Local News

ENGLAND AND WALES

London County Medical Officer of Health: Retirement and New Appointment

At its meeting on October 17 the retirement of Sir Frederick Menzies, medical officer of health, was reported to the London County Council, and the Council adopted a resolution placing on record its high appreciation of the services Sir Frederick Menzies has rendered. The Emergency Committee stated that his retirement would deprive the Council of the services of an officer in whom it had justifiably placed the highest confidence. "The strength and graciousness of his character and personality have won the respect and esteem of members of the Council and of the members of his staff, both at the central office and at the hospitals." On the question of superannuation, it was stated that Sir Frederick Menzies became a full-time officer of the Council at the age of 35 years. A regulation of the Council provides that in considering the grant of special retiring allowances to officers who enter the service of the Council at the age of 30 or upwards due weight shall be given to the fact of such entry, coupled with the possession of special qualifications not usually to be obtained within the service. The Council decided to add five years to his pensionable service, the effect being that while the lump sum (£3,000) payable to him from the superannuation and provident fund remains the same, his pension of £1,056 a year from that fund will be supplemented by a separate amount, payable out of the county fund, to bring the total to £1,306 a year.

The present deputy medical officer of health, Dr. W. Allen Daley, was appointed to succeed Sir Frederick Menzies as from November 2, the date of his retirement, his salary to be £2,750, rising after one year to £3,000 a year. Dr. Daley, who is 52 years of age, had a wide experience in the provinces, culminating in his appointment as medical officer of health and school medical officer of the city of Hull. In 1929 he became a principal medical officer in the public health department of the L.C.C., and was placed in charge of the general public health division. Subsequently the scope of his responsibilities was widened to include the oversight of staffing and other matters connected with the hospitals service. He acted as medical officer of health for a period of six months in 1932 during the absence on sick leave of Sir Frederick Menzies. He was appointed deputy medical officer of health and deputy school medical officer in November, 1938, and has had wide responsibilities as second officer of the department. Dr. Daley is also a representative of the Minister of Health on the Central Midwives Board, vice-chairman of the Central Council for Health Education, and examiner in public health to the University of London.

Cancer Research in Yorkshire

The reports and accounts of the Yorkshire Council of the British Empire Cancer Campaign, 1938–9, include the report of the department of experimental pathology and cancer research, University of Leeds, and of research work on cancer at the Field Laboratory, University of Sheffield. An investigation is in progress on the mechanism of carcinogenesis by the dye *p*-dimethylaminoazobenzene, alternatively known as dimethyl-yellow or as butter yellow, a substance which, as was shown a few years ago by Kinosita and other Japanese workers, induces malignant disease of the liver, hepatomata, and chalangiomata when given orally or by injection to rats and mice. In the present study rats are killed at intervals during a course of feeding, and it appears that the formation of liver cancer is preceded by cirrhosis. This experimental cirrhosis bears a number of points of resemblance to the ordinary multilobular cirrhosis of human beings, considered by many observers to be a precancerous condition, but it also shows a notable difference—the absence of ascites. It is suggested, however, that since the tumours appear to arise at a comparatively early stage in the experimental process the absence of ascites may be attributable to the death of the animal before there is time for the condition to appear. A point of interest is that tumours can arise at a period when the cirrhosis is not as yet irreversible, for in animals killed some time after the administration of the dye has been discontinued the tumour-free portions of the liver may have returned to a more or less normal condition. Further experiments deal with the action of large single doses of dimethyl-yellow upon the livers of animals; also with the rate of absorption, which has been found to be very rapid. The rate of excretion of the dye is still under investigation.

