

## Local News

### IRELAND

#### Dr. Denis J. Coffey

The March issue of the *Journal of the Irish Free State Medical Union* announces with regret that the time has come by the statutes of the University for Dr. D. J. Coffey to relinquish the presidency of University College, Dublin, which he has held since its establishment in 1908. Dr. Denis Coffey graduated in medicine in 1888 at the old Royal University of Ireland, of which he was later elected a Fellow; he has received the honorary degree of LL.D. of Trinity College, Dublin, and the honorary Fellowship of the Royal College of Physicians of Ireland, and he has represented the National University of Ireland on the General Medical Council since 1920. He served on the Royal Commission on Trinity College and the University of Dublin in 1906, and was one of the Dublin Commissioners under the Irish Universities Act, 1908. Our contemporary publishes also a glowing appreciation of Dr. Coffey and his work, over the initials "J. C. F." Two brief passages may be quoted. "To the young University Dr. Coffey gave his whole energies unselfishly and without reserve, and there is no one in it who does not realize that he gave to it more time, more thought, and more self-denying service than his office required. It was inevitable that he should assume the whole burden of its early administration both because in efficient planning there can only be one direction and because of the whole-hearted and generous interest of the man. As the University grew he did not spare himself, and long after he might have safely delegated power he did not do so, because he was impelled by the compulsion of a whole-hearted conception of duty. . . . A medical man himself, he had a special interest in his own profession, and the successful growth and assured standing of its Medical Faculty are due in part to his wisdom and to the character he gave to its formation. It would have been so easy for it to become an inferior provincial medical school, with little of the professional tradition of medicine and hardly more than technically sufficient. As it is, it stands in the front rank of medical schools and owes its structure and tone to its head."

#### Medical Registration Council

At the recent half-yearly meeting in Dublin of the Medical Registration Council the reports of Sir W. I. de Courcy Wheeler, who had inspected the final examinations in surgery held in University College, Dublin, University College, Cork, and in the Apothecaries' Hall, were discussed. These reports completed the inspection of final examinations made at the request of the Council—in midwifery and gynaecology by Professor R. J. Johnstone, and in medicine by Sir Humphry Rolleston. The material collected in connexion with the preparation of the seventh *Pharmacopoeia* was considered at this meeting, and the registrar reported on various matters, including the figures of registration of primary and additional qualifications. The following members of the Council were present: The President, Dr. Denis J. Coffey, Professor J. W. Bigger, Mr. W. Doolin, P.R.C.S.I., Dr. J. C. Flood, Professors J. N. Meenan, H. F. Moore, T. G. Moorhead, J. M. O'Donovan, R. J. Rowlette, and S. Shea, and Mr. R. A. Stoney.

#### Medical Research

The Medical Research Council of Ireland has made the following awards: Dr. S. J. Boland—grant for carrying out an investigation of pelvic architecture at the National Maternity Hospital, Dublin, under the direction of the Master, Dr. J. F. Cunningham. Dr. T. E. T. Bradshaw—whole-time research grant for one year for a study of sex hormones; work to be carried out at the Rotunda Hospital, Dublin, under the direction of the Master, Dr. A. H. Davidson, and Professor W. J. E. Jessop. Miss E. M. Mason, D.Sc.—whole-

time grant for one year for work on goitre research in Co. Tipperary. Miss Mason will work under the direction of Dr. Martin Naughten, county medical officer of health, Tipperary, South Riding, and Professor Joseph Reilly, University College, Cork. This grant has been made possible by the co-operation of the Iodine Educational Bureau, London. The bureau, in addition to a cash contribution, is supplying the necessary iodine preparations required for the investigation. Dr. Cecil Mushatt—grant-in-aid to assist him in meeting the expenses of further training in America. The Council has also sanctioned the renewal of the undermentioned grants: Professor T. W. T. Dillon—grant-in-aid renewed for six months from February 1, 1940. Dr. R. A. Q. O'Meara—whole-time grant renewed for one year from April 1, 1940. Professor Hans Sachs—whole-time grant renewed for one year from May 1, 1940. Miss E. J. Power Steele—part-time grant renewed for one year from December 1, 1939.

