Local News

NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

Nationalization of the Medical Profession

During September, at the request of the Minister of Health, there were interviews and communications between the Minister and the N.Z. Branch of the British Medical Association on the question of general practitioner service under the Social Security Act. These discussions were fully reported to Divisions. In response to a verbal request of the Minister, the Branch undertook deliberations in its Divisions regarding modification of its "Plan," as conditions have so greatly changed since that was prepared in 1937. This was done in an attempt to find an alternative to the Government's scheme as laid down in the Act. The questions referred to Divisions were whether it would be possible to undertake treatment of those whose circumstances precluded payment for themselves, and whether treatment might be undertaken for others under the well-known safeguard of the patient's being responsible for part of the fees. At the same time the question was put to the Minister of Health whether the Government would accept a system of payment for services rendered involving part of the fees being borne by the patient, necessitous cases being excepted.

Meetings of the National Health Insurance Committee and of the Council were held in October to deal with the Minister's reply and reports from Divisions. The reply of the Minister left no doubt in the mind of the committee that the suggestion, if it could be made in present circumstances, would not be entertained by the Government. This confirms what Ministers have expressed previously more than once—namely, that the Government would not be satisfied with any system limited to providing for poorer people only, and would not consider a scheme whereby any payment was interposed between patient and doctor. The committee discussed whether anything else could be attempted to meet the situation, and was forced to the conclusion that the only alternative to free universal general practitioner service which would have any prospect of acceptance by the Government would be one based on a high income limit. The committee concluded that the laying down of a new system now along these or any other lines, to continue after the war, was not only impracticable but would be rank disloyalty to the members of the profession engaged in military service. The following resolutions were therefore passed with a full sense of responsibility, and were adopted by Council at its subsequent meeting:

"1. That in view of the disclosure of the mind of the Government as contained in the communication from the Minister of Health of October 3, 1940, this Branch of the Association is unable at present to submit a scheme for the institution of General Practitioner Service under the Social Security Act which will satisfy the expressed requirements of the Government, and at the same time be practicable for the medical profession to undertake in existing abnormal circumstances.

2. That, therefore, this Branch must urge that further negotiations with the Government on this question be deferred until the conclusion of the war and demobilization.

3. That, as representing 95% of the medical profession of this country, this Branch protests against adding the difficulties of peacetime medical reorganization to those of a war for survival.

4. That the Council be asked to recommend every member of the Branch to offer himself immediately to the National Medical Committee for military service in whatever capacity he may be suitable, having regard to the needs of civilian practice.

5. That a copy of these resolutions be sent to the Minister of Health."

Reports of Societies

NUTRITIONAL PROBLEMS OF WAR AND PEACE

A lecture on some nutritional problems of war and peace was delivered before the Pharmaceutical Society on December 11 by Mr. A. L. BACHARACH, F.I.C.

After surveying the different groups of "nutrients"—to use Sir John Boyd Orr's convenient word—Mr. Bacharach set out the daily requirements of an average man weighing 140 pounds. This he did in two columns, one showing marginal requirements—meaning amounts below which it was unsafe to go for any long period because some sign of deficiency disease would manifest itself—and the other showing optimal requirements—meaning amounts above which no increase would have any effect. Marginal fat requirements per day were: animal fat, 30 grammes, vegetable fat, 20 grammes; protein requirements were the same figures, leaving carbohydrates to supply 2,235 calories necessary to bring up the total calories to 3,500. For optimal requirements animal fat was 100 grammes; vegetable fat, 20 grammes; animal protein, 50 grammes; and vegetable protein, 50 grammes, reducing the balance of carbohydrate intake to 1,990 calories. When it came to the chemical elements there were certain gaps in our knowledge. Phosphorus, chlorine, and iron were known to be essential, and there was good reason for believing that copper also was necessary, but there was no quantitative information. It was fairly certain that 10 mg. of iron was the marginal and 20 mg. the optimal daily requirement. About magnesium there was little information. Calcium was known to be essential, but not its quantities, and it was difficult to get precise particulars of potassium and sodium. Chlorine also was essential, but the smallest amount on which the human being could manage was not known. There was reasonable knowledge of the daily requirements of vitamins A, B_1, and C, and some idea of the requirements of riboflavin, nicotinic acid, and perhaps vitamin B_6. On the other hand, there was very little knowledge about vitamin D requirements.

