

from the ordinary process elsewhere in the body. Lymphocytes and macrophages came in, of course, and began phagocytosing infected corpuscles. But though malarial infection of the placenta might be induced it did not reflect itself in the number of parasites in the peripheral blood; in this it differed from cerebral malaria. It would appear that what went on in the placenta did not protect the rest of the body against malaria. The immunizing process was going on in the spleen, and the removal of the placenta was actually removing a great nidus of parasites, and not something which was immunizing against parasites elsewhere in the body.

In reply Dr. GARNHAM pointed out that if macrophages were being conveyed from the spleen, as Major Mulligan suggested, one would expect the peripheral blood to show those cells in greatly increased numbers, but only the lymphocytes were increased in the peripheral blood. Colonel Sinton had suggested that infants did not develop malaria until 2 or 3 months old. In Kenya he found it a fortnight after birth, and by 2 months at least 30 per cent. of the babies were infected. Splenomegaly in Kenya due to subtertian malaria was a comparative rarity. When found it was nearly always associated with quartan or benign tertian malaria. He agreed with Dr. Wenyon's conception of the placenta as an extraneous tumour affording conditions similar to the culture tube; there was certainly a much greater concentration of parasites in the placenta than in the peripheral blood.

Local News

ENGLAND AND WALES

Birmingham United Hospital

The Birmingham United Hospital, consisting of the General Hospital founded in 1766 and the Queen's Hospital founded in 1840, has issued its third annual report. The annual income from all sources rose during 1937 and amounted to £161,705, of which £22,721 represented subscriptions and donations. The ordinary expenditure was £168,265, and reckoning in certain extraordinary receipts and expenditures, the working deficiency for the year comes out at £3,803. In explaining a rise of £10,000 in expenditure the compilers of the report point out that additional departments have been inaugurated and developed and research facilities extended. In the General Hospital a new department for radium-beam therapy has been opened, Lord Austin and Lieutenant-Commander Engelbach generously providing one gramme of radium and necessary apparatus, and the National Radium Commission lending a further gramme. Lord Austin has also provided a fourth deep x-ray apparatus. At the Queen's Hospital one outstanding development in 1937 was the establishment of a department of plastic surgery. Birmingham is on the threshold of important hospital developments, and the new hospital at Edgbaston is the subject of a progress report. There will be no unnecessary delay in the assumption by the United Hospital of the responsibilities for the new buildings and service, with the largest possible number of beds for which nursing and domestic staffs can be obtained. From then onwards expansion will take place as quickly as possible, but it is pointed out that to provide an entirely new and complete organization to full capacity will take some time, especially with a hospital of such modern design and containing all the numerous departments connected with the special needs of a medical school.

A Pharmaceutical Jubilee

A luncheon to celebrate the jubilee of Boots Pure Drug Company was held at the Savoy Hotel on June 2. The chairman was Lord Trent, and the company included the

Minister of Health (Dr. Walter Elliot), Lord Horder, and several representatives of the medical and pharmaceutical professions. The chairman said that the word "romance" was often misused, but its use was surely justified in describing the progress of the business which was started by his father, Jesse Boot, in Nottingham in 1888. The one small druggist's shop had been multiplied to close upon 1,200, and the one boy assistant had become a staff of 22,000, of whom 7,000 were employed in the factories that supplied the shops. Lord Trent added that the chief pride of his firm was to regard itself as a servant of the community in all matters pertaining to health and cleanliness, and, in its dealings with its workpeople, a modest contributor to that unprecedented social progress which had coincided with its own history. Dr. Elliot, replying to the toast of "His Majesty's Ministers," said that the enterprise conceived in the back street of a provincial town had exemplified many of the qualities which had made the English people great. The country was enormously indebted to the pioneers of industry like the late Jesse Boot, first Lord Trent. Goose Gate, Nottingham, had proved the gate of the goose which laid the golden eggs, and, of course, the Government in the person of the Chancellor of the Exchequer welcomed all such prolific fowl. But such firms were also to be congratulated because they gave the example and set the pace for social developments which in due time the Government adopted for the whole community. A real tribute was due to Jesse Boot as a prince of shopkeepers. Dr. Elliot went on to speak of the vast extent of the pharmacy business and the skill and care of dispensers. Viscount Wolmer proposed the health of "The Guests," and especially welcomed the presence of the President of the Pharmaceutical Society and the Lord Mayor of Nottingham. A response was made by Mr. W. J. Jordan, High Commissioner for New Zealand.

