

Local News

SCOTLAND

Health of Edinburgh

The annual report of Dr. John Guy, who is retiring from the position of medical officer of health for the City of Edinburgh, contains a review of the work of the public health department during the twenty-five years in which he has been associated with it. The gross expenditure in 1913 was £37,618; in 1937 it had risen to £432,489. In the former year there were only two assistants to the medical officer of health; at the present time there are fifty-two full-time assistants in the department, which also uses the services of fifty-nine part-time medical men. The total staff in the department twenty-five years ago was 490; to-day it is 1,570. Twenty-five years ago there were no schemes for the treatment of tuberculosis and venereal disease, no child welfare schemes, and no school medical services. The death rate from all forms of tuberculosis in 1913 was 1.9 per 1,000 and last year 0.8, a reduction of 58 per cent., or a saving of 441 lives. The child welfare department was started in 1917, when the infant mortality rate was 127; to-day the rate has fallen to 70, representing a saving of 421 infants. The venereal disease department was instituted in 1919, and the examination of school children about the same time. Medical examinations of school children have increased from 23,641 to 100,645, and children under treatment from *nil* to 53,840. The report of the chief sanitary inspector states that the attitude of the people to sanitary requirements has now entirely changed from one of apathy and obstruction to a widespread desire for reform. During the past twelve months 474 families have been removed from overcrowded houses to corporation houses, while in fifty other cases of overcrowding the inhabitants have been transferred to better private dwellings. Since 1923 the local authority has dealt with 6,650 insanitary houses affecting a population of 22,069. A scheme was adopted by the local authority in 1934 to prevent the transference of infested furniture to new houses. During the year the furniture of corporation tenants has been inspected, and it has been found that in 32 per cent. of cases the furniture was bug-infested. The Department has paid special attention to the smoke nuisance, and the railway companies have taken measures to prevent the emission of smoke in the city.

Montessori Congress

A Montessori congress, attended by delegates from various European countries and America and by Dr. Maria Montessori, was held in Edinburgh during the week ending July 30. Dr. H. Crichton Miller spoke on the subject of the changing responsibility of the teacher. The three great things to a young child, he said, were security, valuation, and freedom, and the Montessorian principles promoted these. Parents in all directions were failing in the great responsibility of providing them, and the burden fell upon the teacher. Dr. Montessori gave a series of four lectures, in which she pointed out that a child's education should begin at an early age, and that the child was guided along certain lines by his inner needs and also by the help of adults. Environment had a stimulating effect on a child, and his problem did not call for a negative policy of reducing studies. The child in development passed through certain phases which had to correspond to relative phases in education. She had devoted special attention to the first period of development from birth to 6 years, when the child was passing through a formative period from a biological point of view. During this time the child discovered a valuation

of his personality, which came from finding that he could do things for himself. It was necessary, therefore, to put him in a free environment where he could make his own social contacts. This freedom was not freedom to do anything that he liked but freedom to do anything that helped him. The child of 7 years changed completely, became less attractive, wanted to know many things, and developed feelings towards the abstract parallel with those towards the concrete which he had in the first phase. He now needed greater independence, and had a need for more rigid environment with wider social contacts. An example of social response to this need was found in the organization of the boy scouts. The third phase was that of adolescence, when the social sense developed in the individual. Some of the failures of the secondary schools were due to the use of mnemonic methods, which were no longer adapted to development at this stage. In all walks of life discipline was necessary. Freedom and discipline were two things which should go together, and if discipline was lacking in a class there must be some defect in freedom. The teacher must not be an authoritarian person, but at the same time he must not be a passive and negative person.

Edinburgh Foot Clinic

At the annual prizegiving on July 28 of the Edinburgh Foot Clinic, Sir William M'Kechnie, who presided, expressed great satisfaction at the recognition of schools of chiropodists accorded by the Representative Body of the British Medical Association at its meeting in Plymouth. He said that this would be a good thing for the Society of Chiropodists, and also a good thing for hundreds of thousands of people in this country. Dr. Lechmere Taylor said that forty years ago chiropody was unknown to the medical profession, and it never occurred to a doctor that a patient might with advantage be sent to a chiropodist. This branch of public service had now achieved a reputation and a status which was very satisfactory. Mr. T. M'Walter Millar remarked that a very full investigation had been made into the status of the Edinburgh school by the chairman of the Hospitals Committee of the B.M.A., and he considered, speaking as a surgeon, that it was well that the previous decision of the Representative Meeting had been rescinded.

