Medical Notes in Parliament

Medical Services for Miners: Committee's Report

Speaking during a debate on coal supply on Oct. 1, Mr. TOM SMITH said an interdepartmental committee had been set up, with himself as chairman, to examine the suggestion in a recent White Paper on coal policy that there should be a medical service for the miners, not merely to deal with the certificates of those who wished to leave the industry, but to deal with rehabilitation and remedial treatment. The report of that committee had been prepared, and he would outline it to the House. It suggested that in each mining region there should be appointed a full-time medical officer, making 8 in the regions and with an additional 1 at headquarters, making 10 in all. At present there was only one full-time medical officer, who had done well but had had an impossible task of surveying 1,900 to 2,000 pits. Each regional officer would survey such things as first-aid treatment and ambulance services. Then there were the investigating and preventive measures concerning occupational diseases and fitness. Nystagmus was on the decline largely because of extra illumination. Of silicosis the House was to hear more in a few weeks. As a result of an inquiry in South Wales, it was to be called pneumoconiosis. In certain pits men suffered more on the average from carbuncles and boils than in other pits. That should be investigated. There was evidence of dermatitis—not limited to one district. The regional medical officer should be a man able to go down the pits and ascertain both causes and necessary preventive measures.

The interdepartmental committee recommended medical inspection of juveniles in accordance with the recommendations of the Forster Committee. At present it would be impossible to carry out the annual inspection of youths in pits up to the 19th year. The committee suggested that at the moment any youth entering the industry should be examined as to fitness for the work. The question of an annual inspection would be discussed with the Mineworkers' Federation. As regards fractures and allied injuries, it was proposed that where a miner, on medical advice, went for out-patient treatment the whole of his expenses should be paid on request. They desired so far as possible to use existing facilities for rehabilitation. They had the offer of one of the best places in Scotland. Where there were no facilities they aimed at rehabilitation centres. These existed at Mansfield, Wigan, and Lanark. They wished this rehabilitation work to be initiated by the Miners' Welfare Commission, whose chairman was convinced it would be pleased to do the work.

Mr. Smith said the figures for medical certificates showed that in one quarter just under 20,000 applications to leave the industry were based on these certificates. About 25% came from men at work and who had remained at work in the industry. Roughly half the cases were from four districts—South Wales and Monmouth, Durham, Lanark, and Lancashire and Cheshire. When a man presented a certificate with an application to leave the industry on medical grounds it was first scrutinized by the lay staff of the Ministry of Labour. If vague it was then submitted to a medical referee, whose decision was final. The interdepartmental committee suggested that certificates relating to miners should be lodged with the regional medical officer, who would scrutinize them and, if need be, get into contact with the man's own doctor or the medical referee. This might deter some doctors from lightly giving certificates. He believed that under the proposed medical service cases could be brought under review where men, while not ill, needed certain treatment to prevent them from having to stay away from work. The report generally would check wastage and prove of permanent benefit to those engaged in the mining industry. Mr. Smith said there was at present a gradual decrease in the accident rate in the mines. In the rush for increased production there must be no weakening in anything which made the mines safer.

The debate was adjourned.

Committee on Medical Schools

On Sept. 29 Sir E. GRAHAM-LITTLE asked the Minister of Health who were the members of the Interdepartmental Committee on Medical Schools, what was its reference, and whether the universities and medical licensing bodies were consulted about its composition and subjects of inquiry before the committee was formed. Mr. ERNEST BROWN pointed out that names were given in his reply on March 26 to Mr. Jewson. The reply to the second part of the question was "No."

Chiropodists for the Army.—Sir JAMES GRIGG, replying to Mr. J. Dugdale, on Sept. 29, said that in the early part of the war regimental foot orderlies were provided for field units and were thought adequate, especially in view of the increasing mechanization of the Army. In view, however, of experience, which suggested that more skilled treatment might be desirable, he was now considering the attachment of fully qualified chiropodists to field medical units.

Diphtheria Immunization.—The returns regarding diphtheria immunization from local authorities at Sept. 30, 1941, showed that between Jan. 1, 1940, and that date the number of notifications in England of diphtheria in children under 15 was approximately 51,700, and that approximately 2,380 of these children had received a course of immunization. In the same period the total number of children immunized under local authority arrangements in England was approximately 1,889,000. By the end of June, 1942, this number had increased to close on 3,000,000.

Price of Insulin.—On Oct. 1 Mr. TINKER alleged that hardship was caused to diabetic patients by the increased prices of insulin and needles. Mr. BROWN replied that prices had increased, but having regard to the free provision of insulin and the necessary appliances for administering it under the National Health Insurance and Public Assistance schemes, he did not think there was a case for any special measures to prevent any increases warranted by the conditions of production.

The Services

Temp. Surg. Lieut. M. P. Martin, R.N.V.R., has been awarded the D.S.O., and Prob. Temp. Surg. Lieut. T. P. Storey, R.N.V.R., the D.S.C., for gallantry, daring, and skill in the combined attack on Dieppe, and Acting Temp. Surg. Cmdr. W. B. D. Miller, D.S.C., Prob. Temp. Surg. Lieut. J. G. C. Murray, and Temp. Surg. Lieut. R. Wadia, R.N.V.R., have been mentioned in dispatches.