SCOTLAND

Revision of School Health Records

The Department of Health for Scotland has revised the system of school medical inspection and preparation of school health records, and the new scheme is to come into operation in Scotland at the beginning of the next school session. In a circular which the Department has issued to education authorities explaining the new procedure it is pointed out that, while under the existing arrangements much interesting and valuable information has been made available, experience has shown that there are various ways in which improvements can be made. It is not possible under the present system to make full use of the data obtained from school medical examinations because the results are summarized in terms of defects and do not indicate the number of children involved. The new scheme will provide for information being furnished with the object of reviewing from year to year the progress of children with remediable defects. It will also give a clearer picture than has previously been obtainable of the actual physical state of the school population.

Recruitment and Conditions of Service of Nurses

The committee which is inquiring into the recruitment and conditions of service of nurses in Scotland has held two further meetings at which evidence was given by representatives of Aberdeen Royal Infirmary, the Victoria Infirmary of Glasgow, the Educational Institute of Scotland, the Medical Women's Federation, the Royal Medico-Psychological Association, the General Nursing Council for Scotland, and the Royal College of Physicians of

Edinburgh. This completes the oral evidence which the committee is likely to receive, and the committee is now engaged on the preparation of its report.

Presentation to Cupar Doctor

Dr. John Macdonald, who has practised in Cupar, Fife, for forty-six years, was presented on May 27 with an inscribed silver salver and a cheque for 250 guineas, on behalf of patients in the district and colleagues in the profession. Dr. Macdonald, who is a native of Tobermory, graduated M.B., C.M. at Edinburgh in 1883, and after spending some time in London and in assistantships, settled in Cupar in 1892, where he became one of the best-known practitioners and rendered valuable services to the district in the establishment of the Adamson Hospital.

Correspondence

Planning of Maternity Hospitals

SIR,—I am in complete agreement with your eulogy of Queen Charlotte's Hospital, and I am sorry if anything which I have written has given the impression that I have overlooked the work of Drs. Colebrook and Fry and the other members of the splendid research organization at Hammersmith. The application of much of the knowledge which they have given us is now part of the daily routine work of hospital administrators as well as of obstetricians. I do not think there is any serious risk that such an institution will perish of inanition, but hospitals such as this are not going to be built in every little town, and I suggest that we should keep the discussion to the question whether additional new accommodation should be provided in connexion with general hospitals or in independent special hospitals. The "ideological" consideration which prompted my original letter was the desire to see established in the country a service which will meet the needs of all women during pregnancy and in childbirth, and not merely care for a selection of the normal cases.

Little special maternity hospitals may be very beautiful institutions, but, like pirate buses, they skim the cream of the traffic and by so doing they increase the difficulties of those who have to provide a service for what is left. It is true that the normal maternity patient is not a sick woman, but a proportion of sick women become pregnant and of pregnant women become sick. If they are not to be admitted to maternity hospitals, where are they to go? Must they be nursed at home, or will they be sent to a general hospital, where presumably there will not be a staff qualified to care for such cases?

Whether there should be separate domiciliary accommodation for the nursing staff attending maternity cases is a matter on which there is a difference of opinion. If it is of vital importance, what is to be done about the housing of the nurses who attend the morbid cases which occasionally occur in the best maternity hospitals?

To take the points of your criticism in order:

(1) I agree that the great bulk of the work of a maternity hospital concerns normal cases. The total maternal mortality is a very small percentage, but I am sure you do not suggest that it is not important.

(2) The medical and surgical complications of pregnancy and labour are relatively uncommon, but it is foolish to

ignore them. In Walton Hospital in 1937 there were 2,958 confinements. Among the cases admitted were 222 in which there was some complicating condition apart from the ordinary toxæmias of pregnancy and the complications of labour. This figure included: cardiac disease, 46; pneumonia, 18; pulmonary tuberculosis, 16; acute appendicitis, 2; terminal ileitis, 1; ovarian cyst, 3; erysipelas and cellulitis, 3; renal calculus, 2; chorea, 3; mental disturbance of various forms, 6. In addition, there were 406 abortions. The principal special maternity hospitals may number among their staffs men qualified to treat these cases, but will there be such staffs in the countless little hospitals which will be built if the policy which you advocate is carried out?

