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## AWARDS FOR GALLANTRY IN CIVIL DEFENCE

The award of the George Medal to Dr. Hannah Billig, Stepney, to Dr. Bernard Doyle, and to Mr. S. Woolfson, District A.R.P. Warden, Stepney, and to Dr. Allison Jean McNairn, assistant medical officer, City General Hospital, Plymouth, is announced in a *Supplement* to the *London Gazette* dated June 27. The announcements read as follows:

Dr. BILLIG: "During an air raid Dr. Billig, although herself injured, left shelter to attend to casualties in the street. Bombs dropped within twenty yards of her, but for four hours she continued to give treatment to the injured. She showed great bravery and attention to duty, regardless of her personal safety and injuries."

Dr. DOYLE and Mr. WOOLFSON: "During a severe air raid a large building was hit and caught fire. Dr. Doyle and District Warden Woolfson entered that part of the building which was alight and wrecked and found two men trapped. Two high-explosive bombs which rocked the blazing building dropped within twenty yards of the rescuers, but they continued their rescue work and both victims were removed to safety. More high-explosive bombs fell nearby and two men of the rescue party were buried. One of these men was quickly removed, but the other was pinned down by half a ton of masonry. Dr. Doyle was again called to give treatment, and whilst so doing more bombs were dropped, but in spite of this Dr. Doyle stayed with the casualty until he was removed to hospital. Woolfson remained at the scene of the incident the whole of the time aiding the rescue work, and did not leave until all casualties had been removed from the building. Both men showed great courage in very dangerous circumstances."

Dr. MCNAIRN: "When the hospital was hit Dr. McNairn was buried to the neck in debris. She was extricated, and despite shock and injuries, assisted in the rescue work and gave medical assistance to injured patients and air-raid casualties admitted to the hospital. She would not have treatment for her own injuries until all other cases were being cared for, but despite severe pain continued to give aid."

## NATIONAL BABY WEEK

The twenty-fifth National Baby Week opened on Tuesday, July 1, and messages of encouragement have been received by the National Baby Welfare Council from its Patron, Queen Mary, from the Minister of Health, and from Sir Wilson Jameson, Chief Medical Officer to the Ministry of Health. The function of the Council (whose offices are at 29, Gordon Square, W.C.1) is to educate public opinion on matters connected with the welfare of mothers, babies, and little children. Queen Mary writes: "I am sorry that the jubilee celebration of the twenty-fifth National Baby Week should have fallen in time of war. Nevertheless I am glad to have this opportunity of paying a warm tribute to what has been achieved by the National Baby Welfare Council during the past 25 years. I know that the Council are now doing their utmost in helping to solve the many new and urgent problems in the care and well-being of mothers and small children arising out of the difficulties and tragedies of wartime conditions. To one and all who are striving in this vital cause I send my congratulations upon this jubilee anniversary and my best wishes for continued success in the years to come." The July, 1941, issue of *Mother and Child*, official organ of the National Council for Maternity and Child Welfare (Aldwych House, Aldwych, W.C.2), is a special Baby Week Number. It includes a commemorative editorial by Dr. Eric Pritchard, chairman of the executive committee 1917-39 (who also writes on milk dilutions and deficiency symptoms), a paper by Dr. Leslie Housden on the relation of mothercraft teaching to family allowances, and a record of progress in the campaign for immunization of children against diphtheria.

There will be no more "white bread" available in the Union of South Africa for a long time. The Union has had to import so-called "hard wheat" from Canada to make up for the deficiency in the grade of home-produced wheat for bread-making, and the wheat cannot now be imported owing to the requirements of shipping for war purposes. The Government has therefore decided to introduce a standard loaf in which only whole wheat is used. Dietitians maintain that this bread is more nutritious than white bread or the brown variety made of unsifted flour.