AUSTRALIA

Queensland University Medical School

On August 11 the Hon. W. Forgan Smith, LL.D., Premier of Queensland, officially opened the Medical School of the University of Queensland at Brisbane. This is the final achievement in the campaign for the provision of facilities for medical education in the State. When in October, 1936, the Faculty of Medicine within the University of Queensland was inaugurated that function marked the successful issue of representations which began as long ago as the foundation of the University itself. The first proposals in 1913 were interrupted by the outbreak of war. In 1922 arrangements were made for anatomical demonstrations to be given to some of the dental students, who received two years' training at the dental school in George Street. In 1925, largely as the result of the work of a subcommittee of the Queensland Branch of the British Medical Association, a conference of delegates was called by the Home Secretary to discuss the subject. Two years later, with the co-operation of the Brisbane and South Coast Hospitals Board, a small school of anatomy for the teaching of dental students was established. In 1934 the activities of the anatomy school were transferred to a building given to the University for the purpose by the Freemasons of Queensland. In the following year a Faculty of Dentistry was established within the university and the Premier of Queensland appointed a select committee to report upon the practicability or otherwise of establishing a Faculty of Medicine and a Faculty of Veterinary Science within the University. The committee strongly advocated the institution of these faculties, and stated that the Faculty of Medicine should include particularly tropical medicine and public health as parts of routine medical education, and should be based upon recognition of the essential nature of the practical and clinical side of medicine. Meanwhile the College of Pharmacy was made available to the University for the purpose of physiology. With the establishment of schools of anatomy and physiology it became possible to provide medical courses for students of the second and of the third year. The next step was to provide further accommodation to include the departments of pathology, social and tropical medicine, and other clinical departments. The Government undertook the cost and decided to provide worthy buildings.

The new Medical School of the Queensland University occupies a commanding position at Herston on a site of over six acres adjoining the western boundary of the Children's Hospital and within a few minutes' walk of the Brisbane General Hospital. The building, in the Renaissance style, is three stories in height, and surmounted by a copper dome rising from a flat roof. If future extensions are required these can be added in the form of projecting wings at either end of the central block, which measures 222 feet in length. It is intended that fourth, fifth, and sixth year students shall receive in the Medical School the whole of their training in all branches of medical and surgical science and that the third year students shall receive their training in anatomy there, while first and second and the remainder of the third year work will be carried out at the present University, and later on at the new building in course of erection at St. Lucia.

pectedly deep voice was heard and as those lean fingers intertwined. Harvey Cushing was truly one of the great figures in medicine of all time. He has set a standard of performance which we shall not forget, even though we cannot equal it.

J. D. COMRIE

Dr. Harley Williams sends the following appreciation:

The late John Dixon Comrie will be remembered by generations of Edinburgh students for his lectures on the history of medicine. This course was not compulsory for the degree, but the minority who were curious enough to attend the first meeting all became Comrie's adherents. A tall, stooping figure, he would slink into the room wearing the old-fashioned high collar above which a face with exceedingly black eyes and moustache scanned the small but faithful band. He would show one slide after another by a small lantern on the bench before him. Bending over in the light of the carbon arc, his huge shadow thrown up behind, Comrie resembled a humorous Mephistopheles, and he described the wonders of medical history in an unscholastic but very interesting way. It was not mere knowledge out of a textbook; his information, like his pictures, had been gathered over years, and his slides were a miscellaneous collection of portraits, maps, manuscripts, and famous scenes. He would expound them with an air of modest enthusiasm as if he shared the astonishment of his audience. Ever since those lectures my notions of Hippocrates (with a photograph of the island of Cos), of Avicenna, and Vesalius (shown in his great lecture theatre), the martyrdom of Servetus, and the circulation of the blood (with illustrations from Harvey's writings) are founded on Comrie's penetrating descriptions. He knew exactly the way to make vivid the distant situation, and with a conjurer's art he could produce exactly the picture needed to complete his effect. His students owe to Comrie their insight into the tremendous background of medicine. He was born in Buchan, that north-east shoulder of Scotland above Aberdeen. Perhaps from that stern coast came his laborious persistence in acquiring materials for his writings on medical history. He was too absorbed in such things and had too logical a mind to develop the large practice which his skill justified. But he was not a mere collector of relics and memorials, for he could make the design to fit them. He rescued names from oblivion, and his own will be remembered, as he had the gift of fixing for the benefit of the future many otherwise forgotten aspects of the changing face of medicine.

