

Sir George Elliston, chairman of the Public Health Committee, proposed the health of the guests, to which the first of three responses was made by Lord Addison. Lord Addison recalled that with the assistance of the late Sir Robert Morant and Sir George Newman he was called upon to draft the proposals relating to maternity and child welfare which found their place in the budget of 1914. So much was the new service appreciated that early in 1917 a committee was set up consisting of Lord Milner, Mr. Arthur Henderson, Mrs. Beatrice Webb, and himself to consider the question of the establishment of a Ministry of Health. It took only two weeks to arrive at a unanimous report, but difficulties arose when it came to the actual establishment of the Ministry, and terms had to be made with local authorities and approved societies, so that not until 1918 was blessing formally given to the project. He became the first Minister in 1919, and was succeeded by Lord Melchett in 1921.

Responses were also made by the Bishop of London, who spoke of the function of the Church in the field of public health, and by Sir Alfred Webb-Johnson, who reminded the company that Sir John Simon was not only a pioneer in public health but a great surgeon, and indeed one of his predecessors in the presidency of the Royal College. Sir Alfred touched lightly upon present or subsiding controversies, as did Lord Balfour of Burleigh, chairman of the Medical Research Council, who wished godspeed to the Minister and to the medical profession in their endeavours to bring in the new health service. Lord Balfour proposed the health of the Corporation, and the Lord Mayor (Sir F. Michael Wells) replied.

## SEA AND AIR PORT HEALTH AUTHORITIES ANNUAL CONFERENCE

The forty-ninth annual conference of the Association of Sea and Air Port Health Authorities of the British Isles was held at Swansea on May 12, 13, and 14, under the presidency of Councillor William Evans, chairman of the Swansea Port Health Committee. The delegates were welcomed by the Mayor, Councillor Sir William A. Jenkins, J.P. At the annual general meeting held on the first morning of the conference Alderman T. F. Mooney, of Newport, was elected president for the year 1948-9. Dr. H. C. Maurice Williams, of Southampton, was re-elected honorary secretary, and Dr. W. M. Frazer, of Liverpool, honorary treasurer.

### Golden Jubilee

To mark the Association's fiftieth jubilee, Dr. Nicolas Gebbie, port medical officer to the Hull and Goole Port Health Authority, gave an address entitled, "The Romance of the Port Health Service and of its Association." The idea of forming the Association, he said, was conceived by the Hull and Goole Port Sanitary Authority, which with other authorities realized that concerted action was needed to safeguard the health of seafarers. The first president was Dr. Fraser, a general practitioner and chairman of the Hull and Goole authority. Dr. Gebbie described the work carried out by port health authorities, and he reminded the conference that a further problem had developed during recent years—namely, the prevention of the introduction of infectious disease by air traffic. He discussed some of the early outbreaks of cholera in this country. The disease was unknown outside Asia until 1817; it subsequently spread to the West in four great waves, reaching Europe along the four main lines of travel from India: through Afghanistan and the caravan routes to Russia; by the Gulf of Persia to Syria and Egypt, and across the Caspian to Russia; by the pilgrim traffic to the Red Sea, thence to Egypt and the Mediterranean; and by the Trans-Caspian railway and the Caspian steamers to Russia. The infection came to England usually from Russia and Germany through the North Sea ports—for example, Sunderland and Newcastle in 1831, and Glasgow and London in 1832. In the 1831-2 epidemic there were 21,000 deaths in England and 9,000 deaths in Scotland. Further epidemics affected England in 1848-9, in 1854, and in 1865-6. The Prudential Assurance Company was founded by a

Lambeth clergyman to insure his parishioners against cholera during the 1854 outbreak.

Port sanitary authorities were the first line of defence against cholera, and their defence was strengthened by the formation of their Association in 1898. The work of the Association had extended with that of its constituent authorities, and its advice had been sought on many occasions by national and other bodies.

### Naval Hygiene

Surgeon-Captain Hugh M. Willoughby, deputy medical officer of health, Port of London, described his experiences as a hygiene officer in the Royal Navy at Alexandria. During his first two years in the Eastern Mediterranean there was no major epidemic of infectious disease. A few cases of dysentery occurred, but the incidence was kept low owing, in his opinion, to the ban on the eating of salads, melons, and fruit such as strawberries. Referring to "guppy tummy," the speaker considered bacteriophage useful both as a prophylactic and in treatment provided that it was made from a local strain of the infective agent.

