

severe bronchopneumonia, from which latter complaint she died. The patient who died from sepsis was transfused; there was no particular blood loss in the other three cases and they were not transfused. He agreed that transfusion was very important and could be a life-saving measure. He had only performed eight Caesarean sections for placenta praevia—six classical and two lower segment operations; where the placenta was situated on the posterior uterine wall the lower segment operation had merits. He had done Caesarean section on a patient who had been twice plugged before admission to hospital.

Dr. BETHEL SOLOMONS suggested that when Caesarean section was done the classical procedure was the operation of choice. He made a plea for the extended use of submammary saline solution before attempting any manipulation. Saline was always available and blood was not. In his own series of 138 cases in hospital during his Mastership, with two deaths, none of the patients received blood transfusions, but nearly all had premedication with submammary saline solution. If blood was available, however, it should be given, and blood transfusion was essential in the treatment of puerperal sepsis following placenta praevia.

Local News

SCOTLAND

Professor Henderson on the Criminal Justice Bill

At the annual meeting on February 27 of the Royal Edinburgh Hospital for Mental and Nervous Disorders Professor D. K. Henderson, physician-superintendent of the institution, commented in his report upon certain proposals contained in the Criminal Justice Bill. He asked whether the dividing line between conduct on the level of mental unsoundness and anti-social acts of an aggressive or delinquent nature was so wide as to warrant entirely different forms of approach and treatment. Readjustment, he said, might be more likely to occur even in the latter cases by an elucidation of all the contributory causative factors than by an arbitrary prison sentence. There were individuals who failed to fit into society and who exhibited anti-social conduct of a recurrent or episodic nature, which frequently could not be separated from the difficulties of personal development that had been present from an early age. These might be called malignant personalities, and the public for the most part believed that such persons were not exhibiting uncontrollable conduct at all but simply conduct which was not controlled, so that society was well rid of them. Opponents of these views were accused of mawkish sentimentality, of overstraining the truth in an effort to defeat the ends of justice. Psychiatrists were, however, fully aware of their obligation to society, and recognized that while attempting to cure the patient they must also protect the lieges. Up to the present no special provision had been contemplated other than prison on the one hand and mental hospital treatment on the other, and this hard-and-fast differentiation had limited the scope both of the lawyer and of the doctor. Psychiatrists did not consider that a partially responsible person should necessarily be liberated at the end of his sentence, but rather that he should be detained and safeguarded until it could be proved that a sense of real responsibility had been developed. Clause 19 of the proposed Bill dealt directly with this problem, and suggested that a court should have power to include in the probation order a provision requiring the probationer to submit for a period up to twelve months to mental treatment. The speaker believed that this would ensure the proper care of many socially aggressive and inadequate people for whom neither prison nor mental hospital was

suitable, and yet who required skilled treatment. Professor Henderson made an urgent appeal for Jordanburn Nerve Hospital, which carried on preventive and educative work unique in Scotland. The managers recognized that treatment of mental cases did not consist merely in curing and caring for those who required admission; an even more important function was to prevent serious mental breakdown. Jordanburn Nerve Hospital had been established for this purpose, and provided accommodation for fifty in-patients. The number of new out-patients treated was 338, while continued treatment had been provided for 1,682 in the out-patient department.

Glasgow Royal Infirmary

At the annual meeting of Glasgow Royal Infirmary, held on February 13, Mr. John Colville, Secretary of State for Scotland, referred to the necessity for co-operation between voluntary and rate-aided hospitals. The whole question put forward last summer of finance between voluntary and rate-aided hospitals was now being closely examined, and he hoped that the conference on the subject would have valuable results. It was stated at the meeting that the total subscriptions from workers last year were £34,584, an increase of £4,403. Sir James Macfarlane stated that Canniesburn Auxiliary Hospital for paying patients was now being utilized practically to its full capacity, with the result that the number of patients treated in the wards of the Royal Infirmary during 1938 was 17,926, or almost 1,000 less than in the previous year. Still more cases could have been admitted to Canniesburn, he said, if accommodation had been available.

New Maternity Block at Edinburgh

The new maternity block of Edinburgh Royal Infirmary was opened for the admission of patients on March 1, when the patients in the Royal Maternity and Simpson Memorial Hospital were transferred there. It occupies the site, extending to about two and a half acres, upon which George Watson's College for Boys previously stood. It is built round a rectangular court and rises to five floors on three sides and to two floors on the north. All the wards face south, and are provided with balconies extending the full length of the frontage and of sufficient width to accommodate beds when desired. The hospital wards contain 122 beds, but the cubic space is such that a considerable increase in the number of patients is possible without further extension. There is provision for ante-natal accommodation on the ground floor, and twenty beds are available on the fourth floor for cases suspected of being infected. Two double theatres are provided for normal confinements, and there is also a large operating theatre and a capacious lecture room. A special feature is the accommodation for postgraduate courses, and a suite of living-rooms for six graduates has been provided in one of the wings. The instruction will include attendance at lectures and demonstrations, at normal and emergency deliveries, and at the ante-natal and post-natal clinics. During the last three weeks in July a special intensive postgraduate course in midwifery and gynaecology will be held, for which the fee, inclusive of board and lodging, is £25, or if the graduate does not reside in hospital, £10 10s. Communications concerning this course should be addressed to the Registrar, Maternity Pavilion, Royal Infirmary, Edinburgh.

