

Perforated Peptic Ulcer in a Black-out

SIR,—It is appropriate at the present time to draw attention to an apparent serious flaw in the organization and distribution of the medical services in London.

During the past week we have all appreciated the skill shown in evacuating women and children from the capital, and we assume that proper medical supervision has been arranged for these evacuees at their destinations. So far, excellent weather conditions have favoured these plans, but anticipating, as apparently we must, a period of hostilities extending over three years, it is easy to contemplate that in the "safe" areas (with inadequate sanitation and medical services) the tremendous influx of population may well prove in winter more disastrous than the effects of hostile action on the city.

As a practitioner who perforce must still continue to work in the West End of London, it is evident to me that the medical personnel has already been considerably depleted, and that all the organization of our profession has been directed towards the treatment of war casualties. Although the latter are obviously of prime importance it must be realized that there are still thousands of very useful active citizens in London who will, in due course, become the victims of natural illness. My own experience four nights ago confirms the suspicion that no provision is at present made for their treatment. In the black-out I was called urgently, in the absence of his own doctor, to a patient in Park Lane—a normal journey of seven minutes. After two taxi-cab accidents I arrived forty minutes later to find the patient in a state of extreme collapse, having perforated a duodenal ulcer some four hours previously. Three surgeons were telephoned, but none were available. Two nursing homes were found to be closed. An ambulance took fifty minutes to arrive. There were no private wing beds available in any hospital, and, finally, with great difficulty, the patient was conveyed to hospital, and, after a further period of fifty minutes, he was seen by a surgeon and duly operated upon. This additional loss of time was apparently due to the fact that the patient was not an air raid casualty—for which the institution is presumably well organized.

I would suggest, Sir, that, in London at any rate, there should be left some facilities for the treatment of private patients: (a) that nursing homes should not be completely de-staffed and closed down at the present time; (b) that there should still be in every branch of medicine and surgery known specialists and practitioners available for the treatment of the civilian population, apart from war injuries; and (c) that except during an actual raid ambulances should be provided with adequate lighting.—I am, etc.,

London, W.2, Sept. 12.

JAMES S. YOUNG.

Duodenal Ulcer with Haematemesis in a Young Girl

SIR,—A girl aged 7 complained now and then over a period of a year that her "belt was too tight," and over this period she had attacks of hiccup and occasional vomiting, which would be violent and of sudden onset. The child's appetite was capricious and the bowels were constipated. Weight was slightly below normal for her age, but was not notably so. During the night of August 6 last she suddenly vomited blood on three occasions. I was called in next day, saw the vomit, and I think about one-third of a pint of blood was lost. The patient, apart from feeling tired and having a slight rise in pulse rate, was not much affected. X-ray examination on August 18 of the stomach and duodenum showed some enlargement of the stomach, with poor tone and peristalsis. Some of the test meal was present after five and a half hours. The duodenal cap was very irregular, and the crater of a small ulcer was clearly seen. The patient is on a liberal diet combined with rest after meals only, is given magnesium trisilicate 5 grains and tr. belladonnae 7½ minims thrice daily, and is doing well. I am indebted to Dr. D. B. Hallett for his x-ray examination and report.—I am, etc.,

Maidstone, Sept. 9.

JOHN SMITH.

Industrial Dermatitis

SIR,—The correspondence on industrial dermatitis is interesting. Confusion seems to exist because dermatologists and interested medical men tend to regard the issue as purely medical, for confirmation by the ordinary arts of medical diagnosis. Diagnosis of any of the scheduled diseases requires some knowledge not only of industry and industrial hazards, but also of the basic principles of compensatory legislation, and the scheduling of diseases. Criticism of the schedule, the exact wording of the compensation symptom or the juxtaposed industrial process, is easy, but it is based on prolonged experience of what is necessary on the combination of administrative, legal, medical, and industrial grounds. "Any eczema, varicose or otherwise," cannot be certified as industrial dermatitis by any general practitioner. If it were done in that form it would not entitle the alleged sufferer to compensation. A diagnosis of "dermatitis due to dust or liquids" can for this purpose only be made by a general practitioner chosen to be an examining factory surgeon. This holds as a legal document unless challenged by appeal to a medical referee within the statutory period.

