

AWARDS FOR GALLANTRY IN CIVIL DEFENCE

The award of the George Medal to Dr. W. S. Walton, medical officer of health and school medical officer, West Bromwich, and to Miss E. G. Thomas, matron, West Bromwich and District General Hospital, is announced in a *Supplement* to the *London Gazette* dated February 14.

Dr. WILLIAM STANLEY WALTON and Miss EVALYN GERTRUDE THOMAS: "Enemy bombing started large fires in two buildings near the West Bromwich and District General Hospital. Dr. Walton, who was in the control room, left to carry out a further survey of the work of the casualty services. He assisted in extinguishing incendiary bombs and then saw the glare of a fire which appeared to him to be proceeding from the District Hospital. He went there immediately and ascertained that the hospital laundry, immediately opposite to the District Hospital, was in flames, together with other buildings near by. He went to the hospital, and while he was discussing with Miss Thomas, the matron, the advisability of evacuating it, a high-explosive bomb fell which demolished the hospital laundry, and he and the matron were blown in different directions. He then decided that the hospital should be evacuated. Dr. Walton and Miss Thomas undoubtedly provided the leadership and the initiative which was a very great factor in the successful carrying out of this difficult and dangerous task. The doctor made many journeys to the first-aid post and to the transport department to put in train the arrangements for the provision of ambulances, and showed a complete disregard for his personal safety. Miss Thomas herself very coolly supervised the nursing arrangements and the removal of the patients ready for evacuation, and set a splendid example to her nursing staff. During all this time the hospital was subjected to constant attack."

Local News

ENGLAND AND WALES

Tuberculosis in Wales

Dr. Powell, principal medical officer to the Welsh National Memorial Association, discussing in his latest report the effects of the war on the care and control of tuberculosis in Wales, states that many of the patients who were sent home at the beginning of hostilities were most reluctant to return when admissions were resumed. Facilities for the surgical treatment of pulmonary tuberculosis have been drastically reduced. "It was estimated some little time ago," he continues, "that it would take nine months at the then rate of operating to cope with the cases already in residence at Sully, and in the meantime new cases suitable for surgical treatment are presenting themselves in increasing numbers." The number of contacts examined, always fewer "per 100 deaths from tuberculosis" than in the country as a whole, owing largely to conditions peculiar to Wales, have been even fewer in the past year. That this is due "partly to the pressure of other work" can readily be believed, but it is a pity that Dr. Powell should provide those responsible for circumstances which render adequate contact examination impracticable with the justification that the decline is also due "partly to the difference of opinion which exists at present in tuberculosis circles as to the real value of indiscriminate contact examinations." That institutional treatment of pulmonary tuberculosis is unsatisfactory is shown by the fact that of 1,750 sputum-positive patients (45% of whom stayed over six months) not more than 3% were discharged as quiescent (patients who stayed less than one month were not included in these figures).

Lord Sankey on Hospital Co-ordination

At the annual meeting at Oxford of the Berks, Bucks, and Oxon Regional Hospitals Council, Lord Sankey, who expressed his good wishes for the regionalization of hospital services, one of the objects of the Nuffield Provincial Hospitals Trust, recalled his chairmanship of the Commission set up by the British Hospitals Association, which reported in 1937. The Commission, he said, at once saw the necessity for co-ordina-

tion, not only between the voluntary hospitals themselves but between the State and municipal system of hospitals and the voluntary system. A whole chapter of its report was devoted to the relations between voluntary and council hospitals. It had recommended that regional hospital councils should consider the desirability of including representation of the local authorities and that the Ministry of Health should be invited to appoint representatives. There was always a distinction between the State and the voluntary system in this respect, that the voluntary system had more freedom and elasticity. It was able to make more experiments and to do things which a State service was prevented from doing by the more rigid rules quite rightly imposed by Government control. For years these two great services had been running on parallel lines, and the scheme which the Nuffield Trust was now engaged in furthering was to unite them, a process which called for mutual tolerance, understanding, and forbearance. He hoped that in the region whose council he was addressing they would be able to "stable their horses together," and all would work successfully for the end they desired to see accomplished. He concluded with a tribute to Lord Nuffield, who, not content with serving his own age, "has extended the dominion of his bounty to heal the sick and alleviate the sufferings of generations yet to come."

