

SIR CHARLES HASTINGS MEMORIAL FUND

This Fund has been instituted with the object of providing a memorial to the founder of the Association, which will take the form of a plaque on the house in Worcester where he lived and practised, and a window in Worcester Cathedral. The amount required is not less than £600, and up to the present only £159 15s. 6d. has been received. Contributions of an amount not exceeding £1 1s. will be gratefully acknowledged by the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, W.C.1, and it is believed that many members will wish to support a project which must appeal to the sentiment of every member who is proud of the history of the Association.

The following have subscribed since the last list was published in the *Journal* of November 21st, 1931:

Dr. P. V. Anderson	Dr. J. C. Loughridge
Dr. M. A. Archdale	Mr. N. Maclaren
Bournemouth Division	Newcastle-upon-Tyne Local
Dr. R. Cochrane Buist	Medical and Panel Com-
Dr. G. W. Charsley	mittee
Dr. M. Connon	Northants Division
Dudley Division	Dr. W. G. Parker
Dr. A. Forbes	Dr. J. H. Saunders
Mr. A. Fowler	Dr. F. K. Smith
Dr. C. Frier	Dr. W. C. Souter
Dr. J. P. A. Gabb	Dr. J. A. Stephen
Hartlepool Division	Dr. A. Stevenson
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Dr. P. Howie	Mrs. E. Tytler
Dr. T. D. Laird	Dr. V. M. M. Watson
Dr. D. P. Levack	

LONDON COUNTY COUNCIL HOSPITALS

HISTORY OF THE TRANSFER

The fourth volume of the Annual Report of the London County Council for the year 1930¹ is concerned with the hospitals and general medical services under the control of the Public Health Committee of that Council. It is written, or compiled, by Sir Frederick Kay Menzies, the county medical officer of health, and there is scarcely one of its two hundred pages which does not contain something of interest to the medical profession in London and elsewhere. It is the record of the first part of a transition stage in hospital control and administration; and if, as such, it must here and there appear a little confused, it is none the less of great importance. For, though the conditions in London differ in various ways from those obtaining outside the metropolis, experiments tried and arrangements (however provisional and temporary) made therein may influence very widely and permanently the future of hospital usage and administration.

The magnitude of the work and services transferred to the London County Council on April 1st, 1930, the day on which the Local Government Act, 1929, came fully into operation, is difficult to realize. No fewer than 76 hospitals and institutions, containing over 42,000 beds, and a staff of nearly 20,000, then came under the control of the Public Health Department of the Council. During the previous six months the head office of that department had been preparing for the transfer and development of the new work. The staff had been strengthened by the appointment of three principal medical officers and of a matron-in-chief, and a number of departmental committees, advisory to the medical officer of health but without executive powers, had been set up. The report

expresses legitimate pride in the fact that the transfer was effected with absolute smoothness, and probably without any of the inmates of the institutions being aware of it.

The constitution of, and reference to, each of the departmental committees are set out, and their conclusions and recommendations given. They had to advise upon (1) hospital standards (that is, the general standards to be adopted for the structure, equipment, and maintenance, including staffing, of the public hospitals, and the hygienic standards for institutions, homes, and Poor Law schools), (2) tuberculosis, (3) pathological laboratories, (4) forms and records, (5) ambulance service, (6) medical supplies (the supply and distribution of drugs, dressings, and medical requisites to hospitals and the standards to which contractors must conform), (7) the staffing of transferred institutions (both medical staff and stewards and clerical staff), and (8) district medical work. The report of the last-named committee was only presented in May, 1931, and does not, therefore, come within the scope of this volume; but it is clear that the recommendations and suggestions of the other committees which are summarized in the report must be—as, in fact, they are—of great interest, even though they may not all have been actually adopted or carried out.