ENGLAND AND WALES

Welsh Board of Health's Report

The report of the Welsh Board of Health for 1937-8, which has just been published as part of the annual report of the Ministry of Health (H.M. Stationery Office, Cardiff, price 5s.), reviews in detail the many-sided activities of the Department. It includes separate chapters dealing with public health, public assistance, national health insurance, and contributory pensions, and these throw interesting light on the steady development of the Department and of the public health and social services of the country. A new feature which is likely to prove of value to students and administrators is the presentation, in one table, of the principal vital statistics of the country over a number of years. This table shows the remarkable decreases which have occurred in both the birth rate and the death rate since the beginning of the twentieth century. Whereas in 1901 there were 63,233 births in a population of just over two millions, in 1937 there were only 37,175 in a population of nearly 2½ millions; in other words, the birth rate has declined from 31.3 to 15 per thousand of the population, or by more than 50 per cent., since 1901. During the same period the death rate has decreased by 42 per cent., from 18.1 to 10.5 per thousand. While the infant mortality rate has undergone little change during the past four years, the 1937 rate of 63 per thousand live births, compared with 135 for 1911 and 161 for 1901,

indicates a considerable improvement since the beginning of the century. One of the most gratifying features in the report is the reduction in the maternal mortality rate from 6.61 per thousand births in 1934 to 4.54 in 1937, which is the lowest rate shown in the table. The report calls the attention of public health authorities to the problem of the high death rate from cancer, which for the last four years has exceeded 1 per thousand of population—a figure substantially in excess of the tuberculosis death rate.

MATERNITY AND CHILD WELFARE: TUBERCULOSIS

The domiciliary service of salaried midwives under the Midwives Act, 1936, is now, generally speaking, in operation throughout Wales. The number of midwives employed in the new service at the end of 1937 was 702, and they had, up to that time, attended 13,684 cases (including 3,316 maternity nursing cases). The report shows that increasing use is being made of the facilities provided for both ante-natal and post-natal examinations. During 1937 over 17,000 women attended clinics for ante-natal examination and nearly 1,700 mothers attended for post-natal examinations either at post-natal or ante-natal clinics. Forty authorities in Wales provide the services of consultants under their maternity arrangements, and during 1937 such services were provided in ninety-eight cases where assistance was sought by a general practitioner.

The decline in the mortality from tuberculosis, which has been a feature of recent years, was checked slightly in 1937, but the rate for that year of 0.862 per thousand of population is the lowest but one yet recorded for Wales, and shows a fall of 43 per cent. compared with the figure of 1.508 for 1911, which is the earliest year for which comparable figures are available. The King Edward VII Welsh National Memorial Association, which carries out the treatment of tuberculosis in Wales on behalf of the county and county borough councils, received £295,000 from the contributing authorities in respect of the year 1937-8. The Minister's scheme for the third fixed grant period (1937-42) has been amended to provide for payment of £337,675 in lieu of £301,000 for 1938-9. This amendment was made in view of the increases in the cost of provisions, coal, materials, and other items. The working of the arrangements for the prevention, treatment, and after-care of tuberculosis in Wales has been the subject of investigation by a Committee of Inquiry appointed by the Minister of Health and composed of Mr. E. Clement Davies, K.C., M.P. (Chairman), and Dr. F. J. H. Coutts, C.B.

Bristol Health Services

A report relating to the extension of the Bristol Health Services has been adopted by the City Council. This document is the work of a committee which received reports and recommendations from the Health and Education Committees on three matters: (1) the appointment of additional health visitors and school nurses, and an amended scale of salaries for such officers; (2) the appointment of additional assistant medical officers; and (3) a revision of the salary scale for nursing staffs in the hospitals.

The report states that the work of the health visitors has grown considerably in recent years. The staff is now responsible for supervision of the three nursery schools and the seventeen classes; premises to accommodate eight more classes are being erected. Supervision of the provision of meals for mothers and infants is undertaken at four centres, mentally defective children under 5 years of age are also supervised, while the recent extension of the City boundaries has also added to the volume of work.