INDIA

Tuberculosis Work in India

The second All-India Tuberculosis Conference was held in New Delhi at the end of 1939, and the *Transactions*, a volume of more than 200 pages, has now been received. The conference took place under the auspices of the Tuberculosis Association of India, whose medical commissioner, Dr. C. Frimodt-Moeller, was chairman of the various sessions. Several of the sessions were attended by the Vicereine, the Marchioness of Linlithgow, who gave a description of the Papworth Settlement, with which her father, the late Sir Frederick Milner, was prominently associated. She begged those concerned in India to keep the colony idea in view, and to start colonies in a small way wherever possible. Several speakers in the discussions said that village settlements on the Papworth model would be the ideal after-care system for India, and the Tuberculosis Association was urged to see if they could not be established in a few selected centres. Dr. Frimodt-Moeller said that by force of circumstances the chief measure in the Indian campaign was a well-thought-out scheme of control of tuberculosis by organized home treatment. He agreed that this scheme was not the ideal one, for in the West it was known that the death rate from tuberculosis had declined most markedly in those countries in which there existed the greatest facilities for institutional treatment; but it was out of all question to create in India institutional treatment to the extent that this had been done in Western countries. A system of home treatment must be organized whereby thousands of patients would be able to get in their homes some benefit from the modern specialized treatment of the disease, and some preventive measures would be introduced against further spread. The papers and discussions printed in these *Transactions* cover a wide range, including causative factors, physical examinations, diagnosis, collapse therapy (the subject of several papers and some interesting discussions), the virtue of institutional and home treatment, and the direction of propaganda and education. It was mentioned in one paper, by Dr. A. C. Ukil of the All-India Institute of Hygiene and Public Health, Calcutta, that one million lives were lost in India annually owing to tuberculosis. He said that in view of this toll and of the shortage of beds for tuberculous patients the enforcement of the provisions of the Indian Health Acts for notification, disinfection, and segregation could hardly be expected at present, but a great deal might be done towards home segregation by tactful and sympathetic medical officers and health visitors. Evidently India is now very tuberculosis-conscious, but the fear was expressed that unless State aid is forthcoming the campaign in India would die a natural death when the wave of enthusiasm subsided.

E.M.S. Advisory Committee

On February 20 Mr. ERNEST BROWN (Minister of Health) told Dr. Morgan that the Advisory Emergency Hospital Service Committee consisted of representatives of the Royal Colleges of Physicians, of Surgeons, and of Obstetricians and Gynaecologists, and also of Group Officers, the Central Medical War Committee, the London County Council, the staffs of London voluntary hospitals, and the medical profession in the Provinces, with the secretary and deputy secretary of the Central Medical War Committee. Its function was to advise the Minister of Health on the organization of medical personnel in the Emergency Medical Service. The committee was first appointed in October, 1939, and subsequently enlarged, by the Central Medical War Committee, and was reappointed by that committee in the present month. The members were nominated by the bodies they represented or directly appointed by the Central Medical War Committee. The committee had met on nine occasions at the offices of the Central Medical War Committee.

Doctors Transferred to Reception Areas

Dr. MORGAN asked on February 20 if the Minister of Health knew that disquiet existed by reason of many doctors under 45 years of age being appointed to reception areas at the instance of Local Medical War Committees or the Central Medical War Committee. He asked Mr. Brown to investigate the position having regard to the needs of the Armed Forces for doctors and to the fact that many doctors, either with greater domestic responsibilities or more advanced in years, were available for professional work in reception areas. Mr. BROWN answered that most of the doctors transferred from vulnerable areas to reception areas at the instance of the Central Medical War Committee or its local committees were over 45 years of age. In any case all doctors of military age came up for consideration with a view to selection for service with the Forces. The Central Medical War Committee would be glad to have particulars of doctors available for professional work in reception areas.

Allocation of Medical Man-power

Sir FRANCIS FREMANTLE inquired on February 20 what steps the Minister of Health proposed to take to decide the respective priority of needs of medical practitioners between those of the civil population, of local authorities, and of the fighting Services. Mr. E. BROWN said these questions of priority had already been considered by the Committee on the Allocation of Medical Man-power. Action was being taken on their recommendations. He was considering with the other Ministers concerned what organization should be set up to deal with similar questions that might arise in future.

