

## Local News

### ENGLAND AND WALES

#### The Hospital Regionalization Scheme for South Wales

A conference representative of voluntary hospitals, local authorities, and medical organizations was held at the Royal Infirmary, Cardiff, on July 26, when proposals for the regionalization of hospital services in South Wales were under consideration and the objects of the Nuffield Provincial Hospitals Trust were explained. Sir William Jenkins, who presided, recalled that the Sankey Commission of Inquiry into Voluntary Hospitals [which reported in May, 1937] recommended the regionalization of voluntary hospital services. The Provisional Central Council, which was then appointed by the British Voluntary Hospitals Association to give shape to the recommendation, had done useful work, but had been handicapped by lack of funds. Lord Nuffield, with characteristic foresight and generosity, had established a fund for the promotion of regional and divisional hospital councils throughout England, Scotland, Wales, and Northern Ireland. It was fundamental to the scheme that there should be co-operation between voluntary hospitals and local public health authorities. Considerable progress had been made, and it was hoped that the steps already taken in South Wales would lead to the early formation of a regional hospitals council for that area. Sir Farquhar Buzzard said it was essential that the re-planning of hospital services should not be delayed. The changes which the war would produce in economic and social conditions would be reflected in a largely increased demand for bed accommodation and hospital treatment. The Nuffield Trustees had appointed a Medical Advisory Committee, under his chairmanship, which would co-operate with the Regionalization Committee of the Trust in surveying the position of hospital services, with special reference to the medical aspects of the problem. The Trust had already received requests from a number of voluntary hospitals for an investigation of their existing services with the object of securing more co-ordination and increased efficiency in their respective areas. It was not the policy of the Trust to deal with applications for financial aid otherwise than through approved Regional and Divisional Hospital Councils. Alderman W. Hyde stated that Lord Nuffield's benefaction was intended to be the nucleus of a fund which would provide assistance for provincial hospitals on lines similar to the King's Fund in London. The Trustees were considering suggestions for augmenting the capital of the Trust, and had already begun negotiations with other bodies whereby additional funds would be allocated through Regional Hospital Councils. The activities of the Trust and the regionalization scheme would not affect the internal autonomy of individual hospitals.

It was stated at the meeting that proposals for the establishment of three Divisional Hospital Councils for South Wales had already reached an advanced stage. A Provisional Committee was appointed to prepare a scheme for a Regional Hospitals Council for South Wales with which Divisional Councils would be associated.

#### Maternity Statistics

At Queen Charlotte's Maternity Hospital last year the number of "booked" in-patients was 1,705, of whom 937 were primigravidae, and there were seven deaths—a mortality of 4.11 per 1,000. The proportion of stillbirths was 46.3 per 1,000, and of infant deaths 33.8. Among the 114 emergency cases there were three maternal deaths, twenty-seven stillbirths, and eleven infant deaths. On the district served by Queen Charlotte's 1,232 patients were delivered in their own homes, with one maternal death, and there were twenty-nine cases of maternal morbidity (using the Ministry of Health definition). In the isolation block, which was closed on the outbreak of war, 251 cases were admitted, of which 198 were of puerperal fever, and among these there were only six fatal cases. In the careful analysis given in the clinical report of the hospital every Queen Charlotte's case is described and classified according to the type of labour and the nature of any complication. Among the 191 cases in which there was induction of labour

with spontaneous delivery three mothers died; twenty-two babies were stillborn and fifteen died. Among twenty-five cases of induced labour with forceps delivery one mother died, six babies were stillborn and one died. Caesarean section was carried out in fifty-two cases, with the death of one mother, three stillbirths, and two infant deaths. Out of 161 cases of albuminuria admitted four mothers died, the cause of death being respectively concealed accidental and post-partum haemorrhage, cerebral thrombosis, pulmonary embolism, and placenta praevia. A fifth patient died of thyrotoxicosis after being transferred to another hospital. Among these albuminuria cases there was spontaneous onset of labour in thirty-three; in 121 labour was induced, mostly by artificial rupture of membranes and pitocin; and in seven cases Caesarean section was done, though mostly for some other indication than the albuminuria—usually disproportion.

## Correspondence

### Toxic Jaundice from T.N.T.

SIR.—During the last war there were some 400 cases of toxic jaundice (acute yellow atrophy of the liver) caused by poisoning by T.N.T. (trinitrotoluene) between 1916 and 1918. As the manufacture and use of T.N.T. have now been greatly extended it is probable that cases of poisoning from this chemical will again occur in spite of the precautions taken, which include medical supervision of the workers. Toxic jaundice is a disease notifiable to the Chief Inspector of Factories under Section 66 of the Factories Act, 1937. I venture to ask the medical profession to keep in mind possible contact with T.N.T. when called upon to attend a case of jaundice the cause of which is obscure. The degenerative changes in the liver may not manifest themselves in the form of jaundice immediately, and it may be that the patient has been out of contact with T.N.T. for a considerable time before the symptom of jaundice manifests itself.

