

## EMERGENCY HOSPITAL AND RADIUM STORE AT NORTHWOOD

A party of journalists formed the principal audience when on August 2 in the ample grounds of Mount Vernon Cancer Hospital, Northwood, Middlesex, the Viscountess Harcourt, chairman of the Board of Governors, turned the first sod of one of the first of the series of emergency hutment hospitals in the greater London area.

Mount Vernon is the advance base in the fifth of the ten sectors which radiate from the London teaching hospitals. Of this particular sector Middlesex Hospital is the key, and there are to be three other emergency hospitals in the same sector—namely, two at Aylesbury, one of these being the present public assistance institution and the other the Royal Buckinghamshire Hospital, and the third at Bedford. At the beginning of an emergency, surgeons, nurses, and other staff will be sent from the Middlesex in the first place to Mount Vernon and the clearance of cases from the in-town hospital will be undertaken. It is hoped that it will be possible for all operations to take place at Mount Vernon, so that after operation the patient can remain there instead of being moved as might be necessary in an inner hospital. The Middlesex Hospital will have its beds reduced from its present number of 700 to 320, of which 200 will be labelled for casualties. The occupants of these beds will be transferred to Mount Vernon as quickly as possible.

### Arrangements at Mount Vernon

The hutment hospital is designed in the first instance to take 360 beds (ten huts with thirty-six beds each), with accommodation for medical staff and nurses. It is expected that this will be completed within three months. The erection of the hutment hospitals would have been accomplished earlier, but the Government decided that the huts for militiamen must have precedence. The secretary of the Middlesex Hospital, Mr. S. R. C. Plimsoll, said that his authorities desired to express their gratitude to the London County Council as to the other county authorities, who were showing the most generous and broadminded spirit in all these arrangements. The London County Council, for example, had placed its mobile engineering units at the disposal of the voluntary hospitals for this purpose. The site planning and supervision of the erection of the emergency hospitals have been entrusted to a number of well-known hospital architects. At Mount Vernon there will be the closest co-operation between the new emergency and the existing hospital, and the resources of the latter, including its well-equipped x-ray department, will be available.

### Safe Storage of Radium

Mount Vernon is now the central hospital of the Empire Cancer Research Board and is combined with the Radium Institute near Portland Place, which is responsible for the loan of radium to many hospitals throughout the country. It is expected that should war break out radium treatment will practically cease for a time, and all the radium under the control of the Radium Institute will be immediately sent to Mount Vernon, where a shaft fifty feet deep has been bored in the ground for radium storage. The value of the radium so buried may represent many millions of pounds, and great precautions have been taken to ensure its safety. The governing consideration, however, has been that in the case of radium stored in the ordinary way, should an enemy bomb burst open the containers, it would be impossible to collect the radium once scattered, and the area of such destruction over a considerable radius would remain a permanent death trap. An attempt was made to give some estimate of the bodily damage which might be done through dispersed radium, but any such estimate must, of course, be fantastic. A special building has been erected over the shaft at Mount Vernon, with a wall of concrete to protect the person manipulating the radium carrier, and the radium, if and when it arrives, will be enclosed in brass boxes, ten grammes in each, and lowered by means of a pulley into the depths.

