

Local News

NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

End of Honorary Staff System

The honorary system of staffing hospitals for so long honourably associated with the voluntary hospitals of Great Britain is now being abolished in New Zealand. Voluntary donations for the upkeep of public hospitals in New Zealand have always been only a minor contribution to the upkeep of hospitals in this Dominion. The main source of revenue has been funds derived from taxpayers through the general Government, local rates, and payments by a proportion of patients for treatment received. Under the Social Security Act the health insurance scheme does not operate in general practice except for maternity benefits through a modified scheme adapted to the recommendations of the British Medical Association. As is fairly well known, the Government's health insurance proposals involved no less than nationalization of the medical profession. However, the Social Security Act does not apply to the hospitals, which receive payment from special taxation under the Act, which supplements and to some extent relieves funds provided by general taxation and rates. Treatment, therefore, in the hospitals is free in the sense that patients make no direct payments. Voluntary medical service is not justified. It is doubtful if it ever was justified in New Zealand, seeing that the public hospitals have never been maintained on a basis comparable with the system of the voluntary hospitals in England. Honorary service for sixty years has been given by the medical profession because of the realization of the fact that hospitals are the doctors' workshop, and that hospital practice and private practice are complementary and beneficial to both in raising the standard of practice. Now a system of paid part-time visiting medical and surgical staffs is being established. The Wellington Hospital, of about 800 beds, may be taken as an example. It has been decided that salaries should be at the rate of £500 per annum for five senior physicians, eight senior surgeons, one obstetrician, and one orthopaedic surgeon, with lower rates for other members of the visiting staff. In addition there are now several whole-time salaried medical officers, and they are gradually increasing in number. The payment for the part-time visiting staff is based upon work for nine hours a week, but it is understood on both sides that these are the minimum hours of work, and the doctors are expected to work as long as their services may be required. It is generally understood that assistant members of the visiting staff will be paid £250 or £300 a year. Socialist members of hospital boards look upon part-time medical staffing as the thin end of the wedge. They favour closed hospitals and are aiming to establish ultimately stipendiary staffs to the exclusion of visiting physicians and surgeons. In any case the honorary system is a thing of the past. It has gone inevitably but not without regret. The increasing tendency to encourage all classes to use the public hospitals has had a detrimental effect on private practice. Private hospitals, however, are very well supported. Patients in private hospitals may, if they so desire, obtain from Social Security funds an amount equal to what would be the cost of their maintenance in public hospitals. Free treatment in public hospitals, in addition, has increased the use of these hospitals, and costly new hospital buildings and additions are being constructed. Hospitals built as cheaply as possible cost about £500 per bed. Permanent hospitals of the highest class with operating theatres and laboratories and other necessities cost £1,500 a bed or more. The Health Department is urging hospital boards to prepare extra wards for the use of wounded and sick soldiers when they return to New Zealand, during and after the war, and soldier out-patients are also to be treated at the public hospitals. Thus a revolutionary change has come and is coming over medical practice. Nearly all cases of road accidents are taken into the hospitals, so that orthopaedic departments are large, and of course open only to those orthopaedic surgeons who are fortunate enough to get appointments on hospital paid visiting staffs.

Military Medical Services

The New Zealand Medical Corps has made a heavy demand on the profession in New Zealand, which has met with a very creditable response. Medical officers will be needed for a Division and reinforcements. Staffing of the various units of the Army—field ambulances, regimental medical officers, and so on—is only part of the necessity. This country is also supplying general hospitals and a convalescent hospital. These hospitals will need, when completed, probably not fewer than a hundred medical officers—a considerable drain upon a profession which does not number much more than a thousand doctors in active practice. The equipment for base hospitals must come mainly from England, for its manufacture is not one of the industries of New Zealand. The British Medical Association in New Zealand is considering a scheme to provide financial help for doctors going on active service. Experience of the last war shows that many of the doctors who return from active service will be severely handicapped and will have rather a lean time trying to re-establish their positions in civil life. As our allies say, with a shrug, *C'est la guerre!*