## Local News

## ENGLAND AND WALES

## Epsom College

The President, Lord Leverhulme, took the chair at the eighty-eighth annual general meeting of Epsom College, held on June 20, at 49, Bedford Square, London, W.C. In moving the adoption of the Council's report he congratulated the headmaster and his staff, the secretary and bursar and those associated with him, on the way in which the work of the school and the Foundation had been maintained. He pointed out that some public schools had necessarily had to be evacuated to quieter parts of the country, and thought that the present generation of Epsomians in passing through the school would count themselves fortunate in future years that their public-school lives were passed amid surroundings familiar to all old Epsomians. The President expressed the Governors' deep gratitude to Dr. John Fawcett for his services during the past six years as treasurer. In proposing as his successor Surgeon Vice-Admiral Sir Reginald Bond, he said that it was fitting that the College should have a distinguished member of the Senior Service in this office now. The Governors unanimously adopted the Council's Report and received the announcement of foundation scholarships and pensions awarded by the conjoint committee which met in May last.

## IRELAND

## Medical Research Council of Ireland

The Medical Research Council of Ireland, of which Prof. R. P. Farnan is chairman and Prof. J. W. Bigger honorary secretary, states in its fourth annual report that during 1940 the policy was followed of continuing as far as seemed wise and feasible the support of workers already appointed, and not many fresh appointments were made. Such a policy, of course, risks discouraging research workers who might under favourable conditions be assisted and developed, but as experience in research is gained only slowly and with difficulty it is considered that it would be unwise to sacrifice what has already been achieved. The necessity for encouraging research workers is emphasized. In a country like Ireland the reputation of the medical profession outside its boundaries depends very largely on the research work done by its members, and the value of an improved reputation of the Irish medical profession alike to the progress of the State and to the Irish doctors who have to seek work abroad is self-evident. The hope is expressed that when the Council again approaches the Minister for Local Government and Public Health (as it did in 1938) it will be found that the Government and the community realize the importance and worth of its activities, and that it will be possible for the Minister to place an adequate capital sum at its disposal, or at least a larger income and for a longer term of years than the £5,000 a year for five years which is at present granted. New grants were made during 1940 to three whole-time and two part-time workers, as well as five grants-in-aid, and grants were renewed to five whole-time and four part-time workers. Special attention is drawn to the work done by one grantee, Dr. R. A. Q. O'Meara, on diphtheria antitoxin. This work was initiated on account of the high death rate from diphtheria in Dublin. From Dr. O'Meara's work it was concluded that diphtheria toxin has two components, which he has named substances A and B, and that the type of toxin responsible for hypertoxic diphtheria is that in which a high proportion of substance B relative to substance A is found. During 1940 a limited amount of antitoxin rich in antibody to substance B became available for clinical trial at Cork Street Fever Hospital, Dublin, and of sixteen cases of infection with the *gravis* type of organism so treated, the cases being chosen because of their extreme severity, only one died. The dose of this antitoxin found to be effective clinically is only from one-third to one-eighth that of a commercial antitoxin.

## Belfast Tuberculosis Scheme

It was announced on June 16 by the Ministry of Home Affairs for Northern Ireland that the Belfast City Council had been relieved of its powers under the Tuberculosis Pre-



vention (Ireland) Act, 1908; that its Tuberculosis Committee had been dissolved; and that two commissioners had been appointed to take control. These steps followed an inquiry by Mr. J. Dunlop and Dr. E. Armstrong into the administration of Whiteabbey Sanatorium and Graymount School. The Ministry found that the medical superintendent officer of health, Dr. C. S. Thomson, was deserving of censure; that the city treasurer, the steward clerk, and Sister S. J. W. Houston were deserving of severe censure; that Dr. P. S. Walker, the medical superintendent, and Miss J. M. Lamb, the matron, should be retired from their respective offices; and that the official stocktakers should not be re-employed. As a result of the action of the Ministry in dissolving the Tuberculosis Committee of the City Council, the Belfast Corporation on June 20 appointed six members to investigate the various municipal departments, and the Lord Mayor announced that Dr. Walker, whose retirement had been ordered by the Ministry, had resigned his post owing to ill-health.

