

On a superficial glance the health of the shelterers appeared good. In one or two of the shelters coughing was mentioned as troublesome. But even in the largest shelter visited the average attendance at the clinic was not more than fifteen or twenty. Doctors and nurses go round the shelters at least once a night, sometimes twice, and the police and shelter marshals are always observant. The first-aid posts at the Tube stations, generally in the passage-ways, sometimes on the platform itself, are now in evidence as the hour for sheltering begins.

A problem which is exercising the minds of medical officers of health and marshals is the state of the bedding. Some of it is left in the shelters all day; one shelter has a baggage room fitted up with a large airing cupboard, but in other cases the bedding is piled on seats or bunks so that the floor may be free for cleaning. In many instances it is rolled into a bundle in the morning and left until night. The question of lavatory accommodation, particularly in underground shelters, is of course most difficult, but in many of the shelters visited the best possible arrangements in the circumstances had been made, and the Tube authorities are co-operating to improve the situation further. Some authorities have already installed chemical sanitation, and others are doing so. There is urgent need of facilities for washing and bathing, either near to the people's workplaces, to which they go direct from the shelter, or near to the shelter itself.

The proportion of children in the shelters varies with the locality. In the eastern part of the central area children were fewer than in the western. But almost everywhere the appearance of the children, with their pale faces, heavy eyes, and obvious excitability and nervousness, pointed the case for the compulsory evacuation of children from London. The general demeanour of the adult shelterers is one of quiet cheerfulness. Some even find compensations in their condition. One case was mentioned of a woman who had suffered from spinal trouble for years and had had to wear a steel support; she claimed that she had been cured as a result of having to sleep on the hard wooden seats provided in the shelter!

The investigator gratefully appreciates the co-operation shown by medical officers of health and their departments, and the courtesy and interest of the marshals, wardens, and others interviewed.

Local News

AUSTRALIA

[FROM OUR CORRESPONDENT]

The Supply of Practitioners in Australia

Sir James Barrett, a former Chancellor of the University of Melbourne, and President of the British Medical Association when it met in Australia in 1935, has contributed an interesting article to the *Australian Quarterly* on the supply of medical practitioners in Australia and the refugee problem. Melbourne, the first of the Australian medical schools to be established (1863), instituted a five-year curriculum, half the time being devoted to biology and the basic sciences and half to clinical work. No such course existed in England until thirty years later. Since then the curriculum at Melbourne and at the other three schools has been lengthened to six years, but the "half-time" division remains, and to this arrangement Sir James Barrett attributes the great record of the Australian medical profession. Queensland has now gone further and made it compulsory for a graduate to do one year's work in an approved hospital as a resident medical officer before he can pass into practice. The number of practitioners varies from 1 in 1,200 of the population in Victoria to 1 in 1,700 in Tasmania. While the cities are well provided, there is an

acute shortage in many country districts. In New South Wales the complaints of country dwellers became so vigorous that an Act was passed giving authority to register approved alien doctors for certain country regions provided that if they left the districts they were removed from the *Register*. The Government proposes to pay a subsidy to fifteen areas in New South Wales affording a guarantee of £1,000 a year for practitioners who undertake this work, and it is understood that if suitable Australian graduates are available they will be appointed. Queensland is considering similar steps.

The Refugee Problem

A certain small number of practitioners exiled from Germany have entered Australia, as other parts of the British Empire, but they are not generally entitled to registration. The only country outside the Empire with which Australia has had reciprocity is Italy. The Universities of Sydney, Adelaide, and Queensland admit approved alien graduates to their examinations at the end of the third year, after which they may take a three-year course of study and examination and then receive a certificate entitling them to registration. Melbourne, however, only releases them from one year's study, and requires a five-year course, which is tantamount to total rejection. "Some of us hope," says Sir James Barrett, "that Melbourne will fall into line with other universities." He considers it unlikely that alien graduates will take up practice in Australia in large numbers; many of them are specialists, and nearly all have been city people in their country of origin, while what is wanted in Australia is a sound general practitioner with good surgical knowledge. No matter what regulations for admission to practice may be made in the States, the real control over alien immigration is in the hands of the Commonwealth Government. Once aliens are admitted, the right to practise, if they happen to be medical practitioners, is decided by the various State Governments, and the policy varies widely from State to State. In New South Wales practitioners must have done a five-year course in some country with which reciprocity exists—that is, the British Dominions (except Canada, with which reciprocity was terminated some years ago) and Italy. Other alien practitioners may be requested, as already mentioned, to do the last three-year course of the University of Sydney. In Victoria, Italian medical practitioners can be (or could be) admitted to registration, but other alien practitioners undergo five years' training at the University of Melbourne. In other States the registrable conditions vary.