Correspondence

Treatment of Shock in War Surgery

SIR,—The problem exercising the mind of Dr. G. T. Birdwood (June 1, p. 908) opens up the greater problem concerning the best method of increasing the circulating fluid in currency in cases of traumatic shock. It may be stated that the condition of many patients has been made considerably worse by the injudicious administration of various fluids by the intravenous route. In cases of traumatic shock marked changes have occurred in the walls of the blood capillaries leading to increased permeability, transudation of fluid, and tissue oedema. The use of intravenous isotonic and hypertonic saline and glucose solutions must be guarded, for the fluid soon passes out of circulation through the capillary wall, carrying with it blood protein, so that deleterious effects may be produced. Extensive experiments were carried out by Bayliss on fluid substitutes for blood in cases of haemorrhage and shock, and as a result he recommended the use of a 6 per cent. solution of gum acacia. Since this solution has been used on a large scale much evidence has accrued, consideration of which will lead to the abandonment of the method. If the solution has been improperly prepared severe and fatal reactions have occurred and been reported by W. E. Studdiford (*Surg. Gynec. Obstet.*, 1937, **64**, 772). Deleterious changes have also been noted in the quality and behaviour of the blood after carefully prepared solutions were injected. There is evidence that acacia solution may interfere with the gaseous interchanges in the red blood corpuscles, leading to severe or fatal anoxaemia.

In traumatic shock there is haemoconcentration, and blood transfusion, using whole blood, will increase this factor. Therefore in those cases where there is marked haemoconcentration it appears advisable to administer lyophile serum rather than whole blood, as by this means the blood protein and blood volume are restored without an increase occurring in the viscosity of the blood.—I am, etc.,

London, W.1, June 2.

RONALD W. RAVEN.

Organization of Emergency Blood Transfusion Services

SIR,—No one connected with any blood transfusion scheme outside the metropolis could not but endorse fully Dr. S. C. Dyke's observations (June 1, p. 908). Long before the outbreak of war many of us formed a transfusion service capable of meeting the needs of large numbers of casualties, and last September put this service on a war footing despite the vague and lukewarm encouragement of the Ministry of Health.

Personally we have grouped over 1,000 donors from the town and nearly 500 from neighbouring urban and rural areas,

MR. CHARLES FREDERIC MARSHALL, M.D., F.R.C.S., who died on May 22 at Golders Green, N.W., was the joint author with E. G. French of *Syphilis and Venereal Diseases*, which reached its fourth edition in 1920, and of a small book, *Syphilis and Gonorrhoea*, published in 1906. He was born in Birmingham in 1864, and studied at Owens College and the Victoria University of Manchester, taking the B.Sc. degree in 1883, the M.Sc. in 1886, the M.B., Ch.B. in 1889, and the M.D. in 1890. After being admitted a Fellow of the Royal College of Surgeons of England in 1893 he held for a year the post of surgical registrar at the Hospital for Sick Children, Great Ormond Street, and was for six years assistant surgeon to the Hospital for Diseases of the Skin, Blackfriars. During the last war and for two years after the armistice he was a civilian medical officer attached to the R.A.M.C. He had been a member of the British Medical Association from 1895 until his retirement at the end of 1937.

The death of Dr. G. P. HUMPHRY, of Abergavenny, was recorded in the *Journal* of May 25, p. 875. Mr. Victor Bonney sends the following appreciation: Gilbert Percy Humphry's father was a medical man who practised at Wisborough Green, Sussex, and afterwards at Chichester. Gilbert received his medical education at St. George's Hospital, and during 1914-18 was captain R.A.M.C. and served in Mesopotamia. After the war he settled at Abergavenny, where his ability, kindness of heart, and engaging manner speedily brought him many friends and patients. His premature death deprives the profession of a gifted practitioner and his friends of a good sportsman and a singularly lovable character. He married Kathleen Rees of Pendarren Park, Crickhowel, who, with two daughters, has the deep sympathy of all who were privileged to know him.

