

pension shall be brought into account, under certain circumstances, in assessing his total pay. This again may be justified in the case of a non-contributory Civil Service pension but is utterly unjustified in the case of a contributory scheme, where the practitioner has paid for his pension and is entitled to that pension by right and without any conditions attached. Even a policeman who engages in remunerative employment after his retirement is not the victim of any means test such as this.—I am, etc.,

Leeds.

J. H. E. MOORE.

RADIO-ACTIVE SUBSTANCES BILL

Correction

We stated in the *Supplement* of July 5 (p. 5) that Clause 5 of this Bill prevents the use for therapeutic purposes of apparatus which produces radiation except under licence of the Minister of Health. The regulations apply, however, to wavelengths shorter than 500 Angströms, and they therefore do not include equipment for short-wave therapy and ultra-violet ray and radiant heat lamps, which emit at a longer wavelength.

Association Notices

Branch and Division Meetings to be Held

SHROPSHIRE AND MID-WALES BRANCH.—At Royal Salop Infirmary, Shrewsbury, Sunday, Aug. 10, 3.30 p.m. General meeting. Agenda: Receive report of A.R.M.; Election of President, 1947-8, etc.

Meetings of Branches and Divisions

NORTH OF ENGLAND BRANCH

A summer course of scientific meetings was held in the Royal Victoria Infirmary, Newcastle-upon-Tyne, in May and June.

At the first meeting, held on May 8, Dr. H. E. Magee gave an address on the significance, indications, and efficiency of intravenous alimentation. He stated that proper functioning of the body depended upon the provision of all necessary nutriment. Malnutrition might result from disease or injury due to toxæmia, fever, anorexia, inability to swallow, or vomiting, and was liable to arise in the more acute conditions unless the cause of tissue destruction was removed and nutrients were supplied to the tissues. Protection of key organs such as the liver was of first importance, yet, when food could not be given by mouth, parenteral administration of glucose saline was not sufficient, as protein was not provided.

Human blood proteins could now be given intravenously with impunity and could supply the protein aggregates required by the body, and together with certain amino-acids had proved satisfactory for reconstitution of body protein. The reserve supply of blood protein in the tissues was kept in a state of equilibrium, but amino-acids were always present in the blood stream. Blood transfusion, although it did not provide energy, could supply plasma protein, but very large quantities would be required. Other sources of protein for parenteral administration were protein hydrolysates, chiefly derived from the complex protein casein, which could maintain life as the only source of protein. Nearly all the natural and useful amino-acids were laevo-rotatory, and the dextro-rotatory types, fortunately not being toxic, were excreted. There was a considerable wastage of laevo amino-acids by excretion when given by the antecubital vein, probably as a result of elevation of the renal concentration and lowering of the portal concentration in comparison with administration by the alimentary tract. One of the greatest difficulties was to provide energy to prevent wastage of amino-acids, as insufficient glucose could be given intravenously to meet the need. Fats were being tried as a source of energy, but difficulty had been encountered in making an emulsion that would stand sterilization.

At the second meeting Dr. Marjory W. Warren gave an account of the modern treatment of the aged and infirm with special reference to the role of a geriatric unit attached to a general hospital. Referring to the fact that since 1900 the number of people in the country over 60 had risen from 2.4 to about 6.6 millions, and the expectation of life of men and women had by 1942 increased from 44 and 47.6 to 61 and 67.4 years respectively, Dr. Warren pointed out that the number of people in the upper age groups for whom nursing care would be required would increase. The prerequisites for such a service were a keen and interested medical staff, supported by a suitable nursing staff, an ancillary physical training and rehabilitation team, and social workers. Classification and segregation of the cases were essential, the chief groups being the ambulatory, the restless who required restraint in cot beds, the incontinent patients, and the miscellaneous residue. It was important that the same medical staff should be responsible for the care of the patients so long as it was necessary for them to stay in an institution. When no

further medical treatment was required, and only then, patients would be transferred to the long-stay annexe, which had the same nursing staff with medical care available. All patients would pass through the wards for full investigation before being transferred to the annexe. Ambulatory patients with no homes would be sent to residential homes after investigation and necessary treatment. Restless senile patients should not be sent to mental hospitals, as they did not require specialized mental treatment.

