

fracture clinic, and in the opinion of the committee after-care, whatever form it takes, should be directed and supervised by the surgical team responsible for the initial treatment of the fracture. Physiotherapy may be of value in certain cases. Occupational therapy may be even more important in many cases, but the committee seems to take the view put forward by Mr. R. C. Elmslie, on behalf of the British Orthopaedic Association, that occupational therapy should be undertaken at rehabilitation centres proper rather than in hospitals. So far as hospital after-care is concerned, the committee's attention, therefore, has been directed mainly to the provision to be made for remedial exercises. Ideally the fracture department should have its own gymnasium for remedial exercises and its own physiotherapeutic department. Actually, however, the general principle that systematic and sustained exercises, of a progressive character and under proper control, are an essential part of the rehabilitation process can be applied with even limited accommodation and equipment of the simplest and most inexpensive character. With adequate facilities it should be possible to treat a large proportion of fracture cases to a conclusion, the patients being discharged ready to return immediately to their full-time jobs. Patients who return to "light work" before their treatment is concluded appreciate the convenience of evening clinics held perhaps once a week.

Psychological Difficulties

The interest and help of the general practitioner are essential to the success of any scheme for the treatment of fractures. The more efficient the fracture service the more ready he will be to refer to it his cases of fracture or suspected fracture. His co-operation is important in every case, but especially so when the patient lives at a considerable distance from the clinic or for other reasons is unable to attend regularly. As the first doctor to be called to any accident he is also in a strategic position to prevent—or set in train—psychological sequels. These sequels seem to be determined in certain cases by harmful suggestions as to the duration of incapacity and the degree of disability likely to result from an accident, and in others by inefficient or too prolonged physical treatment or unnecessary hospitalization. Most commonly, however, psychological difficulties tending to retard recovery arise from fear of the economic consequences of the accident.

Efficient treatment of the physical injury in a well-organized fracture service by ensuring a return to full functional activity in the shortest possible time should go far to prevent many of the psychological difficulties arising from fear of prolonged disablement. Further reduction of these psychological sequels would obviously be brought about by measures taken to relieve the consequential economic effects of the accident. The committee does not offer suggestions as to how this might be effected because so far as industrial cases are concerned these questions will be considered by the recently appointed Royal Commission on the Workmen's Compensation Acts. It makes one definite recommendation, however, which has a bearing on this point:

"Under the law as it stands at present an injured workman who has so far recovered as to be able to undertake 'light' work may have his compensation reduced. If, owing to the inability or unwillingness of his previous employer to find him such light work or to the state of the labour market in the place where he resides, he is unable to obtain such work, he has the choice either of applying to the Court for the restoration of his compensation to the full amount or (if he is an insured person) of applying for unemployment benefit. We are informed that unemployment benefit is frequently claimed in such cases, with the result that a man may be receiving in partial compensation and unemployment benefit together more than his full compensation rate, or, if he has a large family, even more than his wages for full-time employment. It is obvious, in such circumstances, that an injured man's 'will to recover' is liable to be weakened. We would most strongly

recommend that an injured man's capacity for light work, which may be reached at a certain stage of his treatment, should be regarded, not from the point of view of compensation and as a reason for reduction of the compensation but solely as a means by which the complete restoration of his working capacity can be furthered. As long as the patient requires to be under the treatment of the fracture department he should continue to receive compensation as for total incapacity, unless light work of a remedial kind approved by the fracture department surgeon is available. In other words, 'light work' should only be admitted as part of the curative treatment."

One other question which the committee has considered is whether it is possible or desirable to make special provision for the treatment of the neuroses occurring in connexion with rather less than 1 per cent. of fracture cases and rather more than 1 per cent. of other cases of accident. Giving evidence before the committee Dr. W. A. Brend said: "Increase of the facilities for treating the neuroses is urgently required for all classes of the community, but it does not seem to me advisable that a movement in this direction should form a prominent part of an effort to help injured workmen." In view of this and of the divergent opinions of other medical witnesses the committee does not feel justified in recommending at the present time the provision of special treatment for neuroses associated with accidents. It does suggest, however, that a fracture service should have facilities for consulting a medical psychologist when the surgeon-in-charge considers this desirable.

