Local News

ENGLAND AND WALES

Epsom College Pensions

Later on in the year the Council of Epsom College will award two "France" pensions of £30 per annum each to duly qualified medical men in reduced circumstances. Candidates must be not less than 55 years of age, and, if single, must not be in receipt of an income, independently of any allowance from the College or the Royal Medical Benevolent Fund, of more than £100 per annum. If married, the combined incomes of the candidate and his wife must not exceed £150 per annum. Forms of application may be obtained from the Secretary, Epsom College Office, 49, Bedford Square, London, W.C.1.

Child Welfare in Wales

Speaking at the opening of a new maternity and child welfare centre at Glyn Neath during his official visit to South Wales last week, Sir Kingsley Wood said a child population, healthy and sound, was more than ever important to-day, not only for the sake of the children but because the fall in the birth rate had reduced the proportion of young lives in our population while the fall in the general death rate had increased the proportion of the older people. Infant mortality in England and Wales remained at a low level, and during the last ten years the rate of mortality had been less than half what it was at the beginning of the century. This had been largely due to the efforts of the State and the local authorities and voluntary agencies by the improvement in the environment of the child. Social, domestic, and sanitary and better housing conditions had played a great part. While the arrangements for supervising the health of children under the age of 18 months or 2 years were generally satisfactory, he desired to see a more systematic and periodical health visiting of all children under 5 who did not attend school. The further establishment in certain areas of special "toddlers clinics" and of day nurseries was also well worth while. Local authorities had in the main spared no trouble in making provision for destitute children in suitable homes, but perhaps the most important thing to-day was to find the right people to look after the children. Buildings were important but far less so than the staff. Children should not be retained in institutions but in homes under the guidance of people who studied their needs and made them useful citizens. In Wales there had been a continued and considerable expansion of services. In 1926 there were thirteen ante-natal clinics at which about 10 per cent. of expectant mothers attended; to-day there were 104 such clinics, and about 40 per cent. of the mothers attended them. In 1926 there were 250 infant welfare centres and there were over 300 to-day, and nearly 70 per cent. of the children under 5 attended them. He was glad to see that the Commissioner had been able to give, or had undertaken to give, grants towards the erection of twenty-four maternity and child welfare centres.

In an address later in the week to the representatives of the Welsh local authorities at Cardiff, the Minister said he hoped early in the new Session to introduce in the House of Commons two important measures, one to reduce the age limit for the award of pensions to the blind and the other to provide medical care for young persons who had left school.

There was still a considerable housing programme to be undertaken, at least 300,000 new houses being required to complete the slum clearance and overcrowding programme within the present statutory standard. New financial housing provision would have to be determined by Parliament early next year. In co-operation with the industry he hoped to make proposals for securing a reduction in the price of liquid milk to local authorities for the purpose of their maternity and child welfare arrangements. Local authorities would be in a position to extend their present schemes, under which milk was made available either free or at a reduced price, as circumstances might require. The expenditure of local authorities in South Wales on milk and food had more than trebled in the last ten years, and he hoped this policy of extension would be continued. There had been two important achievements in Wales during the past year: both the infant mortality rate and the tuberculosis death rate were the lowest so far recorded in Wales. But while this was gratifying, there were many conditions in the country that called for further treatment and attention.

Light for the Blind

In 1903 Miss Winifred Holt (now Mrs. Mather) and her sister became interested in the welfare of the blind, and founded an association, which three years later became the New York Association for the Blind, to prevent unnecessary blindness and to enable the blind to help themselves. The association flourished exceedingly, and on August 13 Mr. and Mrs. Rufus Mather told an interesting story of the work done by what has now become an international organization. The meeting was held by the kind permission of the Master and Wardens in the Clothworkers Hall, Mincing Lane. An account was first given in simple untechnical language of the association's projects, and two films were shown to demonstrate how an illiterate public could be taught to avoid preventable blindness. Short legends were appended to explain each scene, and these legends could be translated into the language of the country where they were being shown. Preventable blindness, it was explained, might be grouped under the headings of bad living conditions, dirt, insufficient nourishment, industrial accidents, improper lighting, trachoma, and ophthalmia neonatorum. Much had already been done in the United States, South America, and the West Indies. Mr. and Mrs. Mather had personally visited Norway, Denmark, Poland, Hungary, Egypt, Turkey, India, China, and Japan. In each country they had received help and encouragement from the heads of the administrative departments, and as the journeys had been made at their own cost the association had not been put to any expense.

