

except Czechoslovakia and Yugoslavia, had taken similar action. Legally, they remained members of W.H.O., but they were not now being co-operative. W.H.O. continued to make all its facilities available to these countries, just as it did to Spain, although Spain could not be admitted to the Organization until she was admitted to the United Nations.

SCOTTISH FEVER GROUP

The fourth annual meeting of the Scottish Fever Group was held at Knightswood Hospital, Glasgow, on October 7 with Dr. T. ANDERSON in the chair. The morning session was opened by two papers dealing with the use of streptokinase in tuberculous meningitis. Dr. M. B. EADIE (Knightswood) had given streptokinase to alternate patients in a series of 44, all of whom received the same streptomycin regime. When attention was directed to those cases proved bacteriologically and followed up for a period of six months there was no difference between the two treatment groups as regards mortality. Disturbing and severe, though not fatal, reactions had been noted when a second course of streptokinase was given after an interval. Dr. J. T. NAISMITH (Belvidere) described the side-effects noted in 11 patients when intrathecal injections of streptokinase were restarted after an interval of three to four days. The reactions had been of such a severe character that further use of the material had been abandoned. Dr. I. B. L. WEIR (Public Health Department, Glasgow) and Dr. C. D. RIGG (Paisley) drew attention to certain aspects of the recent outbreaks of poliomyelitis in Glasgow and Renfrew. A feature of the 1950 epidemic in Glasgow had been the high proportion of cases in the 0-5 years age-group. Marked differences in the local grouping of cases had also been observed, although there seemed to be a tendency, both in 1947 and in 1950, for the Glasgow cases to occur with greater frequency along main streets. Dr. W. NAPIER (Shieldhall) described four cases of Kaposi's varicelliform eruption and discussed the theories of its pathogenesis. Dr. N. R. GRIST (Knightswood) had examined material from five such cases and had been able to demonstrate an aetiological relationship of vaccinia virus in four of them.

The afternoon session was opened by Dr. A. JOE and Dr. G. SANGSTER (City Hospital, Edinburgh), who described four examples of leptospirosis (canicola) infection in man. A portable apparatus for air-sampling was described by Dr. A. T. WALLACE (City Hospital, Edinburgh), and Dr. A. DRIMMIE (Knightswood) gave the results obtained by using a simple dust-sampler in pneumonia and measles wards. Although there was a high recovery of haemolytic streptococci, the isolation of typable pneumococci was infrequent. Dr. J. LAWSON (Ruchill) drew attention to the increasing importance of acute laryngo-tracheo-bronchitis in an analysis of a series of 14 cases. The mortality was high, despite massive penicillin therapy. The failure of penicillin was probably accounted for by the fact that the pneumococci and staphylococci isolated from the majority of the cases had proved resistant to it. Certain features of the pathology suggested the possibility of a primary virus infection. Aureomycin, which had been used in a few cases, had not been strikingly successful. Dr. J. SMITH (City Laboratory, Aberdeen) recorded his collected results on the presence of agglutinable *Bact. coli* in babies suffering from gastro-enteritis. It was clear that the type of *Bact. coli* isolated was not constant, for the type originally present in Aberdeen

(associated with a heavy mortality) had disappeared and from the less severe disease now prevalent a different type had been obtained. Dr. R. H. GOSLING (City Hospital, Edinburgh) had studied a series of 75 cases of salmonella infection, the majority due to *S. typhi-murium*. Despite chemotherapy, the patient might continue to excrete the causative pathogen for as long as four to eight weeks, and Dr. Gosling's analysis showed that those under 2 years of age were most difficult to clear. Dr. B. R. NISBET (Kilmarnock) had performed Schick tests on patients admitted to a maternity hospital. The Schick-negative rates obtained in different age-groups showed considerable variation. The figures suggested that if diphtheria again became prevalent it might show a high incidence among the older and supposedly immune population. Dr. R. H. A. SWAIN (Bacteriology Department, Edinburgh University) reported the results of agglutination studies in cases of glandular fever using the Newcastle disease virus. The test had proved disappointing and had not made a contribution to the diagnosis. Dr. R. S. DEWAR (Strathclyde, Motherwell) had used chloramphenicol in a small outbreak of paratyphoid fever and gave a summary of the results.