Dr. H. Haldin-Davis (August 19, p. 421) says the factory surgeon "hardly ever refuses" the necessary certificate. I would like to know on what information or statistics such a statement is made. In my experience it is untrue and unfair. On the whole the factory surgeon does his work more conscientiously and competently than the medical referee or the skin specialist acting for employers against the workman's claim. I differ from his view that dermatitis due to dust or liquids always begins on the parts exposed to the irritation. It frequently does so, but "always" is sweeping. Then again, after remarking on the likelihood of a chronic dermatitis incurred in occupation behaving like a chronic eczema, he comments that on these cases insurance companies naturally try to escape liability by proving that "the patient is now a real eczema patient," and being often unsuccessful in this "only escape from an indefinite liability by handing out a sum of considerable size to the sufferer." Dr. Haldin-Davis must be in the confidence of many insurance companies to hazard such a statement on matters and figures about which the insurance companies are extraordinarily reticent. Will he tell me where these sums of considerable size are doled out and how many cases can be proved?

Dr. E. W. Prosser Thomas's excellent letter (August 19, p. 421) sets out the problem fairly—"diagnosis must mainly depend therefore on a full consideration of the mode of development of the eruption, its distribution in relation to areas exposed to irritation, the exact nature of the work and of the possible irritants handled, together with the patient's previous skin history"—the latter no doubt to be considered from the possibility of consequential or sequential allergy or sensitivity.

Dr. Henry C. Semon (August 19, p. 421) is correct in stressing the importance of the industrial history. Many specialists do not recognize that industrial disease is for Workmen's Compensation Act purposes regarded as a notional accident, and the association of the accident with the occupation must be considered from the workman's point of view under circumstances of which he had no knowledge. That is the legal position, so that subsequent allergy or sensitivity does not affect the issue if the original cause can be associated with occupation. Dr. Semon's views are stated quite fairly and are worthy of consideration, but the concomitancy of other dermatitis cases in the factory, though it may strengthen, would not invalidate an occupational dermatitis as scheduled. And I am surprised to learn of his scepticism when the upper extremities below the elbow are not involved. The site of the initial lesions in scheduled dermatitis due to dust or liquids may be, in my experience, situated anywhere, depending on the occupation, anatomical contact, and a host of other factors. Dr. Robert Anderson (August 19, p. 422) says truly that "each case has to be considered by itself," though I disagree with his subsequent remarks as to the parts exposed to the irritant being the sites of the skin lesions.

Many comments are tinged apparently by a compensation complex apparently rather antagonistic to the worker. Why should alleged "acute constitution-like eczematization" of the skin encountered in industry present a difficulty from the compensation aspect, and what medically is really meant by such a term as "constitution-like," which seems to me liable to personal misinterpretation, etc.? The reference to the drafting of the schedule (not the law) twenty years ago, "when, speaking generally, industrial dermatitis arose solely from direct chemical contact with the irritant," seems to me open to challenge. Whether or not this eczematization is acquired sensitization—the sensitization like a disease or a liability to disease being acquired in the course of an occupation from causes beyond the responsibility of the employee—is quite immaterial to the issue of linking up the association between the disability and work and so to compensation. Similarly with regard to secondary or sequential infection of traumatic disabilities.

A Royal Commission on Workmen's Compensation is now sitting. Various medical bodies—the British Medical Association, the Industrial Medical Officers' Association, and the Royal College of Physicians—are engaged in preparing evidence. Those correspondents who feel deeply on this matter will no doubt, either singly or in combination, be presenting memoranda either to these bodies or to the Commission. There the writers will have their views examined by those with a thorough knowledge of Workmen's Compensation, and not only from the medical aspect. It is to be hoped the opportunity will be seized, for the correspondence displayed a tendency to generalization on controversial and undecided medical issues, as well as an apparent lack of understanding of the fundamental principles of compensation as they affect the workman.