Capts. L. G. Alexander and F. W. Hayter, R.C.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in the combined attack on Dieppe, and Lieut.-Cols. K. A. Hunter and G. L. M. Smith and Capt. B. Brachman, R.C.A.M.C., have been mentioned in dispatches.

The King has awarded the R.N.V.R. Officers' Decoration to Acting Surg. Cmdrs. J. B. Hutchison and D. W. Bawtree, R.N.V.R.

The King has conferred the Efficiency Decoration of the Territorial Army on Col. (Acting Brigadier) D. S. Middleton; Lieut.-Col. J. R. McDonald, M.C.; Majors (Temp. Lieut.-Cols.) A. L. Crockford, M.C., F. N. Foster, E. G. R. Grant, P. J. Stokes, and M. L. Sutcliffe; Major (Acting Lieut.-Col.) K. S. Roden; Majors A. O'Hanlon and H. R. Paterson; and Capt. (Temp. Major) S. P. Wilson, R.A.M.C.(T.A.).

CASUALTIES IN THE MEDICAL SERVICES

The *University of London Gazette* dated July 24 contained a Roll of Honour. Among the medical officers listed there are three whose deaths have not been recorded in this column—namely, Surg. Lieut.-Cmdr. J. G. Slimon, R.N., Surg. Lieut. G. L. Cutts, R.N.V.R., and Lieut.-Col. J. J. Rooney, I.M.S., all of whom had been students of Guy's Hospital.

Surg. Lieut.-Cmdr. JAMES GILLESPIE SLIMON was killed by a train in Dec., 1939, while on leave. He graduated M.B., Ch.B. at the University of Glasgow in 1929. After holding the post of health officer at Kuala Lumpur in the Federated Malay States he entered the Royal Navy as surg. lieut. early in 1934 and was promoted in Jan., 1939.

Surg. Lieut. GEORGE LAMBERT CUTTS died, following an operation, on June 6, 1940. He took the L.D.S. in 1914 and qualified M.R.C.S., L.R.C.P. in 1919, after which he was house-surgeon at Guy's and at the Queen's Hospital for Facial Injuries at Sidcup. He obtained the D.P.M. in 1925 and entered the L.C.C.'s Mental Hospitals Service, becoming successively A.M.O. at Bexley and at Long Grove, Epsom, and deputy medical superintendent of Friern Hospital. He rejoined the R.N.V.R., in which he served as surgeon-probationer in the war of 1914-18, soon after the outbreak of the present war.

Lieut.-Col. JOHN JOSEPH ROONEY, I.M.S., who died on April 5, 1941, was born on Jan. 27, 1890, and graduated M.B., B.Ch., B.A.O. of the National University of Ireland in 1920. He entered the I.M.S. soon afterwards, and was promoted capt. in 1923, major in 1929, and lieut.-col. in 1937. The earlier years of his service were spent at Lahore.

Wounded.—Capt. J. L. M. Whitbread, I.M.S.

Prisoners of War.—Col. R. D. Davy, M.C., Capt. D. Foskett, R.A.M.C., Capt. J. Gendle, R.A.M.C., Capt. R. G. Main, R.A.M.C., War Subs. Capt. H. J. McPherson, R.A.M.C., War Subs. Capt. A. P. Norman, R.A.M.C., Lieut. L. W. Ashton Rose, I.M.S., War Subs. Capt. N. C. Rogers, R.A.M.C., Lieut. A. W. B. Strahan, I.M.S., Capt. J. J. Woodward, I.M.S.

Missing.—Lieut. D. Christison, R.A.M.C. (*corrected announcement*), Surg. Lieut.-Cmdr. D. N. Ryalls, R.N.V.R.

Missing, Believed Prisoners of War.—Temp. Lieut.-Col. G. F. A. Condon, I.M.S., Temp. Major S. G. O'Neill, I.M.S.

Universities and Colleges

UNIVERSITY OF OXFORD

The King has approved that Arthur W. M. Ellis, M.D.Toronto, F.R.C.P.Lond., be appointed Regius Professor of Medicine in the University of Oxford on the retirement of Sir E. Farquhar Buzzard, Bt. Dr. Ellis until lately held a professorship of medicine in the University of London as Director of the Medical Unit of the London Hospital. He was appointed in March last by the Medical Research Council to a whole-time position on its scientific staff as Director of Research in Industrial Medicine.

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part II*: R. A. D. J. Bernhardt, A. B. Donald, H. R. Holmes, B. Kounine, A. Preiss, R. A. Williams, H. Wormald.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* substantial increases were recorded in the incidence of measles 358, scarlet fever 81, acute pneumonia 58, and dysentery 53 cases; for whooping-cough and diphtheria the notifications were 212 and 71 fewer.