## ENGLAND AND WALES

### Registered Medical Auxiliaries

Several corporations have recently arranged facilities for treatment by medicated baths and have made provision in local Bills for such treatment. In conjunction with the Chartered Society of Massage and Medical Gymnastics, the Board of Registration of Medical Auxiliaries has in three instances been successful in persuading the authorities concerned (the most recent instance being that of the Christchurch Corporation) to amend their Bills so as to secure that such treatment is carried out only by persons whose qualifications are recognized by the Board or by persons recommended by medical practitioners. This draws attention once more to the important work the Board of Registration of Medical Auxiliaries is doing for the medical profession. Its primary objects are to co-ordinate the various branches of medical auxiliary work; to encourage the employment of duly qualified assistants; and to prevent the exploitation by untrained persons of medical auxiliary work. As there is, unfortunately, plenty of scope for the last mentioned, practitioners are advised not to employ for physiotherapeutic and other forms of medical auxiliary work persons whose qualifications are not officially recognized by the medical profession. In matters of doubt the Board is willing to give advice. In addition to the Register of Physiotherapists (that is, Chartered Masseurs and Masseuses, Radiographers, and Bio-Physical Assistants) and of Dispensing Opticians, the Board has also published the first Register of Orthoptists—persons trained to treat cases of squint under the direction of a medical practitioner. It will shortly publish the second Register of Chiropodists, containing the names of members of four of the largest and oldest organizations of chiropodists and the majority of those who practise under conditions approved by the British Medical Association. The total number of persons registered with the Board of Medical Auxiliaries in the various categories is approximately 10,000, and it urges that doctors should have by them for reference the names, addresses, and qualifications of the medical auxiliaries in their areas. With this end in view it invites medical practitioners to apply to the Board for a list of names and addresses of the particular group of medical auxiliaries in which they are interested. Lists can be obtained on application to the Registrar, Board of Registration of Medical Auxiliaries, B.M.A. House, Tavistock Square, London, W.C.1.

### Maternity Hospital for Officers' Wives

The Maternity Hospital for the Wives of Officers in the Royal Navy, Army, and Royal Air Force, situated at Fulmer Chase, Fulmer, Slough, Bucks, is now open for the admission of patients. It is under the auspices of a council, representing all three Services, of which Field-Marshal Sir Philip Chetwode is chairman and Sir Comyns Berkeley honorary treasurer. Fulmer Chase lies in beautiful grounds between Gerrards Cross and Slough, and transport facilities are provided from

each of these stations. There are in residence a senior medical officer, matron, and trained staff; the obstetric consultants are Dame Louise McIlroy and Mr. Eardley Holland. Consultants are also available for any extra-obstetric complication, and arrangements are made for major surgical treatment. The hospital was instituted for the care of the wives of officers of limited means, and strict priority is given to those needing help most. The inclusive weekly charge is four guineas, and there is a small fund to help those who are unable to meet this charge. There are also a few single rooms at eight guineas a week. Patients remain under their own doctor's care until the time of admission. Applications, which should be sent to the honorary secretary, Maternity Hospital for the Wives of Officers in the Royal Navy, Army, and Royal Air Force, 60, Portland Place, London, W.1, are coming in well, but there are still vacancies.