With respect to the school medical services, this work increased enormously between 1929 and 1934, the comparative figures being:

	1929	1934
Number of visits to school ..	2,135	2,431
Number of examinations ..	107,050	139,061
Number of visits to houses ..	9,177	15,407

In accordance with directions from the Board of Education a complete review of the school medical services was made in 1936. The survey scheme which has been adopted in certain parts of the City of Bristol provides for the examination of every child attending school, and if a child is not progressing mentally or physically the case is referred for special examination by a doctor. Much of the work now undertaken by the nurses obviates examinations by doctors, and in this way costs are reduced. An indication of the good result of early and regular examination is given by the increased number of children referred for eye examination: in 1934, before the survey commenced, 2,998 children were referred for eye examination; in 1937 the number had increased to 3,911. It is now desired to extend the survey scheme to the whole of the City and to allocate a special nurse for ear testing for deafness. Attendances of children at health centres have increased from 22,915 in the March quarter of 1937 to 35,212 in the corresponding quarter of 1938.

As the result of propaganda, the ordinary work in connexion with ante-natal clinics and infant welfare centres has increased; since 1931 provision has had to be made for five additional ante-natal sessions and sixteen infant welfare sessions weekly; health visitors are also working in the voluntary infant welfare centres to the extent of five additional sessions weekly, while the introduction of post-natal work has resulted in a further ten sessions weekly. The Health and Education Committees recommend that the present staff of fifty be increased by the appointment of fourteen additional health visitors and school nurses, eight being for health services and six for school services. The committees also recommend that the scale of salary for these officers be revised, including special provision for sisters-in-charge at health centres. The Health Committee has recently approved an extension of these part-time medical services by six sessions a week, while nursery schools and classes will be further extended by six sessions per week; diphtheria immunization also occupies one session a week.

The Health and Education Committees have recommended that they be authorized to appoint two additional whole-time medical officers. In addition to the sessions mentioned above, ten sessions a week are held by part-time doctors in connexion with the school medical service.

For some time the Health Committee has been concerned with problems relating to the recruitment of probationers and the retention of trained nursing staff in the hospitals under their control. The problem has recently become much more acute and it is now very difficult to obtain nurses. Various measures have been adopted to meet the situation, including the introduction of a scheme for the training of girls and filling the gap between the time girls leave school and the age at which they are eligible to start as probationer nurses, and by the appointment of male nurses and orderlies and female attendants to undertake certain duties formerly performed by nurses. The shortage of trained nursing staff appears to be due mainly to the unattractive rates of remuneration. The shortage is not confined to Bristol; it is the same in other areas where girls are able to find better-paid employment with shorter hours of work and the opportunity of living at home. The Health Committee recommends that the scale of salaries for nurses in the institutions under its control be revised.

E. Pouch (*Thèse Paris*, 1938, No. 125) records thirty illustrative cases of recurrent chancres of the penis in which there was an interval ranging from three months to twenty years between the appearance of the first and the second chancres. Five cases were examples of three successive chancres. In each case the reappearance of a chancre was due to a fresh syphilitic infection. Although it was impossible to prove that the patients were cured of their syphilis, the new chancre appeared only in persons whose previous disease was attenuated, as shown by an absence of nervous and visceral symptoms and an almost invariably negative Wassermann reaction. In no case did the nature or duration of treatment seem to have had any influence on the appearance of the second chancre.

London Emergency Bed Service

SIR,—Recently I was called to a case of ptomaine poisoning, a mother and child of 3 years; in addition there was a 2 months old baby (not infected). The mother and child were in need of urgent hospital treatment. I rang up King Edward's Fund Emergency Bed Service and explained the case; within fifteen minutes I was informed that a suitable hospital would accept the cases and also admit the baby for care while its mother was in the hospital! Such service cannot be too highly praised. I had anticipated an hour's telephoning to try to get the two cases into hospital; I hardly dared to hope to find a hospital willing to care for a normal baby during its mother's illness. I feel every practitioner should know of this excellent service.—I am, etc.,

London, E.13, August 6.

