

results from artificial pneumothorax applied at a late stage in exceptional circumstances suggested that this treatment might always be tried before either proceeding to more serious measures or abandoning hope. Figures from authoritative sources showed that the ratio of deaths to reported cases of pulmonary tuberculosis had not fallen appreciably as the result of the introduction of collapse therapy. This did not mean that collapse therapy had failed. It was because the vast majority of cases coming under treatment had already passed the early stages of disease. If cases could be placed under treatment in the very early stage the fall in the death rate from pulmonary tuberculosis would be striking, and more serious surgical measures would probably be rarely necessary. A plea was made for periodical x-ray examinations in all cases of persistent cough, recurrent colds or influenza, post-pneumonic conditions, and unexplained debility. The possible antagonism of patients to such measures must be overcome by educating the public to recognize that pulmonary tuberculosis was in its early stages eminently curable.

In the discussion which followed Dr. ROBERT COOPE said that seldom could one hope for restoration of the full capacity of a damaged lung. Healing, with the formation of scar tissue, brought its own peculiar problems, and where there were both fibrosis and active ulceration judgment might become very difficult. Dr. G. S. ERWIN said that in an experience of some two to three hundred cases of pulmonary tuberculosis subjected to phrenic paralysis he had only once seen a cavity close after the procedure. Closure of a cavity after phrenic paralysis should, therefore, be regarded as an unexpected result. Dr. F. GLYN-HUGHES was interested to hear Dr. Pickering's high opinion of the sedimentation rate, and asked which method was used. It had been shown that Westergren's method was inaccurate, and it had practically been displaced by that of Wintrobe. For the last eighteen months Dr. Glyn-Hughes had been studying the changes in the blood picture in cases of cutaneous tuberculosis undergoing treatment by ultra-violet light, and had been impressed by the prognostic aid given by such a study. Perhaps the most important feature was the percentage of lymphocytes.

## Local News

### INDIA

#### An Indian Medical Review, 1938

The volume with this title<sup>1</sup> is a work of reference and, as its name shows, is a review of all the medical activities of the Government of India, taking the word "medical" in its widest sense. It contains chapters on hospitals, public health, anti-tuberculosis measures, medical education, nursing, maternity hospitals and work, medical research, drug control, and medical societies and associations. The chapters vary greatly in length; that on medico-legal work fills only three pages, while that on hospitals fills forty-five pages, with an appendix of hospital statistics covering 360 pages—more than half of the whole book. While the book is hardly one to read straight through, there is much of interest in various articles in the different chapters, among which may be mentioned those on the effects of the great earthquakes in Bihar in 1934 and in Baluchistan in 1935; on the Indian (till lately the subordinate) Medical Department, on the Dufferin Fund and the Women's Medical Service for India, on the Minto and Amphyll Nursing Associations; and at the end a report on the medical work of the mission to Lhasa in 1936-7 by the medical officer of the mission, Captain W. S. Morgan.

<sup>1</sup> *An Indian Medical Review, 1938.* By Major-General E. W. C. Bradfield, C.I.E., O.B.E., K.H.S., I.M.S. New Delhi: Government of India Press. 4s.

The chapter on medical research sets out the numerous and various subjects, chiefly tropical diseases, on which continuous study is being carried out by the research department, the results being published in the *Indian Journal of Medical Research* and in volumes of separate memoirs. There are seven special research institutes in India: in Calcutta (two), at Kasauli (two), and one each at Bombay, Coonoor, and Shillong. The great amount of work done by mission hospitals is fully recognized, statistics of these hospitals filling nearly fifty pages.