The following well-known foreign medical men have died: Dr. LOUIS DARTIGUES, one of the most brilliant Paris surgeons, a pupil of Pozzi, and author of works on general, obstetrical, and plastic surgery and endocrinology, aged 71; Dr. NIKOLAI POPOFF, late professor of psychiatry at Sofia, and previously professor of psychiatry at Warsaw, Kazan, and Odessa, aged 82; Dr. INGELRANS, professor of general pathology at the Lille faculty of medicine; and Dr. EUGÈNE CHARLES APERT, a Paris paediatrist, aged 71.

The Services

R.N.V.R. OFFICERS' DECORATION

The King has approved the award of the Royal Naval Volunteer Reserve Officers' Decoration to Surgeon Commander Edward Emile Delisle Gray, R.N.V.R.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

The name of Surgeon Lieutenant JOHN WADE RHYS, R.N., is included in the Admiralty's list of casualties which occurred when H.M.S. *Glowworm* was sunk on April 8, under the heading "Missing, Presumed Dead." Dr. Rhys qualified M.R.C.S., L.R.C.P. in 1934, and had been a member of the British Medical Association for three years. He entered the Royal Navy on May 20, 1934.

In an Admiralty casualty list published on June 3 the name of Temporary Surgeon Lieutenant NORMAN JAMES HAGGAR, R.N.V.R., is included among the "Missing, Believed Killed." Dr. Haggard received his medical education at the Middlesex Hospital and qualified M.R.C.S., L.R.C.P. in 1938. After holding the post of resident medical officer at the Beckenham Hospital he was appointed assistant medical officer at the Bucks County Mental Hospital, Stone, Aylesbury, a position he held until the outbreak of war. He had been a member of the British Medical Association since January, 1939.

ROYAL ARMY MEDICAL CORPS

In Casualty List No. 7, issued by the Army Council, Lieutenant AVELING DONALD AVELING, R.A.M.C., is posted as "Missing."

Captain JAMES KENNETH SUTHERLAND, R.A.M.C., has died of wounds. He was born at Brynmawr, Wales, in 1910, was

educated at Taunton School and studied medicine at the University of Edinburgh, where he graduated M.B., Ch.B., with distinction, in 1934. He then held house appointments at the Royal Infirmary, Edinburgh, the Simpson Memorial Maternity Hospital, and the Astley Ainslie Institution in Edinburgh. After serving as resident obstetrical officer at the Simpson Memorial Maternity Hospital he was appointed first assistant in obstetrics and gynaecology at the British Post-graduate Medical School. He was in the Territorial Army, and was therefore called up in September, 1939. He added the diploma of M.R.C.P.Ed. in 1936 and obtained that of M.R.C.O.G. in 1939. He married Joan Kennedy Cunningham, who graduated M.B., Ch.B.Ed. in 1937. He joined the British Medical Association immediately after qualification.

DEATHS IN THE SERVICES

Major GEORGE BLAKELEY RUSSELL, R.A.M.C. (ret.) died at Instow, North Devon, on May 19, aged 79. He was born on July 3, 1860, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch. in 1882, winning the University travelling scholarship in that year. Entering the Army as surgeon on August 2, 1884, he became major after twelve years' service and retired in 1904, on completion of twenty years' service. After retirement he was employed at Netheravon, Wiltshire, in 1912-13. He rejoined for service on August 5, 1914, and served throughout the war of 1914-18. After its close he was employed as deputy commissioner in the Ministry of Pensions from 1918 to 1927. He served in the Sudan campaign of 1885, at Suakin (Egyptian medal, with clasp, and Khedive's bronze star); and in Burma in 1891-2, in the Irrawaddy and North-Eastern columns (Indian Frontier medal, with clasp).

Universities and Colleges

UNIVERSITY OF OXFORD

At a Congregation held on June 1 the following medical degrees were conferred:

D.M.—R. C. MacKeith, J. W. A. Turner, C. F. Hamilton-Turner, *F. E. Buckland.

