Conclusions

1. An urgent need exists in both countries for warm clothing of all kinds, and particularly for underclothing, overcoats, blankets, shoes, and material for mattress covers. It is unlikely that any large quantity of these will be obtainable in Rumania owing to the requirements of the Rumanian army. (Sheep-skin coats, which can be obtained very cheaply in Rumania, are unfortunately too difficult to disinfect for their use to be justified.) In Hungary at least some of these requirements can be obtained within the country at rates that would make their shipment from abroad inadvisable (for example, shoes and some proportion of the blankets, overcoats, and underclothing).

2. It is most desirable that in both countries the existing facilities for regular bathing and for the disinfection of clothing of refugees should be extended as rapidly as possible. Where straw is not always immediately available, sufficient stocks should be kept to provide for the frequent changing and burning of infected straw from sleeping quarters.

3. There appears to be no immediate shortage of either drugs or vaccines, but a shortage is likely to occur if the refugee position remains unchanged. Quinine preparations in Rumania and disinfectants and soap in both countries are those of which there is most likely to be a dearth.

4. The desirability of equipping workshops and schools and concentrating older boys and students where they can continue their education is almost as great as providing physical necessities. A few textbooks in Polish (for example, for learning Rumanian and Hungarian) could be printed locally if money were available, and would be of the greatest value.

5. In view of there being many highly trained Poles and Polish-speaking Rumanians or Hungarians in both countries, it does not seem advisable to send out any extensive personnel from this country at the present time.

We wish to express our sincerest thanks for their help to the civil and military authorities and to the Red Cross in Rumania and Hungary; to the British Legation and Polish Embassy in Bucarest, and the British and Polish Legations in Budapest; to Professor Cambiescu, Professor Ciuca, and Dr. B. Johan; to Princess Caragea and Mlle Vajkai of the Save the Children Fund; to Mr. Paul Super and Mr. James Brown of the American Commission for Polish Relief; to Countess Romer of the Polish Society in Rumania; and to Princess Odescalchi-Andracsy and Countess Erzsèbet Szápáry of the Hungarian-Polish Society.

Local News

INDIA

The Campaign against Leprosy

The sixty-third annual report of the Mission to Lepers appears with the title "The Inherent Promise" and relates to the work accomplished all over the world, and especially in India, which country has always been one of the most cultivated fields of this interdenominational and international organization. It is announced that a record number of lepers is now being helped, and special progress is noted in the report in respect of the intensive treatment of the disease in young children, where the benefit is more obvious. This extension of the programme of the organization has been especially pushed in India, where also progress has been made in the care and treatment of infected children on a larger scale and to the colonization of young people from the leper homes in which infection has been prevented; provision has been made in the Central Provinces for such children and for arrested cases in which there is now a reasonable hope of no recrudescence of the disease. The provision of the new home for lepers in Fyzabad in the United Provinces was rendered possible largely by subscriptions raised locally for that specific purpose, and a co-ordinated scheme of treatment, including colonization possibilities, is now coming into being. The Chandkuri Leper Home in the Central Provinces, which celebrated its fortieth anniversary last year, has treated some five thousand lepers, and seven hundred healthy children of leper parentage have taken their place in the healthy community. The report expresses the view that hydnocarpus oil and its esters administered intramuscularly, subcutaneously, and intradermally remain the most valuable therapeutic agents. For improving and maintaining the general health of these patients the diet must be liberal, well balanced, and rich in vitamins. Occupational therapy is highly esteemed, and it is important to eliminate intercurrent diseases. This emphasis on nutrition, which, it is remarked, has sometimes been ignored with unfortunate results, dates from the beginning of the campaign against leprosy; without an adequate diet drug therapy nearly always fails to be of much value. The report contains a reference to a case of one leper home in which the patients denied themselves meat and sugar for one month in the absence of the missionary so that the considerable amount of money thus raised might go to the famine-stricken Bhils in the Indore district. Similar forms of practical gratitude shown by leper patients are not uncommon elsewhere in India, and the popularity of the campaign is growing steadily.

