

will reach the external abdominal ring, where the cord must be infiltrated as it crosses the pubis. On completion of the infiltration the patient should be allowed to lie quietly for some twenty to thirty minutes, while the solution is taking effect, before the operation is started.

Many operations, such as evulsion of the phrenic nerve in cases of active phthisis, colostomies or caecostomies in patients dangerously ill with obstruction, may be performed with advantage under a local anaesthesia, but space does not permit of giving details of each case.

OTHER CONDITIONS

In the third class mention may be made of blocking the lower intercostal nerves, as already described, with 2 per cent. novocain and adrenaline on one or both sides.

An extensive field blocking of the abdominal wall with 1/2 per cent. novocain and adrenaline may be combined with nerve blocking or employed alone. These measures should be carried out while the patient is under gas and oxygen, and when successfully performed contribute markedly towards obtaining muscular relaxation and so limiting the amount of ether or chloroform that has to be used.

Other uses of local anaesthesia include its employment in dental work and its recent application for injection of fractures, while cocaine or its substitutes are largely utilized for nose, throat, and eye operations.

The few examples of the application of local anaesthesia given in this article, while by no means exhaustive, may serve to show its value both to the whole-time anaesthetist and to the practitioner, and may encourage its employment by those who have as yet not been tempted to try it.

Local News

ENGLAND AND WALES

West Riding Medical Charitable Society

The one hundred and ninth annual meeting of this long-established Yorkshire charity was held at Harrogate under the chairmanship of Dr. Edgecombe. The objects of this society are to help medical men who have fallen on evil times and to give financial assistance to the dependants of members who die without having made provision for them. Of late years the society has interested itself to a greater extent than formerly in securing adequate education for the children of its members. In some twenty different centres of the West Riding one or two stewards are elected to report on the financial condition of the applicants for help, and in many cases they are able to give that personal information which is such a valuable supplement to mere documentary evidence. Any grants that are made are handed to the stewards, who are given discretionary powers in the dispensing of the money. Membership now numbers 1,261, and the financial condition of the society is very sound. The invested funds amount to £55,577, and the ordinary income is about £3,100, which represents the amount derived from investments and the one guinea annual subscriptions of members. At the annual meeting just held grants amounting to £2,713 were awarded, and a special grant of £50 was again made to Epsom College towards their fund for the provision of foundation scholarships for the

sons of medical men. Dr. Wardrop Griffith, who has acted as honorary treasurer of the society for the last sixteen years, has resigned that position, and will be succeeded by Mr. Harold Collinson. At the end of the meeting the president, Dr. Edgecombe, asked Dr. Griffith to accept from the officers and stewards of the society an antique silver loving-cup as a token of their appreciation of his devoted service during his sixteen years' tenure of the office of treasurer.

Nutrition in Lancashire

The annual report for 1936 of the county medical officer of health and school medical officer to the Lancashire County Council Education Committee includes an interesting paper dealing with the nutrition of children at a council school. Some ten years ago a shop in the vicinity of this school greatly increased its turnover by providing fried chipped potatoes for children who were unable to go home for dinner. It then occurred to the head master to arrange for a well-cooked and varied midday meal at the school itself, and this scheme, by careful organization and by the delegation of the greater part of the housekeeping, marketing, and finance to the children, soon worked so smoothly that the head master found less than an hour a week to be adequate time for its supervision. The school in question serves a fair-sized village with a surrounding agricultural district. Medical surveys of 147 children, of whom rather less than a third were "school-fed," demonstrated that with the exception of one case these children were in better condition than the "home-fed." There were no badly nourished children in the "school-fed" group. The beneficial effect of the school midday dinner was most marked among the older children, who had in most cases been "school-fed" for two or three years. These striking results were obtained in a district where there is little poverty, and are attributed not to a calorific superiority but to a greater variety of diet in the school regime, for the home dinners were too frequently either stew or chipped potatoes. It is suggested that even more satisfactory results would be obtained by the application of this scheme in really poor districts.

