

Dr. Toussaint said that there was up to the present no increase in the incidence of tuberculosis in young children in England and Wales in spite of the marked rise among young adults. He stressed the risk to which young children were exposed when in contact with an adult suffering from the disease. In his own series of cases an investigation into a number of deaths from tuberculous meningitis showed that as many as 85% had been in contact with an open case of tuberculosis either in a parent or a near relation. Dr. Toussaint expressed the opinion that acute tuberculosis arising in the young adult was usually acquired recently as the result of exposure to infection in office or workshop rather than the flare-up of an old focus contracted in childhood. He thought that children who were exposed to risk in childhood and got a mild, often unnoticed, infection obtained a certain immunity and were unlikely to develop any subsequent general infection.

Dr. Mackintosh, on the other hand, doubted whether any advantage accrued to the child from a previous tuberculous infection. The latest American figures seemed to show that these children were especially liable to develop a recrudescence of the disease in adolescence, especially if their surroundings were unfavourable. Both speakers stressed the danger from the present great increase in the consumption of unpasteurized milk by young children, and thought that measures to ensure that the milk was safe were urgently needed. Where pasteurization was impossible, boiled milk was preferable to raw milk containing tubercle bacilli. Dr. Mackintosh drew attention to the desirability of ascertaining that workers in day nurseries were free from tuberculosis. Dr. Toussaint did not recommend mass radiology for children, but thought that cutaneous tests might be valuable as part of the maternity and child welfare service. The patch test became positive in the early stage of invasion, and such children might receive special care and be investigated with a view to finding the source of infection.

## Local News

### ENGLAND AND WALES

#### Hospital Service after the War

The chairman of Charing Cross Hospital announced recently at a luncheon to the Minister of Health that a site for a new Charing Cross Hospital had been bought near St. Giles High Street, W.C.2. Plans have been prepared in the hope of beginning to build when the war is over. The Minister of Health, Mr. Ernest Brown, referred to the recent announcement of the broad lines on which the Government proposes to plan the hospital services after the war, and said: "The first principle is, of course, that the basis of any hospital service must be the welfare of the patient. There has been in the past, and is now, a large measure of devoted service rendered to patients at hospitals of all kinds. I do not think, however, that we can claim that everyone can under the present arrangements readily obtain the treatment they need, or that patients do not sometimes fall between two stools. The second principle of post-war planning is that the Government should put on the major local authorities a duty to secure the provision of an adequate hospital service for their area. In discharging their new duty the local authorities must, of necessity, look for assistance to the voluntary hospitals, whose experience is so extensive and valuable. Above all, the local authorities will look to the large teaching hospitals, whose nature fits them to be the keystone of the arch of the hospital service. There is a great opportunity here for the voluntary hospitals to grasp—an opportunity to play a major part in the future as in the past, on the sure foundation provided by the financial assistance they can expect to receive from the local authorities. I am confident that this is the proper way of securing for the community the continuance of the invaluable contribution made by the voluntary hospitals; and I am confident also that the voluntary hospitals will whole-heartedly co-operate. It is in a true partnership in the fullest sense of the word that local authorities and voluntary hospitals will best serve the patient whose well-being is at stake. The third principle of the Government's policy is to design a service by reference to areas substantially larger than those of individual

local authorities, with a proper division of function between the various hospitals in these areas. The Government's policy includes the institution of surveys—one of which has already begun in the London area—to provide a solid basis on which our future planning can rest. The Government recognizes the double responsibility of the teaching hospitals like Charing Cross, as healers of patients and teachers of students. It has given a pledge that in addition to any financial assistance received from local authorities the teaching hospitals will also be given increased educational grants from the Exchequer."