### Infectious Diseases in Newcastle

The annual report for 1938 of the medical officer of health, city and county of Newcastle-upon-Tyne, records the largest number of marriages since 1920, evidence of improved economic conditions and increased prosperity. The marriage rate for the period under review slightly exceeded that of England and Wales as a whole. Another satisfactory figure is that for the infant mortality rate—66 per thousand children born, a considerably lower figure than any previously recorded in the city. The local maternal mortality rate, although still somewhat high, has decreased to a marked extent since the introduction of sulphanilamide preparations in the treatment of streptococcal infections. With regard to the general death rate the report records an increase in the number of deaths from cancer. This increase occurred chiefly in cancer of the digestive system in females, and in cancer of the respiratory tract in both sexes. Deaths from pulmonary tuberculosis registered a decline for the first time for three years, the total number being, with one exception, the smallest yet recorded. This is attributed to the great schemes of slum clearance and rehousing which have been carried out recently in the city. Among infectious diseases the incidence of bacillary dysentery, which had been prevalent since 1928, showed a distinct decline: 81 cases were notified as compared with 205 in 1937. In 36 of these the diagnosis was confirmed bacteriologically. All cases were infected with the Sonne type of bacillus. With the exception of one outbreak, involving ten cases, at the Newcastle General Hospital during the month of January, the cases were sporadic. There were three deaths.

### London Ambulance Service

On the outbreak of war the London Ambulance Service's system of dealing with telephone calls for ambulances was decentralized, and a wartime organization was set up under which calls were dealt with by the control centres of each metropolitan borough. By arrangement with the London Civil Defence Regional Headquarters, it has now been decided that all ambulance calls, except those for street accident and emergency cases, shall be dealt with by the London ambulance headquarters as in peace-time. The following procedure should now be followed: (1) Calls for ambulances for fever or small-pox cases should be made to the London Ambulance Service (Waterloo 3311). (2) Calls for ambulances for street accidents or other emergencies should be made by dialling 999. The caller will then be connected with the ambulance officer at the appropriate borough control centre, who will arrange for the dispatch of an ambulance. (3) If an ambulance is required for an admission to one of the Council's general hospitals, the medical superintendent of the hospital should be informed and the necessary arrangements will be made by him. In cases of extreme urgency application for the ambulance may be made direct to the London Ambulance Service before communicating with the medical superintendent. A medical certificate that the patient is fit to be moved should be provided in every case. (4) All other ambulance inquiries, including applications for the hire of ambulances, should be made to Waterloo 3311.

## Correspondence

### The Tourniquet

SIR,—Mr. Dickson Wright has drawn attention to the Samway tourniquets that have been issued for controlling haemorrhage in first-aid work. In the country district in which I have been in charge of first-aid work since the crisis of September, 1938, these tourniquets formed a belated issue in September, 1939. As soon as I saw them I wrote to the appropriate County Officer saying that in my opinion they were unworkable, the rubber being so thick and inextensible that it would not enter the anchor and thus make fast, and pointing out the seriousness of the situation if my batch was representative of the whole supply. The reply (September 30) told me that similar complaints had been received and that the Ministry was being notified. An officer dealing with first-aid party equipment came from the Home Office to talk the matter over with me after about three months, and I went fully into it with him, pointing out how much more suitable elastic bandages would be and how unworkable his Samway tourniquets were. If a strong man stretches one of these tourniquets hard and wrenches it forcibly it will go home, possibly after a failure or two; a nurse usually cannot do it. The forcing on may be a painful process to a normal limb; the forcing off, which must be done after a short interval, requires almost equal force. What this putting on and off would mean to a patient with a smashed limb simply does not bear contemplation. If I may assume that the tourniquets that have been supplied to my services are representative—and those I have seen in several other services, and the remarks of Mr. Dickson Wright, support this view—there must be many tens, possibly hundreds, of thousands of these instruments of torture about the country. If they are successfully applied to stop haemorrhage they will cause infinite suffering, and their rope-like hardness, and the impossibility of any easy adjustment of tension, will destroy many nerves or limbs; if the attempt to apply them fails, as it very often will, life will be lost.