Harlow Wood Orthopaedic Hospital

On July 28 Mr. R. H. Bernays, Parliamentary Secretary to the Ministry of Health, opened the new ward and extensions of the Harlow Wood Orthopaedic Hospital at Nottingham. These will provide twenty-one beds for male patients, rooms for about eight private patients, and additional accommodation for nurses. The total number of beds in the hospital is now approximately 155. Before the ceremony the eighth annual meeting of the hospital was held under the presidency of the Duke of Portland. The president of the hospital, the Duchess of Portland, in proposing the adoption of the annual report, said that the waiting list was larger than it had been at any time since the opening of the third ward three years ago. Mr. Bernays, in seconding the proposal, was impressed by the happy union of voluntary effort with support from employers, employees, and local authorities. He hoped that the progress made at Harlow Wood might be an incentive to the initiation of similar co-ordinated schemes in other areas. Mr. S. A. S. Malkin, supporting the adoption of the report, said that the Midland Colliery Owners' Mutual Indemnity Company had offered to give £5,000 as a contribution towards the provision of additional beds for the treatment of injured miners. This was an indication that what had been done in the past by the hospital had not only been beneficial to the men but had been a success from the financial point of view. Referring to co-operation between hospitals, he said that he hoped to see in the Nottingham area a grouping of hospitals with a joint contributory scheme, so that every patient could be admitted to the hospital best suited to deal with his or her case. Lieut.-Colonel G. A. Lewis, chairman of the Midland Colliery Owners' Mutual Indemnity Company,

handed to the president a cheque for £2,500, being the second instalment of the Company's gift of £5,000 for the provision of the new ward.

National Council of Social Service

The seventeenth annual report of the National Council of Social Service, 26, Bedford Square, London, W.C.1, has just been published under the title of *Voluntary Service* at the price of 1s. The report, which is well illustrated, gives among other things an account of the work it has done in promoting community centres in the new housing estates. It is now seven years since the National Council first took the initiative in forming a new estates community committee to consider the problem of social development in the new housing estates which surround the larger towns. It is pointed out that the evolution of the community life of the new housing estate cannot be effective without the participation of three agents: the local authority, the established voluntary bodies in the town, and the residents of the estate. It is reported that during the year no fewer than twelve local authorities have started schemes for community centres. Under the heading "The Challenge of Unemployment" the report refers to the need of the unemployed for organized help of the community, which may be given in many forms. The National Council is particularly concerned with that form which centres round the occupational club, of which there are now about 1,450 in England and Wales and Scotland. In these occupational clubs physical training has always had its place, and during the past year a special grant from the Ministry of Labour has enabled the National Council to develop it on a wider scale, a number of well-qualified instructors having been appointed.

Correspondence

The "Other Half" of Medicine

SIR,—The other day, at a psychiatric clinic where I work, I saw a patient suffering from a severe anxiety neurosis of nearly three years' duration. The documents attached to his case-sheet included a copy of a report from a distinguished physician on the staff of a well-known London teaching hospital, addressed to the patient's general practitioner, who had asked for advice. It ran as follows:

"I can find no evidence of organic heart disease in this case, and an electrocardiogram showed nothing beyond a simple tachycardia. Indeed, his symptoms could not possibly arise from the heart, and I agree with you that they are probably entirely of nervous origin. As you say, there may be some psychological factors at work which are the root of his trouble. I should favour reassuring him and continuing with the regular doses of bromide or luminal. Sometimes glucose taken between meals helps cases of this sort, and you might try it."

That type of logic surpasses belief. The case is a psychological one; therefore let us treat it by physical means! One did not have to be an orthodox Freudian to infer that the trouble might likely turn out to be psychosexual in origin on eliciting from the patient the information that he had his first anxiety attack on the day before his wedding (he had been "courting" for nine years). In the course of the interview it soon became clear that current and perfectly conscious and remediable sexual errors were responsible for the man's illness.

It is my belief that the advice which I gave to the patient and his wife will result in the spontaneous resolution of his symptoms within six months, without further

psychotherapy. It is true that I spent an hour and a half on the case, and that it only takes a minute or two to prescribe bromide and luminal. But which is the better medicine?

In my introduction to my translation of Kretschmer's *Textbook of Medical Psychology* I said: "Medical psychology is not just a psychiatric 'sideline'—although it must provide the foundations for all sound psychiatric teaching—but the 'other half' of medicine itself." That this truism is not appreciated by even the most distinguished exponents of the science and art of medicine in this country is a crying scandal. I should rejoice to be able to address the following letter to Dr. X:

"To-day I examined your patient, Mr. Smith. I agree with you that the patient is suffering from a (probably operable) cerebral tumour. I therefore recommend a course of psychoanalysis."

—I am, etc.,
London, W.1.

E. B. STRAUSS.

Blood Alcohol and Drunkenness

SIR,—The question of the relation between the alcohol content of the blood and drunkenness has been much to the fore recently, and we have received a number of inquiries concerning the methods employed in determining blood alcohol. For some time past we have been investigating the extent to which figures for blood alcohol may be relied upon in assessing the extent of drunkenness, and, while this investigation is as yet incomplete, we feel that there are a number of points which it would be of value to bring to the notice of those interested in the subject.