#### Chadwick Public Lectures

The following lectures have been arranged by the Chadwick Trust on Tuesdays at 2.30 p.m.: March 17, at London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., Dr. W. A. Brend, "Nervous Shock in Peace and War"; April 14, at Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., Mr. D. C. Graham, "Dangers from Rainfall in Urban Areas—Prevention of Flooding of Buildings and its Insanitary Consequences"; May 12, at 26, Portland Place, W., Dr. J. Alison Glover, "The School Medical Service in Wartime." A further lecture will be given at the Chelsea Physic Garden, Swan Walk, Chelsea, S.W., on Thursday, June 18, at 4 p.m., by Mr. E. A. Bowles on "Plants in Relation to Food, Medicine, or Poison." Admission to all the lectures is free and no tickets are required.

### IRELAND

#### Medical Research Council

The Medical Research Council of Ireland made the following awards during the period July 1 to December 31, 1941: (1) Dr. F. J. Geoghegan—Whole-time grant for one year to carry out an investigation (i) of the value of the Hogben pregnancy test, and (ii) of intracranial haemorrhage in the newborn; work to be carried out at the National Maternity Hospital, Dublin, under the direction of Prof. J. McGrath. (2) Dr. Einhart Kawerau—Part-time grant for six months to undertake a survey of the distribution of vitamin C in the Irish natural food products and emergency sources, together with a study of the vitamin supplies and requirements under present conditions: work to be carried out in the Department of Biochemistry, Trinity College, Dublin, under the direction of Prof. W. R. Fearon. Prof. J. Brontë Gatenby—Grant-in-aid to enable him to carry out an investigation into the function of the acrosome in mammalian fertilization. The following grant-holders had their grants renewed for further periods: Mr. P. J. Boyle, Dr. D. K. O'Donovan, Dr. Oliver FitzGerald, Dr. Ninian McL. Falkiner, Prof. Hans Sachs, and Dr. R. A. Q. O'Meara. The address of the Council is 85, Merrion Square, Dublin.

#### Medical Treatment of Evacuated Persons in Northern Ireland

The Ministry of Home Affairs desires that medical practitioners who may be called upon to prescribe medical treatment for persons evacuated to the Reception Area should bear in mind the following considerations affecting such treatment. Arrangements have been made to render the full benefits of all the existing health and welfare services (tuberculosis, maternity and child welfare, etc.) in the Reception Area available to evacuated peoples on exactly the same basis as to normal residents. The return of any evacuated person to an Evacuation Area (in Northern Ireland the County Boroughs of Belfast and Londonderry) for treatment should not be recommended or ordered unless the doctor is satisfied that the necessary treatment is not available in the Reception Area. The return of children to the Evacuation Area for inadequate reasons, in addition to subjecting them to unnecessary risks, prejudices their eligibility for retention on the Government Evacuation Scheme Register.

Dr. Herbert R. Spencer, consulting gynaecologist to University College Hospital, London, left £46,355. After specific bequests amounting to about £27,000, he left the residue of his estate to the Royal Medical Benevolent Fund.

cyanosed before the anaesthetic started, as is the case sometimes in perforated gastric ulcer cases? Was there any cyanosis during anaesthesia before the convulsions began? What proportion of O<sub>2</sub> was being administered? Was the airway good? What was the depth of anaesthesia? Finally, did the convulsions have any relation to the respiratory movements?

I have seen ether convulsions which bore no relation to the respiratory rhythm, but Wells' and others have reported cases in which the convulsion took place during expiration and was followed by an inspiratory gasp, during which the convulsions momentarily ceased. Wells associated this type of convulsions with a hot, steamy theatre. If ether convulsions can be divided in this way into two clinical types a step forward may have been taken towards discovering which are the causative factors?—I am, etc.,

Colchester.

D. CLENDON.

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- 1 Boston, F. K., *Brit. J. Anaesth.*, 1939, 17, 16.
- 2 Rinson, K. B., *British Medical Journal*, 1927, 1, 956.
- 3 Raab, A., *Anesth. and Analges.*, 1936, 15, 295.
- 4 Kemp, W. N., *Brit. J. Anaesth.*, 1932, 9, 169.
- 5 Gwathmey, J. T., *Lancet*, 1927, 1, 1369.
- 6 Wynne, R. L., *British Medical Journal*, 1941, 1, 155.
- 7 Wells, C., *ibid.*, 1941, 1, 945.

