Local News

SCOTLAND

Research in Animal Diseases

At the annual meeting of the Animal Diseases Research Association at the Moredun Institute, Edinburgh, on July 28, the disease of horses known as grass sickness was discussed. An extensive field experiment financed by the Government had been conducted to determine whether a toxin found in cases of the disease was a causal factor, and it was reported that this toxin did not appear to be of primary significance. This negative result at all events cleared the way for future work. Dr. Russell Greig said that this field experiment had been the most extensive and most closely supervised of its kind which had ever been attempted in this country. The toxin had been administered to about forty horses and did not produce grass sickness. About 1,000 horses had been treated by a vaccine prepared from the toxin, with 2,000 unvaccinated horses as controls, and the evidence obtained from this was also of a negative character. With regard to bovine abortion, Dr. Greig said that systematic research had shown that a vaccine was capable of affording a certain amount of protection to small animals, and this work was now being applied to bovine animals. The disease of louping-ill in sheep had been treated with good results by a vaccine, of which 107,000 doses had been issued by the institute last year, and lamb dysentery serum, of which 71,300 doses had been issued, had also proved satisfactory.

Incapacitating Sickness in Scotland

The sixth report upon incapacitating sickness in the insured population of Scotland, dealing with the period from July 1, 1935, to June 30, 1936, shows that chronic incapacity is on the increase. The most variable cause of incapacity from year to year had been influenza, but during 1935–6 the lowest number of cases since recording began had been attributable to this cause, and a fall of 5 per cent. in the incidence of incapacity compared with that of the previous year was more than accounted for by the low influenza prevalence. Notwithstanding this drop, the number of days of incapacity per insured person had risen by 5 per cent., or fully half a day per person per annum over those of the previous year. The volume of incapacity per person per annum amounted to eleven and a half days, which formed a new high record. The duration of incapacity had also increased in all conditions except those of the respiratory diseases, general diseases, diseases of the circulatory system, and pregnancy. The increase in chronic incapacity affected particularly the average duration of illness—fifty-two days—which exceeded anything previously recorded. The insured population for the year had been 1,725,198, composed of 1,134,681 males and 590,517 females. This was an increase on the number of 1,708,494 for 1934–5. The days of incapacity for the year amounted to 12,394,412 for males, and 7,350,572 for females. The total days lost were therefore approximately 20,000,000—the equivalent of 54,000 persons constantly sick throughout the entire year. There was a loss of 1,166,406 more days than in 1934–5, or as compared with the average of the previous five years an increase of 2¼ million days.

A percentage analysis of the causes of incapacitating sickness showed diseases of the respiratory system to be responsible for 33 per cent. of the cases, rheumatic diseases coming next with 12 per cent., diseases of the digestive system 11 per cent., skin and septic conditions 10 per cent., and various forms of violence 10 per cent. The days of incapacity per person showed considerable geographical variation, being, for example, between eight and nine days in Edinburgh, ten to eleven days in Glasgow, eleven to twelve days in Dundee, and twelve to thirteen days in Aberdeen. The occupational incidence of sickness also showed great variation; those males engaged in mining and quarrying showed an outstandingly high rate, 70 per cent. in excess of that for all males. Textile and paper workers also had a rate of incapacity 7 per cent. above the average. On the other hand, persons engaged in personal service—for example, domestic servants and chauffeurs—showed a rate 30 per cent. below the average, and clerks, shop assistants, etc., had an incidence of incapacity 20 per cent. below the average. Among females women engaged in transport work showed 30 per cent. above the average, while among those engaged in metal trades and in making foods and drinks the rate was 30 per cent. below the rate for all women. The report directs special attention to the subject of chronic incapacity, and states that chronic illness accounted during the year for more than half of the total volume of incapacity in the insured population of Scotland, or 11 million out of 19¾ million days. It has been argued that there might be a progressive building up of excess of permanent invalidity, and that only in 1961, when the Insurance Act will have lasted for a period equivalent to the span of insurance life—that is, sixteen to sixty-five years—will stability be reached. It is pointed out, however, that the proportion of chronic cases surviving to-day whose incapacity began in the early years of the Act is inconsiderable. The report may be obtained from H.M. Stationery Office, 120, George Street, Edinburgh, price 9d. net.