The incidence of malaria was low. There were only 29 cases reported during 1940, the majority infected in Crete and Greece. One of the greatest problems was supplying fresh water to Tobruk. All fresh water had to be conveyed in carriers previously used as oil and petrol tankers. Owing to good propaganda and recreational facilities, the incidence of venereal diseases in Alexandria was lower than in any home port in England.

### Cholera in Egypt

Dr. R. Barrett, of the Ministry of Health, read a paper on the Egyptian cholera outbreak of 1947 and its effect on civil aviation. Egypt had suffered two epidemics of cholera in the past century. The first, in 1902, resulted in 34,000 deaths in a population of 5 millions. This epidemic was traced to the clandestine return of pilgrims from Mecca. Egypt had always been a centre of international sea and land traffic, and was now also an important centre of air traffic. Air routes radiated from Cairo to all parts of Europe, Asia and the Far East, Australia, New Zealand, Africa, and North and South America.

For climatic and economic reasons Egypt was a country where at certain seasons cholera could develop in epidemic form. Its sudden reappearance in 1947 caused considerable anxiety. The epidemic appeared to have no connexion with the pilgrimage to Mecca. The first cases were notified as food-poisoning and occurred in a native village with a primitive sewerage system and a water supply that came from a shallow well. The main occupation of the inhabitants consisted of cultivating dates, pressing them into cakes, and selling them to other villages in Lower Egypt. In spite of immediate precautions the disease spread to the neighbouring villages and provinces until all the provinces in Upper and Lower Egypt, with one exception, were reporting cases of cholera. The last case was reported on Dec. 31, 1947, and six weeks later Egypt declared herself free from cholera. The total number of deaths in this outbreak was 10,383 in a population of 10 millions. It was significant that the disease did not get a hold in any of the cities where water supplies and sewerage systems were of modern design. The Egyptian Government took elaborate precautions to prevent the epidemic from spreading.

Dr. Barrett said that it was a matter for speculation whether the epidemic ended as a result of the seasonal drop in atmospheric humidity and the fall in temperature or because of the preventive measures introduced. The need for international agreement on measures for the sanitary control of aerial navigation was well demonstrated by this epidemic.

Aircraft having a case of cholera on board must undergo medical inspection, isolation of the sick, and surveillance of passengers and crew for five days (the internationally agreed incubation period), disinfection of passenger effects and parts of the aircraft, and disinfection of the drinking water. Medical inspection of all passengers and crew and surveillance for five days was also prescribed for any aircraft from an infected area. Only in one instance was a suspected case of cholera reported in an aircraft, at Darwin, and that was not confirmed bacteriologically. The only measures, therefore, that should have been imposed on any other aircraft or passengers were medical

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inspection and surveillance. In fact, during the time of the epidemics seven countries closed their frontiers to air traffic from Egypt. Another stopped air traffic to Egypt in order to have time to equip her airports to deal with any cases of cholera. Others restricted air traffic to one airfield.

Inoculations against cholera did not provide absolute protection, and therefore inoculated passengers were still subject to surveillance under the Conventions. The procedure adopted for inoculation varied, some countries insisting on two inoculations, others requiring certificates to state the number of vibrios injected. Two countries insisted that all travellers from Egypt should be detained en route for a period of seven to eight days, and both these countries insisted upon negative stool examinations before entering. The effects, therefore, on air services were severe, and many of the countries introduced measures outside the scope of the requirements of the International Conventions. Such difficulties did not normally arise with maritime traffic, and this was a problem for which both Governments and airlines would have to find a solution. He suggested that there should be a standard procedure and that the vaccine should be standardized, as in the case of yellow fever.

During the conference the delegates visited several places of interest, including docks at Swansea and Port Talbot, the National Oil Refinery, Skewen, the Metal Box Factory at Neath, and the Imperial Chemical Industries Works at Wauanarwydd.

## NATIONAL HEALTH SERVICE

### DESIGNATION OF LONDON TEACHING HOSPITALS

Mr. Aneurin Bevan, the Minister of Health, has made the National Health Service (Designation of Teaching Hospitals, No. 2)\* Order, 1948, under the provisions of the National Health Service Act, 1946, designating 26 teaching hospitals in the London area. The 26 designated hospitals comprise a total of approximately 60 constituent hospitals. The names of all the hospitals concerned are given in the Order.

Each designated teaching hospital will be administered by a new Board of Governors, who will shortly be appointed by the Minister when he has considered the nominations and recommendations of various authorities and organizations who are concerned.

The teaching hospitals so designated under the Act have been given a separate identity and status, and in addition to their primary function of treating the sick they will provide facilities for clinical teaching and research in accordance with the needs of the undergraduate medical and dental schools and post-graduate institutes of the University of London.