The workman is utilized by an employer for a profit or a personal amenity. He is entitled to protection and compensation against any disability arising in connexion with his work, and doubly so if the disability leads to disease. Medicine is not there to be harnessed to the interests of, or to relieve the responsibilities of, individual employers or their agents. If, as recommended in the evidence of the Trades Union Congress before the Royal Commission, the issue of compensation were taken away from an individual employer, often uninsured, as a liability and placed on a national fund, collected as advised, with its administration in the hands of an impartial board, responsible to Parliament, and so to representative criticism or praise, with impartial medical officers adjudicating on cases with the help of regional committees, all this emphasis on the employer being "made liable" would cease. Compensation is a vital question with the worker. The medical aspect is only one of its many facets.—I am, etc.,

H. B. MORGAN,
Medical Adviser,
Trades Union Congress.

London, S.W.1, Aug. 28.

Universities and Colleges

UNIVERSITY OF OXFORD

Dr. K. J. Franklin is deputizing for Dr. B. G. Maegraith as Dean of the Medical School.

According to the *Daily Telegraph* of September 8 full term at Oxford University will begin as already arranged on Sunday, October 15, and all University examinations will, until further notice, be held on dates already fixed.

The election to the Staines Medical Fellowship at Exeter College is postponed until further notice.

The appointment of a deputy to carry on the duties of Dr. Lee's Professorship of Anatomy is cancelled owing to the withdrawal by Professor W. E. Le Gros Clark, Fellow of Hertford College, of his resignation from the Professorship.

UNIVERSITY OF LONDON

The temporary address of the central administrative offices of the University of London is Royal Holloway College,

Englefield Green, Surrey. All communications should be addressed there, and inquiries should be made in writing and not by telephone. Plans are in hand for the evacuation of the whole of the University, and it is hoped to begin the new term early in October. The medical schools are going to the centres indicated in parentheses: St. Bartholomew's, London, and the London School of Hygiene and Tropical Medicine (Cambridge); Guy's and St. Thomas's (Oxford); Middlesex (Bristol); St. Mary's (Manchester); London School of Medicine for Women (Aberdeen and St. Andrews); King's College (Glasgow).

UNIVERSITY OF LIVERPOOL

The Vice-Chancellor of the University of Liverpool announced on September 12 that the next term will begin on the dates already arranged, except that students in the department of education will return on September 25 instead of September 18.

UNIVERSITY OF MANCHESTER

It is expected that the Manchester University session will begin on the date arranged, October 5, and that work will be carried on so far as possible, except in the case of evening classes, about which no decision has yet been reached. Registration of students will take place on the dates already fixed. It is intended to hold the examinations which are normally held in September at the times already announced. The medical students from St. Mary's Hospital Medical School, London, will be transferred to Manchester to continue their studies.

ENGLISH CONJOINT BOARD

The final qualifying examination for the diplomas of M.R.C.S., L.R.C.P., advertised to begin on September 27, will, it is anticipated, begin on that date. The first examination in anatomy, physiology, materia medica, and pharmacology, advertised to begin on September 20, will begin on or about October 18, and the pre-medical examination in chemistry, physics, and biology, advertised to begin on September 18, will begin on or about October 23. Full particulars regarding the relaxations in the regulations governing the above examinations may be obtained from the secretary of the Examining Board in England, Examination Hall, Queen Square, London, W.C.1 (office hours: 9 a.m. to 4 p.m., Monday to Friday). Further details will be given next week.

UNIVERSITY OF ST. ANDREWS

St. Andrews University will be reopened on October 3, and every effort will be made to carry on in all the faculties.

The honorary degree of LL.D. will be conferred on Mr. W. Graham Campbell, M.B., C.M., D.D.S., Lecturer in Orthodontics in the University, at a graduation ceremonial in October.

OTHER SCOTTISH UNIVERSITIES

It has not been found necessary to cancel any of the arrangements made for the autumn examinations at any of the Scottish universities.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on September 4, with Dr. John Henderson, President, in the chair, James Cuthbert, M.B., Ch.B., D.P.H., was admitted a Fellow of Faculty.

The Services

HONORARY SURGEONS TO THE KING

Major-General F. Casement, D.S.O., late R.A.M.C., and Colonel B. Biggar, late R.A.M.C., have been appointed Honorary Surgeons to the King, in succession to Major-General H. M. J. Perry, C.B., O.B.E., and Colonel J. M. Weddell respectively.