ENGLAND AND WALES

Welsh Board of Health Report

The report of the Welsh Board of Health for 1936–7, which has now been published as part of the Annual Report of the Ministry of Health (H.M. Stationery Office, Cardiff, price 5s. net) reveals steady progress in the public health services of the country. The infant mortality rate of 62 per 1,000 births and the tuberculosis death rate of 861 per million of the population are in each case the lowest yet recorded for the principality. The maternal death rate has also declined, and the rate of 5.17 per 1,000 births for 1936 is, except for 1931, the lowest recorded since 1926. It compares with 6.08 for the period 1933–5. On the health insurance side sickness experience appeared to be on the down grade generally, but an epidemic of influenza in December and January caused increased expenditure, which resulted in the total sickness expenditure being heavier than in 1935. Owing to improving industrial conditions many persons previously unemployed are qualifying afresh for sickness and disablement benefits, and thus become entitled to all the benefits provided under the National Health Insurance Act. During the year the Midwives Act, 1936, came into operation, and proposals under the Act for the provision of a domiciliary service of salaried midwives have been submitted by all the local supervising authorities. The treatment of tuberculosis is carried out in Wales by the Welsh National Memorial Association on behalf of the county and county borough councils, and a new scheme has been made by the Minister of Health providing for the payments by the councils for the third fixed grant period (1937–42). According to the report facilities for the treatment of the sick are provided by local authorities at forty-three institutions (5,168 beds) maintained under the Poor Law Act, 1930, and at five institutions (438 beds) maintained under the Public Health Acts. As regards Poor Law domiciliary medical relief, it is mentioned that the "panel" system is no win operation in the greater part of Glamorgan and that one other county council has made similar arrangements in three of its medical relief districts. Approximately 979,000 persons (763,000 men and 216,000 women) in Wales are insured for national health insurance purposes out of a

total population of 2½ millions. The total receipts (inclusive of Exchequer grants) during 1936 were £1,983,000, and £1,662,000 was spent on benefits and £324,000 on administration. Sickness benefit accounted for £575,000, disablement benefit £363,000, and medical benefit £545,000. The number of doctors participating in insurance practice was 969.

The Red Cross Rheumatism Clinic

The annual report of the British Red Cross Society's clinic for rheumatism records continued progress, the attendances in the general department during 1936 numbering 95,622, an increase of nearly 6,000 on the previous year. Although the number of advanced cases of rheumatism is still comparatively large, it is stated that a greater proportion of patients in the early stages of the disease are now seeking treatment. With regard to the results of treatment 60.3 per cent. of cases are classified as free from subjective symptoms and 29 per cent. as definitely improved; the first category shows a slight preponderance of men, the second of women. The report stresses the importance of protracted convalescence in healthy surroundings for early cases of rheumatoid arthritis, and suggests the desirability of a building for this purpose being made available within a reasonable distance of London. Facilities for research on a large scale are also urgently required, whereby the valuable clinical material passing through the clinic may be utilized for the furtherance of knowledge of rheumatic diseases. Under present conditions the ever-increasing number of routine examinations and treatments demand not only the whole time of the staff but also all available accommodation at the clinic. The question of in-patient treatment is also a pressing one. A number of beds are reserved for rheumatic patients by the London County Council at St. Stephen's Hospital, but the report emphasizes the importance of the provision of in-patient accommodation under the direct supervision of the staff of the clinic. It is obvious that the time is now ripe for expansion, and that the work of this institution will be seriously handicapped until these deficiencies can be made good. The financial report shows an increasing deficit, the adverse balance standing at more than £4,200 at the end of the year. It is to be hoped that means may be found to enable the clinic, which in a few years has made for itself a great and deserved reputation, to be placed on a more satisfactory financial footing, and to secure the provision of the three things so essential for its future progress—namely, research facilities, in-patient accommodation, and a convalescent hospital.