P. G. S. KENNEDY, M.B.

The Services

HONORARY PHYSICIAN TO THE KING

The King has approved the appointment of Major-General P. S. Mills, C.I.E., I.M.S., as Honorary Physician to the King, with effect from March 29, 1938, in succession to Major-General D. P. Goll, I.M.S., who has retired.

AWARD OF MILITARY CROSS

The King has awarded the Military Cross to Captain M. F. Kelleher, R.A.M.C., for gallant and distinguished services in Palestine.

PROPHYLACTIC ANTI-TETANIC INOCULATION

The issue of the *Royal Army Medical Corps Journal* for May, 1938, included a comprehensive paper by Major (now Brevet Lieutenant-Colonel) J. S. K. Boyd of the Department of Pathology, R.A.M. College, on active immunization against tetanus.

The work recorded was undertaken at the suggestion of the Director of Pathology to explore the possibility of introducing active immunization against tetanus as a routine measure in the British Army. Major Boyd found that the standard of immunity given by the well-spaced two-dose system compared favourably with that achieved by other methods, and it is believed to confer adequate protection for a considerable period of time. Recommendations were accordingly made to introduce this method on a voluntary basis for all Regular troops. An announcement on the subject has been made by the War Office Press Bureau, and an Army Council Instruction is issued on inoculation against tetanus with tetanus toxoid.

PROCEDURE

The procedure follows the same principles as those that have been so successfully applied in the prevention of diphtheria. It consists of two subcutaneous injections, each of 1 c.cm. of tetanus toxoid, given at an interval of six weeks. No unpleasant after-effects are produced by the toxoid. Within a few weeks following these inoculations defensive substances develop and persist in the blood; these effectively neutralize the toxin of the tetanus bacillus. It is not necessary to repeat the injections, since the protection lasts for many years. Officers and men will be encouraged to take advantage of this simple method of securing protection. To avoid interference with the normal duties of serving soldiers the inoculations will be undertaken after the training season. Recruits will be inoculated during recruit training, the first dose being given when the recruit attends for vaccination. Tetanus toxoid will be issued in bottles of 50 c.cm. and 10 c.cm., a record of the injections being made in accordance with Regulations for the Medical Services of the Army. Although the reaction after inoculation is very slight it is advisable that no active exercise should be taken for twenty-four hours.

DEATHS IN THE SERVICES

Surgeon Commander HENRY BAKER HALL, R.N. (ret.), died in the Royal Naval Hospital, Plymouth, on July 16, aged 72. He was educated at Edinburgh University, where he graduated M.B., C.M., with first-class honours, in 1891. He entered the Royal Navy in 1892, and attained the rank of surgeon commander on May 11, 1908. On the outbreak of war in August, 1914, he became fleet surgeon in H.M.S. *Challenger*, and took part in the Cameroon Expedition. He returned to England in 1915, and was invalided from the Service. Later he became one of the medical officers for recruiting in Plymouth, and afterwards served as medical officer for the Ministry of Pensions in London and Bristol. He became a member of the B.M.A. in 1921, and had long associations with Plymouth.

Lieutenant-Colonel WILFRID BURRELL THOMSON, R.A.M.C. (ret.), died at Alverstoke, Hampshire, on July 19, aged 82. He was born in Burma on June 7, 1856, and was educated at Sheffield and St. Mary's Hospital. He took the M.R.C.S. Eng. and the L.R.C.P. Ed. in 1881, entered the Army as surgeon on July 29, 1882, became lieutenant-colonel after twenty years' service, and retired on June 7, 1911. After his retirement he was employed for some time, from 1912, at Northampton.

Correction.—The late Lieutenant-Colonel J. C. Gordon Carmichael, R.A.M.C. (ret.), was born on August 27, 1878, and not on the date mentioned in our obituary notice published on August 6.

Universities and Colleges

UNIVERSITY OF LONDON

At a meeting of the Senate held on July 20 it was announced that Sir Cooper Perry had been reappointed by the King in Council as a member of the Court for a further period of five years from October 1.

