

Local News

ENGLAND AND WALES

Tuberculosis in Wales—Committee of Inquiry

The Minister of Health has sent a letter to Lord Davies, as president of the King Edward VII Welsh National Memorial Association, announcing the appointment of a small committee of inquiry into the working of the arrangements for the prevention, treatment, and after-care of tuberculosis in Wales. The appointment of this committee was foreshadowed by Sir Kingsley Wood during his recent visit to South Wales. His letter states that Mr. E. Clement Davies, K.C., M.P., has agreed to act as chairman, and Dr. F. J. H. Coutts, C.B., as the other member. Dr. Coutts was for many years a senior medical officer of the Ministry, and has had long experience of the administrative and other problems connected with tuberculosis. The secretary of the committee will be Mr. D. J. Wildgoose, Ministry of Health, Whitehall, S.W.1. The terms of reference of the committee are:

To inquire into the working of the arrangements for the prevention, treatment, and after-care of tuberculosis by local authorities in Wales and Monmouth through the agency of the King Edward VII Welsh National Memorial Association and otherwise, and to advise whether any, and, if so, what, steps should be taken to improve these arrangements and, in particular, whether and in what respects the scheme made under Section 102 (3) of the Local Government Act, 1929, for the Third Grant Period should, having regard to the cost of public health services in Wales, be amended.

Tuberculosis in Manchester

The report for 1936 on the health of Manchester records that the notification and death rates for tuberculosis during the year constituted a low record figure. Although notifications of non-pulmonary forms of the disease show a very slight diminution, the main decline is in pulmonary cases. This decline has now been continuous for five years. The report stresses the importance of proper treatment at the earliest manifestation of the disease. Delay is especially noticeable in patients of the age group from 65 onwards. Thus in this group there exist a large number of active, chronic tuberculous individuals who constitute a potential source of infection to their families. Efforts are being made to secure the examination of contacts of such patients, especially the young adults. The report deplores the valuable time lost because patients frequently resort to nostrums advertised in the lay press before visiting a doctor. The clever pseudo-medical advertisements of these remedies are characterized as mischievous and dangerous. Although the year was somewhat unfavourable for other respiratory diseases, the death rate from pulmonary tuberculosis was only 0.87 per 1,000. The effect of fog on persons suffering from pulmonary tuberculosis was very definite; with the coming of the first fogs the deaths from this disease increased rapidly. For example, in the January and February fogs the deaths rose from an average of 14 during the preceding weeks to 15, 18, and 20 per week. Again, in two spells of fog in the autumn the figures of 16 and 24 deaths per week were reached. The average weekly death rate for the whole year was 13.

Health Aspects of Smoke Abatement

Coincident with the start of the campaign for improving the health of the British nation came the ninth annual conference of the National Smoke Abatement Society at Leeds last week. In his presidential address on October 2 Dr. H. A. Des Voeux urged the reiteration of the ancient Greek ideal of clean and open cities freed from slums on

