preferred an old method to a new one. In smaller, less well-organized, and old-established industries conditions were often still bad. Education of the workers and foremen was most essential, as without their intelligent cooperation little could be achieved. Misguided enthusiasm might do more harm than good, as in the case of the man who blew the asbestos dust off the girders in the workshop with a vacuum cleaner! Diagnosis of industrial diseases was complicated by the fact that modern methods often involved a number of separate processes, one of which might be to blame. Thus a rubber worker might get lead poisoning in the course of his work, as lead was used to treat the rubber. Another difficulty was that all medical practitioners might not be familiar with the manifestations of industrial disease.

Dr. Hunter then discussed the introduction of new substances into industry. He stated the case for State control and for State research. By this means alone, in his view, could useful knowledge be pooled and ghastly mistakes, such as that which had occurred in the asbestos trade, be avoided. He showed a film illustrating a case of extreme posterior column degeneration due to mercury methyl acetate, a fungicide used to protect wheat and oats from infection. A number of such cases had occurred, though relatively harmless substitutes had already been evolved by I.C.I. and A.G. Farbenindustrie. Had these investigations been carried out by the State this disaster could never have happened, as the knowledge would have been pooled and then disseminated throughout the industry. Another example of the use of a harmless substitute could be found in the felt industry. In the U.S.S.R. the use of mercury for felting had been abolished, but in Northern Italy many cases of mercurial poisoningtremor and mania—were still to be found. State research could use animals instead of men as experimental subjects. It could keep up a steady effort to better conditions instead of the sporadic attempts of voluntary workers.

# Local News

# 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 of 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: W. Kelsey Fry, M.C., M.R.C.S., L.D.S., dental surgery, with special reference to jaw injuries; H. A. T. Fairbank, D.S.O., O.B.E., F.R.C.S., orthopaedic surgery.

#### Hospitals Day, 1939

The combined hospitals flag days in London for 1938 produced £44,214, representing an increase of nearly £19,000 on the total annual income which the hospitals concerned used to collect on their individual flag day. While the special hospitals are to collect in October, the general hospitals will make their collection this year on Tuesday, May 9, in inner London and on Saturday, May 13, in the outlying areas. Lord Luke, chairman of the London Hospitals Street Collections, has been authorized by a generous benefactor to announce that he is willing to give a bonus of one-half more than the total collected in the streets during the May hospital flag days—that is to say, that a shilling given in the streets during those days will become 1s. 6d. The London Passenger Transport Board has placed at the committee's disposal part of the underground station at Charing Cross for a hospital

exhibition; this is to be opened on May 8 by Lord Luke, and besides giving an impetus to Hospitals Day should help in calling attention to the work of the voluntary hospitals in London as a whole. The exhibition will last until about the end of May.

#### London Health Services

The establishment of a combined hospitals and school dental service under the auspices of the L.C.C. on a permanent full-time basis has been approved. It will result at present in the employment of sixty-two full-time dental surgeons, but it is intended to substitute these full-time positions for the existing part-time ones only as opportunity offers. The scale of salary to be attached to the new positions will be £500, rising by increments of £25 a year to £750. Marriage is not a bar to the present employment of women part-time dental surgeons, nor will it be a bar to employment in the full-time positions.

In 1936 the L.C.C. approved the employment of parttime assistant medical officers on a sessional basis for the ante-natal clinics at certain general hospitals. The arrangement was for an experimental period of one year, and was subsequently extended. The value of the work of these part-time assistant medical officers has been fully demonstrated, and the arrangement is now to be made permanent. The remuneration will be £90 a year for one session of approximately two and a half hours a week for fifty-two weeks a year, and at the rate of £65 a year for each additional session.

The existing arrangements for the diagnosis and treatment of venereal diseases in the county of London, in which the councils of six adjoining counties and three county boroughs participate, are to be continued during 1939-40. The number of new cases coming to the clinics in 1938 was 25,897; of this number more than half were found to be not infected; the number of venereal cases treated was 12,379, a decline of some 700 on the year. The number of cases of syphilis was 2,864, of gonorrhoea 9,271, and of soft chancre 244, but it is pointed out that these figures do not fully indicate the extent to which venereal diseases come under treatment in London, as a not inconsiderable number of cases receive treatment by private medical practitioners.

The London County Council has reviewed the salaries and provisional allowances of district medical officers. The number of persons seen by part-time district and assistant district medical officers during 1938 was 50,072, the number of attendances at surgeries and medical relief stations was 184,187, and the number of domiciliary visits 63,850, each of these figures representing a slight increase on the previous year. On the basis of the amount of work carried out during the past year it is proposed to increase the salary of thirteen assistant district medical officers, and to reduce that of three others. The salary in these cases includes the allowance in certain instances for the use of surgery. In four other cases in which the salary was fixed by the late authority the allowance is to be reduced.

