

## Local News

### ENGLAND AND WALES

#### Royal National Hospital for Rheumatic Diseases

A ball will be held on Tuesday, October 18, in aid of the rebuilding fund of the Royal National Hospital for Rheumatic Diseases, Bath, when the Duchess of Kent will attend. This hospital was founded by Beau Nash about two centuries ago, and the original buildings are now dilapidated and unsuitable for modern requirements. A new site has been obtained in the lower part of the city, and a sum of £200,000 is required for building and equipping the new institution. It is stated that only 3 per cent. of the patients come to it from the city of Bath, whereas one-fifth of the total are received from South Wales and one-sixth from the London area. The ball will be held in the historic Assembly Rooms, Bath, which have been closed and are now to be reopened. The last occasion on which a member of the Reigning House was present at a ball in Bath was in 1796 when the then Prince of Wales, afterwards King George IV, attended a ball in the Upper Rooms (the Assembly Rooms), and 1,200 people were present, a number which it is hoped to approximate on the coming occasion, in view of the fact that the hospital is truly national in respect of the wide area from which its patients are drawn. The price of the tickets is £3 3s. if bought before October 1, or six for £15 15s. They may be obtained from the Registrar's Office at the Royal National Hospital for Rheumatic Diseases, Bath. An eighteenth century interlude will be staged during the evening as an attempt to recapture the glamour of old Bath when the Rooms were originally opened.

#### Liverpool Psychiatric Clinic

The report (1937-8) of the Liverpool Psychiatric Clinic states that the period under review has been progressive and eventful. The transference of the institution to new premises, more spacious, pleasant, and well equipped, at No. 1, Abercromby Square has facilitated a considerable expansion in the number of cases treated. Attendances reached the record total of 2,813, including 300 new patients. The report records an important addition to the medical staff in the person of Dr. Elizabeth Berndt of Berlin, a distinguished German psychiatrist and an expert in the methods of psychotherapy practised by Professor Jung of Zurich. During October, 1937, a course of lecture-discussions was delivered at the clinic, dealing with psychological medicine from the standpoint of the general practitioner. Weekly clinical demonstrations were also arranged. It is hoped further to extend the teaching services of the clinic in the near future. Among the conclusions drawn in the report it is pointed out that the high proportion of cases of adolescent instability indicates that this is a social problem for which special provision as regards diagnosis and treatment requires to be made; that a large number of the cases for which social organizations are seeking help are those of behaviour disorders in girls; and that parental loss and illegitimate birth appear to play an important part in adolescent instability.

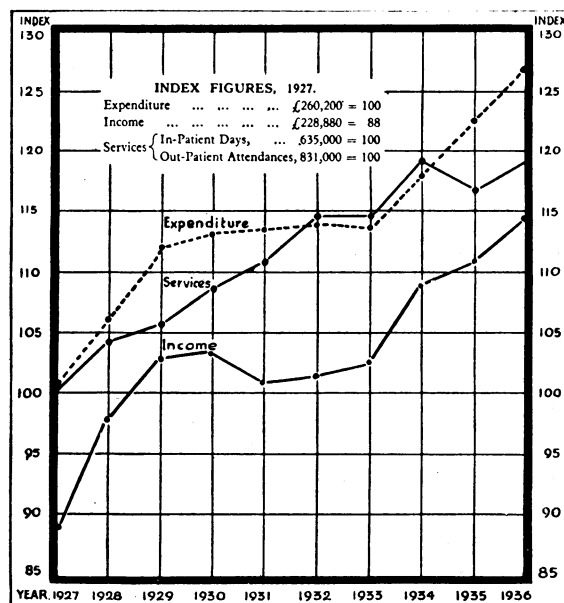
#### London Hospitals Street Collections