Obstetrics in India

The second All-India Obstetric and Gynaecological Congress, held in Bombay last year, was attended by delegates and visitors from more than fifty different localities. The proceedings have now been published. In his address of welcome Sir Mangaldas Mehta traced the origin and growth of maternity work in Bombay. The first maternity home, containing twenty beds, was opened in 1849. To-day there are eighty-three public and charitable institutions and nursing homes with a total of 1,308 beds. Of 37,795 births registered in the city during 1937, 27,758, or 73.4 per cent., took place in maternity institutions. For the same year the maternal death rate was 4.4 per 1,000, while the infant death rate had diminished by nearly a quarter from the rate of 1920, when only 20 per cent. of women were confined in maternity institutions. In his presidential address Dr. B. D. Mukherji of Calcutta, reviewing general conditions throughout the country, deplored the ignorance and superstition of the average Indian mother and the abject poverty of the masses. In most of the Indian villages the only medical help available for the mother is that of the untrained midwife or "dhai." Dr. Mukherji also maintained that even in urban areas the position was far from satisfactory, owing to the dearth of obstetric specialists in the smaller towns. Unless employed in Government service these men were obliged to congregate in large cities, such as Calcutta, Madras, or Bombay, in order to obtain adequate opportunity for remunerative work. Dr. Mukherji advocated the establishment of rural maternity centres, affiliated to special hospitals in the district and subdivisional towns; also the provision of mobile dispensaries for obstetric and gynaecological work in rural areas. The congress devoted its attention chiefly to the questions of the toxaemias of pregnancy and carcinoma of the cervix. Among other papers read that of Dr. D. M. Satur on post-puerperal neuritis appears to be of considerable interest. Dr. Satur's patients, drawn from an impoverished community in the Andhra district, near Vizagapatam, lived on a diet consisting chiefly of polished rice. The lack of essential food factors was further accentuated by a restriction of the diet during the latter half of pregnancy and a period of three months after delivery. The neuritis, bearing some

resemblance to beriberi, though showing definite points of dissimilarity, was of a severe type in many of the cases. A prolonged course of treatment invariably resulted in complete recovery. Dr. Satur supplied the missing vitamin B_1 factor by a diet of bread-and-milk, spinach, tomatoes, and oranges, together with a handful of germinating green gram and half an ounce of yeast daily. Severe cases also received a course of ten injections of betaxin.

ENGLAND AND WALES

Tuberculosis in Lancashire

The principles of the Lancashire County Council's tuberculosis scheme bear repetition because, in spite of their admitted excellence, they have not been adopted by other authorities as widely as they deserve. The scheme caters for a population of nearly two millions, and its essential features are: (1) combination of dispensary with hospital and sanatorium work; and (2) supervision by a central tuberculosis officer who is directly responsible to a special county tuberculosis committee. The administrative county is divided into five large areas (average population 328,000) and three small areas. A consultant tuberculosis officer is in charge of each large area, and to help him there are two assistant tuberculosis officers, four to seven tuberculosis health visitors, and a clerical staff of two. In each area there is a chief dispensary, at which is co-ordinated all the work required in that particular area, and two or more branch dispensaries, and also a sanatorium hospital containing up to fifty-seven beds, to which the consultant tuberculosis officer acts as visiting medical superintendent. The three small dispensary areas, on the other hand, are each under the charge of the medical superintendent of the three larger Lancashire tuberculosis institutions. Each has one dispensary with one or more health visitors, the clerical work being done in the office of the institution. The report for 1938 of Dr. Lissant Cox, Lancashire County Council's central tuberculosis officer, maintains the usual high standard of these reports. The death rate from tuberculosis, which had remained at the same level since 1935, fell appreciably during 1938 to 0.52 per 1,000 of population. A comparative table of new cases of pulmonary tuberculosis notified in 1938 and pulmonary notifications in 1920 shows that whereas in males the percentage reduction in the age period 15 to 25 is 42.5, in females it is only 19.4. Dr. Cox's remarks concerning non-notified cases of the disease should be brought to the notice of all those responsible for tuberculosis administration. He states: "The efficiency of notification in England varies directly with the efficiency of the county council or county borough scheme dealing with tuberculosis. If there is no really comprehensive scheme, if there are poor and newly qualified, part-time, and badly paid tuberculosis officers, if there are insufficient means for expert diagnosis and too few beds for treatment, then a high proportion of non-notified fatal cases will be the rule and not the exception." Of the 1,096 contacts examined during the year thirty-one were diagnosed as tuberculous; this is equivalent to 28.8 per 1,000 contacts examined, as against a proportion of 3.98 tuberculous persons per 1,000 of the population known to the dispensary staff in the county. Dr. Leggat, medical superintendent of the High Carley Sanatorium, gives the following figures, which are perhaps the only ones in this country, comparable with those given by Alexander, on which the benefits of extensive use of collapse therapy can be judged. In the five-year period 1925–9 1,352 patients were admitted, of whom twenty-two had artificial pneumothorax, and the bacillary loss was 19.5 per cent. In the five-year period 1934–8 914 patients were admitted, of whom 243 had artificial pneumothorax, 184 phrenic interruption, seventy division of adhesions, thirty-three thoracoplasty, and five extrapleural pneumothorax; the bacillary loss was 51 per cent.