#### Progress in Public Health

The Public Health Commissioner with the Government of India states in his annual report for 1936 that since 1931, when the last census was taken, that country has remained comparatively free from violent outbreaks of epidemic diseases while the annual balance of births over deaths has consistently favoured increase of the population. The combined mortality from small-pox, plague, and cholera decreased by 62,410, contrasting with the rise in cholera during the three previous years. There has been a downward trend in plague mortality for many years, but in 1936 the death rate from small-pox increased by 16 per cent. over that for the previous year. Malaria and tuberculosis still remain very serious diseases from the point of view of the death rate, but the present machinery for registering vital statistics is inadequate for defining their gravity more exactly. The lack of attention to the welfare of the agricultural population has still to be regretted by the Public Health Commissioner, and it is remarked that no progress will follow the hardest efforts of the public health authorities unless the active co-operation of the villagers is secured. Attempts to win this include the patient presentation of facts bearing on the advantages of personal and environmental hygiene by means of lectures, talks, personal conferences, and house-to-house visits; the most fruitful results follow the teaching of children, but the ideal of service is by no means foreign to the outlook of the adult, and much can be done by stressing this line. Health leagues are commended for individual villages or groups of villages. While financial help may be invited from the more wealthy, the poorer inhabitants may be asked to offer free labour—an ancient custom in many parts of India. Such labour may be devoted to the cleansing of the village tank or the excavation of manure pits. The health officer after a time should be able to prepare a definite programme of work for his staff and for the village health leagues; this programme should be planned to cover a considerable period ahead and include the following items: the improvement of wells, springs, and streams from which water supplies are drawn; the improvement of methods for sewage disposal, including the construction of suitable latrines, cesspools, and drains, and the prevention of nuisances such as the breeding of flies arising from insanitary practices; the planning of suitable methods for the disposal of house refuse and manure away from the vicinity of dwelling-houses; minor repairs to roads and drains, and the filling up of all depressions and pits likely to act as breeding-places for mosquitos; improved lighting and ventilation of houses and the lighting of the village itself; the improvement of markets, cow-houses, and bakeries, and the protection of food exposed for sale; and the improvement of food supplies and nutrition—for example, by encouraging the villagers to grow vegetables and fruit and to increase the production of milk. In all these objectives care has to be taken to use local materials and resources, and not to introduce new ideas with which the villagers are unacquainted. The care of the mothers and children is another sphere of the work of a well-planned health unit scheme, clinics being placed at convenient centres throughout each area. Lieutenant-Colonel Wright, Professor of Ophthalmology in Madras, stated at the Ophthalmological Congress held in Cairo that the main causes of blindness in India were: in children, keratomalacia or xerophthalmia, ophthalmia neonatorum, congenital syphilis, and inherited

blinding diseases; in adults, cataract, various optic nerve diseases (mainly syphilitic), corneal ulcers, glaucoma, and trachoma; in children and adults, irritant remedies and small-pox. He insisted that the prevention of blindness in India was not so much a medical as a social, economic, and financial problem. Keratomalacia, it is pointed out in the report, is essentially a dietetic problem, and has to be approached by instructing the community. Investigations have been conducted by the Nutritional Research Laboratories at Coonoor into the nutrition of the people of the Madras Presidency, and the Director has expressed the opinion that the food available in that Province is only just enough to cover the energy needs of the people provided that it is properly distributed. The average diet, which is mostly cereal, is lacking in animal protein, mineral salts, and vitamins. It follows, therefore, that in Madras as well as elsewhere in India methods of supplying such protective foods as milk, eggs, fish, and meat must be devised, milk being the most valuable one since the majority of the population is vegetarian. In India at present only about 7 to 8 ounces of milk are consumed daily per person, the Punjab being the part where it is most popular, while in the Central Provinces the daily consumption figure is as low as 0.8 ounce. Even in rural areas generally the daily consumption often averages less than half an ounce a head.

## SCOTLAND

### Advisory Committee on Cancer

The Secretary of State for Scotland has now announced the personnel of the Advisory Committee on Cancer, set up to review the existing facilities in Scotland for the diagnosis and for the treatment of cancer; to recommend what developments are desirable; and to suggest how far, and in what groupings, local authorities in Scotland could with advantage act together in securing that arrangements for the diagnosis and treatment of cancer are adequate for the needs of their areas. Dr. William James Stuart has been appointed chairman of the committee, and the other members are Dr. G. B. Fleming, Mr. H. L. F. Fraser, LL.B., Dr. A. S. M. Macgregor, Mr. David Robertson, LL.B., and Dr. J. J. M. Shaw. The secretary of the committee is Mr. A. J. Purves of the Department of Health for Scotland, 121A, Princes Street, Edinburgh.

