

Local News

SCOTLAND

New Aberdeen Professor

The King, on the recommendation of the Secretary of State for Scotland, has appointed William Combe Wilson, M.B., Ch.B., F.R.C.S.Ed., to the regius chair of surgery in the University of Aberdeen rendered vacant by the appointment of Professor James R. Learmonth to the chair of surgery in the University of Edinburgh. Professor Wilson graduated in medicine at Edinburgh University in 1924, and after various residencies became clinical tutor in the surgical department at Edinburgh to Professor Wilkie. Engaging chiefly in research, he was awarded a Rockefeller Foundation Travelling Fellowship and was also a Carnegie Research Fellow in the University of Edinburgh. After a period devoted to surgical research at Chicago in association with Professor Phemister, he returned to Edinburgh and was appointed assistant surgeon to the Royal Hospital for Sick Children, where he continued his research work; later he became director of the surgical research unit connected with the department of surgery in the university and with the Royal Infirmary.

Diphtheria Immunization in Glasgow

The Public Health Committee of Glasgow Corporation has decided to institute a scheme of voluntary diphtheria immunization for school children. Parents or guardians who desire to have their children protected will be given a consent form to be signed before immunization is undertaken. The scheme will be worked by the public health and school medical staffs with the assistance of health visitors, and it is proposed that each child shall be given two inoculations with a fortnight's interval between the injections.

ENGLAND AND WALES

Epsom College Pension and Scholarships

A vacant "France" Pension of £30 per annum for a medical man in reduced circumstances will be filled shortly by the Council of Epsom College. Candidates must be fully qualified medical men of not less than 55 years of age, whose income, independently of any allowance from the Royal Medical Benevolent Fund, does not exceed £100 a year if single and £150 if married.

The Council will also proceed to elect two or more St. Anne's Scholars. Candidates must be fully 9 years of age, and must be orphan daughters of medical men who have been in independent practice in England or Wales for not less than five years. The value of each scholarship is dependent upon the means of the applicant and the locality and fees of the school selected.

Forms of application for the vacant pension and scholarships can be obtained from the secretary of Epsom College, 49, Bedford Square, W.C.1, and must be completed and returned by October 15.

Newcastle General Hospital : Maternity Department

The new maternity department of the Newcastle-upon-Tyne General Hospital opened on August 10 at a total cost of £26,739, or approximately £891 per bed, supersedes the twelve-bed ward for maternity cases which was opened in 1904. Since then the number of confinements conducted in this ward have increased from 99 in 1931 to 694 in 1938, while additional beds for expectant mothers had to be provided in other parts of the hospital.

The new department comprises three sections, with a total accommodation for thirty beds; twenty-two of these are allotted to normal cases, five to patients suffering from minor degrees of sepsis, while three are provided in a separate building for "suspect" cases. The first two sections form one structurally continuous unit situated at right angles to the axial corridor of the hospital and facing south. In the main the accommodation has been planned in single and two-bedded wards, though there are two larger wards, each of four beds, and a nursery. There is a spacious operating theatre which can also be used as a labour ward, and a smaller labour ward; these are served by a common sterilizing unit, and the whole suite is air-conditioned. For the purpose of protection against air raids dura steel has been inserted in the ceilings of the operating theatre and labour ward annexe, and armoured glass has been used in the windows. The unit for suspect cases comprises three single-bedded wards. The new maternity department has been recognized by the Central Midwives Board as the post-certificate school for midwives for the North of England. The earliest provision of hospital beds in the Newcastle workhouse was for maternity cases, and Elswick Grange still contains the original accommodation used for this purpose.