SOUTH AFRICA

Pneumonia in Rand Miners

The report for 1936 of the health department of the Central Mining Rand Mines Group includes a survey of the incidence of pneumonia among the miners and the steps taken to combat this disease. In 1936 lobar and bronchopneumonia accounted for 4.46 per cent. of the total morbidity, and for 36.91 per cent. of the total mortality. Since the figures as far back as 1915 were 6.8 per cent. and 36.41 per cent. respectively, it appears that progress in dealing with this question has not been too satisfactory. During the first decade of the century the mortality from pneumonia alone was nearly twice the present mortality from all diseases, and to this factor may be partly attributed the prohibition of the recruitment of natives from north of latitude 22 degrees south. The practice of inoculation at first produced favourable results, but in recent years its protective value appears to have become negligible. It was suggested that this might be due to a change, clinical or bacteriological, in the type of pneumonia encountered. Careful investigation, however, disproved this theory. The report quotes a statement from the *American Journal of Public Health* (December, 1936) that "at the present time the chief reliance in the field of

prevention must be placed on isolation of the patients." Large-scale therapeutic trials were carried out with massive doses of vitamin A in the form of liver, liver extracts, or concentrated oil preparations. Although favourable results were at first obtained, a further and more extensive trial led to the conclusion that administration of vitamin A had no advantage over symptomatic treatment. Nor did the employment of sodium nucleinate, quinine, pneumococcal vaccine, serum, "omnadin," or "aurodetoxin" produce any significant results. The report summarizes the question by stating that intelligent symptomatic treatment and good nursing still constitute the best means of combating pneumonia as it affects natives employed in mines.

Correspondence

Expulsion of Placenta Praevia in Advance of Foetus

SIR,—Dr. J. W. Nankivell's graphic description, in your issue of September 11 (p. 527), of one of the most unusual happenings in midwifery practice must have interested all ardent obstetricians. The likelihood of such an occurrence is greatly lessened in these days by the improved modern methods of management of cases of unavoidable haemorrhage—even Caesarean section in certain instances of the complete placenta praevia. Things were very different in the last and preceding centuries, and the writers of those days make many references to cases in which the delivery of the afterbirth preceded that of the child.

William Smellie himself describes cases and discusses their possibilities. Dr. Nankivell would, I am sure, enjoy reading Case 158 (McClintock's edition; vol. ii). Called by a midwife to a case of flooding, Smellie "found the placenta pushing through the external os [the term in his day for the vaginal orifice]; and the delivery of this was immediately followed by that of the child, which was alive, although the placenta came first. The midwife told me that when she found the placenta presenting, she was cautious of touching it with her fingers, remembering that when she attended my lectures I had observed that the death of the child, in flooding cases, might be owing to its losing blood from the laceration of the cake." Later he says, "but in such cases the child is commonly dead."

Amongst other writers Francis Mauriceau (in 1683) and Pierre Dionis (1729) describe these cases, and they both refer to "an old Practice amongst Midwives, to warm Wine in a Skellet, and put the after-birth into it before they separate it from the new-born Child; fancying that the Spirits of the Warm Wine are carry'd to the Child by the Navel String, and bring it (as they express it) to Life again. But tho' this is of no service to it, the Surgeon must by no means declare against it; for if the Child, having lost too much Blood, recovers not, the good Women will not fail to charge him with the murder of it."

This rare natural occurrence has even been advocated as a desirable method of treating certain cases of placenta praevia. Sir James Simpson, in 1841 and 1844, read papers before the Obstetric Society of Edinburgh to suggest and support this line of treatment. He considered it less dangerous, and one can see his point, than the practice then prevalent of forcibly extracting the child as quickly as possible after turning it, whatever the degree of dilatation of the cervix.

In Dr. Watt Black's *Selected Obstetrical Works* of Sir James Young Simpson (Edinburgh, 1871) there is given a "general tabular view of one hundred and forty-one cases in which expulsion or extraction of the Placenta preceded the birth of the child."

All's well that ends well, but I feel certain that Dr. Nankivell, and the family doctor who acted so promptly, would like to have had available for such a case a similar Maternity Emergency Service to that which Professor Farquhar Murray started in Newcastle-on-Tyne in 1935. Dr. Smellie would have given the opiate Dr. Nankivell prescribed, but how delighted he would have been to witness the improvement in the woman's condition brought about by the house-surgeon's intravenous saline and Dr. Facey's blood-transfusion.—I am, etc.,

Sheffield, Sept. 11. MILES H. PHILLIPS.