I believe I am correct in saying that the Home Office was at first responsible for these tourniquets. It is difficult to ascertain who is now responsible, but it lies between Home Office and Ministry of Health. Whichever it is, it is certain that six months and three months have passed since first one and then the same or another appropriate authority was informed. What is being done, this year, next year, I do not know; I do know that not a single one of these dangerous tourniquets in my district has been replaced. I ask the space of your columns now to point out publicly this grave defect, to remark that it takes nearer six minutes than six months for a man to bleed to death, and to urge others of your readers to speak their minds on the deplorable neglect of the public welfare that this instance of the tourniquets displays.—I am, etc.,

University College Hospital,  
March 8.

THOMAS LEWIS.

SIR,—It is curious to read Mr. Dickson Wright's letter on the tourniquet in the *Journal* of March 2 (p. 364) after reading the letter from Mr. R. Shackman in the previous week's issue. The latter gives a good instance of the danger of the tourniquet, but Mr. Wright appears to be of the opinion that the present first-aid teaching is definitely wrong. In the last war the results of the frequent resort to the tourniquet were so disastrous that instructions were issued in a circular by the authorities forbidding its use, if I remember rightly, unless medical aid was easily accessible. It was considered that the risks from haemorrhage were less than those arising from the application of a tourniquet under the conditions obtaining on the battlefield, where it could not be known how much time might elapse before the wounded man reached a dressing station or field ambulance. From Mr. Shackman's case it is clear that even under the conditions obtaining at home three

applied. The addition of CO<sub>2</sub> to the gases does not seem to reduce the coughing either, and with blood in the nose and pharynx a ghastly mess is soon produced. Once intubation has been accomplished and the pharynx packed with liquid paraffin gauze a tranquil anaesthesia is assured whether basal narcosis has been given or not, but I would strongly advise against the administration of the popular intravenous barbiturates in these cases.—I am, etc.,

London, W.1, March 9.

J. U. HUMAN.

### Anaphylaxis after Injection of Tetanus Toxoid

SIR.—In reply to Dr. A. G. Auld (*Journal*, March 2, p. 368) we cannot ascribe the illness observed after injection of tetanus toxoid (*Journal*, February 24, pp. 292 and 294) to the toxicity or high histamine content of the Witte peptone, as certain subjects have received a first dose of 1 c.cm. of a batch of toxoid with impunity, but developed serious symptoms only after a second injection of 1 c.cm. of the same batch. The Witte peptone is *not* added to the toxoid, as Dr. Auld suggests, but is an important constituent of the culture medium. The filtrate of the broth culture constitutes tetanus toxin, which is then converted into toxoid by the addition of formaldehyde and incubation at 37° C.

Both the "ordinary" Witte peptone which we used and peptone "special 30," to which Dr. Auld refers and which was introduced for therapeutic purposes, have a common origin—namely, beef and pork fibrin. Dr. F. Witte kindly gave us permission some time ago to make this statement.

Investigations are now in progress on alternative forms of culture medium for the production of tetanus toxoid.—We are, etc.,

Wellcome Physiological Research  
Laboratories, Beckenham, March 11.

H. J. PARISH.  
C. L. OAKLEY.

### "War and the Medical Services"

SIR.—In the *Journal* of February 24 (p. 313) your critic of the pamphlet "War and the Medical Services" insists that "the confidence of a man in his doctor is an essential element in the efficient prevention and treatment of disease." So he argues that any scheme for a medical service that does not allow free choice of doctor is unlikely to provide the best possible service for the individual citizen.

Apart from the fact that free choice of doctor is now so limited by geographical and financial considerations as to be largely illusory, I disagree profoundly with your critic. Certainly the patient who needs psycho-analysis needs a particular relationship with a physician in which confidence of a kind is essential. And undoubtedly treatment by suggestion is ineffective unless the same emotional attitude essential for successful hypnosis is present in the patient. But only those patients who need analysis or hypnosis need a particular doctor to trust. Other people could equally well have confidence in State-selected doctors, who with State-provided holidays and pensions and postgraduate tuition might be more likely to be trustworthy than the harassed G.P.s of the present system. So the argument that the average patient must choose a doctor and trust him in order to enjoy the best possible medical service is, to my mind, equivalent to the assertion that the average patient is psychopathic. And the uncritical acceptance of this argument by the majority of doctors suggests to me that they themselves may be distraught by excessive trust and the other disadvantages inseparable from the practice of medicine for private profit.