### Glasgow Royal Maternity Hospital

The twelfth annual medical report of the Glasgow Royal Maternity and Children's Hospital covers the year 1937. The three permanent units of the institution contain a total of 175 beds—seventy-eight being reserved for antenatal patients, a like number for lying-in patients, and nineteen for suspect cases; the last-named are controlled by an assistant obstetric surgeon and a special house-surgeon in a separate isolation block, no member of the staff of which has any contact with patients in the other parts of the hospital. Septic cases are transferred to the isolation hospitals of the local authority by arrangement with the medical officer of health. During the year under review 4,724 patients were admitted to the hospital and the maternal deaths numbered sixty-two, the death rate being 1.3 per cent. The number of infants born was 3,365. There were 18,101 attendances at the ante-natal dispensary attached to the hospital. The total number of abnormal cases was 3,578 (75.7 per cent. of all admissions). This high figure is attributed to the fact that the hospital serves a large industrial population where the incidence of rickets and malnutrition is high. Since 1935 a blood transfusion service has been maintained by the institution, there being at present 218 donors on the list. Researches are being carried on with reference to the toxæmias of pregnancy, the effects of obstetrical collapse on the anterior lobe of the pituitary gland, heart disease

in pregnancy, and the treatment of contracted pelvis. The number of medical students enrolled during 1937 for training in practical midwifery was 263, and 270 nurses were also received for training for the certificate of the Central Midwives Board. Caesarean section was performed in 143 cases of contracted pelvis—the classical operation in ninety-five, and the lower uterine segment operation in forty-eight, with eleven infantile deaths in the first of these, and three in the second. The pyrexia rate for the classical operation was 11.58 per cent., and the combined sepsis and pyrexia rate for the lower uterine segment operation was 8.33 per cent. One patient died under the classical operation from obstetric shock, and one after the lower uterine segment operation from general peritonitis. During the year thirty-one cases were admitted after failure to deliver with forceps, sixteen being primigravidae; there were three maternal deaths.

### Aberdeen Infirmary and Paying Patients

At a special meeting of the directors of Aberdeen Royal Infirmary on February 1 it was decided to proceed with the erection of a block to provide accommodation for people of moderate means who are unable to pay full nursing-home charges or a full fee for specialized treatment. It had been realized for some time that people who were not, strictly speaking, proper recipients of the Infirmary's services had to seek admission there because they could not meet the full charges for nursing outside. When the Infirmary's constitution was altered in 1933 the directors obtained power to provide accommodation for paying patients. Funds for this purpose, however, have not previously been available, but a bequest of the late Miss Annie Mary Fraser of Aberdeen has made it possible to proceed with the project. It has been decided to build a separate block attached to the new infirmary at Forresterhill, and trust funds to the amount of £53,400 are available for this purpose. This nursing home will probably be built at the west end of the infirmary buildings, and connected with them by a corridor. There will be accommodation for at least fifty patients, with special kitchen and operating theatre, and the necessary nursing staff will be housed in an extension to the existing nurses' home. Admission will be restricted to persons within a certain income limit not yet defined, and to their dependants.