The "Other Half" of Medicine

SIR,—In your issue of August 28 Dr. Strauss saw fit to publish in full a letter written to another medical man about a patient. After some remarks Dr. Strauss states his belief that treatment given by him will result in a spontaneous remission of this patient's symptoms within six months.

Dr. Strauss's method of advocating the treatment he practises is not unfamiliar in connexion with forms of therapy employed outside the medical profession, but inside the profession, at least in the half to which I belong, it is still regarded as objectionable. May I venture to hope, Sir, that in future you will discourage the publication within your columns, by third parties, of reports from one medical man to another, whether for purposes of disparagement or otherwise.—I am, etc.,

London, W.1, Sept. 8. D. EVAN BEDFORD.

Sulphanilamide in the Treatment of Gonococcal Infections

SIR,—The necessity for a specific remedy in cases of gonococcal infection is so great as to be an international problem. Any research with this object in view is to be encouraged, particularly as gonococcal infection has long been a Cinderella among diseases from the aspect of investigation. It was therefore with considerable surprise that we read in your columns of September 11 the deprecatory account of the clinical value of sulphanilamide in gonococcal infections. The statement by Dr. Anwyl-Davies that sulphanilamide administered orally in acute cases of gonorrhoea is ineffective cannot be allowed to pass unchallenged.

During the last fourteen months we have had considerable interest in the action of *p*-aminophenylsulphonamide (prontosil album) in the treatment of gonococcal infections, and during this period it has been used in about 100 cases. Our early experiences showed that with an oral dosage as low as grains v t.i.d. occasional cases were seen showing rapid and marked improvement. With this dosage the number of cases responding were few but encouraging. Later, various schemes with a larger dosage were instituted, including the dosage utilized by Dees and Colston.

Recently we have given prontosil album orally in doses of grains xv t.i.d. for several weeks if necessary. Cases of acute gonococcal urethritis in the male have received this amount, some with no other treatment, some with daily irrigation with saline, and some with daily irrigation with pot. permang. 1 in 8,000. We have found that

population of 2,500. The teeth of the children from 18 months upwards are rotten, and children at school have to wear dentures. The supply of cow's milk is limited, and one cannot hope for good milk from cows fed on such poor, acid soil, although the poor beasts do their best to maintain their strength by going down to the beach to eat seaweed.

The problem for us in Great Britain, and especially for the medical profession, is whether we as a nation are justified in continuing to allow women to give birth to children under circumstances which make it impossible for them to rear them on good healthy lines? Are we to allow the breeding of fragile children for the sake of retaining a colony?

In my opinion the time has arrived when a Royal Commission should be appointed to go into the whole problem of the conditions under which so many of our brothers and sisters who live in our colonial possessions are obliged to pass their lives.—I am, etc.,

Swansea, Sept. 8. G. ARBOUR STEPHENS.

The Shopman's Finger Lick

SIR,—Is it not time for the health authorities to take serious notice of the filthy habit of many shop assistants and others, especially those employed in shops where comestibles are sold, of licking their fingers before taking paper or bags for wrapping the food. To what extent is this habit responsible for the spread of infectious diseases? For every one of such persons may well be a potential carrier. This custom does not exist in every shop, but for all that is fairly common. I have myself walked out of a shop and left the goods on the counter. The habit is filthy, insanitary, and unnecessary, and appears to be a result of ignorance and bad training.—I am, etc.,

Clifton. HUBERT C. BRISTOWE.

The Services

DEATHS IN THE SERVICES

Surgeon Captain ERNEST FITZGERALD ELLIS, R.N. (retired), died at Bridgnorth on August 15. He was educated at University College, London, and took the M.R.C.S. and L.R.C.P. in 1901. Entering the Navy soon after, he attained the rank of surgeon commander on February 11, 1915, and retired as surgeon captain on January 7, 1924. He was appointed final medical examination officer of naval recruiting at Birmingham on May 25, 1926. He leaves a widow and a daughter.