The Department of the Interior states that during the eighteen months ending December 31, 1939, authority was given for the admission of ninety-one alien doctors or dentists into Australia. Of this number sixty-one were Germans or Czechs and six were Italians. It is the rule, before authorizing any such admission, to warn the applicant that he may not be able to practise in Australia, and in many cases the applicants have stated that it was their intention to engage in other work, such as that of a manufacturing chemist or a farmer. But the shortage of practitioners in the country areas of Australia continues. It may be remedied by State subsidy or by the employment of aliens. It may also solve itself, but this is considered unlikely, for practitioners are not easily attracted to these regions, and meanwhile the country population, while not increasing in the same ratio as that of the cities, is not declining.

R. B. Frank (*Thèse de Paris*, 1940, No. 258), who records fourteen cases in patients aged from 34 to 56, states that haemorrhage from varicose veins in the oesophagus is a very rare form of haematemesis and an unusual occurrence in cirrhosis, but is perhaps less uncommon than is usually supposed. The cause of the venous dilatation is undoubtedly hypertension in the portal vein accompanied by endophlebitis. In half the cases the haemorrhage is very profuse, takes place at short intervals, and may be fatal. In the other half it is slighter and shows more or less prolonged remissions. It may occur in hypertrophic or atrophic cirrhosis, but as a rule it is found in latent forms without ascites. The prognosis is grave and treatment is disappointing.

necessity for safeguarding the health needs of the whole community and the importance of maintaining an equitable balance between the many demands on the medical personnel available.

Private Houses as Hospitals

Replying to Miss Cazalet on November 26, Mr. MACDONALD announced that under the Emergency Hospital Scheme arrangements were being made by the War Organization of the British Red Cross Society and Order of St. John of Jerusalem to open approximately 200 private houses as auxiliary hospitals. So far only seventy of these were ready to receive patients, approximately 50% of the beds being occupied. He added that a considerable reserve of empty beds must be kept for casualties and sick during the winter months. In addition, 150 houses were being adapted and equipped as annexes to existing hospitals. These annexes were brought into use as part of the parent hospital as soon as they were open. The majority of the 350 houses were in reception areas.

Tetanus Inoculation in B.E.F.

On November 26 Mr. EDEN, replying to Mr. Leach, said he was not prepared to state the number of men in the British Expeditionary Force who were wounded, and he was unable to say how many of them had been previously inoculated with anti-tetanus toxoid or received prophylactic doses of tetanus antitoxin. There were eight cases of tetanus. Three of these had received prophylactic tetanus antitoxin, but none had been previously immunized with tetanus toxoid.

American Doctors in the United Kingdom

Sir THOMAS MOORE asked on November 27 why American doctors graduating in the United Kingdom were not allowed to work there instead of priority arrangements being made for their return to the United States. Mr. PEAKE said it would not be in the interests of the British medical profession that all persons who came to the United Kingdom for a course of study or to obtain a British medical qualification should be free to establish themselves here as medical practitioners. The practice had been to admit such visitors on the understanding that they would leave when they had completed their course of study. It had recently been decided that, in existing circumstances, Americans and nationals of other friendly countries who had obtained a British degree might remain here temporarily and be allowed to take appointments such as those of house-surgeon or physician in a hospital, or the position of assistant or locum tenens to a British medical practitioner. Mr. DAVIDSON suggested the setting up of a separate wartime register in order to utilize fully the services of these doctors. Mr. PEAKE said the proposal would have to be carefully considered.

Sir FRANCIS FREMANTLE remarked that American doctors had varied qualifications, many of which were unsuitable. Others were very good and ought to be used. There should, he thought, be some distinction.