## Local News

### AUSTRALIA

#### Queensland Nutrition Council

The Queensland Nutrition Council, of which the Queensland Branch of the British Medical Association is a member organization, held its third annual general meeting recently at Brisbane. The report which was presented makes the claim that Queensland has set a standard of nutritional development which has no parallel in the Commonwealth. At the last meeting of the Australasian Association for the Advancement of Science, which was held at Canberra, the demonstration of the work done in Queensland drew many admiring comments from leaders in the public health field of other States. It is stated also that the work on nutrition is reflected in statistics which show that the food habits of the people are changing in the direction of a higher standard of community health. Various nutrition study groups as well as local committees in rural centres have been formed under the auspices of the council. A noteworthy enterprise is the twice-weekly series of dramatized broadcasts given under the title of "Nutrition News," over 250 having been given from the broadcasting station. The British Nutrition Film has been modified to suit local conditions and has been distributed throughout Queensland. A wall chart giving a guide to menu planning is in its tenth thousand. Along with all this the more usual work of lectures and demonstrations to housewives and others has been vigorously pursued, and boarding schools have been invited to send copies of their school diet for helpful criticism. In research an investigation has been carried out on the vitamin C content of Queensland fruit and vegetables, which has revealed the high value in this respect of the pawpaw—a product at present unfamiliar to this country—said to be twice as rich in vitamin C as orange juice. Other findings are the relatively low value of lemon juice, the high and uniform figure for orange juice, and the fact that the vitamin C of lettuce is rather rapidly destroyed once it is picked, only 30 per cent. of the vitamin remaining after twenty-four hours. The researches have been carried out under the direction of the professor of physiology and the lecturer in biochemistry at the University of Queensland. Other work of the council has taken the form of co-operation with various bodies in providing fresh fruit and vegetables under conditions of refrigeration to the people of the isolated north-west, and a study of the efficiency of distribution of staple foods in the State generally. Simultaneously with the meeting of the National Council the *Brisbane Courier-Mail*, the principal newspaper in Queensland, published its fourth annual "Nutrition Supplement," a copy of which has been sent to us. It is a lively production, and contrives by headlines and smiling photographs to get its message across. The president of the National Council is Mr. Douglas H. K. Lee, professor of physiology at the University, and the chairman is Dr. Noel Gutteridge.

#### South Australian Medical and Veterinary Institute

The new laboratories of the Institute of Medical and Veterinary Science, South Australia, have been officially opened by the Lieutenant-Governor, Sir George Murray. The institute partly represents an extension in Adelaide of pre-existing facilities for the study of pathology, bacteriology, and biochemistry as applied to human and to animal medicine; partly it is a new development. Its principal purpose is threefold: first, to carry out, with more adequate accommodation, equipment, and staff than heretofore, routine investigations for the Adelaide Hos-

pital, the Stock and Brands Department, country hospitals, and private practitioners; secondly, to engage in research into the causation, diagnosis, and cure of disease in man and animals; thirdly, by close collaboration with the University of Adelaide teaching departments of pathology, bacteriology, and applied physiology, to inculcate in the medical students a proper appreciation of the importance of laboratory medicine, and to imbue them with a scientific outlook. The buildings, which have been erected at a cost of upwards of £50,000, are of the most modern design, and the problems of sound-absorption, heating, and ventilation have received special attention. A large sum has also been expended on new scientific apparatus and instruments of precision. The institute is governed by a council of six, representing the board of the Adelaide Hospital, the University of Adelaide, and the veterinary interests of the State. Of this council the director is the principal executive officer. Under the director are the departments of bacteriology, clinical pathology, biochemistry, and veterinary pathology, each controlled by a head who is responsible for a group of research workers. With a view to future expansion accommodation has been provided to allow for augmentation of the present staff.

## ENGLAND AND WALES

### Bust of Lord Moynihan

On October 2 the bust of the late Lord Moynihan by Sir William Reid Dick, R.A., which was shown at the Royal Academy exhibition this year, will be presented to the General Infirmary at Leeds. The date has been chosen because it is the anniversary of the birth of Berkeley Moynihan in 1865 and of his entry as a student of the Leeds Medical School more than fifty years ago. The bust, towards which friends, patients, and members of the Infirmary board and students have contributed, will be unveiled by Mr. Hugh Lett, President of the Royal College of Surgeons of England. According to the *Yorkshire Post*, it will stand half way up the main staircase facing the entrance to the Infirmary, and Sir Edwin Lutyens, P.R.A., has collaborated with the sculptor in designing its pedestal and niche. Since Lord Moynihan's death in September, 1936, Ward 4 has been named after him, because it was there that he worked as a student and surgeon for fifty years.

