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## INTERNATIONAL SOCIETY OF SURGERY

### *Revised Plans for Congress*

For some reason, which has not yet been explained, the German authorities have cancelled the congress which had been fixed to take place in Vienna from September 19 to 22, and was announced in the *Journal* of June 4 (p. 1219).

In order that the material prepared for the discussions which had already been arranged may not be wasted, and to diminish disappointment, the executive are making plans to hold a congress in Brussels on the same dates. Particulars will be circulated to members as soon as possible. Travel arrangements will be made by Messrs. Thos. Cook and Sons.

## Local News

### INDIA

#### **Tuberculosis : A Key Problem of India**

A lecture under the auspices of the Over-seas League and the East India Association was given at Over-Seas House, London, on June 21 by Major-General Sir John Megaw, President, India Office Medical Board and Medical Adviser to the Secretary of State. The chair was taken by the Marchioness of Linlithgow, Vice-Reine of India. Sir John Megaw, whose subject was "Tuberculosis in India," said that nobody could tell, even approximately, what was the death rate from tuberculosis in India as a whole, or describe the geographical distribution of the disease, or say to what extent it was increasing. In the cities and large towns the deaths from tuberculosis were recorded; in Cawnpore the latest figure was 4,600 per million of population, or much the same as it was in England one hundred years ago, in Calcutta it was 2,500, and in Bombay 2,000. These rates probably erred greatly on the side of optimism, since many deaths from tuberculosis were returned under the headings of "fevers" or "other respiratory diseases." The death rate from tuberculosis among girls and young women who lived in purdah in the large centres of population was appalling, being several times higher than that of males of the same age group.

#### INCREASING INCIDENCE OF TUBERCULOSIS

Medical men in India, Sir John Megaw continued, were almost unanimous in declaring that the disease was increasing rapidly, and was extending to rural areas formerly free from infection, also that when the disease spread to new localities it assumed a more virulent form than in places previously affected. A few years ago he had attempted to make a rough-and-ready survey of the number of cases of tuberculosis and other diseases in the rural areas of India. His method was to issue a questionnaire to a large number of doctors in charge of dispensaries in typical agricultural villages. An estimate based on their replies suggested that there were  $1\frac{1}{2}$  to 2 million cases in India, though not even a moderate degree of accuracy was claimed for this estimate. An examination had also been made of the statistics published every year on the health of prisoners. From these it appeared that in 1935 the admission rate for tuberculosis of the lung in prisons was 5 per mille, as compared with 5.5 forty years ago. Not much encouragement was to be derived from this slight reduction, for over the same period the general health of prisoners had improved in a striking manner, as shown by the fall in the total death rate to between one-half and one-third of what it was in 1895. During the same period of forty years the number of cases of tuberculosis of the lung in Indian soldiers fell from 2.3 per mille to 1.9, this small reduction again

contrasting sharply with a fall in the death rate from all diseases in Indian troops from 11.6 to 2.15, and with the fall in the tuberculosis case rate of British soldiers in India during the same period from 4.8 to 1 per mille.

#### MEASURES FOR PREVENTION

The spread of infection in India could only be prevented by a process of educational persuasion. The people must be taught how droplet and alimentary infections were conveyed and how they could be avoided. It was important not to lay undue emphasis on the horrific aspects of the disease. There was much to be said for directing propaganda against all infectious diseases of the respiratory and alimentary systems rather than against tuberculosis alone. Suitable accommodation in a verandah or open "lean-to" could be provided for a patient at trifling cost, at any rate in rural areas, and a member of the patient's family could be trained to look after him. From ten to twenty patients could be treated in their own homes for the cost of a single patient in a modern sanatorium. The first essential in preventive measures was to have a sound plan; this demanded the co-operation of men with practical knowledge of agriculture, industry, economics, hygiene, education, and, above all, of men with a sympathetic understanding of the psychology of the Indian peasant. There were encouraging signs that those responsible for the welfare of India realized the nature and gravity of the problem and the responsibility of the Government for initiating action. On the subject of medical relief Sir John Megaw added that in India there were very special reasons for supplying medical aid to the victims of the disease, the chief being that before any preventive action could have a hope of success the good will of the people must be enlisted by the cure of disease. Tuberculosis was a key problem of India, and its solution would mean far more than the conquest of one terrible malady. He specially praised the efforts made by Lady Linlithgow for the relief of suffering.