### SCOTLAND

#### Neurosurgical Unit in Edinburgh

Ward 20 in the Edinburgh Royal Infirmary was opened recently as a neurosurgical unit by Lady Grant, widow of the late Sir Alexander Grant, who had provided funds for this purpose. Mr. Norman M. Dott, associate neurological surgeon to the infirmary, who is in charge of the ward, thanked Lady Grant and also the Rockefeller Foundation, who had supplied part of the equipment. The ward will provide both for the sick poor suffering from neurological conditions requiring operations, and also for those who are able to pay but who require attention by a specially trained staff and special equipment, which could only be made available in a large central institution.

#### Edinburgh Orthopaedic Clinic

At the annual meeting of the Edinburgh Orthopaedic Clinic on April 10 Miss Gertrude Herzfeld, F.R.C.S., stated that the clinic had purchased new premises at 26, Gilmore Place, which were being reconditioned and would be ready for occupation by the end of May. The annual report of the clinic shows that 693 patients were treated during the past year and 11,114 treatments given; in the home treatments section 931 visits were paid and forty patients from the Princess Margaret Rose Hospital for Crippled Children received after-care. The expenditure for the year was £1,317 and income £1,082. The capital of the clinic has nearly all been absorbed by the purchase, reconstruction, and equipment of the new premises. It is pointed out that the clinic is staffed entirely by members of the Chartered Society of Massage and Medical Gymnastics, and that all treatment is undertaken under the supervision of the clinic's honorary surgeons.

#### **Glasgow Royal Samaritan Hospital**

At the recent annual meeting of the Royal Samaritan Hospital for Women, Glasgow, a proposal was submitted for the erection of a new maternity block at a cost of £80,000, which, it was stated, was now necessary in the general health work of the city. Lord Rowallan said it had been discussed whether the new part of the hospital should be erected on the present site, but if this were not done there would be duplication of many services and extra expense. Additional accommodation for the nursing staff was required in the existing building in order to reduce working hours. The new block would be devoted entirely to maternity cases and would leave part of the present hospital for ante-natal work.

### INDIA

#### Institute for Medical Research

An account of useful investigations is contained in the third annual report of the Indian Institute for Medical Research, Calcutta, which relates to the year 1937-8. An attempt was made to corroborate the researches reported by Dr. Dora Colebrook in 1935 on the close group relation between haemolytic streptococci of the nose and throat and those concerned in puerperal infection, but as the result of investigating 790 maternity cases in Calcutta hospitals, in which puerperal fever was present in only forty-four, it was found that the percentage of haemolytic streptococci in the throat was very small, the source of infection not being the actual patient but probably some outside source, possibly contacts. Further encouraging results attended the use of antityphoid serum prepared by increasing the amount of B. typhosus in highly alkalinized broth cultures. In a small epidemic in Bombay during the year the serum was shown to diminish the toxaemia very quickly, the temperature falling to normal and remaining so within two to five days after the administration of the serum. The best results occurred in cases in which treatment was begun early in the disease. The serum was prepared from one strain of B. typhosus. One patient, with extreme toxaemia and coma, died in spite of treatment. The blood culture and Widal test proved negative on the eighth day, though clinically it was a typical case of typhoid fever when the serum was administered. This failure suggested the advisability of using more than one strain of B. typhosus (including the Vi strain) for the for the preparation of the broth seemed to have no influence on the quality of the toxin, though the filtrate obtained after digesting an agar culture of B. typhosus

with trypsin proved to be highly toxic. The association of other organisms, such as *B. coli*, the enterococcus, and micro-organisms of dysentery and paradysentery groups, with B. typhosus seemed to cause definite activation of the typhoid organism; this line of investigation is being continued. In an attempt to simplify the serum treatment of cholera in highly toxaemic cases the following procedure was tried with most satisfactory results. After the preliminary saline transfusion one single injection of 75 c.cm. of the Institute's serum diluted with 200 c.cm. of slightly warm saline solution was given intraperitoneally, and with the exception of intravenous glucose and strychnine and atropine injections no other saline transfusion or medicament was given. Cases of threatening or actual oedema of the lungs yielded to transfusion with saline solution and castor oil. The best stimulant in cholera was found to be a mixture of strychnine and atropine. The importance of associating secondary micro-organisms with V. cholerae was shown by several workers; it was also observed that cholera-like diarrhoea could be induced in rabbits by injecting a filtrate of a broth culture of V. cholerae followed by the injection of a broth culture of associated intestinal micro-organisms. It was also shown that **B.** pyocyaneus infection could produce symptoms closely resembling cholera and dysentery. Leishmania parasites have been successfully grown on solid media, thus providing sufficient quantities of pure cultures for immuno-logical investigations, which have indicated that the mechanism of antibody production and the conferring of immunity are essentially similar in bacterial and protozoal infections. This most promising line of research is being pushed rapidly, because two rhesus monkeys proved immune to malaria infection after having been given heavy doses of parasites.

