

artery seen in thyrotoxicosis was probably linked clinically with the harsh pulmonary systolic bruit sometimes heard in that condition.

At the same meeting Mr. W. J. EASTWOOD read a paper on orthopaedics—old and new. Dealing chiefly with fractures, Mr. Eastwood traced the history of their treatment from the Egyptian era to the present day. An interesting discussion followed, in which Mr. T. P. McMURRAY, Mr. E. N. WARDLE, and Mr. NORMAN ROBERTS took part.

Local News

ENGLAND AND WALES

London (Royal Free Hospital) School of Medicine for Women

The annual dinner of the London (Royal Free Hospital) School of Medicine for Women was held on December 2 at the Savoy Hotel, when Mrs. Kinnell presided over a company numbering about 300. In proposing the toast of "The School and Hospital" the chairman said that she had been "primed" by the secretary with a good deal of relevant and interesting matter concerning the history of the school, but she thought that enough on the historical side had been given in the dean's address at the recent inauguration of the new session. One matter to which she wished specially to refer was the retirement of Miss L. M. Brooks, the warden and secretary, after years of devoted service which had formed so intimate a part of the life and working of the school. It was pleasant to think that her retirement found her in the best of health and spirits and able to realize her dream of a trip round the world. She had sent from Honolulu her greetings to that gathering. The school was to be congratulated on the election of Miss Nancy Moller to Miss Brooks's post. The chairman went on to say with what great satisfaction the school had received the continued assistance of the Clothworkers Company, which had added an extra scholarship and a prize. Both the school and the hospital were institutions which filled a large part of the lives of most of those present. The liaison was working very satisfactorily at Brunswick Square. But she stressed the fact that neither hospital nor school could stand still. Research and experiment must go forward. The hospital was under a solemn obligation with regard to the school, and the standard of students' facilities had to be maintained. So long as the voluntary system existed the public could not escape appeals for these needs. It was often forgotten by the public that hospitals had the responsibility of teaching. The standard of a teaching hospital had also to be kept high in order to serve as a measure of excellence for other hospitals. Mr. P. Jenner Verrall, who proposed "The Guests," said that when he left "the greatest hospital in the world" (St. Bartholomew's) he was warned by its journal of the dangers he would encounter at the Royal Free, in particular the danger of meeting intellectual women. But he had known intellectual women both of the present and past generations, and in his experience they remained women, with their genius for sympathy, hospitality, and the giving of social comfort. He welcomed some intellectual women among the guests that evening, notably Miss Grace Hadow, Principal of the Society of Oxford Home Students, Miss Elizabeth Robins, an outstanding figure in drama and literature, and Miss F. H. Melville, late Mistress of Queen Margaret College, Glasgow. He also welcomed Mr. David Low, the celebrated cartoonist, Sir Walter Schroeder and Dr. W. B. Purchase, former and present coroners, Sir George Chrystal, Secretary of the Ministry of Health, and Dr. N. G. Horner and Dr. E. C. Morland, Editors of the *British Medical Journal* and the *Lancet* respectively.

Mr. David Low, in response, humorously remarked that being "cursed" with good health his experience of doctors was very small, but he "had not read his Cronin for nothing." He had been accustomed to regard doctors with some suspicion, and it had always seemed to him that doctors should not be rewarded when they came but only when they went away. They might be regarded as members of a sinister profession which thrived on the afflictions of humanity, though he acknowledged that the same might be said of cartoonists. No one, however, knew better than he that, despite these considerations, they gave unselfish service to humanity. At any rate until both medicine and art were nationalized he proposed to be very scrupulously respectful to doctors and cartoonists both. Miss Grace Hadow also responded in a brief speech, and after the toast of "The Chairman," proposed by Dr. D. C. Staveley, the formal proceedings gave place to dancing.