First, there is the question of the method to be employed. There are two methods in common use: (1) Widmark's¹ micro-method, using one or two drops of blood; and (2) Southgate's² method, in which 2 to 5 millilitres (ml.) of blood are normally used. We ourselves use a modified Southgate apparatus and adapt the technique for either one drop or 2 to 5 millilitres of blood. It should be noted that the large-scale method is inherently more accurate than the micro-method. The Widmark method suffers from the drawback that the quantity of blood available is small. In all work of this nature both duplicate and control experiments must be performed, together with tests for interfering substances, such as acetone, so that the larger quantity of blood available for the Southgate method is preferable.

To illustrate the type of results obtained with our modified Southgate apparatus the following successive experimental determinations by both micro- and macro-technique are given. Alcohol content present in samples approximately 200 mg. per 100 ml.

Samples taken	Alcohol found
1. 0.1 ml. urine	202 mg. per 100 ml.
2. 0.1 ml. "	193 " "
3. 0.135 g. blood	181 " "
4. 0.146 g. "	176 " "
5. 0.147 g. "	210 " "
6. 0.152 g. "	186 " "
7. 2.0 ml. "	187 " "
8. 2.0 ml. "	187 " "

Experiments 3 to 8 were performed on the same sample of blood.

¹ *Die theoretischen Grundlagen und die praktische Verwendbarkeit der gerichtlich-medizinischen Alkoholbestimmung*, 1932.

² *Biochem. J.*, 19, 737. (See also Evans and Jones, *Analyst*, 54, 135.)

vapour baths on alternate days. Three of the osteo-arthritic group had to have their treatment times and the temperature of the water and packs reduced considerably, and even then complained of feeling unduly tired, with an increase of pain in the joints. They were all of similar age and condition. The remaining five cases of osteo-arthritis stated that they liked the hot weather. The muscular rheumatism group also stood the treatment well, but two cases of sciatica (fibrositic type) were quite content to be immersed in water at 98° F., and have treatment on alternate days only. The weather made no difference to the cases of colitis.

The blood pressure and pulse rate were taken before and after treatment, and were found, as usual, to come down where high and go up a little where low. The general feeling of well-being, with increased appetite, was apparent in all except the three osteo-arthritics, who still felt fatigued on reduced treatment. Though the cases are taken haphazard as they came to me, there was no obvious reason for this—for example, dental or other sepsis or other disease—in these three patients. One of them comes regularly in the colder months for osteo-arthritis of both hips, and can then stand full treatment with benefit.

The following two cases of osteo-arthritis and two cases of gout show in the first case of each condition normal reaction to normal treatment, and in the second cases the modifications necessary on account of the warm weather.

Case 1.—Age 64: osteo-arthritis knees, lower lumbar vertebrae, and fingers (Heberden's nodes); blood pressure, 180/100; pulse 76, regular. Treated by mineral water, 20 oz. daily; deep bath at 102° F. with undercurrent douche to back and knees at 110° F. for last half of bath; fifteen-minute bath followed by full pack to waist line for fifteen minutes. Three baths a week on alternate days. Mud packs to back and knees for fifteen minutes; short needle douche at 101° F., followed by thirty minutes' massage to thigh muscles and back. Three treatments a week. After a week's treatment the patient was walking better, with more movement of the lower spine and no pain; blood pressure 160/97; standing treatment well.

Case 2.—Age 68: osteo-arthritis hips and sacro-iliac joints, and slightly in the dorso-lumbar region; blood pressure, 170/100; pulse 66. Treatment was as above. After second treatment complained of feeling sick and tired; gave day's rest, and prescribed electric reclining bath at 100° F. for fifteen minutes, with sponging of forehead during bath and pack, which was only used for hips; three baths a week. No complaint of sickness or undue fatigue, and patient was able to finish course, with general improvement in walking and less stiffness on getting out of chair after sitting.

Case 3.—Age 70: gout; blood pressure, 190/105; pulse 78, regular. Chronic tophi in feet and wrists. Treated by deep-flowing water baths at 102° F. for fifteen minutes, followed by light pack, cold towels to chest, neck, and forehead for fifteen minutes; three treatments a week on alternate days. Vapour baths in cabinet to 110° F. for fifteen minutes. Cold sponging to forehead during bath, and small Leiter's coil to precordium with ordinary tap-water running through, followed by needle douche for three minutes, cooled down to 98° F.; light pack; three a week. After three treatments the blood pressure fell to 170/100, and after ten to 160/100; pulse 70. This patient had our normal treatment and did well.