Port of London Health Report

The annual report for 1938 of the medical officer of health, Port of London Health Committee, is the first submitted by Dr. M. T. Morgan, the present holder of the office. During the year 29,283 ships entered the port; of these 14,142 were engaged in foreign and 15,141 in coastwise trade. The total tonnage figure was 30,776,918. Among cases of infectious disease landed from vessels was one of small-pox, the first for several years. The patient was a young Australian, aged 20, who had come over to join the Royal Air Force. He had not been vaccinated in infancy, and a vaccination before embarkation had been unsuccessful. On February 12 he went ashore at Bombay and visited the native city; on the 24th he was taken ill; on the 27th the eruption appeared. On March 3 a telephone message was received by the Port of London Boarding Station at Gravesend from the boarding medical officer at Plymouth, stating that he had seen a case of alleged measles in a ship returning from the Far East, that he had allowed the patient to proceed to London, and that he suspected the possibility of small-pox. When the ship reached Gravesend the diagnosis was no longer in doubt, and the patient was transferred to the isolation hospital at Denton. The attack was a severe one, the rash became confluent, and the patient, although a man of magnificent physique, died on March 7. The report describes the preventive measures which were taken. The patient's cabin companion and the two native stewards who had looked after him were taken to Denton for bathing and disinfection of their effects. Passengers and crew were inspected, and vaccination urged on those who appeared to be insufficiently protected. Names and addresses of the passengers and white crew were taken, and the medical officers of health of their districts notified, while the native crew were inspected daily on board the ship. In the case of passengers who had landed at Marseilles or Plymouth a radio broadcast and the Press were utilized to advise them to report immediately to their local medical officers of health. One of the boarding medical officers who saw the patient on the arrival of the ship subsequently developed a mild attack of modified small-pox. The incubation period, seven days, was unusually short. With regard to the rash, some of the spots were typical, others were not. A slender chain of evidence appeared to connect a third case, a resident of Gravesend, with the original case in the ship. The Gravesend patient lived opposite the engineer of the boarding launch, who had helped the patient on and off the stretcher and also handled his bedding and effects. The engineer stripped, bathed, and had his clothing disinfected before returning home. The Gravesend patient

had no direct contact with the engineer, but two of his brothers had visited him not long after he had handled the case from the ship. The report also refers to a widespread outbreak of gastro-enteritis in a ship making the voyage round Africa. Of 409 persons aboard eighty-three reported diarrhoea or vomiting, or both, in the course of the voyage. A search for carriers proved negative. Analysis of the ship's drinking water from different sources showed one sample, said to be London water, and another from Genoa, as unfit for drinking purposes; a third, from Lourenço Marques, despite a high bacterial count, was considered fit to drink. Nevertheless the outbreak was not attributed to water. The great majority of the cases occurred among the catering department and the first-class passengers, and it seems probable that a mild dysenteric infection spread from a member or members of the catering department to the passengers through the medium of such foodstuffs as gelatins, ham in aspic, and similar prepared foods, which appeared regularly on the menu during the hot weather.

Salary Scales of L.C.C. Medical Superintendents

The salary scales for medical superintendents of hospitals under the London County Council have recently been reviewed, and while it is not considered that any general alteration of the basis of the existing rates of pay is necessary, some adjustment of the present grouping of hospitals for salary purposes has been made. The scales as they have existed since 1931 have borne a closer relation to bed accommodation alone than is justifiable, and the activity, type of user, and turnover at individual hospitals, which have an important bearing on the responsibility of medical superintendents, have not been taken sufficiently into account. The new schedule makes alterations in the scale of yearly salary in the case of twenty of the hospitals, raising it in ten of the cases and lowering it in the other ten. The extent of the change, upwards or downwards, is mostly by £50 or £100, but in one instance (Dulwich) the scale is raised from £1,200-£50-£1,450 to £1,400-£50-£1,650.

Correspondence

Red Cross and St. John Joint Appeal

SIR,—In the grave issues which now confront the British Empire the British Red Cross Society, of which H.M. the Queen is president, and the Order of St. John, have decided to work together as they did in the last war, with results which are still within the memory of the public. With this object a Joint Emergency Committee has been set up, comprising an equal number of members of each body. Lord Cromer has consented to be the chairman of the committee, with Major-General Sir John Kennedy as vice-chairman.

In this war, which is so entirely different from any that has preceded it, it is impossible to foresee exactly where relief for the sick and wounded will be most needed, or in what form. But it is certain that there will be vast suffering and distress, and that the relief of the sick and wounded of His Majesty's forces and of the civilian population will call for much voluntary effort and financial support.

Considerable voluntary help has already been secured, but it remains to find the money necessary to pursue the work. In the great war, and, indeed, at all times, appeals made by the British Red Cross Society and the Order of St. John received the most generous response, showing that the heart of the Empire is with those who are risking their lives in support of the rights and liberties not only of the peoples of the British Commonwealth of Nations but of the whole civilized world.

We earnestly ask you to help the Joint Committee in the great work that lies before them. A fund is being opened

in the name of the Joint Bodies. Donations should be sent to the Hon. Sir William H. Goschen, K.B.E., Honorary Treasurer, Red Cross and St. John Fund, at Messrs. Coutts and Co., 1, Park Lane, London, W.1.