(To be concluded)

Local News

SCOTLAND

Lunacy in Scotland

The report of the General Board of Control for Scotland for the year 1938 shows that on January 1, 1939, there were in Scotland, exclusive of insane persons maintained at home by their natural guardians, 19,670 insane persons of whom the Board had official cognizance. Of these, 2,706 were maintained from private sources, 16,873 from the rates, and ninety-one at the expense of the State. There was a decrease in the number of registered insane at January 1, 1939, of sixteen. The number of patients discharged recovered during 1938 was 919, and the number of deaths was 1,303. The report deals with the results of the shock treatment of schizophrenia by intravenous injections of insulin and by injections of cardiazol. While it is indicated that too short a time has elapsed to arrive at definite conclusions as to lasting results, the return shows that out of twenty-seven asylums eleven are making use of this form of therapy. The importance of some method of treatment for this condition is shown by the fact that in certain hospitals schizophrenia is reported to account for over 50 per cent. of the admissions. The total number of cases treated was 316, of which sixty-nine were treated by insulin alone, 241 by cardiazol alone, and six by a combination of the two methods. Patients discharged after treatment numbered 106, fifty-four with complete remission of symptoms, fourteen with only one symptom left, thirty-one with partial remission, and seven were unchanged. Among patients not discharged, seventy-nine showed amelioration of symptoms, 126 were unchanged, and five were worse. No deaths were recorded. Reference is also made in the report to the value of occupational therapy for patients who are physically fit. This includes the making of rugs and similar articles in the wards, carpentry and

joinery in special buildings, and gardening, which has proved especially suitable for women patients. The rate-aided insane cost local authorities a total of £1,066,901. The average charges for these persons were 23s. 8d. a week per head in royal asylums, 21s. in district asylums, 18s. 5d. in wards of poorhouses, and 13s. 7d. in private dwellings. The expenditure on aided mental defectives in certified institutions and under guardianship was £329,579.

Aberdeen Royal Infirmary

At a recent meeting of the directors of Aberdeen Royal Infirmary preliminary plans for the Watson-Fraser Nursing Home were submitted for consideration. This proposed new nursing home will be erected at Forrester-hill, adjoining the infirmary and the new medical school. At the same meeting the directors placed on record their great regret at the resignation of Professor James R. Learmonth from the office of surgeon to the infirmary. Professor Learmonth's resignation, which takes effect from August 31, follows his appointment as Professor of Surgery in the University of Edinburgh.

ENGLAND AND WALES

New Children's Hospital for Leeds

An important addition to the health services of Leeds is contemplated in the local health committee's scheme for a new children's hospital at Moortown. This provides for a new building off King Lane and overlooking Adel Moor which will, in the first instance, accommodate 156 beds. On the ground floor in addition to four wards there will be the pathological and x-ray departments, and on the first floor the departments for physiotherapy and four wards. Four six-bed cubicles and accommodation for five nursing mothers will occupy the second floor; and thirty cubicles for babies and an operating theatre the top floor. An admission block containing ten cubicles will permit children to be isolated until they are known to be free from infectious diseases. The new building is estimated to cost £184,000, and it has been so designed that the accommodation can be doubled to 312 beds by an extension which will mean a minimum of disturbance to the earlier part. The plans have been approved by the Leeds Health Committee, but require the endorsement of the city council and the Ministry of Health before they are carried out.

Liverpool Health Report

The report for 1938 of the Public Health Department, City of Liverpool, states that the figures for the birth rate, death rate, infantile mortality rate, and maternal death rate are the lowest ever recorded in the city. The birth rate, 18.7 per 1,000, is nevertheless considerably higher than that for England and Wales as a whole. Mortality has declined by 59 per cent. since 1871, and some instructive tables are devoted to an analysis of this decline. Infective diseases, including all the infectious diseases with the exception of influenza, show the greatest proportional decline. Deaths from tuberculous diseases and from digestive diseases, notably infantile diarrhoea, have also markedly declined. On the other hand, the mortality from cancer is now nearly four times as high as in the seventies of last century, chiefly attributable to increasing longevity of the population and improved methods of diagnosis. Radium is available for the treatment of cancer at the Liverpool Royal Infirmary and the Liverpool Radium Institute, and lead therapy has been employed at the municipal hospitals under the guidance of Dr. Datnow, of the Liverpool Medical Research Organization. There were four cases of anthrax during the year with recovery, and the report states that since the practice of treating

anthrax patients with neokharsivan intravenously in addition to large doses of serum was begun five years previously no death has occurred in a series of twenty-four cases, including several with severe and dangerously located infections. Although the diphtheria death rate has fallen steadily from the figure of 1895, when thirty-one patients out of every hundred died, to a percentage ranging between 5 and 7 during recent years, the hopes of a material reduction in incidence, following extensive hospitalization and improvements in treatment, have not been realized. On the contrary, there has been a greater number of cases, and since 1929 an epidemic has taxed the hospital accommodation severely and given rise to some anxiety. More extensive protective inoculation is advocated. During the year under review 9,666 persons received a complete course of diphtheria prophylactic, while a further 862 did not complete the course. The collaboration of private practitioners is said to have been disappointing; although twice offered free diphtheria prophylactic by the health department, they accounted for less than 1 per cent. of persons treated.