### St. Andrews Institute for Clinical Research

The annual report of the James Mackenzie Institute for Clinical Research deals with its activities for the year 1938. Professor David Waterson, who has been a member of the Institute since its foundation, has been appointed chairman. During the year seventy new cases and 900 additional notes were added to the files of records, and the annual classification showed that 49 per cent. of the records were now complete, 23 per cent. required to be brought up to date, and 28 per cent. were incomplete, chiefly because patients had left the district. In the children's department regular attendances were maintained, and the records were found to be growing yearly more valuable. A statistical survey of these records is nearing completion and the investigations are expected to give a valuable foundation for future work. In the laboratories 651 examinations of pathological specimens of all kinds were made, and there was an extensive bacteriological investigation into an epidemic of Sonne dysentery in January, 1938. A voluntary medical inspection of students at the University of St. Andrews was carried out as in former years. The weekly meetings, which are held on Tuesday afternoons, were well attended, and there were discussions of cases as well as addresses by various lecturers. The balance sheet shows an excess of expenditure over revenue amounting to £560, and although the assets total over £14,310, the council of the Institute makes an earnest appeal for further support.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed Dr. G. S. Graham-Smith, Dr. C. H. Whittle, Dr. Mann, Professor Keilin, and Mr. R. Williamson to be members of its Degree Committee from February 1, 1939, to January 31, 1941; and Dr. R. A. McCance and Mr. H. E. Tunnicliffe to be members for the same period in the room of Dr. T. S. Hele and Dr. Eric Holmes. Sir Walter Langdon-Brown and Dr. Arnold W. Stott have been co-opted as members of the Faculty Board of Medicine until December 31, 1939.

### UNIVERSITY OF LONDON

#### UNIVERSITY COLLEGE

A course of three lectures on "Recent Advances in Normal and Malignant Cellular Growth" will be given by Dr. R. J. Ludford at the College, Gower Street, W.C., on Tuesdays, February 14, 21, and 28, at 5 p.m. The lectures are open without fee or ticket to students of the University and others interested in the subject.

### UNIVERSITY OF LIVERPOOL

Dr. L. Cunningham, demonstrator in medicine, has been appointed to a lectureship in clinical medicine.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

#### Lectures

The following lectures will be delivered at the College, Pall Mall East, S.W., all at 5 p.m.

The Milroy Lectures on "Industrial Capacity and Modern Medicine" by Dr. Donald Stewart on February 23 and 28; the Goulstonian Lectures on "Diabetes Mellitus" by Dr. H. P. Himsforth on March 2, 7, and 9; the Lumleian Lectures on "Primary Carcinoma of the Lung" by Professor W. D. Thomson on March 14 and 16; the Oliver-Sharpay Lectures on "The Pharmacological Actions and Therapeutic Uses of Some Compounds Related to Adrenaline" by Professor J. A. Gunn on March 21 and 23; and the Croonian Lectures on "Visceral Neuroses" by Professor J. A. Ryle on May 18, 23, and 25. Any member of the medical profession will be admitted to the lectures on presentation of card.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY.**—N. B. Eastwood, J. B. Headley-Blythe, R. Rowlandson.  
**MEDICINE.**—H. B. O. Cardew, E. M. E. Decottignies, N. B. Eastwood, V. W. J. Hetreed, E. S. Nicholson.  
**FORENSIC MEDICINE.**—H. B. O. Cardew, E. M. E. Decottignies, N. B. Eastwood, V. W. J. Hetreed, E. S. Nicholson.  
**MIDWIFERY.**—N. P. Desai, M. C. Mair, J. C. Scott, E. A. Spouse, P. P. Vaidya.

The diploma of the Society has been granted to H. B. O. Cardew, V. W. J. Hetreed, E. M. E. Decottignies, E. S. Nicholson, J. B. Headley-Blythe, and R. Rowlandson.

The second triennial Joseph Strickland Goodall Memorial Lecture on Cardiology will be delivered by Dr. D. Evan Bedford at Apothecaries' Hall, Water Lane, Queen Victoria Street, E.C., on Wednesday, March 29, at 9 p.m. His subject is "Left Ventricular Failure." Members of the medical profession are invited to attend.

### CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

Frances A. M. Aldridge, M. H. Awwad, J. M. Bailey, H. J. Berger, A. Binnie, C. F. Campbell, F. J. Carter, S. Citron, J. C. Dick, P. Dinner, M. Farid, W. M. Fernando, G. Fleming, W. Forsyth, W. E. Foy, B. Geneen, A. H. Germaine, I. Gottlieb, M. Kolta, R. E. Lindsay, I. F. Logan, Chong-Leng Lo, C. E. Meade, N. Abd-el Messih, C. E. Miller, R. D. Mishkin, D. C. Moir, C. S. P. Peiris, A. Robertson, A. Rubin, D. Salamon, C. A. Samuels, R. S. Sanderson, B. C. Sen, E. Snell, L. J. Spitz, L. G. Starr, W. Tannock, D. Valerio, J. A. Watson-Joe.