By means of flag days organized in the streets by individual hospitals citizens of London have in the past been in the habit of contributing large sums, chiefly in pennies, for the upkeep of their hospitals. These have now been combined, and by means of the scheme that has evolved under the London Hospitals Street Collections Central Committee both in 1937 and in 1938, so far as the

collections have been completed, more money has been obtained for the hospitals. The general hospitals organized their combined Flag Day in May, and arrangements for the special hospitals section on October 11 next are now being made. Already Lord Luke, chairman of the central committee, has received many valuable offers of help. Posters are being displayed by most of the local public authorities situated in the Metropolitan Police District, which comprises the area to be covered, and many large advertisers are giving similar assistance. Further publicity has again been promised through cinema theatres. Many West End hotels, business houses, and other centres have granted facilities for selling depots and collections on their premises. This year fifty-seven special hospitals are combining their flag days on October 11, as compared with thirty-three last year; nearly one hundred general hospitals combined in the May collections. Suggestions and offers of service will be welcomed by Lord Luke, at 36, Kingsway, London, W.C.2, the headquarters of the London Hospitals Street Collections.

#### The Merseyside Hospitals

A complete survey of the activities of the Merseyside Hospitals Council is contained in the annual report for 1937. (Merseyside in this context means Liverpool, Birkenhead, Bootle, and Wallasey.) Some idea of the extent of the work may be obtained from the fact that the council handled last year an income of £194,000. A vital part of its operations, indeed the very basis of them, is the penny-in-the-pound fund, and the increase in the contributions under this heading was £12,656. Not the least of the activities is that connected with what is known as reciprocal agreements: hospital contributory schemes in 122 other cities and towns have entered into written agreements with the Merseyside Hospitals Council to ensure



Graph depicting the increase in hospital services, income, and expenditure of the Merseyside Associated Voluntary Hospitals, 1927-36.

that the contributors on Merseyside and in the reciprocating cities and towns may have free hospital service if they need it when away from their home surroundings. Excellent results, too, have been achieved by the 700 voluntary receiving depots, established in the premises of shopkeepers, whereby 45,000 people unable to contribute to the penny-in-the-pound fund through places of employment have been enabled to buy weekly stamps near their homes and so secure the right to free maintenance on admission to hospital. But every increase in the fund adds to the responsibilities of the council, and there

is little improvement in the proportion of the cost of maintenance which it can contribute to the associated hospitals in return for the increasing volume of service they in turn give to contributors and their dependants. So long as the employed population contribute less than the cost of the service they receive from voluntary hospitals the balance must, if possible, be found by legacies and private subscriptions. The problem of hospital finance is becoming more and more acute, notwithstanding the contribution from the council's funds, amounting in 1937 to £104,656, an increase of £8,592 over 1936. In addition to this the council allocated £8,446 to the hospital visiting medical staffs in recognition of their services to contributors. The report suggests that if the voluntary hospitals system on Merseyside is to continue there must be a substantial increase in the ordinary revenue, or an upward trend in the receipt of legacies, or a curtailment of the work undertaken by the associated voluntary hospitals.

#### Supervisors of L.C.C. Midwives

Hitherto the L.C.C. has employed four medical officers in connexion with the supervision of midwives and allied work. One of these officers has recently retired, and another is due to retire shortly. The volume and character of the work have been considerably affected by the introduction of the council's midwifery scheme. The supervision of the domiciliary midwives appointed by the council is necessarily more complete and systematic than in the case of the independent midwives, and more detailed than formerly in the case of midwives employed by voluntary organizations. It is not possible at present to indicate the supervisory staff which will ultimately be required, but it is proposed that for the present two positions of non-medical supervisor of midwives be created in substitution for the two positions of assistant medical officer referred to above. Under the revised arrangements the two remaining assistant medical officers will each become responsible for the general supervision of the midwives in one-half of the county area. The non-medical supervisors are to receive a salary of £375-£25-£475, but if they have special experience of the specific duties concerned the first two appointments will be at the commencing salary of £400.