earth and polluted atmospheres. He recalled that coal was not used in England before 1239, and that conditions had grown worse with advancing industrialism and inadequate sewerage. Mr. J. E. Acfield indicated the importance of considering the location of high-power electricity generating stations when residential centres were being planned. He added that only three of thirty new buildings of any magnitude erected since April, 1930, in the central area of Leeds used raw coal as fuel, and this had been brought about without the corporation having had to exert any pressure. There were now in that city 4,200 new dwelling houses and cottage flats equipped with ranges specially designed for burning coke, and all buildings now being erected on housing estates were being so furnished. Ventilation problems in such cases had as yet not been entirely overcome, and gas fires presented difficulties in this respect as well as in regard to the cost of gas. Mr. Charles Gandy, chairman of the executive committee, pleaded for smokeless zones in towns as being a primary obligation of the town planner. Dr. R. Veitch Clark, medical officer of health for Manchester, thought that the existing legal powers were not being utilized enough. Only a statutory smoke board for a regional area could secure effective administration, and he called attention to the parallel in the case of joint river boards. Dr. Matthew Burn, deputy medical officer of health for Birmingham, discussed the work of statutory and advisory committees, pointing out that a great deal more could be done with the powers already available. Close and effective co-operation with manufacturers would be of great value in achieving the objective of a cleaner atmosphere. Councillor W. Asbury, chairman of the Sheffield, Rotherham, and District Smoke Abatement Committee, explained how research had rendered certain metallurgical processes nearly smokeless; low-temperature furnaces were only successful when using gaseous fuel and electricity, though progress had been made recently with the use of pulverized coal. Dr. W. M. Frazer, medical officer of health for Liverpool, mentioned the fear that smoke by-laws might discourage new industries, and stressed the value of intensified education in respect of smoke abatement and fuel economy. Successful classes were being conducted by the West Lancashire and Cheshire Regional Smoke Abatement Committee in collaboration with the Liverpool University School of Hygiene. He thought that the mass rate of emission of pollution from domestic smoke required more forcible action, and that the time had come to organize a national effort to promote smoke abatement. Dr. J. Johnstone Jervis, medical officer of health for Leeds, described what had been done in part of the West Riding as illustrating what could be achieved under the existing legislative powers; the greatest source of discomfort had been found to be the older and more obsolete coal-mining plants.

AUSTRALIA

A Febrile Disease in Queensland

The annual report (1936-7) of the Walter and Eliza Hall Institute of Research in Pathology and Medicine, Melbourne, contains observations on what appears to be a new disease. In the course of the last three years some thirty cases of febrile disease have been observed in Queensland. The fever does not conform to any of the usual clinical types, nor has investigation along orthodox bacteriological lines established its aetiology. The disease has been provisionally termed "Q. fever," while Queensland rickettsial fever is also suggested as a suitable name. The local investigator of the cases, Dr. E. H. Derrick, found that a mild febrile reaction occurred in guinea-pigs inoculated with blood taken from a patient at the height of his fever. This guinea-pig fever was indefinitely transmissible in the guinea-pig by blood or liver emulsion, but no pathological changes could be detected. After recovery the animals proved to be immune both to infective guinea-

pig liver and to infective blood from human patients. Further studies, prosecuted by the Institute, failed to demonstrate the presence of cultivable bacteria, leptospirae, rickettsiae, or protozoa in infective guinea-pig tissues. The agent was found to be filterable with difficulty through relatively permeable gradocol membranes. The reactions of other animals were then tested. The rhesus monkey reacted with a well-marked fever, and its blood during the febrile period was infective to guinea-pigs. In mice inoculated intraperitoneally, although the infection rarely proved fatal, marked enlargement of the spleen occurred, together with moderate enlargement and distinct histological changes in the liver. Rickettsial bodies were observed in sections and smears of enlarged spleens situated in the cytoplasm of cells in the splenic pulp, forming rather sharply outlined microcolonies of closely packed organisms.

Subsequent studies showed that the infective agent in mouse spleens was identical with that in guinea-pig liver. After many mouse-to-mouse passages enlarged spleens were sent frozen by air to Brisbane. These produced typical fever in normal guinea-pigs, but none in guinea-pigs immune to another strain of the infective agent, obtained initially from a different patient. Thus the available evidence tends to incriminate the rickettsiae as the actual infective agents. So heavy is the infection in mouse spleens that it has been possible to secure by differential centrifugation emulsions with large numbers of rickettsiae and very little tissue debris. Preliminary experiments indicate that these emulsions are specifically agglutinable by convalescent sera from guinea-pigs and a monkey, and by one of two convalescent sera from human cases of "Q. fever" at present available. It is suggested that this indication, if established by further studies, should furnish a valuable means for the epidemiological investigation of the human disease.