## Correspondence

### Crush Injuries

SIR,—In the article on "Crush Injury with Impairment of Renal Function" (March 22, p. 427), Dr. D. Beall and I stated that we had been unable to find any account of similar cases in the literature. This surprised us, since such injuries are not uncommon in any war conducted along modern lines; in certain civil occupations (e.g. mining) similar damage seems also possible. We have since discovered references to it by a more thorough search of the German literature.

The first description is that of Colmers (1909), who described among 83 casualties from the Messina earthquake 19 suffering from "acute pressure necrosis." Unfortunately, the German expedition arrived on the scene fourteen days after the accident, when all the acute cases had died, and in only one case is there a history of bloody urine and oliguria.

Then, in 1916, Frankenthal described three soldiers who had been buried and showed oedema, bloody urine, and, post mortem, ischaemic muscle necrosis. Little attention was paid, however, to the kidneys. Other pathologists then described similar material,\* many in journals now inaccessible or in "inaugural dissertations." Among these, Hackradt (1917) from Borst's laboratory described tissue from a nine-hour burial with oedema of the leg, and blisters, and bloody urine containing albumin and casts, the patient dying on the fifth day. Necropsy showed muscle necrosis and tubular degeneration in the kidneys with blood casts. Bredauer later (1920), from the same laboratory, described three further cases.

It was left to Minami in 1923 to summarize the chaotic literature and to investigate more completely material from three cases that had been already briefly described by Lewin (1919) from Pick's laboratory. His description,<sup>1</sup> though incomplete, tallies exactly with our own—e.g., Case II, buried by a grenade explosion for an unknown time, on the second day showed a painful swelling of the left thigh; on the fourth day scanty bloody urine and tenderness in the kidney region; on the fifth day 200 c.cm. of urine only, less pigmented, was found; and on the sixth day, when death occurred, the urine was still scanty (but now yellow) and contained red cells and hyaline casts. Necropsy showed grey muscle necrosis and oedema of the lungs. The kidney showed normal glomeruli, degeneration of the convoluted tubules, and pigmented masses and ribbons in the collecting tubules and in Henle's loops. Minami also pointed to the analogy with paralytic myohaemoglobinuria of horses, intending, if he could obtain fresh material, to identify the pigment spectroscopically.

By the end of the last war the syndrome was well recognized by Germans, and included in the textbooks of war surgery; in Great Britain, however, it appears to have been both unrecognized and undescribed; nor have I discovered any reference to the German findings. In six of the standard textbooks on war surgery published here and in the U.S.A. there is no mention of it, nor is there in the (yet) few books on that subject published here recently.

Examination of the reasons for this gap in our medical preparedness is almost as important as the finding thereof.

First, while we were not, as the Germans were, fighting on fronts contiguous with our own system of hospitals, yet we

had an efficient pathological service working in France. This developed most highly, however, the bacteriological aspects; the enemy, steeped in the Teutonic tradition of morbid anatomy, not only had his crushed and buried patients dying on German-occupied soil instead of at a French base or in mid-Channel, but had the energy to investigate such material. We should be able to learn a great deal from the systematic examination of such traumatic deaths, which, until the war, had tended towards the perfunctory. Necropsy should be done on air-raid victims whenever possible.

Secondly, the surgeon under wartime conditions is often too busy to give detailed consideration to anything beyond what is absolutely necessary to the well-being of the patient. This is where co-operation between surgeons, physicians, and research workers becomes of the utmost importance: clinical, chemical, and pathological observations adequate enough to make any rational deductions regarding treatment are in many of these conditions far beyond the capabilities of any single, even full-time, worker. The advantages of group research are thus obvious.

Finally, German medicine can never be entirely ignored by us without loss, even though, since the advent of Nazism, its general standard has been in rapid decline.—I am, etc.,

Department of Medicine, E. G. L. BYWATERS.  
British Postgraduate Medical School,  
June 27.

#### REFERENCE

<sup>1</sup> Minami. *Virchows Arch.*, 1923, **245**, 247. The other references are given in this paper.