HENRY,
Grand Prior of the Order of St. John;
Chairman of Council of the British
Red Cross Society.

ARTHUR STANLEY,
Chairman of the Executive Council of
the British Red Cross Society.

SCARBROUGH,
Sub-Prior of the Order of St. John.

London, S.W.1, Sept. 9.

Sand-bagging Hospitals and Aid Posts

SIR,—At the moment sand-bagging is being extensively carried out in the defence of hospitals and first-aid posts. Attention to the following points may save life and limb. Inefficient work is worse than useless and only increases the danger to those whom it is intended to protect. I have myself observed many deplorably incorrect defences in the past few days.

1. The base of the protective wall should be two to three feet away from the building, and at least five feet high.

2. Sand-bags should only be filled three-quarters full. The end need not be tied, but merely tucked in like the flap of an envelope. Each filled bag should contain half a cubic foot of earth or sand, and measure 20 by 10 by 5 in. when flattened down.

3. For protection against splinters a thickness of at least three feet should be achieved. It is not safe to build vertical walls. For a six-foot wall a six-foot base must be laid down.

4. Where there is a shortage of bags, paper cement bags may be used in the centre of the wall.

5. To calculate the number of bags required for any given position, multiply the height and length of the wall (in feet) required by the thickness—that is, 3 feet. The result multiplied by two gives the number of bags required. For example, a wall 6 by 3 by 10 feet requires 360 sand-bags.

6. Five men can fill and lay ninety bags per hour.

7. If in doubt ask for advice from an expert. Any P.A.D. (A.R.P.) officer of the nearest Army unit will gladly give advice or arrange for a visit from a senior staff officer.—I am, etc.,

Sept. 8.

"EX-SPECIAL RESERVE."

Dipterous Larvae and Wound Treatment

SIR,—During the last war W. S. Baer¹ in the United States noticed that when troops wounded in battle had been lying out on the ground unattended for some time their wounds very commonly became infested with larvae of certain kinds of flies. He noticed especially that when the wounds had acquired about their maximum maggot population they did not exhibit dangerous after-effects. On the other hand, men whose wounds had received prompt early treatment often developed infection. It was found that the presence of these larvae was especially beneficial in cases of osteomyelitis. It was discovered that the larvae were eating the necrotic tissue which was supporting the main bacterial infection, and at the same time these larvae were inhibiting further bacterial growth. Stewart² claimed that the scavenging larvae play an important part in clearing the necrotic tissue, but that calcium carbonate, which is constantly excreted by the larvae, is also important in alkalinizing the medium (the wound) in which the bacteria live and of increasing phagocytic activity. The larvae used in the earlier treatment of osteomyelitis belonged chiefly to the species *Lucilia sericata* (Meig.), *L. caesar* (L.), and *Phormia regina* (Meig.). Stewart³ showed, however, that due precautions must be taken, and a proper knowledge of the biology of these larvae is essential. Some species will feed on both necrotic and normal tissue and are potentially dangerous to the latter.

Many comments are tinged apparently by a compensation complex apparently rather antagonistic to the worker. Why should alleged "acute constitution-like eczematization" of the skin encountered in industry present a difficulty from the compensation aspect, and what medically is really meant by such a term as "constitution-like," which seems to me liable to personal misinterpretation, etc.? The reference to the drafting of the schedule (not the law) twenty years ago, "when, speaking generally, industrial dermatitis arose solely from direct chemical contact with the irritant," seems to me open to challenge. Whether or not this eczematization is acquired sensitization—the sensitization like a disease or a liability to disease being acquired in the course of an occupation from causes beyond the responsibility of the employee—is quite immaterial to the issue of linking up the association between the disability and work and so to compensation. Similarly with regard to secondary or sequential infection of traumatic disabilities.

A Royal Commission on Workmen's Compensation is now sitting. Various medical bodies—the British Medical Association, the Industrial Medical Officers' Association, and the Royal College of Physicians—are engaged in preparing evidence. Those correspondents who feel deeply on this matter will no doubt, either singly or in combination, be presenting memoranda either to these bodies or to the Commission. There the writers will have their views examined by those with a thorough knowledge of Workmen's Compensation, and not only from the medical aspect. It is to be hoped the opportunity will be seized, for the correspondence displayed a tendency to generalization on controversial and undecided medical issues, as well as an apparent lack of understanding of the fundamental principles of compensation as they affect the workman.