### L.C.C. Research Unit in Gastro-enteritis

A team research on gastro-enteritis in children is to be initiated at the North-Eastern Hospital of the London County Council at South Tottenham under the general pathological direction of the pathologist of the group laboratory at the North-Western Hospital. This proposal follows the finding of a committee which was set up by Sir Frederick Menzies, county medical officer of health, in 1937 to inquire into the clinical condition of non-specific gastro-enteritis in infants with a view to ascertaining the lines upon which clinical and pathological research could best be carried out into the aetiology, mode of transmission, and treatment of that disease. The suggestion was made that a special unit should be established at a fever hospital for clinical and pathological study, including methods of controlling the spread of infections and methods of treatment, and that a more intensive bacteriological, histological, and biochemical investigation should be instituted. It is considered by the Hospitals and Medical Services Committee of the L.C.C. that a whole-time non-resident clinician with good experience in paediatrics and a whole-time assistant pathologist should be appointed, their appointments to be tenable for three or four years, and that one of the resident medical officers at the hospital should be deputed to work

under the research clinician. As the question of ward infection enters into the problem of the spread of gastro-enteritis, the clinician and pathologist appointed will work in consultation with Professor H. D. Wright (Liverpool), Dr. W. H. Bradley (Cambridge), and Dr. Joyce Wright (London), who are already engaged in the study of the epidemiology of ward infections with support from the Medical Research Council. The scale of salary for the clinician and assistant pathologist is to be £500-£50-£600 a year in each case.

### £100,000 to fight Paralysis and Other Crippling Diseases

Sir Alexander Maclean, noted for his numerous benefactions, has given £100,000 to the Lord Mayor Treloar Cripples' Hospital, for the construction of a new seaside branch of the hospital at Sandy Point, Hayling Island. He, accompanied by Sir Henry Gauvain, medical superintendent of the hospital, visited America especially to study hydrotherapeutic treatment (under-water gymnastics) for infantile paralysis and other crippling conditions. So impressed was he with this method of treatment and its manifold advantages that he determined that English sufferers should have similar facilities, and the new marine hospital will be fully equipped for this purpose. It is therefore proposed to build at Hayling Island a new hospital with therapeutic pools and sea-water baths designed on the latest scientific principles. Patients attacked by infantile paralysis are often left with limbs so weak that they cannot move them against the resistance of the beds on which they recline. It is primarily to help such sufferers that the new hospital is being designed, and child patients from any hospital in the British Empire requiring special treatment will be eligible for admission.

## Correspondence

### The Swivel in Treatment of Fractures in the Long Bones

SIR,—A fracture of the long bones may result in shortening of the limb, angulation at the site of fracture, and an alteration of the rotational relation of the lower fragments in relation to the upper. The shortening and angulation are usually readily overcome by traction, but most of us depend on our own judgment for correction of the last. We therefore not infrequently find that locking of the fragments is difficult to establish, and when union has occurred the proximal and distal joints are not acting in true alignment.

I believe that by the use of the swivel these difficulties can be largely eliminated. The principle of its use in ensuring correction of rotational alignment is a very simple one. If we insert a swivel in the line of the traction between the limb and the distracting force, the tension on the soft structures, tendons, muscles, interosseous membrane, etc., ensures the anatomical alignment of these, and they in turn determine the natural degree of rotation of the lower fragments in relation to the upper. Although perhaps most valuable in ensuring true reduction of fractures of the forearm bones, I believe that the principle is one which can be used with great advantage in all fractures which necessitate traction for their reduction.—I am, etc.,

NAUGHTON DUNN, LL.D., M.B., Ch.B.,  
Lecturer on Orthopaedic Surgery, Birmingham  
University.  
Birmingham, Aug. 3.

*Notes in Brief*

The field work of nutritional survey as described in the report of the Ministry of Health for 1937-8 and the collection of statistical data with reference to the distribution of the population according to income have been completed. After necessary analysis they will be considered by the Advisory Committee on Nutrition.