#### Population of the Punjab

The continuing increase in the population of the Punjab is giving rise to considerable disquiet; serious economic and public health problems will have to be faced unless the birth rate soon begins to fall. In his annual report for 1936 Lieutenant-Colonel C. M. Nicol, Director of Public Health, states that for the last five years there has been an average yearly increase in population of 419,278, a figure which is almost certainly an under-estimate of the actual position, since in 1936 the figure was 536,854, representing a natural increase per 1,000 of population of 21.46 calculated on the estimated population for 1935; this rate of increase is much higher than the corresponding rate for any other Province in India. While the birth rate per 1,000 is 43, the highest on record, the corresponding death rate is 22, the lowest figure yet recorded. It cannot be determined yet whether this state of things is a matter for congratulation or for alarm, or how the future will develop, since the factors which make for increase in the population are not constant and the estimates of food production probably are too low; it is clear, however, that careful consideration of the whole position is now urgently necessary. Wheat, rice, and maize are the staple food-stuffs in the Punjab, and all the crops have increased; vast new areas are being brought under cultivation, thanks to the extension of irrigation. Unfortunately, however, there is already evidence of physical deterioration of the rising generation in the Province, as shown by the examinations of school children and of recruits for the Army. Of the total deaths in the Punjab in 1936 30.97 per cent. occurred in infants under 1 year, 17.1 in children aged between 1 and 5, and 5.43 in children between the ages of 5 and 10—that is to say, 53.5 per cent. of the total deaths in the Province occurred in persons under 10 years. The infantile mortality rate for the year under review was 158.44, slightly higher than the figure for

1935, but well below the average for the last ten years. Colonel Nicol remarks that it might be argued that there cannot be a great deal wrong with a community which can show in comparison with past years a record low death rate and high birth rate, a larger annual increase in population than has ever been known previously, and a reduction in the incidence of plague sufficient to suggest that the disease is dying out. Yet it still remains true that the odds against any individual born ever reaching the adult state are high, and the damage done by non-fatal illness to the youth of the Province is painfully clear, though in these respects there has been an obvious improvement during the last few years.

## ENGLAND AND WALES

### Specialist Services for Bristol Corporation Hospitals

At a meeting of the Bristol City Council on June 14 a scheme was approved whereby teams of specialists in medicine and surgery will be available for the hospitals under the control of the Health Committee. The scheme is based upon the fact that Southmead Hospital, a corporation institution, is now carrying out work of a standard equal to that of the voluntary hospitals, and it is desired to ensure for it the necessary specialist services. As a result of discussions with the Professor of Clinical Medicine and the Professor of Surgery of the University of Bristol (who will be responsible respectively for the medical and the surgical services under the new arrangements) and the committees of the Bristol Royal Infirmary and the General Hospital, the corporation for a fixed yearly payment will be able to call upon the services of the teams. The specialist medical service will be provided by three visiting physicians or teams of physicians, who will have entire charge of the medical cases, and so far as the surgical work is concerned there will be four teams, each consisting of two surgeons. The whole of the specialist staff will meet regularly to discuss the progress of development at Southmead, and any recommendations from these meetings will be forwarded by the medical superintendent (the convener) to the medical officer of health for submission to the Health Committee. Nothing in the scheme is to interfere with the internal administration of Southmead or any of the hospitals of the corporation; this remains the medical superintendent's responsibility. No hard-and-fast lines are to be laid down with regard to cases admitted to the voluntary or the corporation hospitals. In general, as at present, the acute cases and emergencies will be admitted to the Royal Infirmary and the General Hospital, while cases requiring more prolonged treatment will go to Southmead from the first, but no patient is to be kept waiting if a bed is available at any of these three institutions, and if a patient expresses a strong wish to enter any particular institution this is to be taken into account. The payment for these services, subject to annual review, has been fixed at £900 for the medical services and £900 for the surgical. These payments will meet all the medical and surgical specialist services which the corporation may require, with the exception of attendance in court in connexion with workmen's compensation or other litigation. It has also been agreed that a physician or team of physicians and a surgeon or team of surgeons shall attend at Southmead each day, and that each team shall attend at least twice a week. After some experience of the arrangements it will be necessary to appoint house-physicians and house-surgeons, but at present the number and cost of such appointments cannot be stated. As this is an enlargement of the specialist services of the corporation, it does not affect physicians or surgeons with existing contracts, except the consultant physician for heart cases and the consultant surgeon at Southmead, both of whom will be included in the teams of specialists. Before the proposals were adopted by the city council the remark was made by a member that much remained to be

done before Southmead Hospital became what it ought to be, and that there was a great shortage of hospital beds in Bristol.