Heatherwood Hospital, Ascot

The extension of this hospital, which the London County Council in 1935 decided to provide at an estimated cost of about £72,000, has been completed and is now in occupation. Heatherwood Hospital was originally established in 1920 by the council of management of the United Services Fund for children of ex-service men suffering from surgical tuberculosis and other orthopaedic diseases. In December, 1929, the Fund offered to transfer the hospital to the L.C.C. as a free gift after the cessation of the Fund in about eight years from then, and this generous offer was accepted. Subsequently the Council agreed to take over the hospital on October 1, 1934. The decision to enlarge Heatherwood Hospital was taken in connexion with a proposal to change the user of Princess Mary's Hospital for Children, Margate. The 271 beds at the latter hospital had been used for surgical tuberculosis, but there had been a progressive diminution in the number of such cases and parents were often unwilling to send children who were seriously ill, and likely to be away from home for prolonged periods, to a hospital so far from London. From many points of view it is desirable that children with surgical tuberculosis should be nearer to London, an important consideration being the readier availability of the Council's consultant and specialist organization. It was decided, therefore, to convert Princess Mary's Hospital into a much-needed seaside convalescent hospital for London women and to extend Heatherwood Hospital by providing an additional 100 beds. This hospital is fully equipped for the types of case sent there, and being situated, within reasonable distance from London, in 55 acres of grounds partly wooded and partly laid out as gardens, is very suitable for the purpose. The hospital, as the L.C.C. took it over, consisted of three single-story ward blocks, one for children up to the age of 7 and one each for girls and boys over that age, with an up-to-date light treatment block, workshops for the making of splints and surgical appliances, a hospital school, administrative buildings, and staff quarters. The design of the new block was decided on after careful consideration of other modern hospital accommodation in this country for the type of case sent to Heatherwood. It is a one-story double ward block for 100 patients planned for effective open-air treatment.

Correspondence

Treatment of Giant-cell Tumours of Bone

SIR,—It was with surprise that I read the dogmatic statements of some surgeons at the recent Belfast meeting that the treatment of giant-cell tumours of bone should almost always be operative (*Journal*, August 7, p. 285). I had the good fortune to attend an animated discussion on this subject at the Presbyterian Hospital, New York, just over a year ago. Since American figures were quoted freely at Belfast it may be of interest to record the views of some leading New York surgeons.

Excitement over the subject was aroused by a medico-legal case. A man had been knocked down, and a radiograph taken soon afterwards showed a giant-cell tumour in the femur above the knee-joint. This was treated with *x* rays, which was then, as now, considered the treatment of choice. No biopsy was made at first. About two months later another radiograph was taken in order to note the progress, and the lesion appeared larger. Some said this meant it was malignant, but others, notably Dr. Haagensen, said that this was the normal appearance of a giant-cell tumour at this stage of treatment, which should continue. It was decided to operate, however, and a frozen section was made; this was not conclusive, and the limb was amputated. Later sections showed that the tumour was benign. The man claimed damages from the person who knocked him down on the grounds that the tumour did not respond to *x*-ray therapy because of the accident. The jury failed to agree on four occasions, and I do not know the outcome of the case. Professors Ewing and Wood were called in on this case, and said that they were sure the case would have progressed well had *x*-ray therapy only been used.

At the discussion it was said that the radiological diagnosis of giant-cell tumour in bone was correct in about 95 per cent. of cases, and for these there seemed no doubt that *x*-ray therapy was the treatment of choice. There can be no question that it does give a complete cure, and the difference in the patient's comfort with this treatment as compared with that of surgery is so obvious that it needs no comment. The first point on which they were unanimous was, therefore, that given a correct *x*-ray diagnosis of giant-cell tumour the treatment should be by *x* rays. The second point was that *x*-ray therapy and local surgery, including the taking of a biopsy, should never under any circumstances be combined, since the two together were liable to make the tumour malignant. I saw such a case in Northampton a year ago. Dr. Haagensen thinks the extreme vascularity of these tumours

The Normal Female Pelvis

SIR,—Many practitioners will welcome the article by Dr. H. Thoms in the *Journal* of July 31 (p. 210); it is one of the first in this country to try to correlate the findings of accurate pelvimetry with practical experience in obstetrics. Nevertheless measurements of primiparae in England give different results from those obtained by Dr. Thoms in America, and do not substantiate his claim that the "mesatipellic" type rather than the "brachypellic" type is the normal pelvis in white women. I have analysed a series of 300 pelvimetric measurements in accordance with Dr. Thoms's classification, with the following result:

	Dolichopellic	Mesatipellic	Brachypellic	Platypellic
Dr. Thoms: 450 cases	15 per cent.	45 per cent.	35 per cent.	5 per cent.
Moreton District Hospital: 300 cases	7 „	26 „	54 „	13 „