Generally, the variation in the incidence within the counties was small. London and the south-eastern counties were responsible for the rise in scarlet fever. Lancashire, with 35 fewer cases, was the only county that showed a notable difference in the incidence of diphtheria; Yorks West Riding supplied the only local noteworthy change in the incidence of acute pneumonia, a rise of 37, and for whooping-cough 79 fewer cases.

The trend of measles to increase is not yet general throughout the country, being mainly in the northern section of the country; in the south the fall has not been checked. The largest increases during the week were recorded in Yorks West Riding 154, Leicestershire 92, Lancashire 83, and Warwickshire 61.

Owing to a duplication in the returns for enteric fever during the week ending Sept. 12 the published return was incorrect. The figure should have been 19 and not 37.

In *Scotland* the notifications of both measles and scarlet fever were 43 more than last week's total. While the higher incidence was due to a small general rise in the case of scarlet fever, the trend of measles was affected by only a few areas. The largest of the local increases in measles were those of the city of Aberdeen and the town of Paisley.

Dysentery

The number of cases of dysentery in England and Wales has increased for six consecutive weeks, and the 237 cases recorded during the week was the largest weekly total since the spring of 1938. No fresh outbreaks of any size occurred, and the increase of 53 cases this week was mainly due to an extension of the outbreaks which began last week in Essex and Yorks North Riding. In the former county notifications rose from 3 to 39, and in the latter from 8 to 25: 15 cases were reported from Hants, Droxford R.D., where the outbreak also began last week. In Oxfordshire and Norfolk, where the outbreaks have persisted for a month, there were 11 and 40 cases respectively during the week.

Small-pox in Fife

Small-pox has appeared in Fife. The cases were at first thought to be chicken-pox, and in view of this a warning has been issued by the Department of Health for Scotland to the local authorities that a thorough examination of all cases of chicken-pox should be made and any doubtful cases brought to the notice of the local medical officer of health. According to Press reports 10 cases have occurred in Methilhill and there have been 2 deaths.

Returns for the Week Ending October 3

The notifications of infectious diseases in England and Wales included the following: scarlet fever 2,423, whooping-cough 845, diphtheria 860, measles 3,801, acute pneumonia 508, cerebrospinal fever 61, acute poliomyelitis 33, dysentery 232, paratyphoid 5, typhoid 6.

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INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Sept. 26.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1942					1941 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	70	5	13	2	—	121	4	34	4	5
Deaths		—	1				—	1		
Diphtheria	807	43	209	64	23	957	40	237	15	19
Deaths	21	—	4	3	—	23	1	7	2	—
Dysentery	237	13	41		—	102	9	68	—	—
Deaths		—	—	—	—		1	—	—	—
Encephalitis lethargica, acute	2	—	—	1	—	6	—	—		—
Deaths		1	—				—	—		
Erysipelas		—	56	8	1		—	45	7	3
Deaths		—	—				—	—		
Infective enteritis or diarrhoea under 2 years				89						
Deaths	70	10	15	20	6	38	1	13	17	11
Measles	3,356	271	170	15	10	612	18	14	23	—
Deaths	2	—	1	—	—	1	—	—	—	—
Ophthalmia neonatorum	112	3	18		1	76	3	7		—
Deaths										
Paratyphoid fever	13	1	—			125	6	11		
Deaths	—	—	—		—	—	—	—		
Pneumonia, influenzal*	459	32	10		—	434	15	2		—
Deaths (from influenza)	6	—	—	—	1	8	—	—	—	1
Pneumonia, primary			125	11	2			140	3	
Deaths				3	6				4	2
Polio-encephalitis, acute	7	—				3	—			
Deaths		—					—			
Poliomyelitis, acute	32	1	—	24	—	28	1	8	3	1
Deaths		—	—				—	—		
Puerperal fever	2	2	11	2	—	—	4	14	3	—
Deaths										
Puerperal pyrexia	159	7	15		—	134	4	15		3
Deaths										
Relapsing fever	—	—			—	1	—			—
Deaths										
Scarlet fever	1,963	135	394	54	41	1,140	34	195	48	22
Deaths	—	—	—	—	—	1	—	—	—	—
Small-pox	—	—	—		—	—	—	—		—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever†	9	—	6	12	6	27	1	4	10	4
Deaths	—	—	—	—	—	—	—	—	—	1
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths			—	—	—			—	—	—
Whooping-cough	938	77	21	56	3	2,289	196	106	45	30
Deaths	13	2	1	1	—	14	1	2	2	—
Deaths (0–1 year)	318	27	76	36	23	272	19	69	25	19
Infant mortality rate (per 1,000 live births)										
Deaths (excluding still-births)	3,549	461	523	164	114	3,429	427	512	164	94
Annual death rate (per 1,000 persons living)			11·8	10·9	‡			11·2	10·9	‡
Live births	5,901	673	809	346	258	5,079	460	812	374	172
Annual rate per 1,000 persons living			16·7	23·1	‡			16·5	24·8	‡
Stillbirths	223	23	27			170	14	37		
Rate per 1,000 total births (including stillborn)			32					44		

* Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

† Includes paratyphoid A and B for Northern Ireland.

‡ Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.