### Institute of Child Psychology

The new premises of the Children's Centre, the Institute of Child Psychology, at 6, Pembroke Villas, W.11, were opened on June 23 by the Marchioness of Carisbrooke, who expressed herself as being delighted with the building and equipment and took special interest in the play therapy rooms, particularly in those rooms where children could play with water and messy materials to their hearts' content. Professor Winifred Cullis, chairman of the Management Committee, pleaded for financial support for the work, which she had watched with interest for several years and of which she fully approved. Mr. Kenneth Lindsay, Parliamentary Secretary to the Board of Education, said that official education was coming to recognize and be interested in the fact that there were different kinds of children for whom special provision must be made. He instanced the special categories already provided for, and looked forward to the moment when provision could be made for nervous and neurotic children to receive such help as they needed. He heartily endorsed the work of the Institute of Child Psychology. Dr. Margaret Lowenfeld, in giving the history of the Institute, laid stress on that aspect of its design which emphasized the importance of having a children's centre to which mothers could bring all the children they were troubled about and where a differential diagnosis could be carried out by experts. Educationists who came to know the methods of treatment and the results were almost unanimous in their approval. The varying activities of the Institute and its relationship to other agencies were touched upon by Dr. Ethel Dukes, who also spoke of the environmental influences activating the many difficulties from which the children suffered. Dr. Hazel Chodak Gregory, vice-chairman, proposed a vote of thanks to the Marchioness of Carisbrooke for her kindly interest in the work of the Institute. Altogether about 300 people inspected premises during the period that the committee, the directors, and the staff were "At Home" to those who had been invited to the opening ceremony.

### Research Grant to Maudsley Hospital

The Rockefeller Foundation of New York has offered a grant of £25,000 during a period of five years from July 1 towards the support of psychiatric research at Maudsley Hospital, subject to a condition that the amount of grant during any one year shall not exceed £5,000. This grant follows another from the same source of £9,000 in 1935. The offer has been accepted, and an expression of the London County Council's appreciation of the generous gift has been sent to the donors. The manner in which the grant shall be spent is under consideration.

### House Appointments at London County Hospitals

A regulation of the London County Council prescribes that the period of engagement of house-physicians and house-surgeons in the hospitals service shall be limited to six months, but provided that not more than twelve months are spent at one hospital the engagement may be extended for further periods of six months up to two years, when employment ceases unless promotion has been secured. It is proposed to vary this condition to provide that a house-physician or house-surgeon may be employed at one hospital for not exceeding two years on the understanding that he shall not be employed on work of the same type for more than twelve months. It is considered that such variation would conform in spirit with the principle that medical practitioners at the outset of their career should not be employed for more than limited periods in any one type of work, and the limitations should be based on duties rather than on change of hospital.

in Algeria 105 (55) cases were reported, mainly distributed as follows: Algiers (department) 29 cases, Constantine (department) 57 cases, and Southern Territories 7 cases. In the week ended June 4 in Yugoslavia there were 8 cases of typhus with 1 death. In the U.S.A. during the week ended May 21 28 cases were reported: Georgia 14, Texas 5, 3 each in Alabama and Florida, 1 each in Connecticut, Tennessee, and Mississippi.

## Universities and Colleges

### UNIVERSITY OF OXFORD

The Professor of Anatomy has recommended that the Welsh Memorial Prize, 1938, for the best set of drawings illustrative of human anatomy be awarded to J. L. Boldero (Oriol). The drawings submitted by Q. J. G. Hobson (New College) deserve commendation.

At a Congregation held on June 23 the following medical degrees were conferred:

D.M.—D. A. Robertson, F. Bicknell.

B.M.—R. G. Blackledge, S. R. Gloyne, F. G. Ethiraj.

In Convocation on June 21 a decree was passed accepting a bequest of £2,500 under the will of the late Miss Annie Harrison Symonds, daughter of a distinguished Oxford surgeon, for the foundation of a "Horatio Symonds Studentship in Surgery." Mr. H. P. Symonds died in 1923, aged 72.

### UNIVERSITY OF CAMBRIDGE

Dr. R. A. McCance, University Reader in Medicine, has been elected to a Fellowship at Sidney Sussex College.