Case 4.—Age 63: gout; blood pressure, 160/95. Recent acute attack of gout in great toes; first on the right side and then, while still on colchicum, potassium iodide, and much-restricted diet, attacked the left great toe as well. The acuteness had disappeared, but there was still some tenderness remaining ten days after all swelling had disappeared. Deep bath prescribed as above. Patient felt very tired after the bath, and disinclined to get up for dinner that evening. On seeing him the next morning he still complained of feeling tired. Prescribed a day's rest and a vapour bath next day, which I superintended at 11 a.m. Blood pressure before treatment was 150/90; pulse 60, regular, and of fair volume. Vapour bath (cabinet), temperature gradually increased to

110° F. in five minutes, kept at this for seven minutes; cold sponging forehead, and Leiter's coil to chest; two minutes' needle douche cooled down to 95° F.; no pack. Rested under cool sheet for fifteen minutes. Directly after bath blood pressure was 150/90; pulse 56. Had an hour in bed and got up for lunch, and went for a drive in the afternoon. Next morning he said he felt well; continued this mild vapour bath daily, except Sundays, for nine days. All tenderness had disappeared, was walking well and feeling better in every way.

The number of cases observed were too few to generalize on, but the personal factor was well brought out. I rather think that the patients who could stand full treatment in hot weather got quicker benefit than they would have done in cold weather.—I am, etc.,

Bath, Aug. 18.

A. GORDON WATSON.

Insulin Hypoglycaemia

SIR,—In view of the letter from Dr. H. S. Pemberton in your issue of July 24, may I be allowed to draw attention to an abstract in the *Epitome (Journal)*, June 19, No. 490, p. 98) of a paper by R. Freudenberg. His subject is the administration of insulin shock therapy for schizophrenia. He

"draws attention to the parallel between vitamin B₁ deficiency and insulin shock. Experimentally it has been shown that in both conditions there is a lessened intake of oxygen in the grey matter of the brain. . . . Freudenberg has found that the administration of vitamins B₁ and B₂ and adrenal cortex hormone has succeeded in interrupting coma in non-reversible cases of insulin shock. . . . The author claims that the administration of vitamins B₁ and B₂ is a valuable therapeutic agent in making insulin shock therapy safe."

No information is given as to whether the obvious extension of this experiment to diabetes has been tried, but it seems that vitamin B might possibly prove of use in such cases as those mentioned by Dr. Pemberton, and even more so in cases treated by protamine zinc insulin, where delayed overaction of the insulin is so hard to counteract.—I am, etc.,

Bathford, Aug. 9.

A. G.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

John Hart-Mercer, M.B., Ch.B.Ed. has been elected to the Gwyneth Pretty Studentship for three years from October 1, and he has been awarded the Nita King Scholarship for the same period.

At a congregation held on July 30 the following medical degrees were conferred:

M.D.—*J. D. Procter, W. B. A. Lewis.

M.B., B.Chir.—*E. M. Evans, *P. Kidd, *C. R. Morison, *G. O. Richardson, *G. M. Fleming, *C. D. Anderson, *H. A. Brook, *T. P. H. McKelvey, *E. F. Aubert, *I. A. Guest, *P. F. Barwood, *J. O. Collin, *W. H. Ekin, *M. T. Parker, *E. A. Pask, J. F. H. Bulman, R. C. B. Barbor, F. S. Cosh, E. B. French, H. Haigh, J. P. Reidy, W. B. Waterfall, R. C. S. Dick, C. J. S. Sergel, R. W. Watts, J. P. Singer, C. T. A. Burgess, J. N. Fell, J. C. Gilson, E. A. G. Goldie, C. E. D. H. Goodhart, J. N. Horne, R. W. Markham, J. H. Moir, A. K. Pardhy, K. M. M. Sheldon, H. R. Wynne, I. G. Braddon, A. C. Cunliffe, W. G. Murray-Browne, R. C. Neville, M. Feiwei, C. M. Dickens, T. P. Myles, C. G. Scorer, P. H. Willcox, R. F. Ashwin, R. Edwards, N. F. Coghill.

* By proxy.

During the month of July the titles of the degrees of M.B., B.Chir. were conferred on M. B. Billington and G. M. S. Caldwell of Newnham College, and that of M.B. on E. M. Wright of Girton College.