Dr. Elliot cannot at present set up a Governmental inquiry into the merits of a State medical service.

The power of the Minister of Health to require the formulation of a scheme for the provision of full-time medical officers of health under the Acts of 1929 and 1933 has been exercised in ten counties.

Sir Samuel Hoare is in communication with the Secretary of the Joint Industrial Council on the question of extending the present silicosis scheme to cover all underground employment in slate mines. Investigations by the Home Office do not show that surface workers are affected by silicosis in the same way as underground workers.

The estimate for the Highlands and Islands Medical Service is increased in the present year by £10,000.

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## Medico-Legal

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### UNSUCCESSFUL ACTION AGAINST DOCTOR AND HOSPITAL

In May, 1937, a Mrs. P. D. Mitchell entered the Crayford (Kent) Russell Stoneham Memorial Hospital for her confinement. She developed puerperal fever and septicaemia, and some weeks later her right leg was amputated. She claimed damages from Dr. T. C. Outred of Northfleet, who treated her in hospital, and against the matron and board of management of the hospital, alleging that her illness and the loss of her leg were due to their negligence. Counsel for Mrs. Mitchell said in opening the case that Dr. Outred had agreed to attend her in her confinement. The temperature book showed that on the evening of May 3, two days after her confinement, her temperature was 100.2, on the morning of May 4 it was 101.4, and on the evening of that day it was 100.2. (Puerperal fever is notifiable if the temperature is 100.4 for twenty-four hours.) Sterilized masks, gloves, and clothing had not been used at her confinement. Prontosil had obscured the signs of puerperal fever. The night nurse had told Mrs. Mitchell that she was not to ring her bell except in an emergency. On May 21 she was sent home in an ambulance, and next day her temperature was 103° F., but Dr. Outred had attributed that to the excitement of the journey. Some days later she had complained of pain in her right thigh and the doctor had diagnosed pyaemia, but he had not sought a second opinion or tested her blood. Her temperature rose and she became delirious, and her leg was amputated. After hearing all the evidence brought by Mrs. Mitchell, the Lord Chief Justice held that there was no case to go to the jury, as there was no evidence to connect the amputation of her leg with any negligence or breach of duty by any of the defendants. He gave judgment for the defendants, with costs, and refused a stay of execution of the judgment, saying that the action was quite misconceived.

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### A SLANDER ACTION: ORDER FOR NEW TRIAL

In our issue for March 11, at page 539, we gave some account of an action brought by two certified midwives against the British Medical Association and Dr. Irene Gayus, in which a settlement was reached with the Association and a special jury awarded £800 damages against Dr. Gayus for slander. They complained that Dr. Gayus had told Dr. R. W. Durand, then assistant medical secretary of the Association, that she wanted to send a patient to the nursing home managed by

the plaintiffs but had heard that abortions had taken place there. Dr. Gayus appealed, and on July 13 the Master of the Rolls, giving the judgment of the Court of Appeal, said that the summing-up of Mr. Justice Greaves-Lord contained two defects which were sufficient to justify the court in directing a new trial.

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## Universities and Colleges

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### UNIVERSITY OF CAMBRIDGE

The E. G. Fearnside scholarship has been awarded to K. C. Dixon, Ph.D., M.A.; and A. F. Huxley, B.A., has been elected to the Michael Foster studentship in physiology.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I*: R. D. Howat, S. R. Reynolds. *Part II*: H. N. Bhatt, J. P. Bostock, F. Bush, F. M. Crawshaw, W. G. S. Harden, T. M. Henneby, S. W. Horncastle, K. A.-K. Kassem, C. F. MacGuire, S. A. Maddocks, R. T. Marshall, G. F. Rees-Jones, Zoë C. Rutherford, E. Samuel, Ida B. S. Scudder, W. E. McL. Topping.

At a congregation held on August 5 the following medical degrees were conferred:

M.D.—D. N. Matthews, J. D. M. Jones.