The following candidates have been approved at the examinations indicated:

THIRD M.B.—Part I (*Surgery, Midwifery, and Gynaecology*): H. St. C. C. Addis, H. W. Adeney, R. S. Alexander, J. T. H. Butt, D. L. Caldwell, P. L. Candler, R. I. G. Coupland, A. R. P. Ellis, J. Evans, D. Foskett, G. A. Fowler, D. Garcés, W. Goulstone, S. G. Hamilton, J. P. Henry, C. H. Hoskyn, R. D. S. Jack, G. B. Leyton, A. G. McPherson, J. A. R. Miles, P. L. Mollison, N. E. Monteuis, M. E. Moore, A. W. N. Oatway, J. S. Pratt, L. M. Reid, D. L. Ridout, C. J. Rooke, C. C. Shaw, I. F. Smith, E. W. Somerville, T. L. Stoaie, N. Vere-Hodge, J. D. Wade, D. O. Walker, W. W. Wiggins-Davies, J. M. Wilkin, B. J. O. Winfield, M. C. Woodhouse, B. M. Wright, A. Young, J. D. Younghusband. *Women*: E. F. Graham Kerr, I. T. Hinde, M. Lloyd, V. L. Lutwyche. Part II (*Principles and Practice of Physic, Pathology, and Pharmacology*): H. W. Adeney, E. W. O. Adkins, R. S. Alexander, C. H. Bartlett, A. H. Baynes, K. G. Bergin, J. R. Bignall, R. D. D. Birdwood, A. W. Bone, R. I. C. Bradford, R. W. W. Brown, P. L. Candler, D. M. Carding, R. D. Caton, A. G. H. Clay, M. J. Clow, E. Cronin, A. J. Daly, T. A. W. Edwards, W. B. Evans, D. Foskett, A. C. F. Green, J. E. Hardwick-Smith, R. D. Hearn, J. S. Heller, J. P. Henry, L. R. Holt, G. N. Hunt, T. G. S. James, R. M. Johnstone, P. A. Knill Jones, J. Laughlin, R. B. Leech, G. B. Leyton, G. M. Little, A. G. McPherson, A. G. Marshall, A. H. Masina, T. K. Maurice, J. A. R. Miles, W. A. M. Miller, P. L. Mollison, W. E. D. Moore, J. Murray, R. O. Murray, A. P. Norman, G. Oppenheimer, W. E. Owens, R. Piper, J. G. B. Platts, J. S. Pratt, B. H. Price, J. S. Prichard, S. R. Reynolds, E. L. N. Rhodes (Pathology and Pharmacology only), J. H. B. Round, J. Smith, P. M. Smythe, H. Stott, A. M. Thomas, A. J. Walton, J. M. Wedderspoon, H. F. Whalley, C. F. H. Wiessner, W. W. Wiggins-Davies, M. M. Wilson, R. R. Wilson, B. J. O. Winfield, J. W. Wood, P. J. Wormald, G. M. Wright, D. E. Yarrow, M. D. Young, J. Yudkin.

### UNIVERSITY OF LONDON

At a meeting of the Senate, held on June 22, Dr. A. M. H. Gray was appointed Deputy Vice-Chancellor for 1938-9.

J. D. Boyd, M.D., M.Sc.Belf., was appointed to the University Chair of Anatomy tenable at the London Hospital Medical College as from the beginning of next session.

The degree of D.Sc. in Anatomy was conferred on Thomas Nicol, M.D.Glas., F.R.C.S.Ed., professor of anatomy and dean of the Medical Faculty at King's College.

### UNIVERSITY OF WALES

#### WELSH NATIONAL SCHOOL OF MEDICINE

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

OBSTETRICS AND GYNAECOLOGY.—J. M. Bowen (with distinction), Mary W. Bowen, Marjorie E. Bright, G. R. Davies, D. B. E.

Foster, G. E. Hosking, D. G. Jarman, Elizabeth G. Jenkins, H. V. Jones, C. W. D. Lewis, G. O. Lewis, M. Lewis, Mair Llewelyn, C. J. Morgan, Josephine Parnell, Margaret Parry, J. L. Rees, Llary M. Williams.

SURGERY.—D. W. Absé, S. W. Beswick (with distinction), R. T. Bevan, Alice Davies, Miriam E. Davies, D. G. Evans, D. G. Jarman, W. G. Miles, A. H. Millard, Mary D. Owen, Lynda B. Powell, W. L. L. Rees, Emily K. Williams (with distinction), Mary Williams.