Tuberculosis in Birmingham

Birmingham, with a population of just over a million inhabitants, has one centrally situated tuberculosis dispensary which serves the whole city, and four sanatoria totalling 613 beds. The medical staff of the dispensary, with one exception, are also responsible for the medical work of the municipal sanatoria. In two of the sanatoria beds are specially provided for advanced cases, and in 1936 (according to the report of Dr. G. B. Dixon, the chief clinical tuberculosis officer) 45.5 per cent. of the 805 deaths in the city from all forms of tuberculosis occurred in the municipal sanatoria and hospitals controlled by the Public Health Committee. At present there are in the city five persons suffering from tuberculosis per 1,000 of the population. The decline in the incidence of the disease is shown in the following figures: all forms, five-year period 1922-6, the death rate per 1,000 was 1.1, and for the five-year period 1932-6 it was 0.85, a reduction of 22.7 per cent.; new cases, three-year period 1924-6, the incidence per 1,000 was 1.96, and in the three-year period 1934-6 it was 1.21, a reduction of 38 per cent. The corresponding figures for 1936 alone were 0.78 and 1.1, both the lowest on record. Of 1,136 new cases of tuberculosis notified during the year, fifty-six, of which thirty-five were pulmonary cases, were not notified until after death. Of these, forty patients died in hospital, and thirty-one of the cases were diagnosed as the result of a necropsy; twenty-eight of the patients were over 50 years old at death. In a number of the cases tuberculosis was associated with other grave diseases, and may not have been the primary cause of death. Dr. Dixon points out that "had so many of these persons not died in hospitals the number of autopsies would have been definitely fewer and the tuberculosis would probably have escaped detection in quite a large proportion." Of the patients first examined at the dispensary no treatment was required for 223 out of 854 newly notified; 276 out of 1,903 "suspects" were advised institutional treatment, which was also found necessary for thirty-nine out of 1,215 contacts. Dr. Dixon's report is particularly interesting for the results of the contact examinations, which are apparently carried out with great thoroughness, including gastric lavage in children. Among the contacts examined during the years 1931 to 1936 the percentage found to be suffering from tuberculosis was as follows:

| Age | 0-5 | 6-10 | 11-15 | 16 years |
|--|-----|------|-------|----------|
| Contacts to patients with positive sputum .. | 6.8 | 5.4 | 4.3 | 7.5 |
| Contacts to patients with negative sputum .. | 3.8 | 3.4 | 3.2 | 5.1 |

Liverpool Psychiatric Clinic

The Liverpool Psychiatric Clinic has issued a report covering the period from its inception in 1924 to 1937. When this clinic was opened there were no facilities in the north-west of England for out-patient care of mental and nervous disorders in patients unable to afford private

treatment. The original premises consisted only of two rooms, but expansion has been rapid, and, following two intermediate moves, this venture of faith is again forced to seek more commodious accommodation. During the period under review nearly 20,000 patients have attended the clinic, the attendances within the last two years having increased by 41 per cent. An analysis of eighty children and adolescents referred to the clinic in the course of a year shows that behaviour disorder and nervous disorder account for rather more than half of the total cases. Of twenty-four patients referred for mental defect twenty were girls. The comparatively large proportion of mentally defective girls is attributed to the fact that many social organizations use the clinic as a diagnostic centre for cases of social failure of various kinds. This cannot therefore be regarded as a group which is representative of the normal community. The report states that the clinic has laboured continually under financial difficulties, the present regular income being less than a third of the working expenses. It is hoped that the efforts of the small band of supporters who have partially overcome the deficit will be seconded by annual grants from public authorities and local societies and by an increased number of subscribers.

Tuberculosis Inquiry in Wales and Monmouth

The Ministry of Health announces that the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouth has held its first full meeting and is now awaiting the submission of memoranda of evidence. So far memoranda have been received only from the Welsh National Memorial Association. The committee contemplates holding at an early date its next meeting, at which the witnesses of the Welsh National Memorial Association will be heard. It is, however, necessary that memoranda of evidence should first be received from the local authorities sufficient to indicate the points which the authorities will desire to raise, and the committee hopes that these memoranda will be submitted in time to enable the next meeting to be held at Cardiff early in the New Year.