Recognition of Teachers

The following have been recognized as teachers of the University in the subjects indicated in parentheses: *Guy's Hospital Medical School*: Mr. H. J. B. Atkins (Surgery); Mr. Arthur Bulleid, M.R.C.S., L.R.C.P. (Dental Surgery). *Middlesex Hospital Medical School*: Mr. C. P. Wilson (Otorhino-laryngology); Mr. W. R. Winterton (Obstetrics and Gynaecology). *St. Mary's Hospital Medical School*: Dr. G. F. Buchan (Hygiene and Public Health); Mr. J. F. Simpson (Oto-rhino-laryngology). *King's College Hospital Medical School*: Dr. J. C. Hoyle (Medicine); Mr. E. G. Muir (Surgery); Mr. J. H. Peel (Obstetrics and Gynaecology). *King's College Hospital Medical School and Maudsley Hospital*: Dr. S. Nevin (Medicine). *London School of Hygiene and Tropical Medicine*: Dr. J. J. C. Buckley (Tropical Medicine). *Maudsley Hospital*: Professor W. E. Le Gros Clark (Anatomy); Dr. A. F. Tredgold (Mental Diseases).

Grants

Grants were made out of the Central Research Fund, the Dixon Fund, and the Thomas Smythe Hughes Medical Research Fund for 1938-9 to the following: A. W. M. Ellis (professor of medicine at London Hospital Medical College); C. A. Lovatt Evans, F.R.S. (Jodrell professor of physiology at University College); W. J. Hamilton (professor of anatomy at St. Bartholomew's Hospital Medical College); Samson Wright (John Astor professor of physiology at Middlesex Hospital Medical School); R. J. O'Connor (demonstrator in anatomy at University College); W. H. Newton (reader in physiology at University College); D. H. Smyth (lecturer in physiology at University College); G. Stella (lecturer in biochemistry at University College).

Amendment of Regulations

Amended regulations were approved for the second examination for medical degrees for internal and external students. It was resolved that in and after 1940 candidates for the second examination for medical degrees who have passed in Part I of the second examination for medical degrees under former regulations be required to take the biochemistry portion only of the paper and practical examination in organic chemistry and biochemistry. Copies may be obtained on application to the Academic and External Registrars.

The regulations for the examination for the academic postgraduate diploma in public health (*Red Book*, 1937-8, p. 651) were amended as follows:

(i) By the substitution of the following for the first, fifth, and sixth paragraphs on page 651: Part I of the examination will consist of two papers and practical and oral examinations in the subjects of Part I of the course. Part I of the examination will be held twice a year, beginning on the Monday of the week prior to that in which Christmas Day falls and on the first Monday in April, or, if that be a Bank Holiday, on the second Monday in April. Part II of the examination will be held three times a year, beginning on the last Monday in June; on the fourth Monday in September; and on the first Monday in January.

(ii) By the inclusion in the seventh paragraph of November 21 as the latest date for the receipt of entries for the December examination.

(iii) By the inclusion of the following approved areas in which candidates may receive the prescribed instruction in public health administration (see last paragraph of revised regulations approved in December, 1937, to which reference is made in the *London University Gazette* of February 9, 1938, pp. 87 and 90): the Royal Borough of Kensington, the Metropolitan Borough of St. Marylebone, and the Borough of Willesden. The regulations for the external diploma in public health (*Blue Book*, September, 1937, pp. 1005-9) were similarly amended.

It was resolved that in and after 1939 the examination for the academic postgraduate and external diplomas in clinical pathology should be held in the week beginning on the first Monday in October instead of the second Monday in December, and the regulations (*Red Book*, 1937-8, p. 616; *Blue Book*, September, 1937, p. 1105) were amended accordingly.