Two demonstrations were given, one on the pathology of anterior poliomyelitis by Professor D. F. CAPPELL and the other by Dr. N. R. GRIST showing the appearance of the pock virus infections on the chorio-allantoic membrane.

The meeting was attended by about 70 persons, and the papers gave rise to a lively discussion.

MEDICAL DEFENCE UNION

The council of the Medical Defence Union has now issued its annual report and statement of accounts for 1949-50. The Union, under the presidency of Mr. Ivor Back, F.R.C.S., who was elected at the last annual meeting, has as usual had an active year. Membership continues to rise, and in July of this year stood at the record number of 34,452. The Union has recently moved its headquarters to B.M.A. House, where it is installed in offices on the third floor of the South Wing.

It appears from the report that the Union conducted no fewer than 2,125 cases during 1949. But, in addition to this work on behalf of individual practitioners, useful advances have been made in other fields. The Union carried out an examination of the disciplinary procedure of the General Medical Council, and as a result made some 27 recommendations for its improvement. Many of the Union's recommendations have been incorporated in the new Medical Act, and the council pledges itself to press for the incorporation of the remainder in the rules of procedure which will be prepared at a later date. Arising also from the Medical Act, the council has under consideration the

THE NOBEL PRIZE-WINNERS IN MEDICINE

This year the prize is shared among two American workers and a Swiss organic chemist (see the annotation on p. 1046). Photographs by Associated Press.



Dr. Philip Showalter Hench.



Dr. Edward Calvin Kendall.



Dr. Tadeus Reichstein.

special position likely to arise from the creation of a group of "provisionally registered" practitioners. It will be recalled that, before full registration is accorded, newly qualified practitioners are to be required to spend a specified period at an approved hospital, institution, or health centre and to produce to the G.M.C. a certificate of satisfactory service in this appointment.

Since the introduction of the National Health Service there has been a marked increase in the number of complaints made against doctors. The Medical Defence Union stresses the importance of seeking expert advice early when such complaints are lodged. The report draws attention also to the unsatisfactory legal position of hospital medical staff when either the doctor personally or his employing authority is sued for his alleged negligence. The employing authority need not necessarily assume responsibility for the doctor's defence—although ordinarily it will do so in the case of a nurse—and, further, if the complainant seeks to make the hospital authority liable that authority is required to claim from the doctor a contribution towards any damages awarded. A number of other subjects are briefly discussed in the report—the procedure at Service committees, witnesses' allowances, the legality of adding a "ceiling" to an agreed rate of remuneration, notification of infectious diseases, third-party risks, drugs in cars, disputed accounts, etc.

During the year, 199 out of the 2,125 cases handled by the Medical Defence Union were passed to the Union's solicitors. Of these 74 concerned allegations of professional negligence, 38 arose out of inquests, and 20 were due to allegations of libel or slander.

The membership subscription has been raised from £1 to £2 per annum. There is, however, a reduced rate for practitioners joining within three years of registration for their first three years of membership.

EXHIBITION OF MEDICAL PHOTOGRAPHY

The third exhibition organized by the Medical Group of the Royal Photographic Society was international in character. Entries were received from Australia, Austria, the Channel Islands, the Gold Coast, Portugal, South Africa, Sweden, Switzerland, and the United States, in addition to those from the United Kingdom. The exhibition, which was first shown at the house of the Medical Society of London in June, was opened in the museum of the Royal Infirmary, Manchester, on October 7, by Mr. Robert Newell, F.R.C.S., dean of post-graduate studies in the University. The chair was taken by Dr. John F. Wilkinson, chairman of the medical board. Both the chairman and the opener referred to the very great advances which have been made in medical photography in recent years. There was now far less tendency to photograph "very large lumps," and the camera was becoming an instrument of everyday use in most branches of medicine and surgery. Yet in an age of specialization Mr. Newell reminded his audience that it was still "the man behind" that counted, and he said that the material exhibited was eloquent proof of this.