SCOTLAND

Orthopaedic Centre in Dundee

Opening an Orthopaedic and Rheumatic Clinic in Dundee on November 25, Mr. W. A. Cochrane, surgeon to the Princess Margaret Rose Hospital for Crippled Children, Edinburgh, said that the clinic was an example of public-spirited action and evidence of the vigour, value, and importance of voluntary effort as distinct from State action. There were over 800 voluntary hospitals in Britain, and it was a profound error to imagine that their day was past. A clinic such as this one in Dundee had many sides to its work. In the similar clinic at Edinburgh, which was the consultative centre for much of the work for the care and cure of crippled children at the Princess Margaret Rose Hospital, all kinds of crippling errors in childhood, such as club-foot, knock-knee, flat-foot, infantile paralysis, and curvature of the spine, were referred to it from the schools and child welfare centres. In this way the potentially and actually crippled were sought out and received proper care at an early stage. The crippled child was made and not born, and he became a cripple because he was allowed to become one. The majority of crippling errors in childhood could be cured, and the secret of this was early diagnosis and early out-patient care through the activity of a clinic which was at hand. The clinic also should supervise after-care throughout the growing period to prevent relapse.

Edinburgh Samaritan Society

At the annual meeting on November 23 of the Edinburgh Samaritan Society, Sir David Wilkie, urging the need for continued support by subscriptions and by con-

tributions of clothing, said that the work of this society was held in high regard by the whole medical profession, and in particular by the honorary staff of the Royal Infirmary. Continuing, he said that of recent years the need for rehabilitation of the injured and the importance of the psychic factor in promoting quick and full recovery from illness had been emphasized. Sometimes the most important part of treatment was that which took place during the few weeks or months after the patient left the hospital. The necessary mental rest might be impossible because of economic worries; dietetic treatment, which was easily prescribed, might be difficult to obtain on a slender weekly income; or the apparatus needed to support a damaged limb might cost more than the patient who was off work could possibly provide. These and similar problems were the society's constant care. An organization to meet such needs must be conducted with insight, sympathy, and understanding. Personal attention to individual cases, without extravagance but with a broad humanity and tact, must be a labour of love. Not a week passed but in some contingency or other affecting patients he felt a debt of gratitude to this society. It was stated at the meeting that during the past year the new cases with which the society had dealt numbered 362, and its almoners had paid 1,071 visits. Payments in money had amounted to £758, and 3,161 articles of clothing had been distributed. There would be still greater claims upon the society in future when the extension of the Royal Infirmary was carried out.

Sale of Methylated Spirits

The Methylated Spirits (Sale by Retail) (Scotland) Act, 1937, which provides for the control of the sale by retail of mineralized methylated spirits and surgical spirit in Scotland, will come into operation on January 1, 1938. The Act provides, *inter alia*, that no person other than an authorized seller of poisons (that is, in general, a person keeping a pharmacy or chemist's shop) shall retail to the public any mineralized methylated spirits or surgical spirit unless his name has been entered in a list to be kept for the purposes of the Act by the local authority. The Act makes it unlawful knowingly to sell these substances to any person under 14 years of age. It also requires that the bottle or other vessel containing them sold by retail shall bear a label specifying the name and address of the seller and the name of the spirit, and that the seller shall keep a record of prescribed particulars of the sale. This record must be contained in a book kept for the purpose, and the entry recording the sale must be signed by the purchaser unless the seller has received a signed order. The above provisions do not apply to (a) the sale of surgical spirit by an authorized seller of poisons, and (b) the supply of surgical spirit by a duly qualified medical practitioner, a registered dentist, or a registered veterinary surgeon for professional purposes, if the requirements of Section 19 (2) and (3) of the Pharmacy and Poisons Act, 1933, are complied with in relation to such sale or supply of surgical spirit in like manner as if it were a medicine. Any inquiry as to any provision of the Act should be addressed to the local authority of the district. Copies of the form of application may be purchased (price 1d.) from H.M. Stationery Office, 120, George Street, Edinburgh, 2.