M.B., B.CHIR.—By proxy: A. J. S. B. Tawse, R. O. G. Norman, N. E. Monteuis, J. A. Glover, J. N. Pattinson, J. F. Buchan, I. R. S. Gordon. In person: K. C. Dixon, J. R. Bolton, M. A. X. Cochemé, J. M. Naish, J. H. Penrose, G. S. Graveson, W. J. D. Fleming, F. McL. McGown, K. S. MacLean, A. D. Fisk, G. M. Lewis, T. K. Maurice, G. C. Wells, J. H. Dean, T. Fenwick, R. H. Armin, D. M. Baker, A. P. Dick, J. M. Holford, I. MacG. Jackson, W. H. K. Willis, E. P. Morley, J. H. Burkinshaw, H. R. E. Wallis, O. J. Curl, R. Fletcher, A. Standeven, P. D. Scott, D. L. Caldwell, R. H. Elphinstone, O. D. Gilmore, H. W. Whittingham, J. F. Erskine, P. W. Isaac, T. C. N. Gibbens, G. W. Harris, J. A. Lorimer, P. D. MacLellan, J. Murray, P. D. Samman, P. S. Thorne, L. D. Osler, W. H. C. Watson.

### UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I (Medicine)*: I. S. Buchanan, M. A. Carpenter, J. E. Cates, C. S. Darke (University Medal), R. B. Evans, A. C. Kanaar, D. Landsborough, D. H. G. MacQuaide, J. B. Phillips, J. W. Pierce, H. Ramsay, J. C. Roberts, G. R. Royston, F. H. Scadding, J. W. Todd (awarded mark of distinction). *Branch IV (Midwifery and Diseases of Women)*: Mary A. M. Bigby, C. W. F. Burnett. *Branch V (Hygiene)*: J. D. Kershaw, V. N. Leyshon, J. P. McGladdery, R. C. Wofinden.

PH.D. IN THE FACULTY OF MEDICINE (NON-CLINICAL).—G. Brownlee, H. Davis, M. F. El-Seifi, O. Khairat, Li P'ei Lin, Margaret Li. Smith, V. D. van Someren.

### UNIVERSITY OF MANCHESTER

Mr. R. L. Holt, M.D., F.R.C.S., has been appointed Lecturer in Operative Surgery.

### CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the Final Examinations for the Scottish Triple Qualification:

G. Abromowitz, W. S. Aird, T. Akroyd, G. Alterbaum, F. E. O. Ampofo, D. A. Bird, M. Bregman, G. E. Calvert, R. M. F. Charles, W. J. Curran, W. N. Darling, E. Dengrove, G. Dixon, C. Drayer, Edith M. Druitt, R. S. Edington, A. F. Fletcher, W. M. Glantz, H. T. Hardy, Mary K. Hargreaves, Barbara J. Hawke, D. Hochman, J. A. Hunter, P. Jardine, E. R. K. Keatley, T. Khattar, R. L. Lawrie, A. S. A. Malek, W. A. W. Maney, F. B. Marke, J. G. B. Maree, S. R. A. Messih, I. Miskelly, H. Mullen, A. J. MacIver, W. T. T. McAllister, C. W. Orr, H. R. Pace, E. G. Patchett, N. Pearl, T. J. Reid, Mary Robertson, A. W. W. Robinson, A. I. Rosenblatt, C. Rudd, L. Ryterband, G. J. Sabrin, C. D. Salmond, M. Schneider, N. M. Segal, R. M. E. Smith, E. J. Stern, L. L. Theron, G. A. Thompson, C. M. Vanniasagaram, D. K. Windram.

The following graduates of recognized foreign universities were also admitted Licentiates:

A. Adler, A. B. Alexander, Declan R. Barry, A. Beck, M. Caraco, W. Cohn, W. Griffel, E. Guttman, E. Haberfeld, F. A. Heimann, R. F. H. Hinrichsen, M. Laufer, E.-H. Levi, C. Perek, F. E. Rosenthal, R. Spira.