One potent argument for the "freely chosen" doctor is, in my opinion, that which stresses the need for continuity of treatment. A doctor who has known a patient for a period of years and who knows his family and his circumstances is more quickly able to be helpful than a stranger. But I must qualify this admission by the assertion that proper case-note taking could materially reduce this advantage of the family doctor as opposed to the State doctor. And probably in a State medical service it would be arranged that each patient would have a doctor assigned to supervise his search for health in the way in which a tutor supervises the search for knowledge of a student at a university.

Another argument—that in changing from private practitioners to State servants we might be jumping from the frying-pan into the fire—carries some weight. But the lot of younger practitioners who have to pay heavy tribute to banks and insurance companies and heavy taxes and heavy repayments of capital borrowed to buy practices must incline many to believe that they could at least be no worse off under a State medical service, and that their patients would benefit from a change that would relieve them from the necessity of providing profit for parasitic financiers.

I must confess that at present I regard the relationships between doctors and patients as as well arranged as international relationships. So I should be grateful if any of your readers could relieve me of the impression that I live and work among revolting chaos that requires revolutionary rearrangement.—I am, etc.,

Llanbradach, Glam., Feb. 27.

WILLOUGHBY CLARK.

### Fifty-one Years on Thyroid

SIR.—My interest in the annotation on long survival of a case of myxoedema on thyroid (*Journal*, March 2, p. 355) was excited because in my practice there is a lady who was 91 in December last and who has been taking 5 grains of thyroid daily ever since she was 40 years of age.

Fifty-one years ago she consulted my late father (Dr. J. Corbet Fletcher) for lassitude and general debility and was advised by him to take a thyroid tablet daily. She has enjoyed excellent health down the years, has had very little illness, and even to-day looks like a woman of 60 as she walks briskly along the street. In short, the thyroid would appear to have kept her mentally and physically fit throughout this long period.—I am, etc.,

London, N.W.3, March 6.

N. CORBET FLETCHER.

### "A Mirror for Surgeons"

SIR.—I am grateful to your reviewer for his all too flattering notice of *A Mirror for Surgeons* in the current issue of the *Journal*. The numerous minor errors of which he speaks are due to the war censorship, which prevented the sending of proofs for correction. The publishers have a list of corrigenda which I hope they will print and issue in due course.—I am, etc.,

London, W.1, March 9.

D'ARCY POWER.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

A. H. M. Siddons of Jesus College has been examined and approved for the degree of M.Chir. The titles of the degrees of M.B., B.Chir. have been conferred on K. M. Cossens of Girton College.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on March 4, with Mr. Roy F. Young, Visitor, in the chair, Andrew Rennie Hunter, M.B., Ch.B., was admitted a Fellow of Faculty.

## The Services

### HONORARY SURGEON TO THE KING

Major-General F. Casement, D.S.O., late R.A.M.C., has been appointed Honorary Surgeon to the King, vice Major-General H. Marrian Perry, C.B., O.B.E., late R.A.M.C.

### DEATHS IN THE SERVICES

Surgeon Captain EDWARD COOPER, R.N. (ret.), died at Guildford on February 20. He was educated at Charing Cross Hospital and took the M.R.C.S., L.R.C.P. in 1888. After serving as senior house-surgeon at the Royal Portsmouth Hospital he entered the Royal Navy, became surgeon commander on November 11, 1906, and retired, with an honorary step as surgeon captain, on January 1, 1920. He served in the war of 1914-18, receiving the medals.