Lieut.-Colonel CHARLES WILLIAM HENRY WHITESTONE, R.A.M.C. (ret.), died at Charmouth on August 23, aged 72. He was born at Waterford on November 27, 1864, the youngest son of the late Berkeley E. Whitestone of Dublin, and was educated at Trinity College, Dublin, where he graduated B.A., M.B., B.Ch., and B.A.O. in 1887. After serving as house-surgeon at Sir Patrick Dun's Hospital, Dublin, he entered the Army as surgeon on January 31, 1891; he became lieutenant-colonel on February 13, 1913, and retired on November 17, 1919. He served on the North-West Frontier of India in 1897-8, when he took part in the campaign on the Malakand, receiving the frontier medal with a clasp; and in the South African War from 1899 to 1902, when he took part in operations in Cape Colony, the Orange River Colony, and the Transvaal, and gained the Queen's medal with three clasps and the King's medal with two clasps.

Lieut.-Colonel GEORGE THOMAS LANGRIDGE, R.A.M.C. (ret.), died at Bournemouth on August 28, aged 88. He was born at Bath on May 9, 1849, was educated at Bart's, and took the M.R.C.S. and L.R.C.P.Lond. in 1871. After acting as house-surgeon at the Seamen's Hospital, Greenwich, he entered the Army as surgeon on September 30, 1873, passing in first. At the Army Medical School at Netley he gained the Herbert prize, and was first officer to receive his commission as surgeon immediately on joining after the abolition of the rank of assistant surgeon. He attained the rank of brigade-surgeon-lieutenant-colonel on July 22, 1896, and retired on August 2, 1899. He served in the second Afghan War in 1879-80, when he took part in the Battle of Charasiah, the two expeditions to Maidau, the affairs at Karatiga, Kila Bahadur Khan, Berai-Badam, the capture of the heights at Yukht-i-Shah, and the defence of Sherpur, receiving the medal with two clasps. He also served in the first Boer War in 1881 with the Natal Field Force, and in the Transvaal campaign. He was a member of the British Medical Association for nearly forty-nine years, having joined on July 28, 1885, and resigned on December 31, 1933.

Major ROBERT HAMPDEN CLEMENT, R.A.M.C. (ret.), died at Southampton on July 23, aged 76. He was born on October 31, 1860, was educated at the Carmichael School, Dublin, and took the L.K.Q.C.P. and L.R.C.S.I. in 1883. Entering the Army as surgeon on August 2, 1884, he became surgeon-major after twelve years' service, and retired on August 3, 1904. He served in the Sudan in 1884, in the expedition up the Nile, and in the South African War in 1900, taking part in operations in the Orange River Colony and receiving the Queen's medal with two clasps. He also rejoined for service in the war of 1914-18, from August 6, 1914.

Major CHRISTOPHER JAMES HEALY, R.A.M.C. (ret.), died in Dublin on June 25, aged 72. He was born in Dublin on October 21, 1864, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch. in 1887. After filling the post of house-surgeon at the Adelaide Hospital, Dublin, he entered the Army as surgeon-captain on July 28, 1891, became major after twelve years' service, and retired on July 28, 1911. He served in the Tirah campaign on the North-West Frontier of India in 1897-8, when he took part in the Mohmand campaign (medal with clasp), and in the operations in the Bara Valley (clasp); and in the South African War in 1901-2, in the operations in Cape Colony, receiving the Queen's medal with three clasps.

Major THOMAS EDWARD MOLES, R.A.M.C., died at Cairo on July 12. He was educated at Belfast University, where he graduated as M.B., B.Ch., and B.A.O. in 1925, immediately afterwards entering the R.A.M.C. He became major on January 26 last.

Universities and Colleges

LONDON HOSPITAL MEDICAL COLLEGE

The second open entrance scholarship, value £100, offered by the London Hospital Medical College, has been awarded to E. O. Williams of Exeter College, Oxford.

The directors of the Commonwealth Fund of New York have created a number of Commonwealth Fund Service Fellowships, tenable at American universities, not more than five of which will be offered in 1938 to persons holding appointments over-seas under the British Government, the Government of India, or the Government of a British Dominion, Colony, Protectorate, or Mandated Territory. Candidates must be of British descent and not have attained the age of 35 on September 1 of the year of award. They must submit a definite scheme of research work or advanced study to be carried out during their residence in the United States, and must produce evidence of their capacity to pursue it with advantage. Fellowships are tenable for a minimum period of fifteen months and a maximum period of twenty-four months, which will run from the date of departure from the country in which the Fellow is engaged in Government service to the date of his return. Applications, on the prescribed form, must reach the secretary, Commonwealth Fund Fellowships, 35, Portman Square, W.1, by February 1, 1938.