Medico-Legal

A NURSE IS A WORKMAN

Under the Workmen's Compensation Acts a workman is anyone who enters into or works under a contract of service. The Court of Appeal has often been called on to consider whether certain classes of workers—for example, professional footballers, film stars, and Salvation Army officers—are entitled to workmen's compensation for injury. In *Wardell v. Kent County Council*¹ a trained nurse acting under the direction of a ward sister was preparing a poultice of antiphlogistine; it exploded in the can in which it was being heated, and caused her injury. She applied to the county court judge at Maidstone for an award of compensation, but he held that she was not acting under a contract of service, but under a contract to perform services as an independent expert. She appealed to the Court of Appeal, who decided by a majority of two to one that she was a workman and was entitled to compensation. There was much argument whether *Hillyer v. St. Bartholomew's Hospital*,² with its distinction between the skilled technical duties of a nurse and her "ministerial or administrative duties," could be applied to the present case. Lord Justice Greer thought that it could, and that when she was doing her work as a nurse the hospital governors were liable neither to pay damages for her negligence nor to compensate her as a workman. His two learned brethren, however, disagreed. Lord Justice Slesser considered that her contract of service could not be divided, and that, although the hospital authority might from time to time choose the person under whom this nurse was called upon to obey, she was always under obedience to them. Lord Justice MacKinnon also considered that the negligence cases could not properly be applied to the question at issue. In fact, so manifestly are nurses in the service of their hospital, he said, that for that very reason it is necessary in a negligence case to inquire whether the hospital is liable for their negligence. The nurse is the servant of the hospital for general purposes, and is under a contract of service with them within the Workmen's Compensation Acts. The court therefore sent the case back to the judge to assess the compensation payable. They also gave the council leave to appeal to the House of Lords, and, as the decision will affect all the hospitals and many thousands of nurses, the case may well be argued before the supreme tribunal in due course.

¹ 1938, 3 All E.R. 473.

² 1909, 2 K.B. 820.

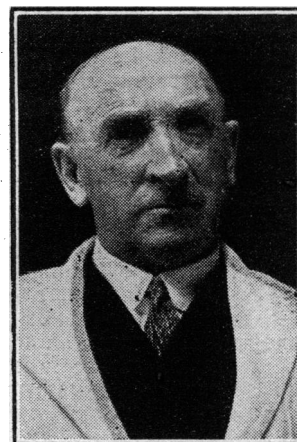
Obituary

SIR COLIN MACKENZIE

A correspondent in Canberra sends the following personal memoir of Sir Colin MacKenzie, founder and first director of the Australian Institute of Anatomy, supplementing the obituary notice published in the *British Medical Journal* of July 9 (p. 99). The photograph of Sir Colin was taken while he was at work in the Institute in 1934.

The death of Sir Colin MacKenzie removes from the medical profession in Australia one of its best known and most picturesque personalities. Of pure Highland descent, he was a piece of Scotland transplanted to Australian soil. In appearance generally, and especially in the contours of his head, the Celtic strain was distinctly marked. His death at the age of 61, when at last he might have expected to reap some harvest from the unremitting toil of his early years, was a misfortune. For more than twenty-five years he had worked to consolidate his ideal of an Institute of Comparative Anatomy dealing mainly with the Australian fauna. The cup was dashed from his lips almost before the magnificent building at Canberra, with its two large museums containing his anatomical dissections and specimens, had been fully completed.

MacKenzie's anatomical work was always his only hobby, and he found no time for relaxation in games, etc. A steady increase in blood pressure, after several warnings, resulted in a major cerebral haemorrhage.



Colin MacKenzie belonged to that very small group of Australian medical men whose writings and medical work are known beyond the borders of the island continent. Although well past its first century, Australian medicine is still in tutelage to Europe and to America. The Australian textbooks of medicine, surgery, midwifery, etc., have yet to be written for use in Australian medical schools. Some independence of thought has already emerged, but it can hardly be said that, so far, the influence of Australian ideas or discoveries on world medicine has been profound. MacKenzie joins that select band of Australian workers whose names include Bancroft of Brisbane, Hamilton-Russell and Dunhill of Melbourne, Elliot Smith, Harris, and Hunter of Sydney. As might only be expected at this early stage of her history, the contributions to medical literature of a definitely original character which have emanated from Australia have been comparatively few. The gravitational pull of the large medical centres in Great Britain has always resulted in a steady loss from Australia of some of the best products of her medical schools. It is in England that their mature work is undertaken and published, and Australia loses the credit of their achievements. Although Sir Colin MacKenzie visited England on four occasions and America three times, yet he always returned to his homeland with his devotion to it unimpaired. His intense loyalty to Australia, accompanied by his devotion to ideals which would advance his native country, and especially add to its scientific standing in the eyes of the world, was almost a passion with him.

William Colin MacKenzie had an unusual career which divided itself into three parts. He graduated to a