LABORATORY SERVICES

In the section dealing with pathological laboratories we find it stated that the committee kept in view the ultimate aim of providing in every hospital for acute cases a fully equipped and fully staffed laboratory. It was realized, however, that such an objective could only be attained by a gradual process of development, and the committee concentrated attention upon the best means which could be devised to supply the nucleus of a service which would be capable of expansion. For this purpose it was suggested that every general hospital should be provided with a laboratory in which routine pathological examinations could be carried out, and that for the more specialized work "group" laboratories should be established at five convenient centres to serve the hospitals in their respective areas.

"With regard to staff, it was suggested that to each of the group laboratories there should be attached a whole-time pathologist of experience, and, subsequently, assistant pathologists as required. In order to assist the pathologist of each 'group' laboratory, it was considered that it would be necessary to appoint some four technicians of varying grades as well as the necessary clerical help and cleaning staff. In hospital laboratories for the present it was thought that the services of a single technician, working under the direct control of the medical superintendent and of a visiting pathologist from the group laboratory, would be sufficient. Stress was laid upon the importance of close co-operation between the pathologists and the clinicians, and of frequent consultations between the pathologists themselves and with pathologists of teaching and research centres."

Among the recommendations the following may well be noticed:

"That, as soon as possible, the system of employing part-time pathologists be dispensed with, in favour of a whole-time service.

"That arrangements be made under which the medical officer of health may have on his staff a pathologist whom he can consult on matters of laboratory technique, and on all pathological questions on which he may desire an opinion.

"That the work now done by Poor Law hospital laboratories on behalf of metropolitan boroughs and smaller voluntary hospitals be continued, subject to the concurrence of the boroughs and hospitals concerned, and that a scale of charges be fixed in due course.

"That steps be taken, as opportunity is afforded, for co-operating with the pathologists of the voluntary hospitals, teaching schools, and research institutes."

¹ London County Council. Public Health—General and Special Hospitals. London: P. S. King and Son, Ltd., or through any bookseller. No. 2875. (2s. 6d.)

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and **LETTERS** forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring **REPRINTS** of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to **ADVERTISEMENTS**, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Subcutaneous Emphysema in Measles

Dr. J. KELVIN (Glasgow) writes: I was called to a mild case of measles in a well-nourished child of 2 years. About five days later I was again called by the parent, who complained that the baby had become suddenly worse. The picture had tragically changed, as there was now a fulminant pneumonia. In contrast to what is often observed in children's pneumonia in the early stages—only respiratory acceleration, but no physical signs in lungs—here existed emphasis of signs of bronchial breathing, and of fine crepitations everywhere. The curious complication was that the skin in places on the face, neck, and arms was swollen and crepitated—emphysema of skin. The child was sent to hospital, where the measles, grave pneumonia, and emphysema were confirmed. Death occurred on the following day.

Income Tax

Sale of Practice

"RETIRED G.P." has sold his practice for a lump sum. Is the amount payable to him assessable to income tax?

* * No; it is a receipt of capital, not of income.

Replacement of Car

"L. A." has had four cars in the past seven years. The most expensive (cost £315) was a car sold or exchanged in 1925, and the least expensive (cost £175) was a car sold in 1930 for £85, when the present car was bought for £220. The cost of renewal was claimed to be £315 - £85 = £220, but the inspector of taxes declines to allow more than £175 - £85 = £90.

* * The inspector is technically right. The allowance is for the expenditure incurred in the year for replacing a capital asset. That asset was the £175 car, and the expense of obtaining a similar new car (that is, of "replacing" it) would have been £175 - £85 = £90. The extra expenditure was incurred in improving the car equipment. It is true that there may have been no improvement over an earlier car, but each transaction stands by itself. Our correspondent would have been well advised to claim the annual depreciation allowance. In such circumstances the replacement claim entails an unavoidable loss.

LETTERS, NOTES, ETC.