#### Economy of Medical Man-power

SIR,—Major-General R. J. Blackham's rather abusive letter (February 14, p. 241) does not convince me. He assumes, without justification, that I have no experience and that I have not discussed the matter with experienced officers. Far from "rushing into print," my original letter was written after two years of war, at the suggestion of certain medical officers whose up-to-date experience made them anxious on account of the waste of medical men in the Services. Furthermore, I am concerned with the wider problem of man-power, and merely quoted one or two examples; to confine the discussion to one particular appointment seems to side-track the wider issue.

The present military situation appears to call for a good deal of reorganization, in which the medical service must play its part. There is, in my opinion, no ground for complacency.—I am, etc.,

Hove.

H. J. MCCURRICH, M.S., F.R.C.S.

SIR,—To meet the present inordinate demand for doctors, why not reduce the period of the curriculum by six months? In my generation our course was completed in four years and ten months, including one year devoted to First M.B. subjects. Were we so very inferior as doctors?

I believe that many students would be found ready for qualification at the earlier date; their academic erudition possibly less sparkling, but their essential knowledge sound enough to justify their acceptance as "safe" potential doctors. Those so accepted could pass to hospital appointments six months earlier and, if thought desirable, could be given the opportunity of an additional resident appointment before being "called" to the Services, thus improving on the present admirable provision in this respect. Some might even be persuaded to spend a period assisting our overworked elder colleagues in general practice, thus gaining for themselves an invaluable experience.

There is a further consideration. Students in these days, particularly in the London area, live in conditions which impose a great strain upon health. To shorten this period of strain is a not unimportant objective.—I am, etc.,

London, W.1.

T. TWISTINGTON HIGGINS.

L. B. Strean, G. J. Strean, D. Lapointe, and E. Dechenel (*Canad. med. Ass. J.*, 1941, 45, 835) report the use of serum globulin from human umbilical cord as a simple and effective means of preventing or modifying measles in children exposed to the disease. The dose was 2.50 c.cm. for modification and 5.10 c.cm. for inhibition if given early in the incubation period. The trial was made on 154 children, 50 receiving globulin solution while 104 served as controls, with the following results. Of the 50 cases, 43 escaped measles altogether, in 5 the attack aborted, and 2 had an ordinary attack; while of the controls 102 developed measles, in 16 of whom the attack was complicated and 2 died. No allergic manifestations occurred in the cases treated with serum.

## Obituary

HERBERT LIGHTSTONE, D.S.O., M.C., M.D., C.M.

Director-General of Medical Services, Ministry of Pensions

The death occurred on February 12 of Dr. H. Lightstone, in his 64th year, at Roehampton Hospital. He was born in Canada and received his medical education at McGill University, Montreal.

As a young man he served in the Spanish-American War with the American Red Cross in Cuba, and from 1899 to 1901 he also served with the Canadian Field Artillery in the South African War. After graduating M.D., C.M. at McGill he was medical superintendent of the Women's Hospital, Montreal, and demonstrator of anatomy at Bishop University. He subsequently came to this country, and held the post of registrar of the London Throat Hospital. His service in the last war was conspicuous. He was medical officer, Headquarters, 4th Army, was awarded the D.S.O. and M.C., and mentioned six times in dispatches.

In 1919 he became Headquarters Inspector of the medical staff of the Ministry of Pensions, and was subsequently promoted Director of Medical Services, and in 1933 Deputy Director-General of Medical Services. When the Director-General of Medical Services, the late Sir John Hebb, who died on February 15, was seconded to the Emergency Medical Service in 1938, his place as Director-General of Medical Services at the Ministry of Pensions was taken by Dr. Lightstone.