On February 25 Mr. BROWN told Sir Francis that he hoped shortly to publish the conclusions of the Committee.

The Services

NAVAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on February 21, Surgeon Vice-Admiral Sir Percival Nicholls, K.C.B., K.H.P., in the chair, the sum of £96 10s. was distributed among the several applicants.

CASUALTIES IN THE MEDICAL SERVICES**ROYAL NAVY**

Surgeon Lieutenant-Commander TYRRELL GEORGE EVANS, R.N.V.R. (H.M.S. *Jervis Bay*) is now officially presumed lost. He received his medical education at St. Bartholomew's Hospital, and qualified M.R.C.S., L.R.C.P. in 1919. After filling the posts of resident anaesthetist and senior house-surgeon at St. Bartholomew's Hospital he settled in practice at Beckington, Bath. He was honorary medical officer to the Victoria Hospital, Frome, and medical officer and public vaccinator for the No. 2 District, Frome. In 1919 he was a vice-president of the Abernethian Society, and he had been a member of the British Medical Association since 1924. He leaves a widow.

ROYAL ARMY MEDICAL CORPS

Major ARTHUR JAMES WALTER ALLEN lost his life at sea in December, 1940. He was the youngest son of Mrs. M. Allen and was educated at Edinburgh University, where he graduated M.B., Ch.B. in 1924. He also took the D.R. in 1928. For some years he resided in London and was honorary radiologist to the London Jewish Hospital and later became assistant radiologist to the Western Infirmary, Glasgow. He was a member of the British Medical Association and the British Institute of Radiologists.

Medical News

Major-General H. Willans, C.B.E., D.S.O., M.C., will read a paper on Army welfare before the Royal Society of Arts, John Adam Street, Adelphi, W.C., on Friday, March 7, at 1.45 p.m., with Lord Croft in the chair.

The second Pan-American Congress of Endocrinology will be held at Montevideo on March 5-8 under the presidency of Dr. Juan C. Mussio Fournier.

A private lunch was recently given by the British Medical Association in honour of Surgeon-General Thomas Parran, head of the United States Public Health Service, Dr. J. E. Gordon, who is acting as United States Liaison Officer with the Ministry of Health, and Dr. John R. Mote, who is now acting as Medical Adviser to the American Red Cross Committee in London. Sir Wilson Jameson, Chief Medical Officer to the Ministry of Health, was the other guest, and among those present were the principal Officers and officials of the Association.

On February 21 the Society of Medical Officers of Health gave a luncheon in honour of Surgeon-General Thomas Parran, head of the United States Public Health Service, Dr. F. T. H. Wood, the President, being in the chair. The Lord Mayor of London was also present, and the company assembled included medical officers of health and representatives of local authorities and of the Ministry of Health. Dr. George Buchan, who took the chair after lunch, proposed the health of Dr. Parran in a short and gracious speech, and Dr. Parran replied.

The seventeenth annual report of the Ella Sachs Plotz Foundation for the Advancement of Scientific Investigation gives brief details of the twenty-three grants made during the year. In awarding grants the trustees favour researches that are directed towards the solution of problems in medicine and surgery or in branches of science bearing on medicine and surgery. Grants may be used for the purchase of apparatus and supplies needed for special investigations, and for the payment of unusual expenses incident to such research, including technical assistance, but not for providing apparatus or materials ordinarily a part of laboratory equipment. Stipends for the support of investigators are granted only in exceptional circumstances. The maximum size of grants is usually less than \$500. Applications for grants to be held during the year 1941-2 must be in the hands of the Executive Committee before April next. Letters asking for aid must set out clearly the qualifications of the investigator, an accurate description of the research, the size of the grant requested, and the specific use of the money to be expended. Applicants should state whether or not they have approached other Foundations for financial aid. It is highly desirable to include letters of recommendation from the directors of the departments in which the work is to be done. Applications should be sent to Dr. Joseph C. Aub, Huntington Memorial Hospital, 695, Huntington Avenue, Boston, Massachusetts, U.S.A.

Dr. J. A. Fraser, deputy medical officer for the West Riding County Council, has been chosen as medical officer for the North Riding of Yorkshire, succeeding Dr. Andrew Davidson, who was recently appointed to the post of chief medical officer to the Scottish Board of Health.