* In absence.

UNIVERSITY OF CAMBRIDGE

Dr. W. L. H. Duckworth has been elected Master of Jesus College in succession to the late Mr. Arthur Gray. In recent years Dr. Duckworth has been President, Bursar, and Steward of the College, and was elected a Fellow in 1893. He graduated M.A. in 1896, M.D. in 1905, and Sc.D. in 1906. He was University Lecturer in Physical Anthropology 1898 to 1920, and represented the University on the General Medical Council 1923-6.

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The College Board has awarded the following entrance scholarships for the forthcoming academic year: *Price Entrance Scholarship in Science* (value £100): W. O. Backus (Kingswood School); *Open University Scholarships* (each of the value of £100): E. H. Back (Clare College, Cambridge), J. R. Robson (Emmanuel College, Cambridge).

UNIVERSITY OF LEEDS

On May 28 the Leeds University Court had before it proposed changes in the courses of study for degrees in medicine and surgery and in dental surgery. The proposals sought in effect to lengthen the course for the M.B., Ch.B. by one term to a period of six years, and to lengthen the course for the B.Ch.D. by six months to occupy five full years. Professor J. H. Priestley, submitting the proposals on behalf of the Senate, said that the working of the present regulations for the medical course was thoroughly unsatisfactory; there was much overlapping in subjects, and only 40 per cent. of the students qualified in the minimum period. The head master of Leeds Grammar School opposed the changes on the ground that they would tend to debar from the medical profession the sons and daughters of the middle and working classes. Sir Bernard Lomas-Walker, chairman of the West Riding County Council, holding that this was not the time to lengthen the medical course, said that whether the war was short or long there would be a great need of doctors, and a doctor qualified in the shorter period would be better than no doctor at all; he agreed that

the expansion of the medical and dental courses would also bear heavily on the parents of some students. The Court resolved by a majority of seventeen votes to four to refer the proposals to a special committee for further consideration.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

DIPLOMA IN TROPICAL MEDICINE.—C. W. Hossack, I. Kitchlew, T.-L. Tan.

DIPLOMA IN TROPICAL HYGIENE.—M. P. Browne, E. S. Dismorr, Frances Dooley, J. M. French, D. B. George, M. H. Hafezi, Rebecca Koshi, I. H. Marrable, J. D. Munroe, I. Soorani, H. Stott.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—C. Cotterill, N. P. Desai, B. Gallivan, A. G. Hick, F. G. Patrick.

MEDICINE.—C. Cotterill, A. G. Hick, D. S. Edwards, G. G. France, K. W. N. Palmer, W. E. White.

FORENSIC MEDICINE.—C. Cotterill, A. G. Hick, D. S. Edwards, G. G. France, K. W. N. Palmer.

MIDWIFERY.—C. Cotterill, A. G. Hick, R. G. Feast, C. H. Wood. The diploma of the Society has been granted to C. Cotterill, N. P. Desai, D. S. Edwards, R. G. Feast, G. G. France, and A. G. Hick.

Medical Notes in Parliament

Moving the second reading of the Finance Bill on May 29 Sir KINGSLEY WOOD said that since Lord Simon had introduced the Budget the situation had changed and there would be a greater expenditure upon the war. It would be necessary to increase the taxes further in the near future, after a short period in which the country could adjust itself to the burdens already placed upon it. There was nothing in the new powers of the Government which endangered money in any bank or savings in any way. The Bill was read a second time.

Colonial Welfare

During the debate on the second reading of the Colonial Development and Welfare Bill on May 21, Dr. HADEN GUEST said that the Bill contained a plan for setting aside £5,000,000 a year and £500,000 for research. That plan was admirable in itself, but, he asked, on what were they going to spend the money? He was perturbed when the Minister of Health made it clear that the total amount of money might not be spent.