### Sulphadiazine and Sulphanilyl-guanidine against Gas Gangrene

SIR,—Some months ago (*Journal*, 1941, **1**, 263) you kindly published a paper by myself describing experiments on the use of sulphonamide compounds to prevent infections by gas-gangrene organisms in experimental wounds of guinea-pigs. This work showed that the local application of these compounds would prevent fatal infection by *Cl. welchii* or *Cl. septicum* in a large proportion of cases; of the three main sulphonamide compounds now in use, sulphanilamide, sulphapyridine, and sulphathiazole, the last named was the most effective. Since this paper was written, two new compounds have been introduced in America—namely, sulphanilyl-guanidine and sulphadiazine. An investigation has therefore been made to discover whether either of these exerted any greater effect than the three just mentioned. The technique was identical with that previously used. With *Cl. welchii*, six experiments were made using five different strains; generally the infecting dose of organisms was greater than 1,000 M.L.D. All the controls died, mostly in the first twenty-four hours. In the group treated with sulphathiazole, 26 out of 36 (i.e., 72%) survived for more than ten days; in the group with sulphadiazine 13 out of 30 (i.e., 43%) survived; in the group with sulphanilyl-guanidine 14 out of 33 (i.e., 42%) survived. The virulence of the infection varied a good deal from one experiment to another, so that these totals require a little qualification.

Briefly, in all the experiments the guinea-pigs treated with sulphanilyl-guanidine were definitely worse than those with sulphathiazole as regards both survival rate and clinical condition. Five experiments were made with sulphadiazine; in three experiments sulphadiazine appeared as effective as sulphathiazole, but never more effective, while in two experiments it was markedly inferior. With *Cl. septicum* two experiments were made, one with over 10,000 M.L.D. and one with less than 1,000 M.L.D. Sulphadiazine appeared to be about as effective as sulphathiazole, while sulphanilyl-guanidine was inferior on both occasions. From these experiments it is concluded that sulphanilyl-guanidine is definitely inferior to sulphathiazole in protecting animals against *Cl. welchii* or *Cl. septicum*, while sulphadiazine is no better than sulphathiazole and is probably inferior. This work provided no evidence that it would be advantageous to substitute either of these compounds for sulphathiazole as a local application to wounds.

As regards the rapidity of absorption of these two compounds, sulphanilyl-guanidine, which is fairly soluble, seemed to be removed from the wound quickly and no remains were macroscopically visible in the wounds of guinea-pigs which died after one to two days; this finding is in interesting contrast with its reputed slow absorption from the bowel, which is



culosis are prohibited, as also are "advertisements of articles as a means of procuring abortion." The Bill also makes certain other minor amendments in the Pharmacy and Poisons Act of 1933.

**Cancer Treatment in Lincolnshire.**—Miss HORSBRUGH told Mr. Liddall, on June 17, that combined arrangements for the treatment of cancer in the three divisions of the county of Lincolnshire and in the county boroughs of Lincoln and Grimsby are under the consideration of the local authorities concerned. These arrangements included the provision of a centre for x-ray and radium treatment in the city of Lincoln. War conditions had delayed the completion and submission of the arrangements, and the risk of enemy action gave rise to serious difficulties in the use of radium. The Minister of Health was in communication with the local authorities, and hoped that at least an instalment of their proposals might be brought into operation shortly.

**Egg Rationing.**—Provision for preferential treatment for children, and for sick and delicate people, in egg rationing is under consideration by the Ministry of Food with the help of the Food Rationing (Special Diets) Advisory Committee of the Medical Research Council.

#### Notes in Brief

The provision of sick bays, particularly for evacuated children, is encouraged as much as possible. Sick bays have been established in 53 out of the 62 counties in England and Wales.

Mr. Brown says that there is no evidence of cases in England in which tuberculous trouble has resulted from immunization against diphtheria, or even that this has been alleged.

## The Services

### HONORARY PHYSICIAN TO THE KING

Colonel W. C. Paton, M.C., I.M.S., has been appointed Honorary Physician to the King, vice Major-General I. M. Macrae, C.B., C.I.E., O.B.E., I.M.S., who has retired.