Forms for the notification of this and other diseases notifiable under Section 66 of the Factories Act will be supplied on application to the Chief Inspector of Factories, Cleland House, Page Street, Westminster, London, S.W.1.—I am, etc.,

JOHN C. BRIDGE,

Aug. 22.

H.M. Senior Medical Inspector of Factories

### Nurse Anaesthetists

SIR.—The Council of the Association of Anaesthetists will be greatly obliged if you will publish the enclosed letter. They believe that the matter is of sufficient importance to the medical profession to warrant its ventilation in your pages.—I am, etc.,

J. BLOMFIELD,

London, W., Aug. 22.

Acting Secretary, for the Council.

To the Chairman of the Medical Committee,  
Addenbrooke's Hospital, Cambridge.

SIR.—The Council of the Association of Anaesthetists, at a meeting specially convened to consider the matter, desired us to call your attention to the grave misgiving caused by your advertisement in the *Nursing Times* of July 6 for a nurse to be trained to act as anaesthetist to your hospital.

The Council, we wish to point out, is representative of this branch of medical practice in Great Britain. Further, they have been unable to trace any effort on your part to secure applications of qualified persons, either male or female, for this appointment. They are aware of wartime conditions, but are confident that anaesthetists can be obtained for a hospital of your reputation.

The institution of nurse-anaesthetists at a hospital of the standing of Addenbrooke's appears to us to be a retrograde step which is injurious to the public welfare. The responsibility for a patient under an anaesthetic cannot be safely entrusted to anyone who is not medically qualified. The anaesthetist has to bear the full responsibility so far as the anaesthetic is concerned, as has frequently been proved in the coroners' courts throughout the country. These duties cannot properly

work in the school medical service, in which for many years she rendered loyal service. Her efficiency in her professional work was conspicuous to those in touch with it. Yet she herself seemed always to have the feeling that it should have been better done. Three years ago she suffered from a subarachnoid cerebral haemorrhage, which necessitated absence from work for many months. Although recovery followed, so that she was able to resume her professional work, she was never quite the same after this attack. The sense of imperfection in her work, which had always been present, became aggravated as the result of her illness. One who was herself the personification of unselfish helpfulness could not bear the thought of becoming a burden to her fellows. To a gentle and sympathetic nature such as hers the atrocities and sufferings inflicted by the war on so many others must have been especially painful to witness. And it may well be that this was the added factor which finally disturbed the balance of her mind so far as to lead her to seek the way of escape which she chose. Even to this tragic ending she has given a pathetic and beautiful touch: for the letter which she, who had helped so many others, left behind as her last message concludes with the grateful expression of her own indebtedness to her many friends. Sheffield is the poorer for her loss.

H. C.

The death of Mr. BERNARD A. MAKEN at the age of 29 occurred when he was on the threshold of a promising orthopaedic career. Qualifying M.B., Ch.B. in Capetown, Maken came to this country to obtain higher qualifications. After holding various resident appointments he proceeded to the M.Ch.Orth. of Liverpool in 1937. While studying for a fellowship in surgery he became aware of the illness which was to lead to his death and, having realized its seriousness, he devoted his life to active orthopaedic practice. Since the outbreak of war he held the posts of resident surgical officer at Leasowe Hospital and visiting orthopaedic surgeon at Mill Road Infirmary. The normal holders of these posts were absent on military service. Maken was disappointed to find that he was medically unfit for the Army, but he continued to practise his specialty until a few weeks ago. A colleague writes: Maken's death has brought sorrow to his many friends. He will be remembered as an able and conscientious surgeon, who appeared certain to have a successful career in orthopaedic surgery. He had a cheery and live personality which brought him many friends on Merseyside. All who knew him were profoundly impressed by the manner in which he bore his own infirmity and by the skill and devotion with which he continued his work as long as his strength would permit. Their deep sympathy is extended to his parents and their family in Capetown.