Chemical Composition of Foods

The lecturer commended the invaluable collection of food analyses by McCance and Widdowson recently published by the Medical Research Council under the title *Chemical Composition of Foods*. Even these tables were not complete, for in the matter of trace metals it was not possible for these workers to give analyses that included cobalt, manganese, and zinc, the necessity for which had only become apparent during the last two years. The amount of vitamin in a particular food varied according to the batch, the season, the soil, and the country. With such a food as the apple, again, it was difficult to assess the vitamin value; there was a very small amount of vitamin C in some eating apples, and in some cooking apples an enormous amount. Again, in milk the whole of the vitamin A requirement might be contained in two pints, but if it was very poor winter milk the optimal requirement might call for two gallons. These were illustrations of the difficulty of translating into dietary practice the vast amount of information which in their optimistic moments food experts were inclined to describe as "knowledge" about nutrient analyses.

After showing a table in which he had summarized the information regarding the nutrients of some common foods, he pointed out the impossibility of formulating any kind of adequate diet unless it was based on one pint of milk per day. Try as one might to put together a diet which would be palatable on the basis of a smaller quantity of milk, one would fail. Milk was an excellent source of first-class animal protein and of calcium and phosphorus, and in summer a good source of vitamin A. It was also one of the best sources of riboflavin and nicotinic acid.

Margarine and Bread

Speaking of vitaminized margarine, Mr. Bacharach said that as a source of calories it was not possible to discover any

The Cassel Hospital

SIR,—May I bring to your attention the fact that the Cassel Hospital has just completed a wartime move from Swaylands, Penshurst, Kent. This move has been a difficult task at the present time, but it has been carried out with no break in the continuity of treatment, as patients and staff were conveyed to their new home in one day. The situation of the hospital in Kent had for some time been an unfortunate one. After the loss of the Channel ports the invasion threats seemed very much on the doorstep, and the intensive bombing attacks on London and the South-East which developed later in the summer made matters more difficult. Everyone who listens to the B.B.C. bulletins is aware that Kent has received its full share of enemy attention. The effect of all these threats, both real and potential, upon the patients in the hospital was less than might have been expected. In the last annual report it was noted that the outbreak of war had produced very little overt disturbance upon neurotic and anxiety-ridden patients. This report was written before air raids had begun in England, but the later impression was substantially the same. Most neurotic patients stood the strain of bombardment well. It must be stressed, of course, that one is speaking of patients whose illnesses were not caused by such traumata in the first place. The atmosphere was not, however, a satisfactory one in which to carry out an intensive psychotherapeutic attack on neurotic symptoms, and the difficulty was increased by the anxiety felt by relatives and friends on behalf of the patients in Kent. Eventually it became evident that the hospital, which normally draws patients from all parts of the British Isles, was no longer fulfilling its proper function, in view of its geographical position, and the decision to evacuate was therefore reached.

It will fortunately be possible for the hospital to continue its work in a more central position and in a quieter atmosphere, in a converted country mansion which stands nearly 800 feet above see-level in its own grounds. Minor alterations have made possible the establishment of complete facilities for the treatment of patients, and the methods and scope of treatment will remain the same as at Swaylands.—I am, etc.,

E. FARQUHAR BUZZARD,
Chairman of the Medical Committee,
Cassel Hospital.

Oxford, Dec. 14.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

FINAL M.B.—*Part I (Surgery, Midwifery, and Gynaecology):* P. H. Abbott, P. S. Barclay, R. F. Bates, R. I. S. Bayliss, S. L. Binderman, M. Q. Birkbeck, W. W. Brigden, W. R. Burkitt, D. Caddy, D. S. Cadman, W. E. Church, E. D. H. Cowen, D. Currie, R. Daley, J. O. W. Dick, J. P. Donnell, W. M. M. Douglass, J. R. Ellis, A. G. Farr, J. Foley, G. C. Franklin, R. B. Franks, N. Gillman, S. C. Gold, E. C. E. Golden, P. A. S. Hargrove, B. M. Heap, F. H. Howarth, A. D. Husband, G. T. James, M. D. King, A. B. Kinnier Wilson, E. F. Laidlaw, S. E. Large, A. G. Leishman, L. A. Little, J. F. Lucey, G. M. Lunn, F. N. Macnamara, O. D. Macnamara, W. D. Mail, A. E. de la T. Mallett, D. E. Marmion, R. Martlew, J. G. Mathewson, S. L. Melville, D. T. Milnes, J. N. Milnes, G. A. Mott, H. H. Nixon, J. F. North, M. S. M. Palmer, G. H. Parkinson, J. Perrin, M. T. Pheils, G. F. Purves, E. S. Reed, W. J. B. Rogers, K. B. Rooke, C. S. Savage, F. E. T. Scott, R. D. Scott, W. M. Scott, C. G. R. Sell, A. W. Simmins, J. A. Smith, J. M. Stansfeld, G. O. Storey, W. H. Tattersall, J. G. Thurston, A. J. H. Tomlinson, A. B. Unwin, I. G. Wickes, A. H. Widdup, J. J. Wild, J. O. D. Williams, W. B. Young. *Women:* A. E. Burns, E. H. M. Gillieson, J. I. Hallinan, J. W. Shrimpton.