Health and Social Conditions in Birmingham

The report for 1938 of the medical officer of health, City of Birmingham, records satisfactory statistics, with the exception of the illegitimate birth rate. The increase in this category was related to an unusually high incidence among recent immigrants to the city—among girls, therefore, especially unprotected and exposed to risk—and for this reason does not necessarily imply a general lowering of standards. An analysis of mortality by age and sex, dealing with a total of 11,400 deaths, shows that nearly half of these—5,294—occurred at ages over 65 years, and may be largely regarded as the natural termination of life. Dr. Newsholme suggests that the remaining half of the deaths may be considered to be potentially avoidable and capable of marked reduction provided that conditions of life are satisfactory and that the public co-operate whole-heartedly in healthy living. There were 1,068 deaths under 1 year of age, and a further 214 between the ages of 1 and 5. Among school children of from 5 to 15 years the largest individual causes of death were diphtheria (38), accidents (33), nervous diseases (26), heart disease (22), pneumonia (20), and tuberculosis (18). Of 1,113 deaths in early adult life—25 to 45 years—tuberculosis was responsible for 296. In later adult life—45 to 65 years—883 deaths were caused by heart and circulatory diseases, 688 by cancer, 343 by respiratory diseases, and 260 by tuberculosis. The greater longevity of women is apparent from the fact that 1,541 of them died at 75 and upwards, while only 1,064 men reached this advanced age. Male deaths predominated in all other age groups except two—namely, between 1 and 2 years and between 5 and 15. During the year 10,807 new houses were erected, 3,003 by the corporation and 7,804 by private enterprise. Nevertheless the problem of overcrowding still persists. Although 1,211 cases of overcrowding, involving 9,020 persons, are known to have been relieved, 1,394 new cases were reported, affecting 8,996 persons, the result being a net increase of 183 overcrowded families. A substantial reduction, however, is expected during the present year. In all, 1,199 council houses and 1,175 other houses were found to be infested with bed-bugs; all of the former and 135 of the latter were disinfected.

According to the United States Department of Labour 776 alien physicians entered the United States for permanent residence from July 1 to December 31, 1938, and 324 from January 1 to March 31, 1939. In the 1938 group the following countries were represented: Czechoslovakia 31, France 16, Germany 520, Great Britain 7, Hungary 17, Italy 30, Switzerland 22, other European centres 51, Canada 45, Cuba 4, Asia 20, and other countries 13.

of abortion. (4) The "danger of serious repercussions" in the matter of venereal disease is a real one; on this special aspect I can claim some considerable practical experience. (5) As to the general moral and social implications of contraception, I unreservedly challenge Mrs. Pyke's position.—I am, etc.,

Darwen, Aug. 4.

R. C. WEBSTER.

Tomography: A Warning

SIR,—May I, through your columns, draw attention to the danger of interpreting emphysematous bullae as tuberculous cavities. Bulla formation can be recognized as such in the straight x-ray film, whereas in a tomograph they naturally appear as "air-containing spaces," their walls being perhaps less well defined than in the straight x-ray film owing to technical considerations. This warning is issued because it has recently been my misfortune to see a patient in whom a false interpretation of the tomographic findings has been presumably, in part, responsible for the invaliding from the Services of a fit man. I hasten to add that this report was not made by anyone in the Services.—I am, etc.,

London, W.1, Aug. 15.

J. V. SPARKS.

Medico-Legal

THE POOLE MILK APPEAL

The typhoid epidemic which broke out in Poole in 1936 led to a claim against a large firm of milk producers by a householder and some of the members of his family who contracted typhoid. In the trial of the action¹ before Mr. Justice Lewis the company were found not to have been negligent in any way. The learned judge awarded damages, however, on the ground that the company, though innocent, had offended against the Food and Drugs (Adulteration) Act, 1928, sect. 2 (1), which provides that no person may sell to the prejudice of the purchaser any article of food or any drug which is not of the nature, substance, or quality of the article demanded. That Act does not provide that the offence shall be wilful or the result of negligence, and the learned judge held that, as the company could have been prosecuted on the facts, they would have to pay damages, which he assessed at £865. This was a novel decision and obviously opened the door to a great many claims for damages for illness arising from poisonous food or drink. It would do away with the difficulty of proving (as the customer must prove if he founds his action on the usual ground of the Sale of Goods Act, 1893, sect. 14) that he made known to the seller the particular purpose for which the goods were required so as to show that he relied on the seller's skill and judgment.

