

## ECONOMY IN LIVER EXTRACTS

The Ministry of Health has issued an Order under the Defence Regulations, limiting, as a wartime measure, the use of liver extracts. The Order provides that liver extracts shall be administered to patients suffering from pernicious anaemia or other megalocytic anaemias only and that such administration shall be only by injection. These restrictions will not apply to preparations manufactured before August 31, 1941.

Until now liver for medicinal preparations has been imported, home supplies being used for food purposes. This has meant the use of shipping refrigeration space which is urgently required for other needs. Further, the preparation of extracts of liver to be taken by mouth involves the use of glycerin and alcohol among other substances, and these, as is well known, are in immense demand for munitions. Fortunately, it is possible to achieve economy in the use of liver extracts without patients suffering any hardship. Liver extract is a specific in the treatment of pernicious anaemia and other megalocytic anaemias only, and it has been proved that by far the most effective and economical way of administering it is by injection. It does not, however, have the same specific effect on the other and much more common forms of anaemia, which can be effectively treated in other ways. Patients, therefore, with other forms of anaemia need not suffer, while at the same time ample supplies of liver will be assured for those who really need it.

## Local News

### ENGLAND AND WALES

#### An American Hospital in England

On a site in the South of England a complete field hospital is nearing completion with a total floor area of 3,256 feet by 440 feet. It comprises nine wards, a laboratory, a laundry, a recreation centre, a fully equipped kitchen, a pathological laboratory, and accommodation for full medical and nursing staff, who will be drawn entirely from American volunteers. This is an all-American hospital. Roofs, floors, walls, every bolt and screw, and every bit of interior furniture and equipment have been shipped from America as a gift from the American Red Cross and Harvard University, and their enterprise has established something quite new in building practice. The hospital is of timber construction throughout and it was delivered on to the building site in prefabricated sections all ready for rapid assembly. It has been put together under the supervision of Mr. Gwyer of the American P.H.C. Corporation without the aid of plans and detail drawings because these failed to reach this country. It is estimated that, employing thirty men with a knowledge of this system of construction, a hospital of this size could be completely assembled and equipped in less than twenty-five weeks. The hospital incorporates a mobile field unit. Dr. John E. Gordon, professor of preventive medicine and epidemiology at Harvard University, is director of the hospital, and the medical staff have all been supplied by Harvard University.

#### Bristol Hospitals Fund

Two years ago the voluntary hospitals of Bristol, in a concerted effort to stop the large deficits which appeared annually in their individual balance sheets, launched their own contributory scheme—the Bristol Hospitals Fund. In spite of the war and of gloomy prognostications based on the fact that Bristol already had several independent contributory schemes, the fund has collected £33,000 for hospitals and auxiliary services. Its annual revenue is between £25,000 and £30,000, and its membership—still growing—is 18,000. Still more encouraging is the proposal, announced by Mr. Egbert Cadbury at a recent meeting of the Bristol Hospitals Fund, to start an "intermediate contributory scheme," the admitted object of which is not only to provide for a section of the community whose income falls within certain defined limits, but also to secure some payment for specialist and consultant services in addition to cost of maintenance. The

B.M.A. scale fixing the limit of income for free medical and surgical attention is to be observed by all Bristol voluntary hospitals—that is, the upper limit will be £312 a year for a married person with dependants, £260 for a married person without children, and £208 a year for a single person without dependants. The Bristol Hospital Fund's new scheme is for persons with incomes just above these figures—that is, for married persons with dependants and an income of not more than £416, married persons without dependants and an income of not more than £364, and single persons without dependants with an income up to £260. For a payment of 6d. a week (26s. a year) they will be entitled to full hospital services, including those of specialists and consultants. The scheme will apply to all the voluntary hospitals in Bristol except the Bristol Eye Hospital, where a specially modified scale of fees is payable.

## Reports of Societies

### PATHOLOGICAL MISCELLANY

About sixty members and guests attended a meeting of the Association of Clinical Pathologists on July 19 at Cambridge, when a number of short communications were made.

*Acute Pancreatitis.*—Dr. J. F. GASKELL described seven cases of fatal acute pancreatitis in Cambridge between 1932 and 1934. The patients had been in vigorous health, but death occurred within a few hours of onset, in several cases shortly after a full meal. At necropsy, done usually within twenty-four hours, acute haemorrhagic and even necrotic pancreatitis, apparently of ante-mortem origin, was found. No association between the cases could be traced and no significant micro-organisms were found. In one case a man died on the football field, the suggestion being that the head of the pancreas had been squeezed against the spine by another player's knees.