UNIVERSITY OF ABERDEEN

At a graduation ceremony on December 17 the following medical degrees were conferred:

M.D.—A. R. R. Cumming (*in absentia*) (awarded commendation for thesis).

M.B., CH.B.—J. C. Bowie, T. B. Davidson, D. A. Grant, E. S. Gray, E. G. Hendry, P. M. Jackson, Menna O. C. Jones, A. W. McBain, N. Menzies, W. Slater, W. Stewart, P. Tytler, M. G. Valentine.

QUEEN'S UNIVERSITY, BELFAST

The following candidates have been approved at the examination indicated:

FINAL M.B.—H. K. Armstrong, J. N. Blair, V. A. Brady, W. J. J. Breakey, T. N. N. Brennan, W. A. Brennen, R. G. Brennen, D. L. W. Chapman, J. McM. Cole, A. B. Colohan, J. Dougall, J. D. Emerson, D. H. Flack, H. MacI. Given, R. J. McC. Jamieson, T. Kerrigan, Elizabeth C. Kirkpatrick, R. McF. Kirkpatrick, Kathleen A. McCaughey, D. McCaw, S. B. Mathews, Elizabeth M. Mills, J. E. Moffett, J. D. R. Shaw, W. D. Smith, E. C. Torrie, Helen P. Uprichard, R. C. Wilson.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examinations indicated:

M.B., B.CH., B.A.O.—*R. F. O'Driscoll, *R. B. O'Neill, *W. Cahill, †M. D. J. T. O'Riordan, †Maire Henley, †L. N. O'M. O'Ceallaigh, Margaret M. Coakley, J. C. Delap, W. F. O'M. Doherty, D. A. Heffernan, J. Hutch, T. F. Leonard, M. J. McSwiney, E. Murphy, D. O'Driscoll, J. Sheehan, R. J. Sheehan, H. B. Willington. *Exempt in Mental Diseases:* J. A. Desmond, M. C. Duggan.

D.P.H.—T. Creedon (with first-class honours in Part II and second-class honours in Part I), Mary Corbett, D. F. Murphy, C. P. O'Connell. *Part I:* J. P. Nolan.

D.P.M.—T. G. A. Carroll.

* With first-class honours. † With second-class honours.

The Services

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Wounded

Major David Low Greig.
Lieut. Michael James Cooke.
Lieut. Hugh Grant Gibson.
Lieut. Aubrey Smiter.

Prisoners of War

Lieut. David Alexander Draffin.
Lieut. Ralph Waldo Gunderson.
Lieut. John Joseph McPartland.
Lieut. Samuel Thomas Williamson.

DEATHS IN THE SERVICES

Lieut.-Colonel WILLIAM ALLASON SIMMONDS, I.M.S. (ret.), died at Sidcup on December 12, aged 90. He was born on September 10, 1850, the son of Mr. John Simmonds of Strood, Kent, received his medical education at Guy's Hospital, and took the M.R.C.S., L.R.C.P., and the L.S.A. in 1874. Entering the I.M.S. as surgeon in 1875, he became lieutenant-colonel after twenty years' service, and retired in 1901. His whole service was spent in military employ, and he had a long list of war service: Afghanistan, 1878–80, action at Charasia, occupation of Kabul, operations at and around Kabul (medal with two clasps); Burma, 1885–6, occupation of Mandalay, operations around Shwebo (medal with clasp); North-West Frontier of India, 1892; Chitral, 1895, relief of Chitral, mentioned in dispatches in 1895 (medal with clasp); Tochi, 1897–8, mentioned in dispatches, 1897 (clasp); and Tirah, 1897–8, operations in Bazar Valley (clasp). He received a good service pension in 1923.

Lieut.-Colonel WILLIAM TURNER, C.M.G., R.A.M.C. (ret.), died at Camberley on November 25, aged 81. He was born at Newhouse on February 25, 1859, and was educated in Edinburgh, where he took the L.R.C.P. & S.Ed. in 1882. After acting as demonstrator of anatomy and as house-surgeon in the Royal Infirmary, Edinburgh, he entered the Army as surgeon in 1885, became lieutenant-colonel after twenty years' service, and retired in February, 1914, on attaining the age of 55, but rejoined in August, 1914. He served in the Sudan campaign of 1885, at Suakin (medal and clasp and Khedive's bronze star); on the North-West Frontier of India in 1892; and in the South African War in 1900–2, when he took part in operations in the Transvaal and in the Orange River Colony (Queen's medal with three clasps and King's medal with two clasps). In the war of 1914–18 he served first as A.D.M.S. of the Welsh Division, Territorial Force, and afterwards at Aldershot. He received the C.M.G. in 1917.