigation was undertaken of cases of arthritis treated by gold injections at the Leeds Public Dispensary and Hospital. Research is now being conducted on the incidence of antibodies in the blood of patients with rheumatoid arthritis to the *Streptococcus haemolyticus* and other bacteria; the influence of gastric acidity on the incidence of toxic reactions in cases treated by gold; the excretion of gold in man; the blood changes produced by gold injections; and the investigation of a patch test for hypersensitivity to gold salts. An attempt is also being made to reproduce rheumatic lesions experimentally in animals by dietetic and infective means. Lord Harewood, chairman of the Advisory Committee, believes that the work of the committee is capable of considerable development in association with the Empire Rheumatism Research Council.

##### Co-operation in Health Services

Dr. Thomas Carnwath of the Ministry of Health, when opening the King's Lynn Health Week, paid a tribute to the work of the Central Council for Health Education in helping to organize the activities of the week. The last half-century, he said, had seen tuberculosis pass from being "normally incurable" to "normally curable," but only if treatment was begun in time. The standardized death rate from tuberculosis had declined from 2,453 per million in 1885 to 657 in 1937. It was still, however,

more fatal than any other single disease except cancer. It was necessary to impress on everyone the importance of seeking treatment as soon as there was reason to fear infection and of learning how to prevent the spread of infection. Venereal diseases were another scourge on which a special attack was being made at this stage of the health campaign. These diseases were particularly insidious in their effects. There was no sphere in which the perils of ignorance and neglect were more terrible or the spread of knowledge more necessary. It was essential that all cases should be promptly discovered and treated, and that the patient who was under treatment should persevere until his system was certainly free from the poison. The family doctor was still the first line of defence against ill-health, and his co-operation in helping to expand the health services was invaluable, just as the health services could also help the doctor—for example, the tuberculosis service. Co-operation was, perhaps, the most important requirement of all in the improvement of health and happiness.

#### Epsom College

The Council of Epsom College will shortly proceed to elect one or more St. Anne's scholars. Candidates must be fully nine years of age, and must be orphan daughters of medical men who have been in independent practice in England or Wales for not less than five years. The value of the scholarships is dependent on the means of the applicants, the locality and fees of the schools selected. Application must be made by May 1, 1938, on a form to be obtained from the Secretary of the College, 49, Bedford Square, London, W.C.1.

#### Appropriation of London Public Health Institutions

Six public health institutions under the administration of the London County Council remain to be appropriated for the reception of the sick. These are the Fulham, St. Mary Abbots, Hackney, St. Leonard's, St. Alfege's, and St. Pancras institutions. There are still some able-bodied healthy and infirm inmates in these institutions in addition to sick patients, but during the next few weeks all the former will be transferred to public assistance establishments, and by April 1 the appropriation of the six institutions will be effected. Each of them adjoins and is within the curtilage of a hospital of the same name. With the appropriation of these six institutions the Council has completed its task, first entered upon in 1929, of removing as soon as circumstances permitted its hospital service from the ambit of the Poor Law. After appropriation the whole of the available accommodation will be utilized for sick patients. Certain medical staffing arrangements are proposed, to be reviewed at the end of two years. The medical superintendents of the hospitals to which the institutions are attached have in five cases had an additional allowance as medical and administrative heads of the institutions, and this is now to be incorporated in the basic salary in four of the cases and to be subject to the usual increment. In the fifth case, that of Hackney Hospital, the scale of salary of the medical superintendent is £1,200-£50-£1,450, and an additional allowance of £50 a year has been received in respect of the institution. On appropriation the combined institution will provide accommodation for a large number of sick patients, approximating to that of Lambeth Hospital (1,250), and the scale of salary is to be the same as for Lambeth Hospital—namely, £1,400-£50-£1,650. In three of the institutions the position ranking next to that of the medical superintendent is to be upgraded.

It was announced in the *American Heart Journal* for December, 1937, that this was the last issue to appear under the editorship of Dr. Lewis A. Conner, under whom the journal has arrived at its present high position. He has been succeeded by Dr. Fred M. Smith, Professor of Medicine in the State University of Iowa.

## Correspondence

### Raw or Pasteurized Milk

SIR.—The important question, Should raw or pasteurized milk be given to children? is much to the fore at the present time, and although the medical profession generally is strongly in favour of pasteurized milk, governmental action has long been delayed. It is true that the Board of Education has repeatedly urged that efficiently pasteurized milk, where such is available, should be supplied in schools; and that the Government has announced its intention of introducing legislation which will enable local authorities, if they so wish, to secure that all but tuberculin-tested milk is pasteurized in their areas. This is a minimum measure, and it is to be hoped, therefore, that the Government's proposals will be in no way weakened during their passage through Parliament.