(3) The emergencies of a maternity hospital are not invariably obstetrical.

(4) In many maternity hospitals the pathological investigation of the bodies of those who die or are stillborn is very incomplete. In a general hospital this work comes in the routine of the pathological department and a keen obstetrical resident is not tempted to make an examination himself.

(5) There are advantages in treating cases of puerperal sepsis in a ward attached to a medical unit. Hardly any hospitals have a sufficient number of cases of puerperal septic infection to keep a staff of nurses employed exclusively on this work. The variations in the numbers lead to wide fluctuations in the amount of work to be done, but if in the same unit there is a medical ward to which selected medical cases are admitted there is sufficient alternative work to keep the nursing staff together. The nurses can be given special training, they make no contact with normal maternity cases, yet they remain under the direction of the staff of the maternity department. In my experience this arrangement gives the patients the best chance of recovery.

It does not appear to me to be more difficult to build a department of fifty to sixty beds in connexion with a general hospital than as a special hospital. It will certainly be more expensive to build and administer the special hospital. The insignificant size of the maternity units of many of the important general hospitals is due to the fact that the good will, energy, and money that might have made them larger have been diverted to special maternity hospitals. I hope that this mistake will not be made on a large scale in the developing municipal service.

The point in your annotation to which I wished to draw attention was the statement that the recommendation of the Departmental Committee was not in accordance with the lessons of experience. The issue under discussion is of great practical importance, and I hope it will not be decided on inadequate evidence.—I am, etc.,

Liverpool, May 30.

HENRY H. MACWILLIAM.

Regional Enteritis

SIR,—I read with interest Mr. W. H. Ogilvie's exciting forecast of surgical things to come, and with attention his comment on regional enteritis (*Journal*, June 4, p. 1193). I have had an opportunity of dealing with three of these cases. The first was one of terminal ileitis; at the time of operation I was unfamiliar with the condition, but judged it to be inflammatory and more likely to settle down than to do anything else. I left it alone. The second displayed that very curious segmental distribution of the enteritis which has been described by several writers. I left this alone too. Interference to have been effective would need to have been very extensive. The third case I encountered a few months ago. It involved the upper jejunum, but in other respects conformed to the first. It was threatening to become obstructive, so I did a short-circuiting operation.

on their clothing reached the post in fifteen minutes or, if the liquid were on their hands, in five minutes, they would suffer as mustard gas casualties. To neglect the mustard gas problem would be foolish. He thought the hospitals committee was strong and useful, but it should have been appointed long ago. There was not only the question of providing hospital accommodation but the question of how that accommodation was to be controlled. How were the control and organization of the hospital system in London to be shared between the London County Council and the voluntary hospitals, and in what way was the hospital organization outside the London area to be controlled? There was something to be said for making the control of the hospital services of the country into a national service. The committee appointed by the Home Secretary must consider how the hospital service required for air raid precautions was to be co-ordinated with the hospital services required for civilians and for the Army, Navy, and Air Force. During the war the whole of this country was covered with a network of hospitals to which men were distributed when brought back from the front in France. What extra provision would be required under the conditions of a modern war? Judging by what had occurred in Barcelona, one bomb dropped in a big centre of population in this country might cause casualties equivalent to those caused in a first-class action in the war. Was there any question of increasing the number of hospitals?

Mr. GEOFFREY LLOYD, replying to the debate, said that by the regulations casualty hospitals would be the responsibility of local authorities, while base hospitals were a central Government responsibility.

Colonel NATHAN asked if that applied to voluntary hospitals and municipal hospitals, and Mr. LLOYD said that it applied to all hospitals. On the question of the possible evacuation of the population from London, Mr. Lloyd said time-tables had been worked out with the railway companies that 3,500,000 could be moved fifty miles or more out of London by rail in seventy-two hours.

The Vote for air raid precaution services was then carried by 174 to 95.

General Medical Service for the Nation.—On June 2 Dr. ELLIOT told Mr. Gallacher that consideration was being given to the proposals of the British Medical Association in connexion with national health insurance, including increases in medical and surgical benefits. He was not yet in a position to indicate the attitude of the Government.