### MENTIONS IN DISPATCHES

Major T. H. Sarsfield, R.A.M.C., and Colonel C. A. Wood, M.C., Colonel A. C. L. O'S. Bilderbeck, and Captain E. C. Hicks, I.M.S., have been mentioned in dispatches for distinguished services in Waziristan during the period January 1 to December 31, 1940.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL ARMY MEDICAL CORPS

In an Army Council casualty list published on June 21, Major CHRISTOPHER ROWLAND ALDERSON, M.C., M.M., is included as having died as a prisoner of war. During the war of 1914-18 he served as a combatant, first in the ranks and then as a lieutenant in the Royal Engineers, and gained the Military Medal and the Military Cross. After the war he studied medicine at University College, London, and qualified M.R.C.S., L.R.C.P. in 1925. He had held the posts of house-physician at the Seamen's Hospital, Greenwich, and house-surgeon at the Prince of Wales Hospital, Tottenham, before settling at Eastbourne, where he was assistant anaesthetist to the Eastbourne Ear, Nose, and Throat Hospital and district medical officer and examining factory surgeon. He had been a member of the British Medical Association since qualification.

#### Missing

Captain George Ross Mackay, M.C.

### DEATHS IN THE SERVICES

Lieut.-Colonel Sir JAMES REID ROBERTS, Kt., C.I.E., I.M.S. (ret.), has died at Srinagar, Kashmir, aged 80. He was born on January 24, 1861, at Marseilles, the son of W. H. Roberts, an officer of the Mercantile Marine, and was educated at Dollar Academy, Lausanne, the Middlesex Hospital, and the Durham College of Medicine, taking the M.R.C.S., L.R.C.P. in 1884, the M.B., M.S. (with honours) and the L.S.Sc. of the University of Durham in 1885, and the F.R.C.S. in 1887. Entering the I.M.S. as surgeon in 1888 he became lieut.-colonel after twenty years' service, and retired in 1919. Soon after joining he served in the Chin Lushai campaign of 1889-90, on the North-East Frontier of India, receiving the Frontier medal with a clasp; and on the North-West Frontier, in the Hunza-Nagar campaign in 1891, was mentioned in dispatches in 1892 and received a clasp to his Frontier medal. In 1890 he was appointed agency surgeon at Gilgit and began a distinguished career in the political service, in which he spent the rest of his service, except for

the last two years. In 1900 he was appointed residency surgeon at Gwalior, from 1901 to 1912 was residency surgeon at Indore, and in 1906 received the additional post of administrative medical officer of Central India, which he held until 1916, when he was appointed civil surgeon of Simla West. He received the C.I.E. in 1911, a knighthood in 1913, and the first class of the Kaisar-i-Hind Order in 1936. After retiring from the Army, instead of returning to England he took service in an Indian Native State, first as a member of the State Cabinet in Jaipur, and in 1932 as a member of the Council of State of Dewas, Central India. Sir James Roberts had been a member of the British Medical Association for forty-six years, and at the Annual Meeting of the Association held in London in 1910 he served as vice-president of the Section of Tropical Medicine.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

FINAL M.B.—*Part II (Principles and Practice of Physic, Pathology, and Pharmacology)*: R. M. Archer, G. A. Barclay, E. D. Barlow, D. V. Bateman, K. I. S. Bayliss, W. J. M. Beveridge, S. L. Binderman, P. T. Boyle, K. F. C. Brown, J. P. Bull, D. S. Cadman, E. D. H. Cowen, R. J. R. Cureton, D. Currie, R. Daley, B. Dansie, P. J. R. Deller, J. O. W. Dick, W. M. M. Douglass, J. R. Ellis, R. M. Evans, J. Foley, R. B. Franks, E. C. Glover, R. E. A. S. Hansen, D. V. Harris, F. H. Howarth, E. W. Hyde, G. T. James, R. Jenkins, J. S. Johnstone, R. K. I. Kennedy, A. B. Kinnier Wilson, W. S. S. Ladell, E. F. Laidlaw, J. M. Lipscomb, J. Lomas, J. F. Lucey, G. M. Lunn, H. McColl, F. N. Macnamara, O. D. Macnamara, A. E. de la T. Mallett, D. E. Marmion, R. Martlew, D. V. Milward, G. A. Mott, H. H. Nixon, J. F. North, M. S. M. Palmer, G. H. Parkinson, J. Perrin, M. T. Pheils, G. E. Pinkerton, G. K. Riddoch, K. B. Rooke, R. D. Scott, C. G. R. Sell, A. W. Simmins, A. G. Stansfeld, J. M. Stansfeld, J. G. Thurston, A. J. H. Tomlinson, A. B. Unwin, I. G. Wickes, A. H. Widdup, J. M. Willcox, C. H. Wood, W. B. Young. *Women*: A. E. Burns, M. E. Fitch, E. H. M. Gillieson, J. I. Hallinan, J. W. Shrimpton.