*Serum for Transfusion.*—Drs. G. A. HARRISON and L. E. R. PICKEN demonstrated the preparation of blood serum for transfusion. Ordinary dry blood bottles were used and about 47% yield of serum was obtained. The resultant serum remained clear at room temperature. Among 102 transfusions pyrexia with rigor occurred once and without rigor four times. On the assumption that the body contained 10 pints of blood and that a haemorrhage of 6 pints was the largest compatible with survival, the maximum amount of serum that could be required even in the worst cases would be 3 pints—that is, half of the volume of blood lost. In most transfusions one bottle of serum had been given. Defibrinated blood was also prepared: 30 c.cm. of glass beads shaken in the blood gave good defibrination. If the blood were not used the serum could be recovered later.

Dr. I. N. GREAVES demonstrated the attractive Cambridge plant for vacuum-freezing drying of serum or plasma. Plasma was dried in the sterile bottle in bulk, or spun so that a readily soluble layer of dried serum adhered to the inner walls of the bottle.

*Blood Groups.*—Drs. G. L. TAYLOR, R. R. RACE, and Prof. R. A. FISHER showed figures amplifying those published in *Nature* in April, 1940. The proto-Scandinavian abundance of the O phenotype in blood groups as one progressed from South England north to North-West Scotland was clear in the large figures now available from blood transfusion centres, the totals nearing 150,000. For O and A groups the percentage figures for South England were 45 and 43, for North England 48 and 40, for Scotland 52 and 34.

*Glandular Fever.*—Dr. A. M. BARRETT gave details of technique in deciding titre in the Paul-Bunnell test for glandular fever. Horse red cells, he said, gave a somewhat higher titre than sheep cells. Of 100 normal human sera none agglutinated sheep cells at 1 in 80. 4 gave a titre of 1 in 80 or slightly higher with horse cells. Of 27 cases of glandular fever 17 gave a titre of 1 in 640 or slightly less with sheep cells; 10 had a higher titre. With horse cells 11 gave 1 in 640 or less, and 16 showed

## The Services

### NAVAL AWARD

The O.B.E. has been awarded to Surgeon Commander Edward Hefferman, R.N., for bravery and devotion to duty in boarding a burning merchantman during an enemy air attack.

### ARMY AWARD

The Military Cross has been awarded to Captain Robert Norman Lees, R.A.M.C., in recognition of gallant and distinguished services in the Middle East.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL ARMY MEDICAL CORPS

##### *Prisoners of War*

War Substantive Captain Wilfred R. Crowe.  
War Substantive Captain Nicolas Shtetinin Seaford.  
War Substantive Captain Malcolm Montgomery Wallis.  
War Substantive Captain Richard Mallorie Wiltshire.  
Lieut. Archibald Leman Cochrane.

## Medical News

Dried separated milk powder, rich in protein and therefore of special value for children, may now be purchased in bulk from the Ministry of Food by school canteens, residential schools, and hostels, and Circular 1561 of the Board of Education explains how this should be done. The allowance of the powder is 1 oz. a day for each child. It is also announced that industrial undertakings which supply milk as a beverage to their workers should apply to local Food Offices for permits to continue this practice, as provision is to be made in the milk distribution scheme for the supply of milk for this purpose.

The Privy Council has appointed Dr. G. Roche Lynch lecturer in chemical pathology, St. Mary's Hospital, and senior official analyst to the Home Office, to be present at the examinations held by the Pharmaceutical Society.

A medal was recently presented to Dr. Maurice Roch by the Société Médicale de Genève on the occasion of the twentieth anniversary of his professorship of clinical medicine at Geneva.