We regret to announce the death on September 24 of Dr. Charles J. J. Harris of Moresby Hall, Whitehaven. Educated at the Royal Naval College and Charing Cross Hospital, he took the L.S.A. in 1883, the English conjoint diplomas in 1897, and the M.D. of Durham in 1901. As a young man he became house-surgeon to the Whitehaven Hospital, and after three years began general practice but retained his connexion with the hospital, and at the time of his death was an honorary consulting surgeon, a member of the general committee, and a life governor. Dr. Harris was a strong exponent of the outdoor life and was associated with the Boy Scout movement for more than twenty-five years, becoming County Commissioner for Cumberland, and received the long service medal. During the war he served with the Border Regiment and later with the Artillery Brigade, rising to the rank of major. Whitehaven miners, for whom he worked for so many years, owed him a deep debt of gratitude. During the Wellington pit disaster in 1910 he risked his life in penetrating into the distant workings with the rescue parties, and for this he was awarded the King Edward Medal. Dr. Harris took a keen interest in the municipal health service, in the work of the St. John Ambulance Association, and of the British Legion. He was a member of the Cumberland and Westmorland Antiquarian and Archaeological Society and joined the British Medical Association as long ago as 1887. Full military honours were accorded at the funeral at Moresby Parish Church on September 27.

Dr. Augustus Mayberry Whitestone, who died on October 7 at Hollingbourne, near Maidstone, had practised there from 1894 until his retirement some years ago. Born in Dublin on October 29, 1856, the son of Berkeley Whitestone, he was educated at Armagh Royal School and Trinity College, Dublin, graduating B.A., M.B., B.Ch., and taking the L.M. of the Rotunda Hospital in 1883. He was for three years assistant surgeon to the County Down Infirmary, and after settling in Kent at Hollingbourne became medical officer to the local workhouse and the hospital for infectious diseases, and public vaccinator. In his student days Dr. Whitestone was a leading rugby football player, representing Dublin University and Ireland. He had been a member of the British Medical Association for fifty-six years.

Universities and Colleges

UNIVERSITY OF OXFORD

In Convocation on October 12 the Vice-Chancellor, Mr. G. S. Gordon, President of Magdalen, made his annual speech, dwelling particularly on the influence of war, and the prospect of war, upon university life. With regard to the Faculty of Medicine he said that the decision to evacuate London had thrown on the University of Oxford "the obligation of providing our medical students with clinical training, a new and formidable experiment which the Regius Professor and his colleagues are tackling in great style. And it has filled, or is filling, more than half our colleges with Government officials."

UNIVERSITY OF CAMBRIDGE

Medical Students under War Conditions

With a view to expediting the qualification of medical students who have resided for six terms, and are so well advanced in their studies as to be ready for the clinical instruction which is normally received elsewhere and cannot be provided within the University, the Council of the Senate has resolved that medical students who have completed two years of residence and have qualified in anatomy and physiology be allowed to count residence while attending approved courses of clinical instruction away from Cambridge. For the benefit of students who wish to expedite those parts of their medical training which are done within the University, the General Board recommends that candidates for the Final M.B. Examination be not required to have obtained honours in a Tripos or, being over the standing for honours, to have attained the honours standard in the Natural Sciences Tripos; and a Grace putting into abeyance for the present Regulation 8 (*d*) for the degrees of M.B., B.Chir. is to be submitted to the Regent House.

Retiring Vice-Chancellor's Address

At a Congregation held on October 2 Professor H. R. Dean, M.D., Master of Trinity Hall, resigned the office of Vice-Chancellor and made an address to the Senate on outstanding events in the past academical year. Among the deaths of resident members of the University he mentioned Dr. Charles Cyril Okell, whose contributions to bacteriology had added much to knowledge of the origin, detection, and prevention of bacterial diseases. The Vice-Chancellor said that the new Anatomy Laboratory was finished just before the beginning of the Michaelmas Term and had been in use throughout the year. Speaking of recent events he said: "In sharp contrast to the confusion and uncertainty which marked the crisis of September, 1938, the outbreak of war found members of the University prepared and ready to undertake unaccustomed duties. Many members of the University staff have already left Cambridge to hold commissions in the fighting forces or posts in the Civil Service. Those who remain in the University have cheerfully shouldered some extra burden of labour or responsibility. Our country possesses in the undergraduates and younger graduates of the Universities a supply of young men admirably equipped to take a leading part either as officers of the fighting services or in the study of the scientific and technical problems on the solution of which success in modern warfare depends. In the difficult times which lie before us young men trained in Cambridge laboratories are well fitted both to advance and to employ scientific knowledge for the maintenance and improvement of national defence. . . . During the earlier months of the year and during these last few weeks the Cambridge Colleges have met most will-