INDIA

A Fund to Combat Tuberculosis

A fund to fight tuberculosis in India, to be called the King-Emperor's Fund, was launched last week by the Marchioness of Linlithgow, wife of the Viceroy. The Premiers of the Provinces, responding to personal letters of appeal from the Vicereine, have offered full support to the campaign. The King-Emperor and the Queen and the Viceroy and Vicereine made donations to inaugurate the fund, and contributions have already been received

from Governors of Provinces and Ruling Princes in India. The new organization will concern itself with the prevention and treatment of tuberculosis throughout India, where deaths from this disease are estimated to number some half a million every year. Its aim is to encourage and expand the work of existing anti-tuberculosis organizations, and 95 per cent. of the money raised will be spent in the areas which contribute to the fund. The project has received widespread support in the Indian press and other influential circles. Even if the money received is not large enough to provide sanatoria and tuberculosis clinics throughout the whole of urban and rural India, it should go far to check invaliding and mortality from this disease and provide facilities for research on the preventive side. There can be little doubt that nutrition has an important bearing on the problem.

Countess of Dufferin's Fund

The annual report for 1936 of the National Association for Supplying Medical Aid by Women to the Women of India, comprising the original Countess of Dufferin's Fund, the Women's Medical Service, and the Central Office, contains a reference to the rebuilding of the Dufferin Hospital in Calcutta, which will involve the provision of better conditions for the housing and training of nurses. Grants from the Silver Jubilee Fund are being used for this purpose, and also for the improvement of the Dufferin hospitals at Vizagapatam and Karachi. The Dufferin Hospital at Amraoti is to be rebuilt on a new and better site. A biochemistry department has been opened at the Lady Hardinge Medical College, New Delhi, in close association with the pathology department, and the most urgent need there now is a new pharmacology section, though the College is still cramped for quarters for senior and assistant members of the staff and for office and store accommodation. Classroom and museum space could also be advantageously extended if funds permitted. Better organization of the out-patient department is necessary, and also specialization of the eye, ear, nose, and throat department. Women's hospitals in Delhi have too few maternity beds, a distressing sequel to the attempts which have been made for some years to popularize institutional treatment of obstetrical cases. A new maternity block is urgently needed, and extension of the children's ward and the x-ray department is highly desirable. An increase in the influx of maternity cases is also reported from other hospitals, including the Victoria Zenana Hospital, Delhi, the Lady Aitchison Hospital at Lahore, the Lady Sandeman Dufferin Hospital at Quetta, and similar institutions at Madras, Karachi, Calcutta, and elsewhere. The Women's Medical School at Agra has expanded, but a septic midwifery block is still urgently needed; a preliminary training school for probationer nurses is being started. The out-patient work is particularly heavy at Lucknow; the ante-natal clinic is well attended, and every available inch of room on verandas and elsewhere is being used for in-patients. The case statistics at the Lady Elgin and Crump Dispensary at Jubbulpore are the highest on record, and a new hospital for women and children is being envisaged despite the shortage of funds. From many centres come reports of the difficulty experienced in training nurses owing to the poor general education of candidates; few can speak or understand English. A new surgical block has been erected at Bettiah in the Province of Bihar and Orissa, the cost having been met locally. The child welfare centre there is very popular and is doing excellent work, including the instruction of local dais. Useful reconstruction has been effected at the Ganesh Das Hospital for Women and Children in Assam, and help has been obtained from paying patients; cheaper paying wards for Indian patients are still needed, also an out-patient block separate from the main hospital building and an isolation room. An account of the founding of the Countess of Dufferin's Fund and its subsequent progress has been published and circulated in India and the United Kingdom.

Correspondence

Treatment of Psychoneuroses

SIR.—I was glad to read Dr. Marion E. Mackenzie's letter in the *Journal* of November 20 (p. 1046). It is agreed on all hands that some 35 per cent. *at least* of all sickness is of psychogenic origin, and yet this "third" of preventable economic loss to the country is left practically untreated.

The psychological approach is still a tortuous byway without any guideposts. It is still beset with rank grass, and will be till more venture on it. The difficulty in treating the psychoneuroses is not merely owing to the lack of "clinics," though, as Dr. Mackenzie says, this is deplorable, but rather is the difficulty inherent in the subject. The only method known at present of treating these cases seriously is by some form of psychotherapy: either suggestion, re-education, or reductive analysis, each one of which methods means a considerable expenditure of time. The time factor at present is the insuperable barrier to anything like efficient treatment. Each case must be dealt with individually by *one* practitioner over a period of many hours, probably something in the neighbourhood of 100.