The Training of a Specialist

Dr. MAURICE NEWMAN (Liverpool) writes: Dr. Logie (January 2nd, p. 39) raises a very important point with regard to the training of a specialist. I agree that every specialist should have a good foundation of general practice. There is no doubt that such a consultant is much more appreciated by the general practitioner than a specialist who has never left the university or training hospital, where most of the diseases he comes in contact with are either at the end

stage or at least are fully developed. The former, who has spent years studying illnesses in their initial stages, is trained to recognize diseases before they have developed. More valuable, however, is the fact that he is trained to examine the patient from every aspect as a general physician and not just to look at the patient from the point of view of his own specialty, for in the majority of cases one finds disease of one particular part of the human anatomy is dependent on some general trouble or on some other organ or system. Again, with regard to treatment, a consultant who has been in general practice is much more valuable to the practitioner than the specialist straight from the university, for only the former type of consultant can appreciate the little difficulties and limitations a general practitioner has in carrying out the treatment prescribed, and so advises treatment that *can* be carried out by the practitioner in the patient's home. He also knows how the practitioner appreciates his going into detail with regard to diet, nursing, hygiene, and dosage of drugs prescribed, etc.

Miners' Cramp

Dr. E. M. BROCKBANK writes: In a paper on this subject, which appeared in the *Journal* of January 12th, 1929, I find that the amount of sodium chloride that should be added to a gallon of water for drinking purposes, to prevent the cramp, is given by oversight as 10 grains instead of 10 grams. The smaller amount is not as effectual as the larger one.

Priority in the Acetic Anhydride Test

Dr. E. J. FITZGERALD (Warrington) writes: In your abstract of C. Manzini and P. Caramazza's article in *Il Policlinico* (see *Epitome*, January 16th, para. 69), the introduction of the acetic anhydride test is ascribed to Greenfield and Carmichael in 1927, and a further reference given to Piotrowski's paper in the *Journal* in 1929. Perhaps it would be fair to point out that this test, originally introduced by Boltz in 1923, was extensively reported upon in 1925 by Boltz himself, and by Grossman; in 1926, by Harris, Steel and Nicole, Silverston, Fleming, Loberg, Walker, and Sleeper; in 1927, by Blix and Backlin, Fleming, Schreus, Dietrich, Wullenweber, Scharfetter, Cady, Baumann, Duncan, and Turnbull, as well as by Greenfield and Carmichael; and in 1928, by Fleming, Nicole, Novick, Myerson, and Halloran. In the literature the test is almost invariably referred to as "the Boltz (acetic anhydride) test."

A Note on "Urgency"

Dr. H. VICKERS (Uxbridge) writes: Perhaps someone can beat this, but I can assure it is perfectly true. On January 13th I got in from my round—a very busy one—and found six messages, all marked "Urgent—as soon as possible, please," waiting for me. On my round I had proceeded past the points which I shall call A, B, C, D, E, and F, and in each case I actually passed the doors to which I was urgently summoned later in the afternoon. No. 1 case was at point A, and had been ill for over ten days. No. 2, at B, had been ill since before Christmas. No. 3, at C, had been ill since the beginning of last week. No. 4, at D, had been ailing since before Christmas. No. 5, at E, had had a pain in her stomach for five months. I refused to go to No. 6, at F, but, on calling next day, was told that she had not been well for a fortnight.

A Warning

"J. W. E." (London, S.E.) writes: On November 11th last a man called upon me at the end of my consulting hour and stated that he represented a firm in Penge who supplied stationery and sundries. I was in need of some of the things he offered, and I ordered some corks, 500 correspondence cards, and 1,000 envelopes, amounting in all to £1 6s. On his appeal, I advanced him a few shillings. I have never since seen either goods or man. The following is the official description given me. Aged 38, height 5 ft. 10½ in., complexion fresh, hair dark-brown, eyes brown, medium build; speaks with strong Irish accent; gave name of O'Brien. Represents he is connected with various printing concerns, and in a position to supply correspondence cards, medicine bottles, corks, etc. Invariably victimizes members of the medical profession. Any reader who receives a call from him should communicate with the local police.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 44, 45, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 27.