In England, then, the brachypellic type is still the "normal" pelvis. Moreover, the averages for the two main measurements in my series are: conjugate, 11.5 cm., and transverse 13.5 cm.—and anatomy textbooks give the conjugate as 11 cm., the transverse as 13.5 cm. These figures, which must have been arrived at after a very great number of measurements on the cadaver, have never been challenged. Dr. Thoms does not give average measurements, but it is not hard to estimate from his paper that the conjugate diameter averages 12 cm. in America, and that the transverse diameter is, on the average, less than 13 cm. Where the measurements in two peoples of common stock like the Americans and ourselves show such large variation, it seems to be impossible to define the "normal" female pelvis more closely than by saying that it is that pelvis which will support the weight of her trunk on her legs and give passage to a full-sized child at term.—I am, etc.,

Moreton-in-Marsh, Glos., Aug. 1. CLARK NICHOLSON.

When to Operate in Appendicitis

SIR,—Even a general practitioner finds the answer to Mr. R. Rutherford's letter (*Journal*, July 31, p. 244) fairly easy. The Ochsner-Sherren expectant treatment of appendicitis cannot possibly be carried out properly save in the immediate neighbourhood of an operating theatre and a first-class surgeon. The reason for this is that in a few cases spreading peritonitis may at any moment necessitate an appendicectomy which is likely to be a difficult one. If this relatively uncommon complication arises in the patient's home during the night the following risks occur: (1) the relations, or even the nurse, will value the doctor's rest more highly than they should, and not send at once; (2) a difficult operation under bad conditions, or a bumpy ambulance journey with an ill patient, may be necessary; (3) some—and probably several—hours' delay will take place when every hour is of the utmost value.

I consider it dangerous to teach this method to undergraduates, some of whom will inevitably misapply it. The simple and uniform rule—attempt removal when diagnosed—is nearly as safe, and the Ochsner-Sherren method should be taught only to the postgraduate with surgical leanings.—I am, etc.,

Woodford Green, July 31. E. B. GROGONO.

Treatment of Laryngeal Diphtheria

SIR,—When I was in practice as a superintendent of a fever hospital I obtained a considerable experience of both tracheotomy and intubation. It was with great interest therefore that I read Dr. A. Gardner Robb's paper in the *Journal* of August 7 (p. 264). I agree with him that intubation is the operation of choice—that is, in hospital practice but not in private practice. As regards instruments, I came to the conclusion that Moreau's modification of Bayeux's tubes and introducer were the best. Dr. Robb does not mention these. Bayeux's instruments were a modification of O'Dwyer's. I am under the impression, however, that in several of the large fever hospitals aspiration has taken the place of intubation.

Dr. Robb asks for information on the subject. May I be allowed to refer him to my book (*A Textbook of Infectious Diseases*, p. 204), in which he will find some statistics, though they are not so extensive as his. Statistics on this subject that can be fairly compared are not easy to obtain. May I also refer Dr. Robb to a paper published in the *Edinburgh Medical Journal* for March, 1902.—I am, etc.,

Hemingford Abbots, Hunts, Aug. 9. E. W. GOODALL.

Anaesthesia in General Practice

SIR,—I am following with great interest the series of articles on this subject. I notice that Dr. Blomfield (*Journal*, July 24, p. 175), in discussing basal narcotics' states that "pernocton . . . never found great favour . . ." in this country. In my experience this drug has given complete satisfaction. I have used it regularly in quite a large number of cases for a period of nearly three years. It has the advantage of requiring no previous preparation of the patient and is simple to administer. A natural sleep is induced with a dose of 4 c.cm. for a normal adult almost before the needle is withdrawn, and the patient never remembers anything of the journey to the theatre or the subsequent administration of ether or gas and oxygen. There are no unpleasant after-effects, and it materially lessens the amount of ether necessary when the latter is used. It may be that I have been fortunate and that I have yet to meet some of the "snags." If there are any I will be very pleased to hear of them.—I am, etc.,

H. GARNER-EVANS, M.B.

Wellingborough, Northants, Aug. 4.

Universities and Colleges

UNIVERSITY OF LONDON

Owen William Roberts, M.D., M.S., F.R.C.S., has passed in the examination for the External Diploma in Public Administration.

UNIVERSITY OF DURHAM

Under the new statutes for the University of Durham, made in pursuance of the Act of 1935, the King in Council has appointed Professor James Fitzjames Duff to be Warden of the Durham Colleges, and Lord Eustace Percy to be Rector of King's College, Newcastle-upon-Tyne. Both appointments will take effect on September 6.