As the group comprising each teaching hospital will be one entity for formal administration it has been necessary in some cases to give it a new title. But the Minister would wish the names of the constituent hospitals, many of which are of long standing and have valuable associations and traditions, still to be used for everyday purposes.

The first Order, made early in April, designated Teaching Hospitals in the Provinces.

<i>Title (1)</i>	<i>Hospital or Group of Hospitals (2)</i>
The Royal Hospital of St. Bartholomew	The Royal Hospital of St. Bartholomew, E.C.1 (including the Alexandra Hospital for Children with Hip Disease, and the Zachary Merton Convalescent Home, Northwood).
The London Hospital	The London Hospital, E.1 (including the Croft Home, Reigate, the Marie Celeste Annexe, Reigate, the Zachary Merton Annexe, Banstead, the London Hospital Annexe, Brentwood, and the Herman de Stern Convalescent Home, Felixstowe). Queen Mary's Maternity Home, Hampstead, N.W.3.

<i>Title (1)</i>	<i>Hospital or Group of Hospitals (2)</i>
The Royal Free Hospital	The Royal Free Hospital W.C.1 (excluding the Eastman Dental Clinic). The London Fever Hospital, N.1. The Elizabeth Garrett Anderson Hospital, N.W.1 (including the Rosa Morrison House, New Barnet, and the Garrett Anderson Hospital Maternity Home, Belsize Grove). The Hampstead General Hospital and North-West London General Hospital, N.W.3. The Children's Hospital, Hampstead, N.W.3. The North-Western Hospital (L.C.C.), Hampstead, N.W.3.
University College Hospital	The North London or University College Hospital, W.C.1 (including the Obstetric Hospital and the Royal Ear Hospital, Huntley Street, W.C.1). The Hospital for Tropical Diseases, W.1. St. Pancras Hospital (L.C.C.), N.W.1.
The Middlesex Hospital	The Middlesex Hospital and Cancer Wing, W.1 (including the Middlesex Branch Hospital and Hulke Endowed Convalescent Home, Clacton-on-Sea). The Woodside Hospital for Functional Nervous Disorders, N.10 (including the Country Branch, Welders House, Chalfont St. Peter, Bucks). The Hospital for Women, Soho Square, W.1. The British Red Cross Society's Clinic for Rheumatism, Peto Place, N.W.1.
Charing Cross Hospital	Charing Cross Hospital, W.C.2. Harrow Hospital, Roxeth Park, Harrow-on-the-Hill. Wembley Hospital, Fairview Avenue, Wembley.
St. George's Hospital	St. George's Hospital, Hyde Park Corner (including the Atkinson Morley Convalescent Hospital, Wimbledon). The Victoria Hospital for Children, S.W.3 (including the Victoria Convalescent Home, Broadstairs). The Princess Beatrice Hospital, S.W.5. The Royal Dental Hospital of London, W.C.2.
Westminster Hospital	Westminster Hospital, S.W.1 (including the Westminster Hospital Convalescent Home, Chartham Park, Sussex, the Westminster Hospital (Parkwood) Convalescent Home, Swanley, Kent, and the Yarrow Home of Westminster Hospital, for Convalescent Children, Broadstairs, Kent). The Infants Hospital, S.W.1. The Gordon Hospital for Diseases of the Rectum and Colon, S.W.1. All Saints Hospital, S.E.11.
St. Mary's Hospital	St. Mary's Hospital, W.2 (including Joyce Grove House, Nettlebed, Oxon., and Adair Lodge, Aldeburgh). Paddington Green Children's Hospital, W.2 (including the "Clear Springs" Convalescent Home and the "Pinecroft" Convalescent Home, Lightwater, Surrey). The Princess Louise Kensington Hospital for Children, W.10 (including the Convalescent Home, 19-20, South Terrace, Littlehampton). The Samaritan Free Hospital for Women, N.W.1. The Western Ophthalmic Hospital, N.W.1. St. Luke's Hospital for Advanced Cases, W.2.
Guy's Hospital	Guy's Hospital, S.E.1 (including the York Clinic, Nuffield House, and "Holmesdale," Nutfield, Surrey). The Evelina Hospital for Sick Children, S.E.1 (including the Eleanor Wemyss Recovery and Convalescent Home, Crazies Hill, near Reading).

\*Statutory Instruments, 1948, No. 979: National Health Service (Designation of Teaching Hospitals (No. 2) Order). H.M.S.O., price 1d., post free 2d