Correspondence

Treatment of War Wounds in China

SIR,—My experiences of war surgery in China do not altogether support the amazing claims made by Dr. Trueta for the "closed" method of treatment of gunshot wounds. Before the present Sino-Japanese conflict several civil wars together with the activities of bandits over a number of years had supplied us with a steady stream of gunshot wounds with fractures of the long bones, and for many of these we used Winnett Orr's treatment. Probably most of our hospitals in China used all three methods—namely, the "closed" method, the "open-window" method, and skeletal traction on Thomas splints. Since the outbreak of hostilities, over two years ago, our experience has been greatly increased by large numbers of bomb and shell wounds.

It needs to be said that our casualties were usually seen after considerable delay and sometimes even days or weeks had elapsed; the patient's condition was strained by difficulties of transport on a primitive litter over tracks that can only euphemistically be called roads; the first-aid measures which had been applied were of the worst, usually definitely harmful and invariably produced a grossly infected wound. Shrapnel from air raids and shelling often produced frightful wounds with severe mutilation of the soft tissues. Tetanus was not uncommon, but we saw very few cases of gas gangrene. Infection of the deep fascial and muscular planes was a frequent complication of the wounds, so that it was impossible entirely to eliminate the danger of burrowing channels of suppuration by the most radical excision.

We therefore formed the conclusion that compound fractures from gunshot wounds (or shrapnel) were best treated by skeletal traction and Thomas splints. Adequate control of the fragments can be ensured, facilities for the most satisfactory drainage can be provided, the comfort of the patient, without excessive smell, is assured—and these contribute to the surgeon's peace of mind. This particularly applies to fractures of the femur, with possibly infected wounds, which formed a large proportion of our cases. Further, we abandoned Carrel-Dakin irrigation in all save the foulest wounds and considered most satisfactory the use of vaseline gauze packs, changed every ten days or so. The dry gauze pack suggested by Dr. Trueta dams back pus, is painful for the patient when the dressing is changed, and tears away newly forming granulations. Loosely packed vaseline gauze has none of these disadvantages.

Careful selection of cases for the various forms of treatment seems to be necessary. I would suggest that:

(*a*) When casualties are received early (up to six hours) and adequate débridement with reasonable hope of eliminating infection can be effected, the "closed" method is probably the treatment of choice, particularly for comfort during transport.

(*b*) For casualties received later (six to twenty-four hours) in which the damage to soft tissues is only moderately severe, after excision these can best be treated by the "open-window" method. The window of plaster can be reinserted, well padded, after each change of dressing, and if tightly bandaged one does not get overgrowth of granulation tissue.

(*c*) For grossly mutilated wounds or delayed casualties, in which certain elimination of all infective channels is doubtful, the open method, skeletal traction, and Thomas splints should be relied on.

To give a true balance it is necessary to add that no group of our cases treated by these different methods produced results comparable with those obtained by Dr. Trueta.—I am, etc.,

W. S. FLOWERS, M.B., Ch.B.,
Superintendent, Foster Hospital, Chouts'un, Shantung, N. China.

Knaresborough, Yorks, Nov. 7.

authorities had been urged to assist the authorities in reception areas by the transfer of staff where the conditions in the reception areas called for additional staff. In view of the varying circumstances in such areas it would not be practicable for him to lay down definite figures.