Dr. R. CUNYNGHAM BROWN, formerly Deputy Director-General of Medical Services at the Ministry of Pensions, writes:

From the end of the world war, 1914-18, to the present one Dr. Lightstone, after an Army career of exceptional distinction, served with the Ministry of Pensions Medical Department practically from its inception until a few days ago. Not long after joining the Ministry in 1919, at the very beginning of a cycle of the Ministry's most strenuous years, he was appointed Headquarters Medical Inspector, a post, especially at that stage of formation of the Medical Division, which called for a rather rare combination of qualities. Loyal, indefatigable, no matter how arduous the journey or the job, imperturbable but inspiring others, Dr. Lightstone more than fulfilled the requirements of his post. His subsequent advancement to Director-General could only seem natural and to be expected of a man of his measure, by those who knew him even in those early days.

He was a man of wide horizons: a spacious mind with many and diverse interests—art, music, and sport—but essentially he was a man of action. Careful to arrive at the truth, when that was attained his words were brief, uncompromising, and to the point, and his actions swift and strong. But also he had in large measure that "understanding of the heart" for which Solomon prayed, and doubtless received, "to discern judgment." And so a very brave soldier, a strong and faithful civil servant, and a great friend has gone from us, and surely, as he passed, "all the trumpets sounded on the other side."

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

W. J. O'Connor, M.D. Adelaide, of Downing College, has been appointed University Demonstrator in Pharmacology from January 1 to September 30, 1942.

It is proposed that the next Final M.B. Examination shall begin on Monday, June 15, a day earlier than is prescribed by Ordinance. The number of candidates is expected to be abnormally high, and it may not be possible to conduct the examination in the normal manner.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the Royal College of Surgeons of England, held on February 12, with Sir Alfred Webb-Johnson, President, in the chair, Mr. E. K. Martin, Prof. A. W. Sheen, Mr. W. H. Bowen, Mr. John Morley, and Mr. P. J. Moir

were re-elected members of the Court of Examiners for the year beginning March 12, 1942.

A letter of greetings was received from the Brazilian College of Surgeons.

Prof. Harry Platt (Manchester) was appointed Robert Jones Lecturer for 1942.

Surgeon Rear-Admiral C. P. G. Wakeley was appointed representative of the College on the General Medical Council, and Sir Robert Kelly was reappointed representative of the College on the Court of the University of Liverpool.

#### *Diplomas*

Diplomas of Fellowship were granted to John Rashleigh Belcher (Longfield, Kent) and to Arthur Frederick Rushforth (Orpington).

Diplomas of Membership and Diplomas in Public Health and in Medical Radiology were granted to the candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London published in the *Journal* of February 7 (p. 204). Diplomas of Membership were also granted to R. M. Archer, R. D. Brawn, and P. R. C. Evans.

## The Services

### MENTION IN DISPATCHES

Temporary Surgeon Lieut. Jocelyn Graham Reynolds, R.N.V.R., has been mentioned in dispatches for resource and devotion to duty.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL NAVY

Surgeon Lieut. ROBERT TROUP, R.N.V.R., who is reported "Missing, Presumed Killed," was the only son of Mr. and Mrs. Alexander Troup of Bo'ness, West Lothian. He was 27 years of age, and graduated M.B., Ch.B. of the University of Edinburgh in 1937, and had held the posts of resident medical officer at the North Devon Infirmary, Barnstaple, and house-physician at Bradford Royal Infirmary. Before entering the R.N.V.R. as temporary surgeon lieutenant in May, 1941, he was house-surgeon at the Perth County and City Royal Infirmary.

#### AUSTRALIAN ARMY MEDICAL CORPS

#### *Believed Prisoner of War*

Captain Lionel Pelham Sapsford.

## Medical Notes in Parliament

### Health of an Army at War

The Army Estimates for 1942 were introduced on February 19 by Captain MARGESSON. He disclosed that of every 100 men from the British Commonwealth who had been killed or wounded in land fighting between the beginning of the war and January, 1942, about 70 came from the United Kingdom. He explained the "selection testing" of the Army, undertaken since the middle of 1941 to prevent waste of man-power. A simple intelligence test was applied even before men and women were medically examined. At the training unit stage men and women were given tests, some mechanical—and these were devised by scientists—and some with pen and paper. As a result of these tests, coupled with an individual interview, a man was chosen for the duties for which he seemed most fitted.