PATHOLOGY AND BACTERIOLOGY.—Beryl Badham (with distinction), Doreen M. E. Cranch, C. Davies, Joan B. Davies, G. C. D. Evans, I. L. R. Evans, R. G. Griffiths, Helen C. Hodges, D. D. Howell, D. H. Jenkins, J. V. Jones, Anne N. M. Llewelin, H. L. Lloyd, R. M. Marshall, Brenda M. Mead, D. G. Morris, R. E. Packer, Mary G. Powell, H. V. Roberts, D. C. Taylor, C. Thomas, C. E. Thomas, Margaret R. Wade.

### UNIVERSITY OF GLASGOW

The honorary degree of LL.D. was conferred on Dr. Matthew John Stewart, professor of pathology in the University of Leeds, on Commemoration Day (June 22).

### QUEEN'S UNIVERSITY, BELFAST

At the summer graduation, to be held on July 8, Sir Robert Johnstone, Professor of Gynaecology in the University and President of the British Medical Association, is to receive the degree of LL.D. *hon causa*.

The following candidates have been approved at the examinations indicated:

M.D.—By Thesis: J. R. Armstrong, S. L. W. Erskine, \*J. W. McFetters. By Examination: \*Muriel J. L. Frazer, L. Herbert, E. J. Sankerali.

M.B., B.Ch., B.A.O.—G. F. Adams, H. W. C. Bailie, W. S. Braidwood, J. Browne, J. Bunting, J. O. Y. Cole, S. D. Corry, J. I. Cunningham, W. M. Davidson, D. McL. Deeny, S. Dobbin, J. Elliott, Jane M. Fullerton, S. Gibson, W. G. Gibson, J. Gilmore, J. R. Graham, H. G. Greeves, A. G. Hawthorn, Rosetta Hill, S. A. C. Hunter, S. T. Irwin, W. James, W. R. Johnston, J. A. Lawrence, J. Lazarus, A. T. Linton, J. McCabe, J. K. McCabe, H. A. McCaffrey, S. H. McCaughey, Florence M. McClelland, L. McCrory, E. McF. McKee, A. MacLaine, J. McMaster, V. J. McVeigh, L. F. McWilliams, †R. Magill, J. Mahood, J. A. Mark, Agnes J. A. Maybin, R. P. Maybin, C. W. Mearns, J. McL. Megaw, R. A. Moorehead, W. M. Morgan, J. H. O'Connell, J. R. Roulston, H. C. Rutherford, J. P. Savage, W. F. Smyth, Vera M. Sterling, J. Taylor, †W. Townsley, F. G. C. Walker, H. H. Weir, R. I. Wilson, R. J. Wright.

\*With high commendation. †With second-class honours.

## The Services

### MEDICAL UNIT, U.L.O.T.C.

The annual training of the Medical Unit of the University of London Officers Training Corps will take place from July 16 to July 30 at Shorncliffe Camp. This unit contains 400 medical students drawn from all the teaching hospitals in London. It is from these medical students undergoing training at present that the junior medical officers would be drawn in the event of mobilization. The officer commanding the Medical Unit, U.L.O.T.C., is Colonel C. Hope Carlton. On Saturday, July 23, Major-General the Earl of Athlone, K.G., Chancellor of the University, will inspect the contingent on parade, and H.R.H. Princess Alice, Countess of Athlone, will present the challenge cups at the conclusion of the display.

M. R. Caro (*Arch. Derm. Syph.*, Chicago, February, 1938) reports the effect in cases of pemphigus of oral administration of sulphanilamide, which was tried in view of the presence of a streptococcus in many such cases. Two cases are reported: one that of a Jew, also suffering from an acute attack of diabetes, who improved after the administration of 5 grains four times a day; the other that of a Jewess, who had suffered from pemphigus for one year and improved after one week's treatment with 10 grains of sulphanilamide followed by 15 grains of sodium bicarbonate six times a day, in association with the application of 5 per cent. tannic acid jelly locally.

# **BRITISH MEDICAL JOURNAL**

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

## **SUPPLEMENT**

containing

Notes on the Work of the Association

Reports of Conferences

National Health Insurance Proceedings

Special Articles

General Medical Council

Public Health Notes. Postgraduate News

Meetings of Branches and Divisions

Service Appointments

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