The new Florence Nightingale Nurses' Home is situated to the north of the maternity block, and consists of a main central block, seven floors in height with two wings projecting to the south and one to the north. The ground floor is used for common rooms, the middle five floors contain 280 bedrooms, and the top floor is a nurses' sick ward and rooms, providing some thirty-six beds. The accommodation is so arranged that nurses undergoing maternity training are separated from the nurses in general training.

ENGLAND AND WALES

Consultant Advisers on the Organization of Hospitals in War-time

On the nomination of the Presidents of the Royal Colleges of Physicians and Surgeons the Minister of Health has appointed the following to advise him as to the policy to be adopted in England and Wales on various matters arising within the specialties indicated: Dr. Gordon M. Holmes, M.D., F.R.C.P., F.R.S. (*Neurology*); Dr. Bernard Hart, F.R.C.P. (*Psychiatry*); Mr. Gwynne Williams, M.S., F.R.C.S. (*Orthopaedic Surgery*); Sir Cuthbert Wallace, Bt., F.R.C.S. (*General Surgery*); Sir Harold Gillies, F.R.C.S. (*Facial and Jaw Injuries*); Mr. A. Tudor Edwards, M.Ch., F.R.C.S. (*Chest Wounds*); Professor Hugh Cairns, D.M., F.R.C.S. (*Head Injuries*); Professor F. R. Fraser, M.D., F.R.C.P. (*General Medicine*); Mr. W. M. Mollison, M.Ch., F.R.C.S. (*Ear, Nose, and Throat*); Mr. C. B. Goulden, M.Ch., F.R.C.S. (*Ophthalmology*); Dr. A. E. Barclay, M.R.C.P. (*Radiology*).

Royal Visit to Birmingham Hospital Centre

The Birmingham Hospital Centre at Edgbaston was visited by the King and Queen on March 1, when the Queen renamed the hospital after herself, "The Queen Elizabeth." It was intended that Their Majesties should open the Hospital Centre in July last, but this was prevented by the illness of the King, whose place was taken by the Duke of Gloucester. In paying their visit eight months later they had the advantage of seeing the hospital in more complete working order. Accompanied by the Earl of Dudley and Lord Austin, they made an extended tour of the well-appointed airy wards and balconies, talked with many of the patients, and examined modern aids to diagnosis and treatment. They also visited the new nurses' home, in the main hall of which the renaming ceremony took place, and then made their way to the other side of the buildings where the medical school has been erected. Here they were shown various interesting laboratory experiments, including the amplification and broadcasting of the sound of heart-beats and the demonstration and measurement of industrial fatigue. In the museum of the school building they paused before the memorial of Mr. Joseph Chamberlain, first Chancellor (1900-14) of Birmingham University, whose son, the Prime Minister, was in attendance. A description of the hospital centre and the medical school appeared in these columns on July 16, 1938 (p. 138), on the occasion of the opening. During a crowded day in the Midlands capital the King visited the "heavy" section of the British Industries Fair at Castle Bromwich, where his attention was drawn to a splinter- and gas-proof air raid shelter, sunk twenty feet beneath alternate layers of earth and concrete, which, it was said, would withstand a direct hit. The Queen visited the latest Birmingham municipal housing enterprise for the accommodation of families displaced by slum clearance, and before leaving Birmingham the King and Queen both witnessed a physical fitness display by women and girls.

Joint Tuberculosis Council

The Joint Tuberculosis Council held a quarterly meeting on February 18 in London at the house of the Society of Medical Officers of Health. Dr. G. Lissant Cox (in the absence from the country of Dr. S. Vere Pearson) presided. Tribute was paid to the late Dr. F. W. Goodbody and Sir Robert Philip. Congratulations were conveyed to Sir Wilson Jameson on his knighthood. Discussion took place on the draft memorandum presented by the committee (with Dr. James Watt as convener) appointed to consider the organization of the tuberculosis service in time of war. The report was amended in several respects and the final copies will be published shortly. Briefly the report envisages the necessity for the tuberculosis service to continue its work during war-time and to be ready to deal with a probable rise in tuberculosis