Prof. W. E. Hume chose as his subject for the third lecture, given on June 12, "Trauma of the Heart." Confining his remarks to the non-penetrating wound, he considered that the small space between the sternum and vertebral column predisposed to injury of the heart following blows or crushing injuries of the chest. The heart muscle might be lacerated by fractured ribs, the heart might be contused, lacerated, or burst by pressure on the abdomen or by a fall from a height, especially on water, and a fall of sand compressing the lower limbs and abdomen might sometimes cause death from rupture of the heart due to overfilling with blood. Many heart injuries were undiagnosed as such in severe fatal chest trauma, and minor damage was apt to be overlooked in the presence of multiple chest injuries.

Spontaneous rupture of the heart due to disease was not very uncommon. In the traumatic variety the four chambers of the heart were involved with equal frequency, and the tear often seemed to take place from within outwards. In the majority of cases death, usually due to distension of the pericardium with blood, occurred within an hour of the accident, but in some cases there was a delay of variable duration between the time of injury and death. Haemorrhage into the heart muscle might follow comparatively trivial blows and was frequently followed by dilatation of the heart lasting two or three weeks or more.

The final lecture in the series was given by Mr. A. Lawrence Abel, who discussed some common diseases of the rectum and anal canal. Pointing out that the rectum was normally empty for the greater part of the twenty-four hours, he stressed the importance of the regular evacuation of the bowel contents as soon as the gastro-colic reflex came into operation. Neglect of this simple response was liable to cause congestion and ultimately disorders of the rectum. With the exception of cases of appendicitis more information could be gained when the patient lay on the right side and the left index finger was used for rectal examination. As the haemorrhoidal veins were then full, internal piles could more readily be felt and a new growth became more readily accessible to the examining finger. It was important to palpate the walls of the anal canal and rectum with the ball of the index finger on all sides, rotating the finger through 360° at all levels.

As Miles had shown, straining due to constipation, pregnancy, or other cause might give rise to spasm at the anal canal level, and this functional condition might lead to the formation of a fibrous band in the bowel wall. This might predispose to the tearing down of one of the anal valves, with the formation of a fissure in ano with a sentinel pile. Calomel ointment with nupercaine, reinforced when necessary with A.B.A. by local injection, gave a considerable measure of relief in such cases, but when a fissure became chronic and indolent incision or excision, according to its extent, was necessary.

As in carcinoma of the anal canal pain was experienced at an early stage, treatment could usually be carried out soon, but, as the inguinal glands were soon affected, radical operation was essential. In early rectal carcinoma there might be few symptoms. In the ampullary cases there might be a feeling of bowel fullness after defaecation, later the passage of mucus and blood, and still later alternating diarrhoea and constipation. A sudden change in bowel habits whether towards constipation or increased frequency of bowel movements was suggestive of ampullary or recto-sigmoid carcinoma.

H.M. Forces Appointments

ROYAL ARMY MEDICAL CORPS

Short Service Commissions, Specialist.—War Substantive Captains D. Gregory and N. H. Stewart, from Emergency Commissions, R.A.M.C., to be Captains. Lieutenant J. A. H. Brown, from Emergency Commission, R.A.M.C., to be Captain.

Short Service Commissions.—Captain T. C. Hallinan has retired, receiving a gratuity. War Substantive Captains R. P. Hickey, H. A. Kreiser, F. L. Holroyd, and D. H. Provan, from Emergency Commissions, to be Captains. Lieutenants G. J. L. Hamilton, D. C. V. Stewart, J. M. Adam, J. A. D. Bradfield, M. H. Barry-Walsh, D. A. Bailey, R. O. J. Fry, P. A. Hood, G. A. K. Missen, G. H. F. Beith, J. S. Inkster, A. Folkson, A. K. Thomas, K. P. Milne, P. F. Daly, and R. P. Vass, from Emergency Commissions, to be Lieutenants.

LAND FORCES: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

War Substantive Captains J. W. Robb and A. C. Watt have relinquished their commissions and have been granted the honorary rank of Major.

War Substantive Captain F. W. Boon has relinquished his commission on account of disability and has been granted the honorary rank of Major.

War Substantive Captain L. G. Hannah has relinquished his commission and has been granted the honorary rank of Captain.

War Substantive Captain T. S. Protheroe, M.B.E., has relinquished his commission on account of disability and has been granted the honorary rank of Captain.