Several years ago an attempt was made in Sheffield to form an out-patient department for such cases, and though some benefit is derived from this—if only that the patients feel that someone is trying to help them—this effort at amelioration is largely stultified by the number of patients seeking treatment. At present it is only possible to devote one half-day a week to the clinic, and with two of us working there for three hours it is only possible to deal with the mass of material presented in a superficial manner. The best we can do is to pick out one or two cases who seem from their general survey to be most likely to react to and co-operate with any attempt at psychotherapy, and to arrange for special interviews for these on other days. With the amount of time at one's disposal it is clear that only about half a dozen patients can be so treated in the year by two men.

When I say that on any single afternoon of the clinic as many as eight or nine new cases may be sent up, it is clear that, of the 400 cases thus seen per annum, to be able to treat seriously only six is saddening. The only solution to the problem is for the practitioner to treat his patients privately. This is clearly the best solution. The practitioner knows the family background, and so starts off with a great advantage over the specialist. The only difficulty is lack of knowledge of psychological medicine, due to a complete absence of any teaching of this subject in most curricula. Attempts are being made here and there to remedy this, but opposition is always met with; not perhaps active opposition that could be met and disposed of, but rather the opposition of refusal of interest by the Faculties.

There are signs, however, of some improvement in this aspect of the question, and it is to be hoped that medical students in the near future will leave their schools with some knowledge of the mechanism of psychoneuroses, so far as this is known—and, better still, may have their interest stimulated in a condition which is going to form so large a part of their future work.—I am, etc.,

mussels, and explained the methods of purification and the resulting advantages. An immediate requirement that all molluscs intended for human consumption should be cleansed would not at present be practicable, but the subject was receiving the consideration of the Ministry of Agriculture and the Ministry of Health.

Unfit Recruits: Successful Experiment.—On November 30 Mr. HORE-BELISHA, replying to Mr. Bellenger, said that the maximum number under training at any one time at the Recruits Physical Development Depot was 235. The transfer of the Depot to Canterbury, on November 20, would enable 300 to be taken as soon as the accommodation was complete. The results of the experiment were most encouraging. Of 305 men who completed their training at the Depot 295 had been passed fit and sent to the regimental depots. He hoped to be able to extend the experiment, which was one of the finest services that the Army had rendered to the community. It had taken boys not completely fit and had brought them up to standard by the most careful physical training.

Research into Epilepsy.—In a reply to Sir Arnold Wilson on November 30 Sir KINGSLEY WOOD said he had no special information as to research into epilepsy, but knew that research into the treatment was proceeding continuously in the institutions which dealt specially with this disease. He added that the crude death rate from epilepsy was 52, both in 1926 and in 1936. The standardized rates were: for males, 56 in 1926 and 52 in 1936; females, 42 in 1926 and 39 in 1936.

Sleeping Sickness in Nigeria.—In reply to Mr. Sorensen on December 1 Mr. ORMSBY GORE said that figures for the last ten years showed there had been a considerable increase in the incidence of sleeping sickness in Nigeria. The Nigerian Government had spent over £25,000 annually to combat the disease, and had recently decided to devote an extra £30,000 a year for five years towards the concentration of population in fly-free areas. Sleeping sickness was borne by the tsetse fly, which infested rural areas, and was consequently unaffected by urban sanitation.

Automatic Respirators.—Mr. ROSTRON DUCKWORTH asked the Minister of Health on December 2 how many automatic breathing apparatuses known as "iron lungs" were in this country; whether he was aware of any shortage; and whether he would stimulate their provision, either directly or indirectly. Sir KINGSLEY WOOD said he had no means of knowing how many of these articles of surgical equipment there were in this country. Occasions on which their use was required were rare. They could be obtained by purchase or on loan, and he had no information that there was any shortage.