Sir FRANCIS FREMANTLE urged the need for care in seeing that in education money was spent on a proper and reasonable scheme. They had to consider the psychology of the people, their minds and needs, to see in what way they wanted their children educated. He referred to the work of the British Empire Leprosy Relief Association, which had been established for about fifteen years and had branches all over the Empire. By that scheme they had obtained knowledge of the extent of leprosy throughout the world, and had found that it was at least two or three times as prevalent as had been supposed. Formerly the treatment was entirely insufficient. The leper was a pariah, cut off from civilization. Modern methods and discoveries had shown that probably two-thirds of these cases were no longer contagious or infectious and that they could be returned to ordinary life. Clinics had been established, with the result that people came forward in the early stages, and though the number of known lepers throughout the Empire had been increased by two or three times splendid results were obtained from the treatment afforded. Surveys which had been made in different colonies and possessions showed that, now that we had a rational scheme for the treatment of leprosy, the natives rose to it. In Zululand they were struggling along with small hospitals containing about twenty beds and having financial resources of £400 a year. He hoped that the grants to be made under the Bill would be given to small hospitals of that sort

in different parts of the colonies where they could not afford to keep them going or extend and improve them with their present resources. Zulu girls were being trained as midwives, and one little hospital was training and sending out about a dozen in a year. A special effort should be made under this Bill to provide facilities for training native people in the work which they could do in the health services. One of the first essentials was to train midwives, but it was necessary to train other workers. They would want to train doctors when they got to the stage of establishing voluntary medical schools, but what was very necessary now was the training of people for subordinate services as auxiliaries, to help as dressers, laboratory attendants, sanitary inspectors, and so on.

Medical Women in the Army

On May 28 Mr. LAW, replying to Dr. Summerskill, said it was not considered necessary to appoint women specialists in the medical service of the Army for the specific duty of treating women auxiliaries in addition to the specialists already available. Women doctors employed in the Army were eligible for specialist appointments.

Dr. SUMMERSKILL asked why there was this discrimination against women. Mr. LAW said he did not think there was any discrimination against women as such. It was the purpose of the authorities to get the best available medical attendance for members of the Forces, irrespective of sex. Dr. SUMMERSKILL asked if there was in the Army any prejudice against women. Mr. LAW: I am sure there is no such prejudice.

Services of Foreign Doctors

On May 28 Mr. GROVES asked the Home Secretary if he would favourably consider imposing a condition in respect of those alien doctors of enemy nationality, including refugees, who had been and might be permitted to practise in Great Britain, that, when within the age groups of British subjects compulsorily called up for service, the continuance of their permit was contingent on their undertaking some form of national service and upon their not practising to the prejudice of the absentee British doctors.

Sir JOHN ANDERSON said he had no doubt that the majority, if not all, of the foreign doctors would be willing to undertake some form of national service in their own profession, but his information was that the medical profession would not look with favour on this proposal. In pursuance of the Emergency Powers (Defence) Act, 1940, these foreign doctors, like other people, might be required to place their services at the disposal of His Majesty, and there would be power to utilize their services in any way which might be found appropriate in the national interest.

Nutritive Value of Bread

Professor J. C. DRUMMOND, scientific adviser of the Ministry of Food, addressing members of the House of Commons on May 29 on food problems in war, said the outbreak of war found a much better nourished population than was the case in 1914, owing to the increased consumption of protective foods. But with increase of prices and restrictions the lower income group might come to rely more on bread as the mainstay of its dietary. They might, therefore, be threatened by a vitamin deficiency unless a more nutritious bread came into general consumption. An educational campaign would popularize the wholemeal loaf, especially if it could be supplied at the same price as white bread. The roller mills of this country could produce a flour of 80 to 85 per cent. extraction for a thoroughly nutritious loaf without difficulty. Professor Drummond urged increased consumption of milk, cheese, and potatoes, with abundant vegetables, as a sure protection against vitamin deficiency. The Germans had made every provision to avoid the malnutrition which contributed to their defeat in 1918. They were relying on a sound peasant dietary: wholemeal bread, vegetables, potatoes, and cheese. The weak spot was a possible shortage of milk. They were issuing for the use of both troops and