Hospital Accommodation for Civilians

Dr. ELLIOT, who was asked by Mr. Crowder on November 9 to consider authorizing the immediate reopening of London hospitals for the treatment of civil sick on a much larger scale than at present, replied that an inquiry made by him on November 6 showed that the nine big London hospitals—the London, St. Bartholomew's, University College, Middlesex, St. Mary's, Westminster, St. Thomas's, King's College, and Guy's Hospitals—all had vacant beds available for the ordinary needs of the population. He was, however, carefully examining, in consultation with the governing bodies and their staffs, what steps were possible to increase the facilities and beds available at the central hospitals.

In a further reply on November 9 to Mrs. Adamson, Dr. ELLIOT said that in maternity hospitals, sanatoria, general hospitals, and mental hospitals in evacuation and in other areas no beds were taken over or requisitioned for casualty cases. Before the war an estimate was made of the beds which could be made available at each institution in the scheme by relying on those normally empty, by sending home convalescent patients, and by transferring others to simpler accommodation, and in many cases additional beds were supplied by the Government for use in an emergency. The returns made to him daily since the outbreak of war did not enable him to say which of the beds vacant at any institution represented existing beds freed for the reception of casualties and which additional beds supplied by the Government. In the aggregate 110,000 out of the 170,000 vacant beds in hospitals rendering returns were additional beds supplied by the Government, and 60,000 were the original beds, including those which would have been empty in any case. The additional beds were being steadily increased as hutted accommodation was completed. In the same hospitals the number of beds occupied by the sick was shown in their returns as 156,000. The vacant beds were available if necessary for the sick requiring in-patient treatment as well as for casualties. In maternity hospitals no beds had been regarded as reserved for casualties. Casualty accommodation in mental hospitals had been provided entirely by beds supplied by the Government.

In-patient Treatment at London Hospitals

On November 9 Dr. ELLIOT informed Dr. Howitt that at the beginning of the war about 8,000 hospital beds in the county of London were evacuated by sending patients either to their homes or to other institutions. In addition there were about 7,500 beds already vacant, making 15,500 in all. At the present time there were in these hospitals about 13,000 vacant beds available not only for casualties but also for the civilian sick, who were admitted to the hospitals if in need of in-patient treatment. A letter was recently sent to London hospitals on this subject.

Dr. HOWITT asked whether sufficient physicians, surgeons, and specialists had returned to London to enable hospitals to deal with the civilian population. Dr. ELLIOT replied that adequate medical and nursing personnel was available for the cases at present coming forward. He had under consideration further proposals made to him by a committee representing all sides of the profession.

Infant Welfare Centres in London

Dr. ELLIOT informed Dr. Howitt on November 9 that infant welfare centres were open in the majority of the metropolitan boroughs. The reopening of further centres was a matter in the first instance for the responsible welfare authorities, acting in the light of their knowledge of local needs and of the facilities available in their areas. Dr. Elliot added that he was aware of the importance which mothers attached to being attended by medical practitioners in whom they had confidence.

Criminal Justice Bill

Sir SAMUEL HOARE announced on November 9 that the Government had regretfully decided time could not be found for the further stages of the Criminal Justice Bill. The Bill could not be carried over to another session, but he hoped that in some early session a Bill of the same kind would be introduced and passed without delay.

Service Allowances for Children

In the House of Commons on November 14 Mr. HORE-BELISHA announced an increase in the Service allowances. He said that the rates of allowances for children, after the first child, would be: 4s. for the second child against 3s. in the past, and 3s. each for all other children instead of 2s. for the third and 1s. each for subsequent children. Payment of the increased allowances would begin in three or four weeks' time, and would be retrospective to November 13 or the nearest related pay day.

Midwives and the Emergency Hospital Service.—Dr. ELLIOT told Mrs. Adamson on November 9 that no midwives or district nurses practising as midwives had been called up for service in emergency hospitals, since they were not enrolled as such in the Civil Nursing Reserve, from which nursing staff for hospitals under the Emergency Hospital Scheme was provided. Some nurses who possessed the certificate of the Central Midwives Board had been enrolled and called up. A number of midwives had been transferred from evacuation to reception areas for service in emergency maternity homes, which, according to the returns received, were adequately staffed.