ingly the requests made to them on behalf of the Government or by the Colleges of the University of London which sought their hospitality. . . . Within a few days of the outbreak of war the students from the London Hospital and from St. Bartholomew's began to work in Cambridge. They have been joined by our own students, and the laboratories of the Medical School have presented for some weeks a scene alive with all the many activities of Full Term. But the teaching work of the University will not be confined to the laboratories, for, as a result of the Government's decision to defer the obligation of military service for men below the age of twenty years, the Colleges expect a large number of Freshmen. Undergraduates whose services will not be needed by the Government in the immediate future will begin or continue their studies at the University, with the knowledge that by their work at Cambridge they will make their best contribution to the welfare of this country."

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part II:* E. H. Allen, R. B. Boal, A. H. Brockbank, O. C. Levine, H. M. Marks, M. P. G. O'Brien, S. R. Reynolds, K. V. Shetty.

UNIVERSITY OF MANCHESTER

Dr. D. D. Cranna has been appointed Assistant Lecturer in Anatomy.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—*Part 2:* H. S. Bagshaw, Jessie R. Davidson, H. N. Osborne, F. Stratton, H. Williamson. *Part 1:* Mary A. Rogerson.

UNIVERSITY OF SHEFFIELD

Mr. C. D. P. Jones, F.R.C.S., has been appointed honorary demonstrator in anatomy.

The Services

CHEMOTHERAPEUTIC AGENTS FOR SEPTIC WOUNDS

PROPHYLAXIS AND TREATMENT

The following memorandum concerning the use of sulphonamide derivatives for prophylaxis and treatment of wound infections is being distributed from the War Office to all officers of the Royal Army Medical Corps. It is emphasized that the memorandum is provisional.

War Office Memorandum

Preamble.—Experimental and clinical results having proved the effectiveness of sulphonamide derivatives in the treatment of streptococcal infections and having indicated that these compounds have also an action on anaerobic gas forming bacilli it is recommended that these compounds be given a trial in the field. In principle the earlier the drug is administered the more effective is the result, but some benefit may be anticipated even in well-established infections.

For the time being it is recommended that all wounds which from the clinical aspect appear likely to become the site of secondary coecal or gas gangrene infection should receive a prophylactic course of sulphonamide treatment at the *earliest possible opportunity* and that this prophylactic course should be extended if definite infection supervenes.

Designation of Sulphonamide Compounds in common use.—(1) Sulphanilamide (synonyms: sulphonamide-P, colsulanyde; streptocide, prontosil album). (2) M & B 693 (synonyms: sulphapyridine, dagenan). (3) M & B 693 soluble (synonym: dagenan sodium).

Administration

(*a*) GENERAL PRINCIPLES

(1) A prophylactic course should occupy about 48 hours.

(2) Courses of treatment for established or developing infections should extend over ten days, but if not effective by this time an interval of 48 hours should be allowed before continuing treatment.

(3) When an infection appears to be controlled, as judged by the temperature, small doses should be continued for a further 3–5 days in order to prevent relapses.

(4) The principle of effective treatment is to obtain a high blood concentration of the drug as rapidly as possible and to maintain this concentration at an effective level over a period of time. Because the drugs are rapidly excreted it is necessary, in order to maintain an effective level, to administer four hourly *night and day.*

(*b*) PRECAUTIONS

Certain individuals are unduly sensitive to the drugs and there is no evidence yet available for assessment as to whether persons suffering from shock may not be even more sensitive. The reactions that may occur can be classified as (1) *Mild,* (2) *Serious.* The following is a list of such reactions together with comments as to how they are best avoided or treated.

(1) *Mild*:

Nature of Reaction	Remarks
Cyanosis:	Incidence reduced by prohibiting sulphur containing foods and especially by the avoidance of saline purges and drastic purges. Liquid paraffin the best laxative. Cyanosis may be temporarily dispersed by giving 0.5 to 1.0 g. per day of methylene blue by the mouth. Cyanosis *per se* should not prohibit continuance of treatment.
Acidosis:	Treat by oral administration of sodium bicarbonate.
Drug fever:	Requires to be distinguished from fever due to recrudescence of infection. If true drug fever, omit drug.
Dermatitis:	Omit drug and induce diuresis with water or simple diuretic. May be the prelude of more serious complications. Check leucocyte count if possible.
Dizziness, headache:	If intolerable, administer fluids freely. Check leucocyte count if severe.
Leucopenia:	Negligible unless rapidly progressive to below 3,000 leucocytes per cmm.
Haematuria (MB 693 only):	Administer fluids freely.
Jaundice, Neuritis:	Omit drug. Induce diuresis. (*See* also haemolytic anaemia.)