#### Tuberculosis in Bombay

Although in the year 1937-8 the health of the City of Bombay as a whole was highly satisfactory, and the birth rate increased, it is clear from the statements by the Municipal Commissioner and by the Executive Health Officer that tuberculosis is still increasing, and that there must be approximately 20,000 cases in the city. Still more active efforts to stem the advance of the disease are therefore necessary, and it is regretted that the establishment of a "preventorium" for the bringing up of children of tuberculous patients as well as of children in the earliest stages of the disease, and also of a colony for those who have been successfully treated, cannot be contemplated at present on account of its cost. The antituberculosis campaign is controlled by the Public Health There are four clinics, two of which were Department. opened in 1937. The Turner Sanatorium at Parel has forty beds for early cases of pulmonary tuberculosis, and additional accommodation to provide another forty beds is being arranged, all to be devoted to the treatment of early cases. The Maratha Hospital in Connaught Road contains eighty beds for advanced cases, and is being replaced by a larger building near the Turner Sanatorium which will accommodate 100 advanced cases. Patients are received for treatment on the notification of their own medical practitioners or of the public health medical officers, and a list of notified cases is issued from time to time. Contact cases are systematically examined, radiology being used as well as the ordinary clinical methods. In 1937 the nurses paid 3,643 primary and follow-up domiciliary visits; special records are kept to ensure the advice given being taken, and the campaign proceeds continuously. Propaganda work is being pushed energetically, and there are more and more signs of the awakening in the community of interest and a sense of responsibility. There was no case of plague in 1937, but small-pox was epidemic at the end of the year, with a low mortality. Revaccination cannot be enforced under the present provisions of the Bombay Vaccination Act of 1877, but amendments to make it compulsory for children under the age of 14 are under consideration.

# **Obituary**

### A. R. GALLOWAY, M.B., C.M.

We regret to announce the death of Dr. Alexander Rudolf Galloway, for many years a leading ophthalmologist in Aberdeen, who had only lately resigned from the post of honorary ophthalmic surgeon to the Aberdeen Eye Institution after forty-one years' service. A son of James Galloway of Inverurie, he was born in Calcutta and received his medical education at the University of Aberdeen, where he graduated M.A. in 1884 and M.B., C.M. in 1888. After further study at the London Hospital he held for a time the post of clinical assistant at the Royal London Ophthalmic Hospital. At the Royal Infirmary, Aberdeen, he was assistant anaesthetist and assistant medical electrician before his election to the visiting staff of the Eye Institution in King Street. During the war he was one of the examining officers for Army recruits, and later a specialist member of the War Pensions Medical Board; he was also for nearly twenty years ophthalmic surgeon to Aberdeenshire schools and to the Aberdeen Asylum for the Blind, and lecturer in ophthalmology in the University.

Dr. Galloway joined the British Medical Association in 1890, and was vice-president of the Section of Ophthalmology at the Annual Meeting in Aberdeen in 1914. He was a past-president of the Aberdeen Medico-Chirurgical Society and a member of the Ophthalmological Society of the United Kingdom. He published papers on visual standard for recruits and on the estimation and correction of refractive errors in school children. For his war services he received the O.B.E. in 1920. One of his two sons is Lieutenant-Colonel R. W. Galloway, D.S.O., R.A.M.C.

# Universities and Colleges

### **UNIVERSITY OF LONDON**

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE The following candidates have been approved:

ACADEMIC POSTGRADUATE DIPLOMA IN PUBLIC HEALTH.—Part 1: May E. M. Fleming, J. F. Houlihan, T. G. Martin.

#### UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 22, when the following medical degrees were conferred:

M.D.—\*Jane O. French, \*J. H. Hutchison, †E. C. R. Couper, †T. Fletcher, †H. Smith, O. A. Ajose, R. W. Carslaw, S. R. Jamieson, G. B. Mair.