Any lingering doubts should be removed by the report from the *Journal of Dairy Research* for October, 1937, by Wilkie, Edwards, Fowler, and Wright on the relative value of raw and pasteurized milk in the feeding of calves, from which I quote the following from the "summary and conclusions":

1. Bull calves from tuberculin-tested Ayrshire herds were fed on raw or commercially pasteurized milk up to 12 weeks of age, in amounts strictly in relation to their body weight. This diet was supplemented from the eighth week by hay at the rate of 2/3 lb. per head per day. The milk used was mixed milk from untested herds, the raw and pasteurized milk being derived from the same bulk sample.

3. No appreciable differences were noted in the skeletal growth of the two groups. Marks awarded by experienced stock judges showed consistent differences in favour of the pasteurized-milk-fed group, although the significance of such differences cannot be assessed.

4. Inoculations of grouped daily aliquots of raw milk twice weekly into duplicate guinea-pigs resulted in finding viable tubercle bacilli in 70 per cent. of the samples, and *Br. abortus* in 38 per cent. of them. The pasteurized milk samples were uniformly negative to both tests.

The differences in tuberculous infection of the two types of milk were reflected in the results of tuberculin tests and post-mortem examinations on the calves at the conclusion of the experiment. Twenty-four out of thirty-six calves fed on raw milk reacted to the test, and the presence of tuberculous lesions was confirmed in twenty-three by post-mortem examination. One calf in the pasteurized-milk-fed group reacted to the test, but exhaustive post-mortem examination and inoculation of glandular material into guinea-pigs failed to confirm the presence of any tuberculosis.

5. This work has failed to show any significant differences in the nutritive value of raw and of pasteurized milk for the rearing of young calves. The use of pasteurized milk, however, had a clear advantage in that it preserved the animals from infection through drinking milk containing living tubercle bacilli.

Again, in the report on tuberculous disease in children by John W. S. Blacklock (issued by the Medical Research Council in 1932) we find it stated:

"Of twenty-eight cases of tuberculous cervical adenitis, ten were infected with the human type of bacillus and eighteen (64.3 per cent.) with the bovine. . . . In twenty-six cases of tuberculosis of bones and joints, seventeen were due to infection with human strains and nine (34.6 per cent.) with bovine, the incidence of the latter being practically the same in town and country."

It will be remembered that within the last two years the Royal College of Physicians reported its unanimous opinion in favour of all milk sold in Great Britain being

swallow or the stoat. Indeed one felt of him that he was thus "never less alone than when alone" observing and meditating on the beautiful works of the Creator so wonderfully portrayed. He died at his home in Portsmouth on February 3, and in accordance with his lifelong wish his remains were conveyed to Ireland, and he was buried in the churchyard at Lisgriffin, Buttevant.

We much regret to announce the death of Dr. J. F. WALKER of Southend-on-Sea, who among many activities in the British Medical Association, both local and central, was chairman of the Charities Committee at headquarters for ten years. An obituary notice will appear later.

## The Services

### THE KEOGH BANNER

#### Ceremony at R.A.M. College

An interesting ceremony took place in the Library of the Royal Army Medical College on February 18 on the occasion of the unveiling of the Banner and Crest of the Knight Grand Cross of the Order of the Bath which had been bequeathed to the College by the late Sir Alfred Keogh.

The Director-General (Lieutenant-General Sir James Hartigan, K.C.B.) welcomed the assembly to the unveiling by Lady Keogh of the Banner bequeathed by her distinguished husband, which had until recently hung in the Henry VII Chapel in Westminster Abbey. It was particularly appropriate that the Banner should find its resting-place in the College, as it was largely due to the foresight and initiative of Sir Alfred that the College was first established. It was unnecessary to refer in any detail to Sir Alfred Keogh's career, but he would venture to express the opinion that to no other person did the corps owe so much. (Applause.) He was Director-General first, from 1905 to 1910, a time of great activity in the reorganization of the Army. During that period the College was built and opened, and postgraduate teaching was introduced into the Service; the Army School of Hygiene was first established, and the Territorial Army Medical Service was brought into being. His second period of office was during the great war, and it was a fact now recognized by all that both the Army and the nation were fortunate in having at the head of their Medical Services in that period an officer of such outstanding administrative ability. It was fitting, Sir James Hartigan continued, that they should honour a great man, and he would like to assure Lady Keogh that the memory of her most distinguished husband was held in the highest esteem by all ranks of the Royal Army Medical Corps. They rejoiced to think that the new barracks at Aldershot had been named the Keogh Barracks.