Retired Medical Officers and Official Inquiries.—Sir KINGSLEY WOOD told Sir Francis Fremantle on December 2 that he had received a resolution by the Barrow-in-Furness town council deplored the action of retired medical officers of health in appearing against local authorities at inquiries held by the Ministry. This resolution related to inquiries held by his inspectors into Orders made under the Housing Act, 1936. Sir Kingsley added that it was for owners of property affected by such Orders themselves to decide what evidence they should produce at an inquiry. He had no intention of doing anything to diminish their rights in this respect.

Tuberculosis Order: Meat for Human Consumption.—Mr. W. S. MORRISON stated, on December 3, that it was not the usual practice of local authorities to enter into formal contracts for the sale of meat of animals slaughtered under the Tuberculosis Order of 1925. Two local authorities in Scotland had made such contracts. The Tuberculosis Order of 1925 (No. 2) provided that where a local authority proposed to slaughter an animal under the Order and to dispose of its carcass, or any part thereof, for human consumption, notice of the time and place of intended slaughter should be given to the public health local authority, and further provided that the carcass of the animal or any part thereof should not be removed from the slaughterhouse for human consumption except with permission, in writing, of the medical officer of

health or other competent officer of the authority having power to inspect and examine meat intended for human consumption.

Foot-and-Mouth Disease.—On December 6 Mr. RAMSBOTHAM informed Mr. Short that the theory that the present series of outbreaks of foot-and-mouth disease in the eastern and southern counties of England was to be attributed mainly to infection carried by mass migration of birds was based on circumstantial evidence only. The Foot-and-Mouth Disease Research Committee proposed to carry out experiments to ascertain whether birds were susceptible to foot-and-mouth disease, or were capable of transmitting the virus mechanically.

Notes in Brief

Mr. Duff Cooper is advised that inoculation of troops for typhoid twelve months before embarkation for India would not confer additional protection. The majority of cases of typhoid occurred during the first twelve months of service in India among persons who did not obtain immunity by inoculation.

Conferences between inspectors of the Ministry of Health and members and officers of the local authorities in Carmarthen concerning housing conditions in that county, as exposed in the report of the county medical officer, were due to begin on December 7.

Extension of the requirement as to periodic medical examination to workers employed in additional processes involving risk of silicosis in the pottery industry is under consideration, with a view to amendment of the Silicosis and Asbestosis (Medical Arrangements) Scheme, 1931.

Universities and Colleges

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners in the subjects indicated:

SURGERY.—J. A. B. Thomas.

PHARMACOLOGY.—A. G. C. Cox, T. C. H. Davies, I. L. R. Evans (with distinction), M. Grolman, O. Howell, D. H. Jenkins, Anne N. M. Llewelyn, Flora Macaulay, R. M. Marshall, Josephine Parnell, Mary G. Powell, C. Thomas.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting of the College, held on December 2, Dr. Alexander Goodall was elected President for the ensuing year. Drs. W. T. Ritchie, O.B.E., Edwin Bramwell, John D. Comrie, Charles McNeil, A. Fergus Hewat, and D. M. Lyou were elected members of council. The President nominated Dr. Comrie as Vice-President.

Dr. G. Lovell Gulland, C.M.G., and Dr. R. B. Campbell were appointed representatives of the College on the board of managers of the Royal Infirmary, Edinburgh.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel ROBERT RICHARD HARVEY WHITWELL, Bengal Medical Service (ret.), died at Worthing on December 1, aged 82. He was born at Kampti, Central Provinces, India, on October 6, 1855, the son of Henry Whitwell, conductor, Ordnance Department, and was educated at Edinburgh University, where he graduated M.B., C.M. in 1879, and B.Sc. in Public Health in 1880. He entered the I.M.S. as surgeon on March 31, 1880, became lieutenant-colonel after twenty years' service, and retired on September 17, 1905. During the war of 1914-18 he rejoined and served as district medical officer in Cyprus in 1916-17. Most of his service was passed in civil employment in Bengal, where he had charge of the important civil surgeonies of Patna and Howrah in his later years. His elder brother, Surgeon-Major Henry Whitwell, entered the I.M.S. on April 12, 1868, and died at Bankipur on July 6, 1887.