morbidity; the examination of patients referred from recruiting authorities; men discharged from the Forces with tuberculosis; and the movement of population by evacuation schemes. With the probable departure of the younger tuberculosis officers for medical service the simplification of records and of all non-essential work should be planned now. The economical use of tuberculosis institutional accommodation is outlined; and the immediate action to be taken on the declaration of a national emergency is enumerated. Dr. F. R. G. Heaf reported that arrangements were being made for a series of postgraduate courses as follows: (1) in London (May) for tuberculosis officers, (2) at Heatherwood (May), (3) in Lancashire (June), (4) an intensive course in London for general practitioners (date to be fixed later), (5) a course at Cheshire Joint Sanatorium to be arranged to suit Dr. Edwards, (6) a course in radiology with Dr. Paton Philip at Cambridge. A report on "Skiagraphic Terminology" in pulmonary disease was presented by Dr. G. Jessel, the convener of a committee of five with four co-opted radiologists. The report draws attention to the lack of uniformity at the present time in reporting on skiagrams, and a number of recommendations are made to improve the position, including the use of certain phrases for particular meanings. Here again it was decided to have the report printed and circulated to constituent societies and to the medical press. Among other matters considered by the Council were major surgical treatment of pulmonary tuberculosis, its indications and scope; and the institutional treatment of children suffering from pulmonary tuberculosis. Committees were appointed to report to the Council on these subjects, the conveners being respectively Mr. J. E. H. Roberts and Dr. Peter Edwards.

Correspondence

Acute Dilatation of the Stomach

SIR.—Mr. Hamilton Bailey's article on acute dilatation of the stomach (*Journal*, March 4, p. 434) deals with the diagnosis and treatment in a practical and attractive manner. He has not given us the benefit of his views on prognosis as affected by modern methods of treatment.

My own limited experience of acute dilatation of the stomach indicates that recovery is the rule. Some of the older editions of modern textbooks state that "recovery has been known," and other records mention a death rate of from 60 to over 70 per cent. Little has been added to our knowledge of acute dilatation in the last twenty-five years, but treatment has undergone a radical change. Postural treatment (1895) probably was the first important advance. Mr. William Doolin of Dublin, writing in 1918 (*Brit. J. Surg.*, 6, 125), mentions a series of thirty cases in which this method was employed with a mortality of less than 7 per cent. Mr. Bailey points out that postural treatment now is relatively unimportant, but failing immediate response to other forms of treatment it should be adopted. The next real advance in the treatment of these and similar cases was the universal adoption of the indwelling Jutte or Ryle tube for continuous aspiration and lavage. This plan, combined with the intravenous replacement of fluid by the drip method, has, I think, completely changed the outlook. I have not seen any recent statistics. Mr. Bailey points out that the condition can be diagnosed before the patient vomits.

It is not generally realized that dilatation may occur during the course of a laparotomy and be recognized within a few moments of its onset. In such an event rational treatment is followed by uniform success. Some

with one exception, all the cases were due, so far as could be ascertained, to exposure under the old conditions. The case referred to by Mr. Thorne was one of these. Special regulations were made for this industry at the end of 1931.

Alcohol in Road Accidents.—Mr. BURGIN said on February 22 that he was not inclined to believe a large proportion of road accidents could be attributed to drink. The extent to which the consumption of alcoholic liquor by drivers of motor vehicles might have been the contributory cause of accidents was not susceptible of demonstration by statistics. In a special investigation made in 1936 to 1937 it was found that out of nearly 200,000 accidents 1,307 were attributable to drink or drugs as a primary cause, and in 567 cases the driver was the person affected. He was not prepared to introduce legislation under which it would be an offence to drive a motor vehicle within a specified period after the consumption of intoxicating liquor.

Cost of Hospital Defence in Air Attack.—Mr. BERNAYS announced on February 28 that agreement had been reached with the representatives both of local authorities and of voluntary hospitals regarding the extent of the contribution which they would make towards the cost of the protection of their hospitals against the effect of air raids. Under this agreement the Government would bear by far the greater share. Mr. Bernays added that Dr. Elliot was confident that hospital authorities would now proceed with the submission of their proposals.

Diphtheria Immunization in Manchester.—Dr. ELLIOT stated on March 2 that up to the end of 1927 there were 149 cases of diphtheria in Manchester among persons who had received a full course of inoculation. Of these, eighteen were in children under 5 years of age, 129 in persons between 5 and 15 years, and two in persons over 15 years. There were three deaths. He added that as Schick-testing was not carried out as a routine it was not possible to give the figures for Schick-negative persons.

Notes in Brief

Information obtained in 1937 showed that in 146 registered maternity homes in Scotland at that date 747 nurses were employed, of whom 107 were neither certified midwives nor general-trained registered nurses. Mr. Colville thinks the position has not materially altered since that date.