The company appealed, and the Court of Appeal decided² that this ground of action—breach of sect. 2 of the Food and Drugs Act—was not good in law. Lord Justice Slesser considered that the Food and Drugs Act did not give a customer any remedies other than those given him by the Sale of Goods Act, but merely imposed penalties in cases where a civil action could be brought under that Act. He did not think that Parliament intended to provide a civil remedy in the 1928 Act, which in his view merely imposed a penalty for a wrong for which a civil remedy already existed. He also said that, whatever the effect of the Act on the claim of the householder-purchaser, the Act could not protect any other member of

the household. The seller may not sell certain kinds of food "to the prejudice of the purchaser," but he owes no duty to anyone but the purchaser. Lord Justice du Parc pointed out that possibly the great majority of the breaches of contract mentioned in the Food and Drugs Act do not result in the sale of anything injurious, but merely of something different from that which the purchaser demanded—for example, coffee with chicory instead of pure coffee, or whisky diluted with more water than the Act permits. He could not read into the Act an intention to give new rights to customers who are not parties to the contract. He also remarked that this section was not new in 1928, but was first enacted in 1875. If the interpretation of Mr. Justice Lewis was right, the provision then effected a revolution in one branch of the law, but the revolution had escaped everybody's notice until the present case.

The Services

DIRECTOR OF MEDICAL STUDIES,

R.N. COLLEGE, GREENWICH

On August 4 Surgeon Captain E. St. G. Goodwin took up the duties of Professor of Hygiene and Director of Medical Studies at the Royal Naval College, Greenwich, in succession to Surgeon Rear-Admiral H. E. R. Stephens, O.B.E., recently promoted.

DEATHS IN THE SERVICES

COLONEL H. E. R. JAMES

Colonel Herbert Ellison Rhodes James, C.B., C.M.G., O.B.E., late R.A.M.C., died at Gilston, Salisbury, Southern Rhodesia, on August 9, aged 81. He was born at Canterbury on October 20, 1857, the son of the late Rev. Herbert James, rector of Livermere, Suffolk, and was educated at Aldeburgh School and at Charing Cross Hospital and took the M.R.C.S. in 1879 and the L.R.C.P. in 1881 and also the F.R.C.S. in 1890 and the D.P.H. of Cambridge in 1898. He entered the Army as surgeon on February 4, 1882, became lieutenant-colonel after twenty years' service, and retired on March 7, 1908. He served at Aldershot in 1882-3 and in Cyprus from 1883 to 1888, in Ireland 1888 to 1892, and in China from 1892 to 1897. While at Hong Kong he shared in the struggle against the epidemic of bubonic plague which came into the colony from Southern China and spread to Bombay first, then over all India, and is still going on in that country. For his services there he was specially mentioned and received the thanks of the local government. He was attached to the Chinese Army during the China-Japan War of 1894-5 and received the Chinese Order of the Double Dragon (Third Class) for his services to the Chinese wounded. From 1899 to 1902 he served in the R.A.M.C. training school at Aldershot, first as instructor and later as commandant, and was also secretary to the Commission on the Reorganization of the Army Medical Services in 1901-2. When the new Army Medical College at Millbank was opened in 1902, after the abolition of the Netley School, he was appointed the first commandant of the College and director of studies, with the temporary rank of colonel, and held that post till his retirement in 1908. After his retirement he was employed on the general staff at the War Office from 1909 to 1914 and again after the war from 1919 to 1922, when he retired for the second time, on reaching the age limit, in October, 1922. When the war of 1914-18 began he rejoined for service, was appointed to the Egyptian Expeditionary Force, and served as commandant of No. 15 General Hospital in Egypt, 1915-18, and at Salonica, 1918-19, rejoining the War Office after the end of the war. He was mentioned in dispatches in the *London Gazette* of June 21, 1916, and received the C.M.G. in 1916. He previously had received the C.B. in 1911, and afterwards the O.B.E. in 1919. Colonel James was joint author of several manuals of instruction for the R.A.M.C. He was unmarried.

¹ *British Medical Journal*, 1938, 2, 1135.

² *Square v. Model Farm Dairies*, 1939, 1 All E.R., 259.