Correspondence

Spinal Anaesthesia for Caesarean Section

SIR,—In my book on *Caesarean Section* (1927) I stated that I had never employed spinal anaesthesia in cases of Caesarean section, on account of the increased risk to the mother which it entails. During the last ten years many cases have been published in which death or severe disabilities—meningitis, paralysis, severe headache, etc.—were due to this method of treatment. In the July number of the *Bulletin de la Société d'Obstétrique et de Gynécologie de Paris* (p. 588) two cases are described of low Caesarean section in young healthy women in which fatal syncope occurred within one to three minutes of the spinal injection. In the discussion of the cases it was stated that Professor Brindeau and Professor Brouha had had several fatalities, and that the latter had in consequence abandoned spinal anaesthesia in cases of Caesarean section. Professor Voron alluded to the special bulbar sensibility of women in labour to the action of cocaine compounds, and added: "Undoubtedly we ought to give up the employment of a mode of anaesthesia which otherwise possesses such incontestable advantages." De Lee (*Obstetrics*, 1933, p. 319) writes: "Krönig said spinal anaesthesia is dangerous in pregnancy and labour, and present experience with all the drugs sadly confirms this." Winter and Halban (*Lehrbuch der Operative Geburtshilfe*, 1934) also call attention to the danger of spinal anaesthesia in women who are pregnant or in labour: "for general practitioners the question of its use does not arise." For the foregoing reasons I was

sorry to find, in Dr. H. K. Ashworth's important article on spinal anaesthesia (*Journal*, October 2, p. 671), Caesarean section given as an indication for that method of anaesthesia which the eminent obstetricians mentioned have concluded should be abandoned in favour of general or local anaesthesia for this operation.—I am, etc.,

London, W.1, Oct. 2.

HERBERT R. SPENCER.

Pernicious Anaemia and Diabetes Mellitus

SIR,—The two cases of pernicious anaemia and diabetes mellitus described by Dr. H. G. McGregor (September 25, p. 617) are of interest since this combination is relatively uncommon.

In 1933 I reviewed my series of cases and suggested then that the combination was most possibly a coincidence. Since then I have observed in a series of nearly one thousand cases of pernicious anaemia thirteen definite examples of diabetes mellitus coexisting in the same individual, while two others are known to have had intermittent glycosuria for many years. Of the thirteen patients six were males, aged between 34 and 65 years, and seven were females, aged between 45 and 66 years. Pernicious anaemia was first diagnosed in six patients, two months, one and a half, three and a half, four, four and a half, and six years respectively before the diabetes mellitus; symptoms of diabetes mellitus were first noted in four patients, one, five, ten, and twenty-six years respectively before the pernicious anaemia; while in the remaining three the two conditions were diagnosed simultaneously.

The hereditary factor may be of some significance, since I have often noted not only the occurrence of pernicious anaemia or subacute combined degeneration of the spinal cord in different members of one family, but also families in which other members have had diabetes mellitus, microcytic anaemia, or simply achlorhydria (Wilkinson and Brockbank, *Quart. J. Med.*, 1931, 24, 219). Achlorhydria appears to be the most frequent common factor in the two conditions, since it is almost invariable in pernicious anaemia, and Dr. T. H. Oliver and I found that it was present in a large percentage of diabetics—an observation that has been noted by others. Since the majority of cases of pernicious anaemia are first diagnosed between 40 and 60 years of age it will be interesting to follow up from this point of view the large number of diabetics now in that age period as a result of the highly successful modern diabetic treatment. Particular attention should be paid to those diabetics with achlorhydria and with diabetic neuritis.

The treatment of patients with pernicious anaemia and diabetes mellitus does not present any greater difficulties than may occur in the separate diseases. Each disease can be treated adequately in the appropriate manner without interference from the second treatment, and my experience is that less insulin may be needed while greater amounts of anti-anaemic substances are unnecessary. With increased—almost normal—expectation of life for patients with pernicious anaemia it is now necessary to remember that they may develop other diseases to which the normal individual is liable. Consequently, changes in the character or an apparent return of the symptoms when taking adequate treatment must be investigated carefully—thus, a sudden loss of weight may indicate diabetes mellitus, neoplasm, phthisis, thyrotoxicosis, etc., all of which have been noted, although not often, in my series during the last nine years.—I am, etc.,

Manchester, Sept. 30.