The Position of Dentists.—Mr. GROVES asked the Secretary of State for War if he was aware of the serious hardships experienced by dentists at present, and if he would consider devising a scheme by which the services of civilian dental practitioners could be utilized by the Army Dental Corps. Mr. HORE-BELISHA said that the Army Dental Corps had already absorbed a number of civilian dental surgeons, who had been appointed to commissions since the outbreak of war, and many more would be required as expansion proceeded. The arrangements for the supply of dentists both for the Services and for civilian requirements were in the hands of the Central Dental War Committee, which included representatives of the profession.

Notes in Brief

The establishment of a first-aid post includes one trained nurse. Dr. Elliot does not feel in a position to recommend the enlargement of this establishment.

Asked about treatment facilities at present available at Droitwich, Dr. Elliot stated that vigorous efforts were being made by all concerned to ensure that these facilities would continue to be available to all those in need of such treatment.

Universities and Colleges

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on November 10, the following appointments were made: Dr. J. B. H. Holroyd to be temporary lecturer in anaesthetics and Mr. J. Hardman to be temporary honorary lecturer in surgical anatomy, to carry on the duties respectively of Dr. R. E. Pleasance and Mr. J. C. Anderson, who are on military service; Dr. W. F. Mindham to be part-time demonstrator in anatomy for the session 1939–40; Professor H. N. Green and Professor E. J. Wayne were appointed two of the five representatives of the University on the Committee of Management of the Sheffield Hospitals Council.

The Council received and accepted with regret the resignation of Dr. Lucy Naish of the post of lecturer in osteology, and accorded its thanks to Dr. Naish for her services.

UNIVERSITY OF GLASGOW

At a ceremony of graduation on November 11 the degree of M.D. (with commendation) was conferred on P. K. Fraser (*in absentia*).

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on November 9 with Mr. Hugh Lett, the President, in the chair. Mr. R. St. Leger Brockman of Sheffield was readmitted to the Court of

Examiners for a period of five years. The scientific report of the College for the year 1938–9 was approved and adopted.

Final Fellowship Examination

The Council decided to hold an additional Final Fellowship Examination in February, 1940. The Council recognizes that it may be difficult for some candidates to comply with the regulations for admission to the Final Fellowship Examination. It has been resolved therefore that those candidates who because of war work have been unable to comply with the regulation that requires six months' residence as house-surgeon in a recognized hospital may apply to the President, through the Director of Examinations, for special permission to enter for the examination. With his application a candidate must submit a certificate from his commanding officer giving (*a*) particulars of his appointment in the Navy, Army, or Air Force, (*b*) the dates of his service with the unit, and (*c*) an indication of the nature of the duties performed by him during such service. A candidate in the Emergency Medical Service or in a civil hospital should furnish similar particulars signed by the senior surgeon of the hospital in which he may have held the appointment.

Licence in Dental Surgery

Sundry alterations in the regulations for the Licence in Dental Surgery were agreed to. Details of the alterations have been sent to the medical and dental schools. Provisional recognition was granted to the Dental Faculty of the Punjab University so that graduates of the Faculty may be admitted to the Final Examination for the Licence in Dental Surgery on completing six months' general medical and surgical hospital practice in this country.

Grant of Diplomas

Diplomas of Membership were granted to the 297 candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London published in the *Journal* of November 4 (p. 930), and to P. J. Crowley, A. M. Goldthorpe, Joyce S. Miller, and Aileen E. M. Whetnall.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the Royal College of Physicians of Edinburgh, held on November 7, with Dr. Alexander Goodall, President, in the chair, Drs. David Dowie Dunn (Capetown), Jiwan Ram Maleri (Punjab), Beatrice Annie Sybil Russell (Gold Coast), George Robertson McNab (Birmingham), Philip Wolfe McKeag (Bath), Robert Patrick Anderson Macaulay (Trentham), and Harry Winton Dryerre (Edinburgh) were elected Fellows of the College.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on November 6, the following officers were elected for the ensuing year: *President,* Dr. J. Souttar McKendrick; *Visitor,* Mr. Roy F. Young; *Honorary Treasurer,* Mr. William J. Richard; *Honorary Librarian,* Dr. W. R. Snodgrass; *Representative on General Medical Council,* Mr. G. H. Edington.