#### Medical Society of London

The first half of the session 1938-9 of the Medical Society of London will open on Monday, October 10, with the annual general meeting at 8 p.m., followed by Dr. C. E. Lakin's presidential address at 8.30 p.m. On Monday, October 24, at 8.30 p.m., a discussion on sulphanilamide, its use and its misuse, will be introduced by Sir William Willcox and Mr. Eardley Holland. A discussion on hormone therapy in gynaecological conditions will be opened by Mr. Douglas H. MacLeod, Dr. P. M. F. Bishop, and Mr. W. R. Winterton on Monday, November 14, at 8.30 p.m. A clinical meeting will be held on Monday, November 28, at 8 p.m. On Monday, December 12, at 8.30 p.m., Mr. E. Pearce Gould and Dr. T. L. Hardy will introduce a discussion on preliminary investigation in cases of malignant disease of the breast and stomach. The Lettsomian Lectures, on the surgery of the gall-bladder and bile ducts, will be delivered by Professor G. Grey Turner on February 20 and March 1 and 6, 1939. Professor John A. Ryle will deliver the annual oration on "Clinical Sense and Clinical Science" on Monday, May 8.

A new illustrated pamphlet on Torquay as a health resort and residential centre is issued by the Baths and Publicity Committee of the Corporation with the approval of the Torquay Division of the British Medical Association. Copies may be had free of charge from the general manager, Marine Spa Baths, Torquay.

## Correspondence

### Convalescent Serum in Infantile Paralysis

SIR,—The dogmatic statement made by Drs. Donald Paterson and Macdonald Critchley in their letter to the *Times* of August 8 seems imperfectly justified. They state: "The disease [infantile paralysis] is not one that yields to any known treatment which needs to be applied within the first few days of onset." As an orthopaedic surgeon I see so many of the tragic results of this disease that I regret this out-of-hand condemnation of early treatment, including treatment by serum, which alone seems capable—once the disease has provoked the "spinal sign"—of aiding natural resistance. I have dealt with the advantages of early absolute immobilization elsewhere (*Proc. roy. Soc. Med.*, 1922, **15**, 59). I feel that the value of convalescent human serum, which has under certain conditions (Macnamara, J., and Morgan, F. G., *Lancet*, 1932, **1**, 469, 527) given results suggesting great potency, has not been lessened by records of subsequent series of cases treated under different conditions and with different techniques, although the later series were larger and more evidential *qua* controls. My own experience with convalescent serum used on the lines suggested by Dr. Macnamara has been very happy, though relatively small and without controls. For these reasons I asked a distinguished bacteriologist if he would review the literature. He has been good enough to do so, and he writes in a covering letter: "There is little doubt that complete finality in the matter has not been achieved. The reading has shifted my view somewhat in the direction of reserved scepticism; and I think it justifiable from the clinical point of view to continue the use of serum. I think I should feel glad if it were available for any person in whom I was interested." His report is as follows:

1. In the light of the published facts any individual is justified in holding the personal opinion that convalescent serum is ineffective, because those tests that have aimed at and approximately achieved "experimental" conditions, with controls truly comparable to the treated cases, have failed to prove its efficacy; a positive proof was to be expected if serum really "works." No other reports have much evidential value, since they all make comparisons of essentially dissimilar groups of cases and are coloured by enthusiasm for a new remedy.

2. Since none of these tests actually achieved perfect "experimental" conditions, owing to the enormous difficulties and the multitude of variable factors involved, it also remains open to any individual to refuse to accept them as final. This, in fact, was the attitude of almost all of those who carried out the tests.

3. Examples of these uncertainties are the uncontrollable variation in the potency of serum samples; differences in the size of the dose and in the time and repetition of administration; and variably correct diagnosis of the pre-paralytic stage. Thus success might be dependent on these factors being exceptionally favourable, and failure inevitable if they are less favourable. This, though only a surmise, is a justifiable one.

4. The fact that each of the several determined attempts to prove scientifically the efficacy of the serum failed to do so has necessarily induced an unbelieving attitude in most detached observers, including myself, to whom the balance of probability now seems against the serum. But nothing short of a new large-scale and very perfect experimental test would justify a dogmatic statement that the serum has no value in the disease.