(2) *Serious*:

Agranulocytosis:	Occurs after 10 days or more of treatment. Incidence rare. Leucocyte count only method of diagnosis. Other symptoms: headache, deterioration of condition, fever, sore throat. Treat by transfusion and pentnucleotide.
Haemolytic Anaemia:	Occurs early (2–4 days). Incidence rare. Mortality low. Early signs jaundice and haemoglobinuria. Omit drug, induce diuresis, transfuse if necessary.

(*c*) DOSAGE

(1) *Sulphanilamide.*—Tablets should be powdered and administered suspended in milk or water.

Prophylaxis.—4 g. (8 tablets) statim followed by 2 g. (4 tablets) in four hours' time followed by 1 g. (2 tablets) four hourly night and day for a period of 48 hours. If infection develops continue as for "treatment."

Treatment.—4 g. (8 tablets) statim followed by 2 g. (4 tablets) in four hours followed by 1 g. four hourly night and day for a maximum period of ten days. If infection is still uncontrolled allow an interval of 48 hours and then repeat the same course from the beginning or, if available, change on to M & B 693. If infection appears to be controlled during the first or

later courses reduce dose to 0.5 g. (1 tablet) four hourly and continue for 3-5 days after the temperature has become normal.

Note.—During the first course of treatment if no clinical effect is evident within three days it is recommended that a change be made to M & B 693. But if some clinical effect is obvious it is worth while pursuing the full course of sulphanilamide.

(2) *M & B* 693.—Tablets should be powdered and administered in milk or water. If vomiting is troublesome split the doses and give at shorter intervals, *e.g.*, instead of administering 1 g. four hourly give 0.5 g. two hourly.

Prophylaxis.—3 g. (6 tablets) statim, followed by 2 g. (4 tablets) in four hours' time followed by 1 g. (2 tablets) four hourly night and day for a period of 48 hours. If infection develops continue as for treatment.

Treatment.—The same procedure as for sulphanilamide except that the initial dose is 3 g. (6 tablets) instead of 4 g.

(3) *M & B* 693 *Soluble.*—This substance is of great value when swallowing is impossible or when gastric upset prevents absorption of the oral compound. It consists of a 33 per cent. solution (1 g. in 3 c.c.). Injections are best made intramuscularly, but as the solution is alkaline some reaction at the site of the needle puncture is common unless care is taken to inject deeply and avoid escape into the subcutaneous tissues. The solution may also be injected intravenously if the dose is diluted with 20 c.cm. of sterile distilled water or normal saline. The drug may also be added in suitable quantity to intravenous drop transfusions of saline or blood (at the rate of 1 g. per four hours).

Dosage Prophylactic and Treatment.—1 g. (1 ampoule) four hourly night and day, the prophylactic course being completed in 48 hours. The treatment course may be continued for ten days, but it is strongly recommended that a change over to the oral compound be effected at the earliest opportunity. The soluble compound finds its best use in the initial phases of a course of treatment and should not be regarded as a substitute for the oral compound; it should only be used for a continuous course when oral therapy is impracticable.

HONORARY PHYSICIAN TO THE KING

Colonel F. Whalley, D.S.O., T.D., T.A., has been appointed Honorary Physician to the King as from July 7, in succession to Colonel H. T. Bates, O.B.E., T.D., T.A., who has retired.

DEATHS IN THE SERVICES

Surgeon Captain Reginald Thomas Alexander Levinge, R.N. (ret.), died recently at Bournemouth. He was educated at Trinity College, Dublin, where he graduated A.B. in 1882, and in the school of the Irish College of Surgeons, and took the L.R.C.S.I. in 1885 and the L.R.C.P.I. in 1886. He entered the Royal Navy soon afterwards, attained the rank of fleet surgeon on February 22, 1904, and became surgeon captain on October 3, 1908. As surgeon of H.M.S. *Alecto* he served in the punitive naval expedition commanded by Rear-Admiral Rawson in 1897, and landed with the force sent to punish the King of Benin for the murder of the members of a political party, and took part in the capture of Benin City on February 18, 1897. When Lieutenant-Commander Pritchard was shot Surgeon Levinge took command of the party and led it with success. He was mentioned in dispatches and received the General Africa Service Medal, with Benin clasp.