Departmental Responsibility for Shelters

Mr. HERBERT MORRISON stated on November 28 that the Ministry of Home Security was the central Department primarily responsible for shelter policy, but the Ministry of Health undertook responsibility for matters relating specifically to public health. Under this arrangement the Ministry of Health was the executive authority for the appointment of doctors and nurses to attend persons in shelters, medical inspection, and measures to prevent the spread of disease. The Ministry of Home Security was the executive authority for matters arising out of the design and construction of shelters and their fittings. He added that in matters affecting public health, whether directly or indirectly, close liaison was maintained between the two Departments. Circulars or general statements on these matters were not issued by one Department without prior consultation with the other.

Executive Officers of E.M.S. Hospitals.—Mr. MACDONALD on November 21 told Mr. Groves that he had seen it stated in the medical press that doctors attached to Emergency Medical Service hospitals complained there were often four largely independent executive officers in different towns in respect of a single hospital. He said these officers were not independent of one another, and their respective functions had been defined. There was no reason

why delay or difficulty should occur if the instructions were properly observed. The arrangements were kept constantly under review by his officers.

Purchase Tax on Drugs.—On November 26 Sir KINGSLEY WOOD informed Mr. Naylor that halibut-liver oil was not chargeable with purchase tax. Olive oil was liable to tax if put up for medicinal, veterinary, or toilet use, and liquid paraffin was also liable to tax. The only exception from the statutory heading was in respect of "essential drugs of an exceptionally costly character," and it was not considered that either of the substances mentioned came within this category.

Supply of Glycerin.—The glycerin position is being carefully watched by the Ministry of Supply, and steps have been taken to conserve supplies. An investigation of the uses to which glycerin is put has been made. A generous quota has been allotted for medicinal uses, the total amount allowed being approximately two-thirds of the pre-war consumption.

Diphtheria Immunization in Lincolnshire.—Immunization against diphtheria by local authorities was first introduced into the county of Holland, Lincolnshire, in 1933. The total number of children immunized during the years 1933 to 1939 inclusive was 12,628, giving an average yearly figure of 1,804, but 8,962 out of the total of 12,628 were immunized in 1939. It is estimated that about 60% of the present child population of the county of and below school age are immunized.

Notes in Brief

Mr. Herbert Morrison said on November 7 that after consultation with Mr. Malcolm MacDonald he was satisfied the appointment of a Health Commissioner for London was not necessary. The problem could best be handled by the existing organization, both central and local.

No interdepartmental committee has been set up to consider problems of rehabilitation of war-disabled persons, but officers of the Ministry of Health examined with those of other Departments certain aspects of these problems. Mr. MacDonald hopes to receive their proposals shortly.

Mr. MacDonald has approved the establishment by local authorities of twenty-two day nurseries for children whose mothers are munition workers. The estimated cost of a day nursery is 3s. per attendance; of this, 1s. is being met from taxes, and usually the parents are asked to pay 1s., the balance being met from the rates.

The attention of officers recruiting for the Royal Air Force was recently drawn to an instruction that inoculation and vaccination can only be done by consent, and that recruits must not be rejected if they refuse.

At all hospitals in the Emergency Hospital Scheme, whether special neurosis centres or not, civilian psychiatrists are available for consultant advice as regards Service or other patients.

Lord Woolton is advised that cream is not a necessary item in the diet of any invalid.

The Services

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

Surgeon Lieut. JAMES GILBERTSON, R.N.V.R., who was killed in action in November, was the eldest son of Dr. A. J. Gilbertson of Sunderland, and graduated M.B., B.S. of the University of Durham in 1938.

ROYAL ARMY MEDICAL CORPS

Captain WILLIAM THOMAS MALCOLM MOAR, R.A.M.C., died on active service in November. He qualified M.R.C.S., L.R.C.P. in 1935 and entered the R.A.M.C. as lieutenant in 1936, becoming captain in 1937. He had been a member of the British Medical Association since 1936.

Prisoners of War

Major Edward Robert Charles Walker.
Acting Major Claude Wilfred Alfred Kimbell.
Captain (War Substantive) Norman Duncan Allan.
Captain (War Substantive) Scott Gladstone Cowper.
Lieut. Bernard John Harries.
Lieut. Roderick Mackay.
Lieut. Alexander Macnab.
Lieut. Robert Dugald Monteith.
Lieut. John Henry Mulligan.