Jamieson, G. B. Mair.
M.B., CH.B.-J. M. Bailey, E. McL. Barbour, P. H. Barkey, J. S. Binning, J. F. Bishop, J. Black, R. W. Bone, W. Briggs, C. E. Brown, F. B. Brown, D. M. Campbell, R. J. P. R. Campbell, Elizabeth K. R. Davidson, I. E. Dawson, W. Dougall, G. Fleming, Elizabeth H. B. Gardiner, G. Gerrard, J. R. Gibson, Alberta S. Gilmour, W. M. C. Gilmour, D. Glendinning, Matilda K. Godfrey, Mary R. Gray, A. McW. Green, J. L. Hamilton, W. Hamilton, T. Kane, D. C. Langwell, Sheila Latta, H. Lauder, L. F. McConnell, J. B. McEwen, J. Macfadyen, W. Macfarlane, A. Mack, Edith McKnight, Mary P. Maclean, D. G. MacNeill, A. L. McPheat, C. R. Marks, J. B. Miller, D. C. Moir, Marion H. Nicolson, W. Sillar, R. H. Simpson, A. G. Sked, D. A. P. Stephen, H. S. Sweet, W. Tannock, A. P. D. Thomson, J. S. Walters, A. Wilson, R. Wyllie.

\* With honours. † With commendation.

The following prizes, among others, were awarded:

UNIVERSITY PRIZES.—Bellahouston Gold Medals: J. C. Dick, T. J. Jones, W. T. W. Paxton. Straits Settlements Gold Medal for 1935, 1936, 1937, and 1938: M. Jackson.

SPECIAL CLASS PRIZES.-Surgery, Macleod Gold Medal: N. C. Scott.

# **Medical Notes in Parliament**

#### Medicine Stamp Duty

In opening the Budget on April 25 Sir JOHN SIMON said that there was a troublesome question of long standing to which he proposed to give a final quietus. It was that of the medicine stamp duties. These duties had a long history, and the present law, which mainly dated back to 1812, had been described by a learned judge as a mass of confused and obsolete verbiage in which it was often difficult to decide which medicines were liable to duty and which were exempt. He might illustrate the archaic character of the legislation by quoting one of the exemptions which still applied on the statute book to-day. The exemption from duty extended to all drugs named and contained in the book of rates subscribed with the name of Sir Harbottle Grimston, Baronet, mentioned and referred to in the Act of Tonnage and Poundage made in the twelfth year of the reign of King Charles II. These were rather archaic duties, therefore, as he thought he had established.

A Select Committee of the House of Commons exhaustively examined the subject and produced a new scheme in which the main test of liability of medicine for taxation would be whether it was advertised or recommended in some form or other; but that tax, as it seemed to him, did not serve to relieve from tax all medicines of healing value. Even with the exemptions which the Select Committee proposed, a large number of genuine medicines would be brought under taxation. He had received many representations as to the objections to which a tax on these lines would be open, and it must be admitted that there would be real difficulties administratively. He had therefore reached the conclusion that the only satisfactory solution was to repeal the tax entirely, and he proposed to repeal the duty and the concomitant licence duty of 5s. payable by medicine vendors as from September 2 next. He suggested that date because, first, the licence normally ran till September 1, and it was desirable that the duty and the licences should terminate on the same date; secondly, it would give ample opportunity to the majority of the interests concerned to dispose of their stocks and adjust their prices to the new conditions. The cost would be £590,000 this year and £770,000 in a full year.

Dealing with films, the Chancellor of the Exchequer said that he proposed to put an excess duty on photographic films and plates manufactured in this country. X-ray films and dental films used for medical and scientific purposes would be exempt from any duty.

#### **Nursing Services**

On the motion to go into committee on the Civil Estimates Sir F. FREMANTLE called attention to the question of nursing services and moved: That this House, taking note of the report of the Interdepartmental Committee on Nursing Services, recognizes the inadequate supply of nurses to meet the increasing demand for their services and the urgent need for reform in their training, registration, and conditions of service both for institutional and domiciliary nursing. Sir Francis said there were 74,000 nurses on the general nursing register, and the supplementary part of the register of nurses for special purposes brought the total up to 90,000. Of these, 54,000 were qualified by examination. Recruitment at the present rate required 12,000 entrants for training each year. At the present time the shortage was obvious. In 1937 the London County Council, in an establishment of nearly 7,000 nurses in their general hospitals, had 611 vacancies for firstgrade staff, and they filled up half that number by 300 extra first-year probationers. Most hospitals and institutions had a shortage of staff.

### INCREASED DEMAND TO-DAY

The increased demand for nurses came from various factors. The accommodation of voluntary hospitals had increased in recent years by some 1,500 beds requiring the services of