The exhibition included 107 mounts (33 from overseas) and 93 colour transparencies (22 from overseas). One motion-picture from Switzerland was also accepted. Probably the most striking feature of the whole was the absence of the over-enlarged prints of rarities which were a feature of earlier collections, and the large number of composite mounts bearing photographs, radiographs, micrographs, and charts, designed to present a complete picture to the student. In this manner St. Bartholomew's Hospital presented the fitting of a hollow acrylic obturator after maxillary excision, Manchester a keyed diagram technique for the annotation of photographs of surgical operations, and the Postgraduate Medical School of London a very complete pictorial account of the repair of a popliteal aneurysm. From Professor Olivecrona's clinic in Stockholm came a pair of mounts illustrating the extirpation of a meningioma.

Several specialized techniques were covered; infra-red photography was more widely and more intelligently used; oph-

thalmic photography from the Institute of Ophthalmology, London, was of a very high order, and there were some good prints of metazoan parasites from the Instituto Portugues de Oncologia. The Royal Hospital for Sick Children, Glasgow, produced some of the best pictures of children we have seen. It is notable that these were made by electronic flash, using exposures of only a few microseconds. There is no doubt that this equipment is the answer to the wriggling infant.

The colour transparencies were good—probably as good as they could be. But there is still need for a process which will yield paper prints at a cost in money and time which the hospital and medical school departments can meet. The single example, from America, of the new "Flexichrome" process, which combines the skills of the photographer and the painter, attracted much interest.

The exhibition is without doubt the best collection of medical photographs to be shown to date, and the organizers are to be warmly congratulated.

CEREBRAL PALSY

The British Council for the Welfare of Spastics summoned a largely attended conference on the cerebral palsy problem on October 14. It was divided into medical and educational sessions. The chairmen were Mr. Fred Messer, M.P., and Mr. Paul S. Cadbury. A welcome to the conference was given by Professor Andrew Topping, dean of the London School of Hygiene and Tropical Medicine, where the meetings were held.

Paediatric Aspects

Professor NORMAN B. CAPON, of Liverpool, said that, although what might be called primary mental deficiency was not common in the spastic, he was afraid that the American views on this subject were too optimistic. He found 50% of his own patients to be children who were definitely retarded, though the retardation might in some measure be removed by treatment, especially when directed to enlarging the space-world of these people. The American figures also gave an incidence of cerebral palsy which he did not think was borne out by experience in this country. He believed the frequency in Great Britain to be between one and two per thousand children of school age. A figure of 1.9 had been mentioned in Sheffield, and of 1.0 in Birmingham, which would give Birmingham 150 spastic children of school age, whereas on the figures for America the number would be 600.

Cerebral paralysis was a problem *per se* and needed special consideration. Unfortunately, lay people thought treatment to be synonymous with cure. Many of these children could be treated in the sense of amelioration but not in the sense of cure. As for aetiology, in about two-thirds of the cases which came within his cognizance the cause was unknown; in the other third it was reasonable to associate it with difficult birth.

Aetiology of Cerebral Palsy

Mr. G. A. POLLOCK, of Edinburgh, said that it was reasonable to suppose that the first-born child was more likely than later children to be subject to head injury at birth. In 1948 in Scotland, out of 2,966 stillbirths registered, 118 were said to be due to birth injury, which would include cerebral injury, and, of these, 56 were first births and 21 second. Among white races cerebral palsy was more common than among negroid and Oriental peoples. The fact that negro babies at birth were smaller than white babies might have some connexion with this, as also the fact that Rh anomalies, with an incidence of about 15% in the white races, had an incidence of only 5% in the negro and 1% in the Oriental. For long it had been accepted that imperfect medical attention at birth was a cause, but an investigation in South Virginia showed that the incidence of cerebral palsy in a poor population where births were attended only by midwives or handy-women was no greater than after births in the highly skilled maternity hospital. In fairness to the doctor it should be said that not more than 10%, if as much, could be ascribed to bad obstetrics. In dealing with