Dr. THOMAS STEWART SLESSOR, who died recently in Inverness with tragic suddenness in his sixty-third year, was the son of the Rev. Robert Slessor of Methlick. He was educated at the Aberdeen Grammar School and Aberdeen University. He graduated M.A. in 1898, and M.B., Ch.B. in 1902. While a student he was an active member of the Aberdeen University Company of the Volunteer Medical Corps. After graduation he was assistant surgeon at Aberdeen Royal Infirmary for a year, and later was in practice in Seaham Harbour and Glamis. Dr. Slessor served in the Army throughout the last war, and saw service both at home and over-seas. He was mentioned in dispatches. In 1920 he was appointed Deputy Commissioner of Military Services in the Ministry of Pensions. In 1928 he went to Inverness to join Dr. L. M. V. Mitchell as a partner in his practice. The part of his work which attracted Dr. Slessor most was midwifery. He was recognized by his colleagues as a skilful and successful obstetrician. His cheerfulness and enthusiasm were infectious, and will be much missed. Always keen on exercise, he invariably walked for an hour each day; if he was too busy to get to the country he would do part of his rounds on foot; it was no uncommon sight to see his tall upright figure stepping out briskly. He leaves a grown-up son and daughter by his first wife, who predeceased him a few years ago. Only five weeks before his death he had married Miss Babs Luke, the elder daughter of the late Mr. James Luke, a well-known Inverness surgeon. Dr. Slessor's son is a member of the medical profession, and is at present a surgical registrar in Aberdeen Royal Infirmary.

## Universities and Colleges

### UNIVERSITY OF ABERDEEN

The University Court has appointed James Norman Davidson, M.D.Ed., to the Lectureship in Biochemistry.

### UNIVERSITY OF GLASGOW

Dr. James Macalister Mackintosh, chief medical officer to the Department of Health for Scotland, has been appointed to the Chair of Public Health at the University of Glasgow.

## The Services

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL ARMY MEDICAL CORPS

The name of Captain NIEL SURGEY ROBINSON, R.A.M.C., is included in an Army Council list of casualties published on July 29 as "Missing, Believed Killed." He was educated at the University of Birmingham, where he graduated M.B., Ch.B. in 1925. After holding the posts of casualty house-surgeon, house-physician, and gynaecological and obstetric house-surgeon at the Birmingham General Hospital he settled in practice at Langley Green, near Birmingham. For a time he was honorary consulting anaesthetist to the Nuneaton General Hospital. At the outbreak of the present war he was holding a commission as lieutenant in the R.A.M.C., T.A., attached to the 8th Battalion of the Warwickshire Regiment, and was immediately called up for service.

Captain JOHN WALTER SMITH, R.A.M.C., has died from war operations. He was the elder son of Dr. F. W. W. Smith, and qualified M.R.C.S., L.R.C.P. in 1938.

#### Missing

Major Christopher Rowland Alderson, M.C., R.A.M.C.

#### Prisoners of War

Lieutenant George Frederick Arthur Caldwell, R.A.M.C.  
Lieutenant Deryk Taverner, R.A.M.C.

#### ROYAL AIR FORCE MEDICAL SERVICE

Flight Lieut. ROBERT STEVENSON CROMIE, R.A.F.M.S., has been killed by enemy action. He graduated M.B., B.Ch., B.A.O. at Queen's University, Belfast, in 1931, proceeding M.D. in 1937. He also took the M.M.S.A. in 1938. After holding house appointments at the Ulster Hospital and the Maternity Hospital, Belfast, he settled in practice at Coulsdon. He was an honorary medical officer of the British Red Cross Society, and at the outbreak of war was a flying officer in the Auxiliary Air Force.

### DEATHS IN THE SERVICES

Surgeon Captain ROBERT FORBES BOWIE, C.B., R.N. (ret.), died at Anerley on August 10, aged 79. He was born on September 20, 1860, was educated at University College Hospital, and took the M.R.C.S., L.R.C.P. in 1885. Entering the Royal Navy soon afterwards, he became fleet surgeon on February 16, 1901, and surgeon captain on May 7, 1905. While serving as staff surgeon in H.M.S. *Tauranga* he landed with a naval party in Samoa in 1899 and was mentioned in dispatches. He subsequently landed with a naval brigade during the South African War, receiving the Queen's medal. He served in the war of 1914-18 and was present at the Battle of Jutland, when he was mentioned in dispatches and received the C.B.

J. Champeix (*Thèse de Paris*, 1940, No. 340) records three cases of Korsakoff's syndrome in women aged 40, 41, and 53, the subjects of chronic alcoholism, who all showed considerable improvement as the result of subcutaneous injection daily of 10 mg. of vitamin B<sub>1</sub> in the form of tablets and 1 gramme of hepatic extract. In two cases walking became possible in spite of considerable amyotrophy, and in all three cases the sensory troubles disappeared although the tendon reflexes were still lost. The mental condition was but little affected by subcutaneous injection, but was slightly improved by intrathecal injection of vitamin B<sub>1</sub>.