Lieutenant-Colonel James Burne Lapsley, M.C., I.M.S. (ret.), died at Mont Cantel, Jersey, on October 7, aged 55. He was born on August 16, 1884, was educated at Queen's College, Cork, and graduated M.B., Ch.B., B.A.O. of the Royal University of Ireland in 1907. He entered the Indian Medical Service as lieutenant on February 1, 1908, became lieutenant-colonel after twenty years' service, and retired on April 20, 1935. He served throughout the war of 1914–18, and received the Croix de Guerre on August 31, 1917, and the Military Cross on June 3, 1918. He was appointed assistant director-general (stores), Indian Medical Service, on November 27, 1926, vice Lieutenant-Colonel G. G. Hirst. He had been a member of the British Medical Association since 1912.

Medical News

The Society for the Protection of Science and Learning has changed its address from 6, Gordon Square, London, W.C., to Scott Polar Research Institute, Lensfield Road, Cambridge.

Until further notice *La Presse Médicale* will appear once a week instead of twice weekly as hitherto.

The congress of the Italian Society of Plastic Surgery, which was to have been held at Naples on October 21 and 22, has been cancelled.

The Library of the British Medical Association will be open from 9.0 a.m. to 5.0 p.m. (1.0 p.m. Saturday) until further notice.

By arrangement with the Ministry of Health the out-patient department of the Golden Square Throat, Nose and Ear Hospital has now been reopened.

The Child Guidance Council has changed its address to 23, Queen Square, Bath (telephone: Bath 2390).

Owing to the war the council of the Zoological Society of London has decided for the present to discontinue its fortnightly scientific meetings.

The Ministry of Health in a communiqué dated October 13 announced a visit by the Queen to a casualty evacuation train. Her Majesty was received by the Minister of Health, Dr. Walter Elliot, Captain Euan Wallace, Minister of Transport, and the official party also included Sir George Chrystal, Secretary of the Ministry of Health, Dr. J. H. Hebb, Director-General of the Emergency Medical Service, and Miss K. C. Watt, Principal Matron for Emergency Nursing Services. The primary purpose of these trains is to evacuate air raid casualties from the advanced base hospitals in vulnerable areas to the base hospitals in outer areas. A train crew consists of one medical officer, one hospital train officer, three trained nurses, ten auxiliary nurses, and eight St. John Ambulance Brigade orderlies. Nursing staff is supplied by the Civil Nursing Reserve, and about 400 nurses are employed on the trains. A description of a casualty evacuation train is published in this week's *Supplement* at page 208.

It is announced in the *Times* that eighteen Egyptian medical men resident in England have, through the Egyptian Ambassador in London, offered their services to the British Government wherever they can be useful in the present circumstances. The Secretary of State for Foreign Affairs has expressed to the Egyptian Ambassador the Government's high appreciation of these generous offers.

On October 13 two claims against the Corporation of Croydon in respect of the death of two schoolboys in the Croydon typhoid epidemic were disposed of in the King's Bench Division by Mr. Justice Stable on payment of agreed damages aggregating £1,638.

Dr. J. Trueta, late director of the department of surgery, General Hospital of Catalunya, Barcelona, will read a paper on "The Organization and Treatment of War Casualties" before the Section of Orthopaedics of the Royal Society of Medicine (1, Wimpole Street, W.) on Tuesday, October 24, at 2 p.m. Members of the Sections of Anaesthetics, Medicine, Surgery, and United Services are invited to attend.

Dr. Richard W. B. Ellis, assistant physician to the Children's Department of Guy's Hospital, and joint editor of the *Archives of Disease in Childhood*, left London on October 12 for Rumania as one of a delegation of three from the Friends' Service Council to inquire into the possibilities of relief work among Polish refugees. The delegation are taking with them a grant from the Anglo-Polish Relief Fund for immediate use in necessitous cases.