Dr. J. Alejandro Tellié has been appointed Director-General of Health in Bolivia.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a Congregation held on August 2 the following medical and surgical degrees were conferred:

M.D.—\*K. Vigors Earle, E. D. Hoare, R. H. Dobbs.  
M.B., B.CHR.—\*R. M. Archer, \*E. D. Barlow, \*D. V. Bateman, \*R. I. S. Bayliss, S. L. Binderman, \*P. T. Boyle, \*K. F. C. Brown, \*E. D. H. Cowen, \*D. Currie, B. Dansie, \*R. Daley, \*J. O. W. Dick, \*W. M. M. Douglass, \*J. R. Ellis, \*R. M. Evans, J. Foley, \*R. B. Franks, \*R. E. A. S. Hansen, \*D. V. Harris, \*A. Holmes-Smith, \*F. H. Howarth, \*E. W. Hyde, G. T. James, \*R. K. I. Kennedy, \*E. F. Laidlaw, J. M. Lipscomb, \*J. F. Lucey, \*G. M. Lunn, \*F. N. Macnamara, \*O. D. Macnamara, \*A. E. de la Tour Mallett, \*R. Martlew, G. A. Mott, J. M. Mungavin, \*H. H. Nixon, \*J. F. North, \*M. S. M. Palmer, \*G. H. Parkinson, \*A. G. E. Pearse, \*John 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. Stansfield, \*D. E. Thompson, \*A. J. H. Tomlinson, \*J. G. Thurston, \*A. B. Unwin, \*A. H. Widdup, \*J. M. Willcox, \*A. B. Kinnier Wilson, C. H. Wood, \*W. B. Young.

\* By proxy.

### UNIVERSITY OF LONDON

#### King's College Hospital Medical School

Upon the results of recent examinations, awards have been made as follows:

Senior Scholarship for Clinical Studies: R. A. Moir, King's College Hospital Medical School.

Anatomy and Physiology Scholarship: J. R. M. Miller, King's College, London.

Pathology Exhibition: V. H. Wheble, Brasenose College, Oxford.

Science Scholarship: P. C. Harris, St. Olave's Grammar School, London, S.E.

### UNIVERSITY OF GLASGOW

A series of eight postgraduate meetings will be held in the Tennent Institute of Ophthalmology on Wednesdays from September 10 to October 29 at 8 p.m. The subjects of the addresses will include: postgraduate tuition in ophthalmology, the making of the ophthalmic specialist, ophthalmic practice in retrospect, the future of ophthalmic practice, pros and cons in ophthalmic therapeutics, ophthalmology in the law courts, and the problem of the nearly blind. There will be opportunity for informal discussion.

## Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, W.C.1.

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### QUERIES AND ANSWERS

#### Timepiece for Blind Person

Mr. N. BISHOP HARMAN writes in reply to "Inquirer" (August 16, p. 254): The most pleasant timepiece for the blind is a "repeater," either a carriage clock or a watch. Pressure on the button on the case causes a striking of the hour and half-hour. There are special watches made for the blind, with "hunter" cases, and face with raised metal figures and strong hands. The time is told by feeling the face. If cost be a consideration, the simplest plan is to get a five-shilling clock, remove the glass front, and put small blobs of sealing-wax on III, VI, IX, and XII. Any-one can tell the time by feeling the position of the hands of the clock, and without any sight.

E. H. C. writes: A relation of mine, blind from his youth, used an ordinary "hunter" watch with the glass removed, and he could tell the time by feeling the hands. Possibly, however, as the lady has only recently become blind, she may have difficulty in acquiring sufficient delicacy of touch for the employment of this method. If means permit, the obvious solution is the purchase of a watch or a small travelling clock that repeats hours, quarter-hours, and minutes, but I fancy the cost of such an article would be in the neighbourhood of £100. It might be worth advertising for a second-hand one.

### LETTERS, NOTES, ETC.

#### Medical Unit for Ethiopia

Dr. ANDREW MORLAND writes: In response to a request from the British Administration in Ethiopia, the Friends Ambulance Unit is shortly sending to that country a medical unit of forty men. The need for medical personnel in Ethiopia is greater than ever, and it is anticipated that the F.A.U. will assist in the more elementary forms of medical treatment. It is also thought likely that they will be called upon to train native dressers in this work. The work of the unit will be under the supervision of the Director of Medical Services, but its value would be greatly increased by the inclusion of qualified doctors. Their presence would also be cordially welcomed by the Administration as well as by the natives of Ethiopia, whose medical needs have been so greatly accentuated by the recent fighting. Any medical man wishing to offer his services in this direction should write to the Secretary, F.A.U., 4, Gordon Square, London, W.C.1.

#### Convalescent Poliomyelitis Serum

Drs. SINCLAIR MILLER and STANLEY WRAY write from Duchy House Clinic, Harrogate: We have available a moderate supply of convalescent poliomyelitis serum for use in conjunction with sulphapyridine, and would be willing to forward a limited quantity on request.