### UNIVERSITY OF BRISTOL

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—13<sup>4</sup>G. S. Andrews, 13<sup>5</sup>Marie L. Bartlett, 23Cecil M. Drillien, 26J. C. Valentine, R. C. Blackney, N. J. Brown, J. D. Cardale, G. T. Cribb, 4J. H. P. Davies-Sage, Mary L. Hunt, D. S. Maunsell, H. R. Newman, Christine M. Rendell, F. B. Richards, M. O. Skelton, J. H. Wilkins. *In Group II (completing the examination)*: J. B. Tucker. *In Group I only*: K. L. Brown, S. J. V. Gilson. *In Group II only*: Joyce W. Brown, Jean A. Butt.

- 1 With first-class honours.
- 2 With second-class honours.
- 3 With distinction in surgery.
- 4 With distinction in obstetrics.
- 5 With distinction in medicine.
- 6 With distinction in public health.

### UNIVERSITY OF GLASGOW

At a ceremony of graduation on June 27 the following medical degrees were conferred:

M.D.—W. I. Walker (with commendation), A. L. McAdam, J. G. Scott.

### UNIVERSITY OF WALES

#### WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates have satisfied the examiners at the examinations indicated:

M.B., B.Ch.—*Surgery*: Enid Curran, A. A. Edwards, N. E. France, D. I. Harries, Vera Harris, Margaret W. Hughes, D. F. V. Johnston, Gwenllian M. Lewis,\* J. Lewis, J. E. Lloyd, D. K. W. Picken, J. B. Randell,\* H. I. Rees, Nest G. Richards, Barbara C. Roberts, Erica M. G. H. Roberts, E. Spickett, J. H. Stranger, E. R. Treasure, J. Williams, O. Williams, G. A. Wright. *Obstetrics and Gynaecology*: M. S. Berkovitz, T. W. Brokovski, J. E. Crane, Sadie M. Davies, A. A. Edwards, Megan B. Evans, W. S. Hill, E. H. Horton, M. E. Humphreys, R. T. James, E. R. Jones, J. H. Joseph, Gwyneth M. Lewis, W. C. D. Lovett, B. F. Martin, T. F. McCarthy, D. McCracken, Betty J. Mollin, D. L. Mollin,\* R. D. Richards, D. Shiers, H. G. Williams, R. W. Williams. *Pharmacology*: R. C. Cummin, D. H. Davies, D. M. Davies, D. W. Davies, Margaret Davies, S. C. Dymond, A. J. Evans, R. G. Evans, Margaret A. Griffiths, Phoebe J. M. Griffiths, F. J. Hedden, R. A. N. Hitchens, Lilian Howell, J. I. Hughes, Sarah J. Jenkins, A. E. Jones, A. M. Jones, C. R. Jones, G. N. Jones, Menna Jones, Gwenda M. Lewis, Salathiel Morgan, Ivy M. Morgans, Celia M. Rapport, T. H. L. Rosser, Edna E. Saunders, H. F. Sugden, Mary E. Tighe, D. G. H. Tutton, I. M. Watkin, Marjorie Whitney, G. R. Williams.

\* With distinction.

# BRITISH MEDICAL JOURNAL

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

## SUPPLEMENT

containing

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Notes on the Work of the Association

National Health Insurance Proceedings

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