Lady Keogh pulled a silken cord revealing the Banner, charged with the late Sir Alfred Keogh's Coat of Arms—Or, a lion rampant, gules, surmounted by his crest, the whole being hermetically sealed in a stout oak frame with plate glass. Lady Keogh after the unveiling said: "Just before my husband died he told me that he wished his banner to go to this mess. I hope that it will remind you and future generations of all he did for his corps. From the time he was made a member of the Reorganization Committee in 1901 he never ceased to use all his energy and the whole force of his character to helping to make the Royal Army Medical Corps into a thoroughly scientific and efficient branch of the Army, and it is only recently, since I have been going through old letters and papers, that I realize what an uphill and arduous task he had—at any rate during his first years at the War Office. He never spoke of his work at home. He never spared himself, and he was completely without

personal ambition; but he thought no honour too great for the corps of which he was proud and in which he had great faith. Just before he died he said: 'I loved the soldier—he is the best fellow in the world, and I have done my best for him.' He said what had been the leading principle of his life. I wonder if any man could have faced that terrible war if he had not felt certain that if he were wounded or ill he would have all the skill and care that modern medical science could give. I am happy to think that my husband was at the head of that humane and courageous body of men who, as a dear friend of his wrote, alleviated and repaired the damage of war."

The Commandant (Major-General W. P. MacArthur, C.B.) accepted the Banner and Crest on behalf of the Royal Army Medical College and thanked Lady Keogh for unveiling the Banner: "An act which makes the ceremony a memorable occasion to us all."

### MENTIONS IN DISPATCHES

The names of Major-General N. H. Hamilton, C.B., C.I.E., C.B.E., D.S.O., I.M.S., Colonel R. E. U. Newman, O.B.E., M.C., late R.A.M.C., Lieutenant-Colonel R. K. Mallam, O.B.E., R.A.M.C., Lieutenant-Colonel P. J. Ryan, M.C., R.A.M.C., Lieutenant-Colonel S. Arnott, R.A.M.C., Major J. D'A. Champney, R.A.M.C., Major T. W. Davidson, R.A.M.C., Colonel A. A. McNeight, I.M.S., Lieutenant-Colonel R. N. Khosla, I.M.S., Captain G. K. Graham, I.M.S., Captain M. M. Mansfield, I.M.S., Captain V. M. Albuquerque, I.M.S., Captain M. G. Leane, I.M.S., Captain R. B. Davis, I.M.S., and Captain T. Kapur, I.M.S., have been brought to notice by His Excellency the Commander-in-Chief in India for distinguished services rendered in connexion with the operations in Waziristan, North-West Frontier of India, January 17 to September 15, 1937.

The names of Major D. G. Sukumar, I.M.S., Captain W. F. Cooper, I.M.S., and Lieutenant P. W. Suraj, I.M.S., have been brought to notice by His Excellency the Commander-in-Chief in India for distinguished services rendered in connexion with the operations in Waziristan, North-West Frontier of India, November 25, 1936, to January 16, 1937.

## Universities and Colleges

### UNIVERSITY OF OXFORD

Miss Jean Orr-Ewing, B.M., B.Ch., has been appointed to a Tutorship in Natural Science at Lady Margaret Hall.

### UNIVERSITY OF LONDON

At a meeting of the Senate held on February 23, Mr. R. S. Pilcher, M.S., F.R.C.S., was appointed as from October 1 to the University Chair of Surgery tenable at University College Hospital Medical School.

The title of Professor Emeritus of Pathology in the University was conferred on Dr. A. E. Boycott, F.R.C.P., F.R.S., formerly Graham Professor of Pathology at University College Hospital Medical School.

Mr. Herbert Lightfoot Eason, M.D., M.S., F.R.C.S., Principal (late Vice-Chancellor) of the University of London, Professor Edward Mapother, M.D., F.R.C.P., F.R.C.S., Medical Superintendent and Professor of Psychiatry, Maudsley Hospital, and Mr. Clifford Sidney White, M.D., F.R.C.P., F.R.C.S., F.C.O.G., Senior Obstetric Surgeon, University College Hospital, were elected to the Fellowship of University College, London.

A special University Lecture in physiology on "Some Remarks on Vestibular Physiology" will be given at University College, Gower Street, W.C., by Dr. A. P. H. A. De Kleijn, professor of rhinology, laryngology, and otology in the University of Amsterdam, on Tuesday, March 15, at 5 p.m. The lecture, which will be delivered in English, has been arranged under a scheme for the exchange of lecturers between England and Holland. It is addressed to students of the University and to others interested in the subject, and will be illustrated with lantern slides. Admission is free, without ticket.