JOHN F. WILKINSON.

commoner. It is also curious that it did not get hung up in the journey down. At the same time it had a very good chance of getting through, as there was nothing to "strike" the barb in, and the point was probably not too sharp from rust.—I am, etc.,

London, E.C.2, Sept. 27.

E. B. LATHBURY.

"Qualification £3,000"

SIR,—I feel that the following advertisement, which has appeared recently at least twice in the "agony" column of *The Times*, is worthy of being kept on record in case the British Medical Association ever has to deal with another Osteopathy Bill, or with a Chiropractors' Charter.

PARTNER, Osteopath or Chiropractor, either sex, **REQUIRED** in a large established Ophthalmic practice. Qualification £3,000.—Write Box —, The Times, E.C.4.

As no osteopath will admit that chiropraxis has any virtue, and the chiropractors are equally scornful about osteopathy, it becomes apparent that to treat and cure eye diseases the one thing needful is—the needful!—I am, etc.,

Woolton Hill, near Newbury, Oct. 2. HENRY ROBINSON.

Obituary

J. ALLMAN POWELL, M.D.

Physician and Anaesthetist, Cheltenham General Hospital

We regret to announce the death on September 29 of Dr. John Allman Powell, honorary physician and honorary senior anaesthetist to the Cheltenham General and Eye Hospitals, and consulting physician to the Tewkesbury Hospital. He was born in 1884, eldest son of the late Dr. B. C. Powell of Roscrea, Co. Tipperary, and studied medicine at Trinity College, Dublin, where he had a brilliant academic career, graduating B.A., B.Ch., and B.A.O. in 1907, and proceeding to the M.D. in 1910. After winning prizes in the University and holding a scholarship and resident posts at the Adelaide Hospital, Dublin, Dr. Powell was appointed resident medical officer at the Wolverhampton General Hospital. He began practice in Cheltenham in 1913, and the following year married Nora Kathleen, daughter of G. N. Oulton, K.C. He served three years with the R.A.M.C. during the war. In 1923 he was appointed as a physician to the Cheltenham General and Eye Hospitals. In 1935 he was elected president of the Gloucestershire Branch of the British Medical Association, but shortly before he was due to take office he was stricken by a coronary thrombosis, and a second attack two years later ended his life. Dr. Powell knew no fear, nothing daunted him to the last moment of his life. Within some months of his first attack he delivered his presidential address to the Branch: it was characteristic of the man, enforced rest was the one thing he was intolerant of. He had a large practice, and his reputation as a sound physician caused his opinion to be widely sought and much valued by his colleagues. He threw himself into his hospital work with enthusiasm. He made a special study of diabetes, and designed a clinical chart for correlating the dosage of insulin with the rise and fall of sugar in the urine and the amount of calories in the diet. Recently he had been doing valuable work in the use of the oxygen tent, and had demonstrated its use

at meetings of the B.M.A. at the hospital. At the annual summer clinics given by the staff of the hospital his lectures were distinguished by common sense and clarity enlivened by a spontaneous wit that drove his views home to his audience. For the same reason he was the most welcome of speakers at meetings of the local Branch of the B.M.A. His remarks proved his wide reading, and yet were made with a modesty and puckish humour that were all his own. The funeral took place at the Cheltenham Parish Church, and though the memorial service had been notified as for personal friends and relatives, the church was filled, and over forty of his profession were present.

Dr. J. B. Davey writes:

The death of Dr. Allman Powell has brought sorrow to hundreds of homes, rich and poor, in Gloucestershire. In Allman, as he was affectionately known to his colleagues, were combined a wide knowledge of medicine with great resourcefulness. He was at his best, perhaps, in an emergency. Then a decision was quickly reached and promptly acted upon. Until everything that could be done for the patient had been done he gave himself and anyone whom he had called in to assist no rest. When to others all hope seemed to be lost Allman would stick to his patients, and at times seemed to compel them to recover by his infectious optimism. A very skilful anaesthetist, he was in great demand by surgeons in difficult cases. Intensely interested in his profession, he had the knack of rapidly extracting the important facts from a book or lengthy paper, and was ever eager to give his patients the benefit of any new and promising methods of treatment or diagnosis. An enthusiastic supporter of the B.M.A., he frequently contributed papers or in discussions at the meetings of the Gloucestershire Branch, and his election to its presidency about three years ago afforded him the liveliest satisfaction. Unfortunately symptoms of the disease which ultimately proved fatal declared themselves shortly before he was due to assume office, and his activities as president were much curtailed in consequence. The loss of an eye at hockey some years ago debarred him from ball games, but on a horse or in waders with a rod he could hold his own with most sportsmen. Indeed it was a real delight to watch him cast a fly in an awkward position. He enjoyed all that is good in life, but few things more than a day's fishing. As companion on a holiday he was ideal. A very charitable and generous nature, complete absence of professional jealousy and a genuine desire to help colleagues in any difficulty endeared Allman Powell to practitioners all over the county. He was a most lovable man.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation of the Senate, held on October 1, Professor H. R. Dean, M.D., Master of Trinity Hall, was admitted to office as Vice-Chancellor. In the course of his valedictory address the outgoing Vice-Chancellor, Mr. G. H. A. Wilson, Master of Clare College, mentioned the offer of a very large sum from the International Educational Board of the Rockefeller Foundation for new buildings and endowment for study of the biological sciences; the bequest of £100 from the late Lady Allbutt for the Cambridge medical school library; the signing of a contract for the new anatomy building; and the approval given for establishment of new laboratories for research in clinical medicine.

UNIVERSITY OF LONDON

The late Mrs. Florence Joy Weldon of Oxford bequeathed her residuary estate upon trust for the foundation at the University of London of a Professorship of Biometry for the higher statistical study of biological problems in memory of her husband, the late Walter Frank Raphael Weldon, at one time Jodrell Professor of Zoology at University College, London. She wished the professorship to be associated with University College, in the hope that the close friendship between her husband and the late Sir Francis Galton might be perpetuated in the active association of the Weldon and Galton Professorships.

The University accepted the benefaction with gratitude, and a trust deed has now been approved by all the parties concerned. The chair has been established at University College, the first holder being Professor J. B. S. Haldane, F.R.S., who took up his appointment on October 1.

UNIVERSITY COLLEGE

A course of ten lectures on "Biometry" will be given by Professor J. B. S. Haldane, F.R.S., at University College, Gower Street, W.C., on Tuesdays, at 5 p.m., beginning October 12. The course is open without fee to students of the University registered in the Faculties of Science and Medical Sciences.

Medical News

The Harben Lectures for 1937 of the Royal Institute of Public Health and Hygiene on "The Theoretical and Practical Significance of Endocrinology" will be delivered by Professor E. C. Dodds at 28, Portland Place, W., on Monday, Tuesday, and Wednesday, October 11, 12, and 13, at 4 p.m. In the first lecture Professor Dodds will speak on the posterior lobe of the pituitary, in the second on the anterior lobe of the pituitary, and in the third on the sex hormones.

The opening address of the new session will be given at Guy's Hospital Medical School to-day (Friday, October 8), at 3 p.m., by Sir Edward Poulton, F.R.S., President of the British Association, who will also distribute the prizes.

A course of four lectures on the physiology of hearing and speech will be given by Dr. Phyllis M. Tookey Kerridge on October 11, 18, 25, and November 1, at 5 p.m., at University College, Gower Street, W.C.

The autumn dinner of the Aberdeen University Club will be held at the Café Royal, Regent Street, London, on Thursday, November 18, with the Lord Rector, Admiral Sir E. G. R. Evans, in the chair. Medical graduates who are not members of the club and who wish to be present should communicate with Dr. Andrew Topping, County Hall, S.E.1.