Medical News

The B.B.C. announces that on November 23 at 4.15 p.m., in the series "Talking it Over," a medical psychologist will discuss "States of Mind"; and that "physical exercise" broadcasts will be inaugurated on December 4, starting at 7.35 a.m.

It has been decided that the annual course of lectures and practical instruction for a Diploma in Psychological Medicine held at the Maudsley Hospital, Denmark Hill, S.E.5 (London County Council and University of London), will begin as usual on January 1, 1940. War conditions call for some changes in arrangements, but the clinical instruction necessary to satisfy the requirements of the various examining bodies will be provided. A notice of the course will appear later in the advertisement columns of this *Journal.* Inquiries should be addressed to the Honorary Director of the Medical School, The Central Pathological Laboratory, West Park Hospital, Epsom, Surrey.

The Copley Medal of the Royal Society has been awarded to Professor T. H. Morgan of the California Institute of Technology for his establishment of the modern science of genetics; and the Davy Medal to Professor J. W. McBain of Stanford University, California, for distinguished work in the study of colloidal electrolytes. A Royal Medal has been awarded to Professor D. Keilin, F.R.S., for his contributions to biochemistry and entomology; in particular for his demonstration of the part played by cytochrome in the oxidation-reduction mechanisms of the living cell; and for his studies of the higher Diptera.

Among four recipients of gold keys from the American Congress of Physical Therapy for distinguished research in physical therapy during the last year is Dr. J. B. Mennell of London. The award was made during the same month that Dr. Mennell took up his duties as president of the Section of Physical Medicine of the Royal Society of Medicine. This is the fourth occasion on which one of these keys has been awarded to a medical practitioner in this country; the last was to Sir Henry Gauvain in 1936.

The Institute for the Scientific Treatment of Delinquency announces that it has now been found practicable to reopen the clinic at 8, Portman Street, W.1, and applications may be made either by letter or telephone to the secretary. For the present the work of the clinic will be restricted to diagnosis and advice (including social work and disposal), but the directors are endeavouring to arrange for psychological treatment to be given in Central London. Arrangements are also being made for diagnosis and treatment in certain districts outside London.

The issue of *Nederlandsch Tijdschrift voor Geneeskunde,* the organ of the Dutch Medical Association, for October 21 contains a sympathetic obituary notice of Dr. Harvey Cushing by Dr. P. Brouwer, professor of neurology at Amsterdam, and two portraits, one in his study and the other in a group of Dutch peasants at Amsterdam.

The October issue of the *Psychiatric Quarterly* is dedicated to Dr. Robert Hutchings, who has retired after forty-seven years' service to New York State, and for the last four years has been editor of the journal.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

There has been a tendency in recent weeks for the incidence of diphtheria to increase, but in none of the localities affected have outbreaks attained epidemic proportions. In England and Wales notifications in the last four weeks were: 952, 941, 975, and 1,002 (week under review), and there has been a corresponding rise in the number of deaths from diphtheria; but the numbers notified each week have been below those recorded in the corresponding week of 1938. On the other hand, the number of deaths certified has in the last few weeks approached that for last year, suggesting that the disease is present in a more severe form. In Scotland and Ireland considerable fluctuations in diphtheria prevalence have been observed during the same period and no definite trend is discernible. Similarly, notifications of scarlet fever have varied from week to week—in England and Wales as well as in Scotland and Ireland. The usual seasonal trend has probably been disturbed by the abnormal distribution of many of the susceptibles and the varying conditions in different localities as regards reopening of schools.

The figures for pneumonia (primary and influenzal) in England and Wales have in the last four weeks increased irregularly, and there has been a steady rise in the deaths from influenza, although the numbers are still low.

The abnormal prevalence of dysentery in Scotland, principally affecting Edinburgh, continues. Notifications for the whole country were 52, compared with 39 in the previous week and 23 in the corresponding week last year. Of the 52 cases notified, 22 were in Edinburgh, 5 in Dundee, 4 in Glasgow, and 3 in Aberdeen.