The following graduates of recognized foreign universities were also admitted licentiates:

L. Appel, J. Brody, J. C. Hayward, M. Herzberg, H. Kaufmann, F. Lachs, G. Szanto.

## The Services

### DEATHS IN THE SERVICES

Inspector-General CHARLES CANE GODDING, C.B., R.N. (ret.), died on February 1, aged 87. He took the M.R.C.S. and L.S.A. in 1872, after which he entered the Royal Navy, and attained the rank of inspector-general on December 3, 1903. As surgeon of H.M.S. *Modeste* he served in the Perak war of 1875-6, receiving the medal and clasp. He next served in the Egyptian war of 1882, when he was attached to a battalion of the Royal Marines and was present at the actions of Kassassin and Tel-el-Kebir, receiving the Egyptian medal with clasp, the Khedive's bronze star, and the Fourth Class of the Medjidie, and was specially promoted to staff surgeon. He gained the Sir Gilbert Blane gold medal for the years 1889 and 1890. He received the C.B. on June 19, 1912, on King George V's coronation.

## Medical News

A meeting of the Marylebone Division of the British Medical Association will be held at the Medical Society of London, 11, Chandos Street, W., on Tuesday, March 7, at 8.30 p.m., when there will be a discussion on "Workmen's Compensation."

The third Skinner Lecture will be given on Friday, February 17, at 3.30 p.m., before the British Association of Radiologists at 32, Welbeck Street, W., by Professor P. Lamarque of Montpellier University, on "Diffuse Skeletal Metastasis in Cancer of the Breast" and "Some Results of Historadiography." All members of the medical profession are invited to attend.

Discussions on "The Evils of Cesspool Drainage," to be opened by Mr. J. R. Barron, and on "The Application of Bioclimatology," to be opened by Dr. R. J. Maule Horne, will take place at a sessional meeting of the Royal Sanitary Institute at Poole Municipal Buildings on Friday, February 24, at 5 p.m.

In our advertisement columns this week the University of London invites applications for (a) the University Chair of Medicine tenable at St. Mary's Hospital Medical School, and (b) the University Chair of Dental Surgery and Pathology tenable at the Royal Dental Hospital of London School of Dental Surgery. The salaries attached to the posts are £2,000 per annum, and £1,500 per annum rising to £1,600 respectively.

The Economic Reform Club and Institute (26, Grosvenor Place, S.W.1) has arranged a dinner to be held at the Savoy Hotel on Friday, February 24, at 8 p.m., when the guest of honour, Sir John Boyd Orr, F.R.S., will speak on "Health and Agriculture."

At the twelfth session of the German Association for Study of the Circulation, on March 25 and 26 at Bad Nauheim under the presidency of Professor Edens, the special topics will be the electrocardiogram and the treatment of cardiac failure. Inquiries should be addressed to the headquarters of the German Association, Residenzstrasse 32, Dresden-Blasewitz.

On the evening of Tuesday, February 7, the Royal Society combined with the British Academy to give a reception to the exiled scholars and scientists now under the care of the Society for the Protection of Science and Learning (late Academic Assistance Council). The guests were received at Burlington House by Sir William Bragg, P.R.S., and Sir Frederic Kenyon, and the Archbishop of York replied to the welcome on their behalf. The campaign to make known throughout the country the work which is being done on behalf of academic refugees opened on the previous day with a meeting in the Great Hall of University College, London. A number of other meetings, in London and elsewhere, have been arranged for this and next week under distinguished patronage: on February 8, at Cambridge, the Vice-Chancellor presided at a meeting addressed by Earl Winterton and Pro-