#### THE TROOPS ABROAD

Sir FRANCIS FREMANTLE said he had heard the debates on the Army Estimates for 21 years and had found the War Office still looked on the Medical Service as only required to treat wounds in the field. Nevertheless there had been a recognition that when a man arrived in the Army he had to be made healthy and kept healthy in the field. Among the troops fighting on eight fronts there had been remarkably little sickness. A great deal of that improvement was due to the antitoxin which was prepared by the Army Medical Service. There was a great difference between that result and those of the Italians and Greeks with whom they had been able to exchange experience. As regards enteric, there had been few cases among the inoculated British; there were far more among the Italians in Libya. As a result of the tetanus inoculation there had been only two

mild cases among the inoculated in all Services. In the Greek hospitals there was a large amount among the Italian and Greek wounded. The Army had opened its eyes to the effects of the deficiency diseases. A series of nutritional scales had to be worked out. A hundred specialized rations had to be prepared for the different races among our troops.

Of cases invalided out of the Army at home 15% were due to psychoneuroses. People of less stable mentality who had been whipped up into the Army were a constant nuisance to themselves and to the Army. The Germans paid more attention to this subject. The British difficulty was that there were not enough people who had gone through the schools in this specialty. The Army had taken on the best of them, and they were helpful, but more required to be done. Higher appointments in the German Army, not only in the Medical Service but in the rest of the Army, were made on the findings of advisers in psychoneuroses.

#### MEDICAL MAN-POWER

The Services had been asked to modify their demands for more men and had done a good deal in response. More might be done, especially in regard to Service hospitals. Were the men being properly used who were taken from private practice? The demands of the fighting Services were denuding the civil medical service to an alarming extent. So far the country had not suffered seriously from epidemic disease, but there might come a great demand for civilian doctors. The British Medical Association had offered the services of the profession in a general way to the Home Guard, but they wanted organization. There was a skeleton organization in one or two areas. The appointment of medical men to be trained in the Home Guard was not wanted, but doctors desired to know what demands were likely to be made and on what occasions. They wanted a large number of first-aid posts and rest houses to be marked off.

Dr. HADEN GUEST, referring to the Shakespeare Committee on medical man-power, which had reported, said there was in fact no shortage of medical personnel in the country. It was only a question of allocation. The Army had enough people at present, although constantly requiring more, and so had the other Services. The Ministry of Health had, at the instance of this Committee, sent a circular to the Emergency Hospitals asking them to reduce their staffs. That, he thought, would have to be done. He asked why the Shakespeare Committee should be maintained as an executive authority to decide upon the allocation of medical man-power when the Services already had all the executive authority which was required. An increased efficiency in organization of the medical services of the country and the allocation in future along the lines suggested by the Shakespeare Committee should be the business of the heads of the various Services. It should be the business of the head of the Emergency Medical Service, the Chief Medical Officer of the Ministry of Health, the Secretary of the Central Medical War Committee, and representatives of the medical practitioners in the country, under the chairmanship of an independent non-medical person. There would be in that committee knowledge of the needs of the Services and executive authority to allocate the men and women concerned.

#### GOVERNMENT REPLY

Sir EDWARD GRIGG said much was owed to the R.A.M.C. in the present war. The health of the Army was excellent, and he agreed with Sir Francis that the greatest value of the R.A.M.C. was in keeping it so. The medical service for the Home Guard was complicated and affected the Civil Defence Services as well. The organization was reaching a high degree of efficiency. Dr. Haden Guest's remarks on the Shakespeare Committee would be borne in mind. The Army now had sufficient doctors and realized the importance of not starving the civil population of medical men. There was only one feature in which the health of the troops was not good—80% of the recruits required dental treatment. The good health of the Army extended to troops over-seas.

#### *Notes in Brief*

Answering questions on February 12 about the medical examination of recruits, Mr. BEVIN said this examination at present revealed much illness which might be prevented by slight changes in the designing of industrial machinery and the form of occupation.

Mr. Herbert Morrison announces that double summer-time will last this year from April 4 to August 8.