Obituary

We regret to announce the death of Dr. ROBERT STEWART MOWAT, which took place suddenly in Edinburgh on May 24. Graduating M.B., C.M.Ed. in 1894, he obtained the D.P.H. of St. Andrews in 1901 and the M.D.Ed. in 1909. He was appointed assistant to the lecturer in medical jurisprudence at University College, Dundee, and subsequently resident medical assistant at Dundee Royal Infirmary. He then returned to Edinburgh, and for forty years carried on a large and successful practice. Dr. Mowat had been a member of the British Medical Association since 1895. A modest, genial, kindly man of great personal charm, and gifted with a keen sense of humour, he was very conscientious and enthusiastic about his work, and ever willing to give sound advice and assistance to a young man commencing practice. Dr. Mowat was familiar with all that is best in our literature. He loved our countryside, and there, without ostentation, he revealed his expert knowledge of botany and natural history. A large number of patients, friends, and colleagues paid affectionate tribute to his memory at the funeral service on May 27. He leaves a widow and one daughter, to whom much sympathy will be extended.

The death took place at his residence in St. Andrews Drive, Glasgow, on May 28 after several weeks of illness of Dr. GEORGE GRAY BUCHANAN, medical officer of health for the county of Renfrew. Dr. Buchanan was born at Kirriemuir in 1881, and after graduating M.B., Ch.B. at Edinburgh in 1902 and taking the degree of B.Sc. in public health in 1904, he became assistant to the professor of public health in Edinburgh University. Later he was appointed assistant to the medical officer of health for Midlothian, and shortly before the war became medical officer of health for East Lothian. After serving in France and India with the R.A.M.C. during the war, he returned to his post in East Lothian, and in 1919 was appointed to the position of county medical officer for Renfrewshire. Dr. Buchanan was a popular and efficient administrator and took a special interest in current methods of disinfection. He is survived by his wife, a daughter and two sons, of whom one is a medical practitioner in Glasgow.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

On June 1 Professor H. R. Dean, M.D., Master of Trinity Hall, was re-elected to the office of Vice-Chancellor for the academical year 1938-9.

At a congregation held on May 28 the following medical degrees were conferred:

M.D.—A. W. Williams, R. M. Bolam, J. H. Cyriax.
M.B., B.Chir.—*M. C. Hounsfield, D. C. Lavender, G. R. C. Peatfield, R. D. Holloway.
M.B.—*G. D. Wedd.

* By proxy.

UNIVERSITY OF LONDON

The Senate on May 18 awarded the degree of Ph.D. in Bacteriology (non-clinical) to F. Himmelweit (St. Mary's Hospital Medical School) and the degree of Ph.D. in Psychology to G. W. Goodall (London School of Hygiene and Tropical Medicine).

UNIVERSITY OF MANCHESTER

Dr. A. D. Macdonald, Leech Professor in Materia Medica, Therapeutics, and Pharmacology in the University, has been appointed Dean of the Medical School from July 31, in succession to Professor H. B. Maitland.

Dr. R. W. Fairbrother has resigned the post of lecturer in bacteriology.

Dr. Raymond Whitehead, lecturer in pathology, has been elected to a Rockefeller Fellowship and has been granted leave of absence for the session 1938-9 while working at the School of Medicine and Dentistry of the University of Rochester, New York.

UNIVERSITY OF ABERDEEN

Professor C. Heymans of the University of Ghent will deliver two lectures in the physiology lecture room, Marischal College, Aberdeen University, on Monday and Tuesday, June 13 and 14, at 5 p.m. On June 13 he will speak on "Some Aspects of Blood Pressure Regulation and Experimental Arterial Hypertension," and on June 14 he will discuss "The Role of the Aortic and Carotid Sinus Pressore- and Chemo-receptors in the Reflex Control of Respiration." Professor E. W. H. Cruickshank will be in the chair. The lectures are open to students of the University and others interested in the subject.

UNIVERSITY OF EDINBURGH

Professor B. P. Babkin, M.D., of the department of physiology, McGill University, Montreal, will deliver two lectures in the anatomy lecture theatre, University New Buildings, Teviot Place, Edinburgh, on Tuesday and Thursday, June 21 and 23, at 5 p.m. In the first lecture Professor Babkin will deal with "The Regulation of the Secretory Activity of the Gastric Glands," and in the second he will discuss "Conditioned Reflexes: Their Significance in the Light of Recent Work." Students and graduates are invited to attend the lectures.