A petition containing 212,539 signatures "against the continued practice of experimenting on living animals in the interests of vivisection" was presented to the House of Commons on March 1.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Raymond Horton Smith Prize, awarded to the candidate for the degree of M.D. who presents the best thesis for the degree during the academical year, has been gained by M. L. Rosenheim, M.D. (St. John's College) for the year ended September, 1938. J. L. Lovibond, M.D. (Christ's College) and T. F. McNair Scott, M.D. (Gonville and Caius College) were next in order of merit.

The following candidates have been approved at the examination indicated:

M.CHIR.—W. G. Gill, D. B. McGavin.

UNIVERSITY OF LONDON

Sir Ernest Graham-Little, Member of Parliament for London University, has been nominated for re-election at the forthcoming election in May next as a representative of medical graduates of Convocation on the Senate of the University of London.

UNIVERSITY OF EDINBURGH

The Senatus reported to the University Court on February 21 that the Cameron Prize for 1939 had been awarded to Dr. Gerhard Domagk, of the Institute for Experimental Pathology and Bacteriology, I.G. Farbenindustrie, Elberfeld, Germany.

The Cameron Prize, of about £200, is awarded to the person who in the opinion of the Senatus has in the previous five years made any highly important and valuable addition to practical therapeutics. This year's award is made in recognition of Dr. Domagk's discoveries which initiated the treatment of diseases of bacterial origin by compounds belonging to the sulphonamide group.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—A. N. Boyle, H. J. S. Coldham, A. Dunkerley, D. S. Edwards, K. P. D. Griffiths, E. L. Moll, V. N. Stevenage, W. E. Swanson, T. I. Thomas.

MEDICINE.—H. J. Dismorr, K. R. P. Kent, R. G. Ticehurst.

FORENSIC MEDICINE.—H. J. Dismorr, K. R. P. Kent, R. G. Ticehurst.

MIDWIFERY.—E. Batley, T. Bliss, N. B. Eastwood, D. Harken, H. A. C. Ingouville-Williams, J. R. F. E. Jenkins, W. Simpson, E. Smith, H. F. Sparling.

The diploma of the Society has been granted to H. J. S. Coldham, H. J. Dismorr, A. Dunkerley, N. B. Eastwood, J. R. F. E. Jenkins, K. R. P. Kent, and T. I. Thomas.

The Services

DIRECTOR OF HYGIENE, WAR OFFICE

Colonel J. A. Manifold, late R.A.M.C., Deputy Director of Hygiene and Pathology at Army Headquarters, India, is to succeed Major-General H. H. A. Emerson, Director of Hygiene at the War Office, who is to retire on April 16.

PARKES MEMORIAL PRIZE, 1938

In the absence of any recommendations for the award of the Parkes Memorial Prize for 1938, the committee administering this prize fund has decided to withhold the award for the year referred to. The prize consists of a gold medal and £30, and is awarded annually to the officer who is considered by the committee to have done most to promote the advancement of naval or military hygiene. In awarding the prize for 1939 (and thereafter until further notice) first consideration will be given to original articles or reports of investigations of value from the point of view of naval and military hygiene, and published in one or other of the various medical journals. The prize is open to medical officers of the Royal Navy, Army, and Indian Army, with the exception of the teaching staffs of the Royal Naval Medical College, Greenwich, the Royal Army Medical College, London, and the Army School of Hygiene, Aldershot.

DEATHS IN THE SERVICES

Lieutenant-Colonel LIONEL ARTHUR MITCHELL, R.A.M.C. (ret.), died at Farnborough, Hampshire, on February 25, aged 71. He was born at Monaghan on April 11, 1867, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., B.A.O. in 1890. After serving as resident medical officer at Sir Patrick Dun's Hospital he entered the Army as surgeon lieutenant on January 30, 1892, and became major after twelve years' service. For four months in 1908, from August 21 to December 21, he was on half-pay. He became lieutenant-colonel on July 14, 1914, went on half-pay on December 21, 1918, and retired on March 9, 1920. He served in the Tirah campaign on the North-West Frontier of India in 1897-8, when he took part in the operations on the Samana Range and in the Kurram Valley, in the capture of the Sampagha and Arhanga passes and in the operations in the Bara Valley, receiving the medal with three clasps; in the China War of 1900 (medal); and in the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of October 19, 1914.

Lieutenant-Colonel SORABSHAW HORMASJI DANTRA, Bengal Medical Service (ret.), died at Hampstead on February 18, aged 90. He was born on September 13, 1848, and was educated at the Grant Medical College, Bombay, and at Aberdeen University, where he graduated M.B., C.M. in 1874. He proceeded M.D. in 1877, and took the London D.P.H. in 1889. He entered the Indian Medical Service as surgeon on March 31, 1876, became surgeon lieutenant-colonel after twenty years' service, and retired on July 10, 1903. Most of his service was spent in civil employ in Burma.