The autumn series of Chadwick Public Lectures opened at Gateshead on October 8. Other lectures will be given in London, as follows: At 26, Portland Place, W., on October 14, at 5.30 p.m., Professor W. A. Osborne of Melbourne, on "The Study of Nutrition"; November 16, at 5.15 p.m., Dr. Bernard Myers, on "The Promotion of Health in the Empire Citizen"; November 2, at 5.30 p.m., Dr. J. M. H. McLeod, Malcolm Morris Memorial Lecture on "Leprosy in Great Britain at the Present Time." At the London School of Hygiene and Tropical Medicine, Gower Street, W.C., on November 24, at 5.15 p.m., Mr. Pointon Taylor, on "Town Planning and Town Dwelling"; December 7, at 5.15 p.m., Dr. William Butler, on "The Thames Estuary and the Problem of Sewage Disposal of Greater London."

A meeting in support of the Caldecott Community for Children, The Mote, Maidstone, will be held at the Mansion House on Tuesday, October 19, at 3.30 p.m. The Lord Mayor of London will preside, and the Arch-

bishop of Canterbury, the Earl of Lytton, and Miss Rendel will speak on the work of the Community, which exists for the benefit of normal children (girls and boys) from abnormal homes. Particulars may be had from the appeal secretary, Miss Gourlie, 259A, King's Road, S.W.3.

In our advertisement columns this week the British Postgraduate Medical School, Ducane Road, W., announce a vacancy for the post of Sub-Dean of the School at a commencing salary of £1,250 per annum.

The annual dinner of the Surgical Instrument Manufacturers' Association will be held in the King's Hall of the Holborn Restaurant on Friday, October 15, at 7 p.m.

The forty-third congress of the Italian Society of Internal Medicine will be held under the presidency of Professor Carlo Gamna at Turin from October 19 to 22, when discussions will be held on the modern conception of colitis, the pathology of old age, and the diagnosis and treatment of sellar and parasellar syndromes. The secretary is Professor Cesare Giordano, R. Clinica Medica, Corso XXVIII Ottobre, Turin.

The Duke of Kent will visit Birmingham on October 13 to open the conference of the British Hospitals Contributory Schemes Association. On the following day he will inspect the progress made with the building of the Birmingham Hospitals Centre.

Under the auspices of the British Institute of Philosophy an address will be given by Dr. William Brown on "Modern Psychology and Religion" at University College, Gower Street, W.C., on Tuesday, October 12, at 8.15 p.m. Cards of admission can be obtained from the Director of Studies, University Hall, 14, Gordon Square, W.C.1.

During the course of the International Cremation Congress held in London last week the setting up was announced of an International Cremation Federation "for the purpose of spreading knowledge of the superiority in economic, aesthetic, and other respects of cremation over the traditional form of burial." Lord Horder, chairman of the council of the Cremation Society, welcomed the setting up of the new organization, and said that it marked a great step forward. The first president of the International Federation is Dr. P. H. Van Roojen (Holland); the vice-presidents are Dr. H. Zeiss (Germany) and General F. Bauer (Sweden). The secretary-general is Mr. P. Herbert Jones, and the treasurer is Dr. H. T. Herring, honorary secretary of the Cremation Society. The headquarters will be in London.

After many years of service Dr. Tom Jays, so well known for his work as Principal of Livingstone College, has resigned as honorary secretary of the Medical Prayer Union, and Dr. Neville Bradley, 49, Highbury Park, London, N.5, has been appointed in his place, and any practitioner desirous of obtaining information about the Union is requested to communicate with him. Among its activities are the annual medical missionary breakfast held during the Annual Meeting of the British Medical Association, and meetings in London and the provinces.

On September 30 Dr. F. W. Eurich was entertained to dinner at the Midland Hotel in Bradford by members of the medical profession and of the wool textile industry, when cheques were handed to him in recognition of the services he has rendered to the community, more especially in anthrax prevention, during his forty years in the city. Dr. W. Hayburn took the chair, and Dr. J. B. Dunlop, in proposing the health of the guest, dwelt on Dr. Eurich's investigation into anthrax, which, he said, had armed the wool textile industry against a sinister scourge. The cheque on behalf of the medical profession in Bradford and the West Riding was handed to Dr. Eurich by the chairman. Among the other speakers who paid tribute to Dr. Eurich's work were Dr. W. MacAdam of Leeds, and Dr. F. J. O. Coddington, Bradford stipendiary magistrate.