The workman is utilized by an employer for a profit or a personal amenity. He is entitled to protection and compensation against any disability arising in connexion with his work, and doubly so if the disability leads to disease. Medicine is not there to be harnessed to the interests of, or to relieve the responsibilities of, individual employers or their agents. If, as recommended in the evidence of the Trades Union Congress before the Royal Commission, the issue of compensation were taken away from an individual employer, often uninsured, as a liability and placed on a national fund, collected as advised, with its administration in the hands of an impartial board, responsible to Parliament, and so to representative criticism or praise, with impartial medical officers adjudicating on cases with the help of regional committees, all this emphasis on the employer being "made liable" would cease. Compensation is a vital question with the worker. The medical aspect is only one of its many facets.—I am, etc.,

H. B. MORGAN,
Medical Adviser,
Trades Union Congress.

London, S.W.1, Aug. 28.

Universities and Colleges

UNIVERSITY OF OXFORD

Dr. K. J. Franklin is deputizing for Dr. B. G. Maegraith as Dean of the Medical School.

According to the *Daily Telegraph* of September 8 full term at Oxford University will begin as already arranged on Sunday, October 15, and all University examinations will, until further notice, be held on dates already fixed.

The election to the Staines Medical Fellowship at Exeter College is postponed until further notice.

The appointment of a deputy to carry on the duties of Dr. Lee's Professorship of Anatomy is cancelled owing to the withdrawal by Professor W. E. Le Gros Clark, Fellow of Hertford College, of his resignation from the Professorship.

UNIVERSITY OF LONDON

The temporary address of the central administrative offices of the University of London is Royal Holloway College,

Englefield Green, Surrey. All communications should be addressed there, and inquiries should be made in writing and not by telephone. Plans are in hand for the evacuation of the whole of the University, and it is hoped to begin the new term early in October. The medical schools are going to the centres indicated in parentheses: St. Bartholomew's, London, and the London School of Hygiene and Tropical Medicine (Cambridge); Guy's and St. Thomas's (Oxford); Middlesex (Bristol); St. Mary's (Manchester); London School of Medicine for Women (Aberdeen and St. Andrews); King's College (Glasgow).

UNIVERSITY OF LIVERPOOL

The Vice-Chancellor of the University of Liverpool announced on September 12 that the next term will begin on the dates already arranged, except that students in the department of education will return on September 25 instead of September 18.

UNIVERSITY OF MANCHESTER

It is expected that the Manchester University session will begin on the date arranged, October 5, and that work will be carried on so far as possible, except in the case of evening classes, about which no decision has yet been reached. Registration of students will take place on the dates already fixed. It is intended to hold the examinations which are normally held in September at the times already announced. The medical students from St. Mary's Hospital Medical School, London, will be transferred to Manchester to continue their studies.

ENGLISH CONJOINT BOARD

The final qualifying examination for the diplomas of M.R.C.S., L.R.C.P., advertised to begin on September 27, will, it is anticipated, begin on that date. The first examination in anatomy, physiology, materia medica, and pharmacology, advertised to begin on September 20, will begin on or about October 18, and the pre-medical examination in chemistry, physics, and biology, advertised to begin on September 18, will begin on or about October 23. Full particulars regarding the relaxations in the regulations governing the above examinations may be obtained from the secretary of the Examining Board in England, Examination Hall, Queen Square, London, W.C.1 (office hours: 9 a.m. to 4 p.m., Monday to Friday). Further details will be given next week.

UNIVERSITY OF ST. ANDREWS

St. Andrews University will be reopened on October 3, and every effort will be made to carry on in all the faculties.

The honorary degree of LL.D. will be conferred on Mr. W. Graham Campbell, M.B., C.M., D.D.S., Lecturer in Orthodontics in the University, at a graduation ceremonial in October.

OTHER SCOTTISH UNIVERSITIES

It has not been found necessary to cancel any of the arrangements made for the autumn examinations at any of the Scottish universities.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on September 4, with Dr. John Henderson, President, in the chair, James Cuthbert, M.B., Ch.B., D.P.H., was admitted a Fellow of Faculty.

The Services

HONORARY SURGEONS TO THE KING

Major-General F. Casement, D.S.O., late R.A.M.C., and Colonel B. Biggar, late R.A.M.C., have been appointed Honorary Surgeons to the King, in succession to Major-General H. M. J. Perry, C.B., O.B.E., and Colonel J. M. Weddell respectively.