

## KING EDWARD'S HOSPITAL FUND FOR LONDON

The Prince of Wales took the chair at the annual distribution meeting on December 12th of the President and General Council of King Edward's Hospital Fund for London, and read a message from the King congratulating the Fund on its being again in a position to devote £300,000 in grants and awards to hospitals and convalescent homes.

It will be recalled that in view of the special financial difficulties last year it was decided to raise the amount distributed from £275,000 to £300,000, the whole of which came out of the receipts from various sources during the year. The Prince of Wales announced that, although this amount was again being distributed, it was still uncertain whether the available income of the Fund for the present year would reach this total, certain legacy contributions which were still expected not having yet been received. A distribution of this magnitude, the Prince explained, was a very substantial factor in the finances of London hospitals, serving partly to steady hospital finance and partly as an equalizing factor. The greater part of it was used in making annual grants, which, though not fixed in amount, were in fact kept fairly constant, so that hospitals could estimate more or less closely what they were likely to get, the sums thus serving as a steadying factor. The relative extents of the grants to the various institutions varied, partly because of differences in respect of their size and work and partly because of differences in their financial and other circumstances—such, for example, as the neighbourhood in which they were situated, the amount of their capital, and their facilities for raising money. In this way the distribution was to some extent an equalizing factor between the different hospitals, due regard being had to the efforts each hospital was making for itself. In addition to this the actual amount received by any hospital might vary from year to year, owing to temporary fluctuations in its fortunes. An institution which had had a particularly bad year might need a larger grant; the distribution committee could not do this if it did not also make temporary decreases when an institution had had an exceptionally good year. In this way, also, the grant acted as an equalizing factor. The present financial stringency affected different hospitals in different ways; some normally suffered from bad circumstances, and had little or no financial margin for bad times, while others had been obliged to undertake expenditure of capital on a large scale in comparison with their means. The King's Fund could come to the rescue in such cases, making exceptional grants which were usually designed to encourage and to reward the efforts made by the individual hospitals. One of the great advantages of maintaining the increased distribution this year had been that such help had been made possible not only without reducing the grants to other hospitals, but even simultaneously with a general increase.

The Prince warmly commended the excellent way in which the hospitals had so far weathered the financial crisis. Each year there had been more surpluses than deficits, and where a hospital had been in serious danger, this had always been due to something exceptional in its circumstances. That an annual expenditure of over three million pounds in London alone should continue to be met in these hard times reflected the greatest credit on the hospitals for the efforts they had made, and on the public, including the patients, who had responded so nobly. His Royal Highness thought it was one of the most encouraging signs in the progress of London hospital administration that the payments of patients in 1932, including £340,000 from the Hospital Saving Association, came to £1,139,000. Voluntary gifts, including legacies, totalled nearly £1,700,000, and if receipts in the form of capital were added the sum of voluntary gifts to hospitals in London was £2,173,000. Another laudable phenomenon was the reduction of expenditure by the hospitals as a whole, although the number of the beds in them had increased. The League of Mercy had again contributed £20,000, and the British Charities Association £10,000. The capital of the Fund had been increased by two substantial gifts, one of freehold property valued at £18,000, to be known as the

William and Francis Radford endowment, and the other a reversion of £136,000 on the death of Lady Mount-Stephen. Other forms of assistance rendered to London hospitals by the Fund included the action of its Parliamentary Committee in promoting legislation to secure to them more adequate payment towards the cost of treating motor-car accident cases. The Miniature Hospital was still being exhibited in England in aid of local hospitals jointly with the King's Fund, and would soon be going to Scotland. Standard forms for letters to hospitals by medical practitioners and replies by hospitals, and a memorandum on these and on hospital out-patient time-tables, had been circulated in the London area, the first item in the programme for reducing the time of waiting at out-patient departments along the lines recommended by Lord Onslow's Committee.

The treasurer of the King's Fund, Mr. E. R. Peacock, explained that since the estimates had been presented in November there had been a slight delay in the assessment of duties on certain legacies. If expectations were realized, legacies would bring in considerably more than the five-year average from that source, which was well over £60,000. In that event there would be enough to cover the distribution of £300,000, to which had to be added £20,000 for pension grants, part of which could be drawn from a special reserve created for the purpose in previous years. Annual subscriptions and donations showed a slight decrease, and no large unexpected donations had been received such as those which in former years had greatly assisted in making up the amount available for distribution. One legacy of peculiar interest had been the pearl tiara of the late Lady Mount-Stephen, which would be sold and the proceeds applied to the benefit of the hospitals. The increase of £154,000 in the capital of the Fund would materially strengthen its position in the future.

## *Nova et Vetera*

### JAMES BRYCE AND HIS PLAN FOR EXTINGUISHING SMALL-POX

There has recently come into the possession of the Royal Society of Medicine a pamphlet in folio entitled "Outlines of a Plan for extinguishing the Contagion of the Small Pox in the British Empire, by rendering the vaccine inoculation general and effectual. By James Bryce, F.R.S.Edin., Member of the Royal College of Surgeons Edinburgh, and one of the Surgeons for the gratuitous Inoculation of the Cow Pox." The first ten pages contain the printed matter of the pamphlet and the eleventh is blank. The twelfth or back page has the title as given above printed on it crosswise, as in present-day parliamentary Bills. Here also is to be found the date—June 11, 1808. The printer's name is given on page 10: "Alex. Smellie, Printer, Edinburgh." The pamphlet is not bound, but the leaves are stitched together with white thread.

This pamphlet must be scarce, if not very rare. There is no copy in the libraries of the British Museum, the Royal College of Physicians of London, or the Medical Society of London. But though the pamphlet is scarce the matter it contains is not; for it was reprinted by Bryce as "Appendix V" to the second edition of his work *Practical Observations on the Inoculation of Cow-pox*, which was published in 1809.

James Bryce is a person of whom very little is heard nowadays. His name does not appear in the *Dictionary of National Biography*, but a few lines are allotted to him in the *Biographisches Lexikon der hervorragenden Ärzte aller Zeiten und Völker*, second edition, 1929.\* Neither of his birth nor of his death is the date mentioned. Besides the pamphlet which is the subject of this notice Bryce published, (1) *An Account of the Yellow Fever with a Successful Method of Cure* (1795); (2) *Practical Observations on the Inoculation of Cowpox* (first edition, 1802, second edition, 1809); and (3) *Observations on the Foetal Liver, etc.* (in the *Edinburgh Medical and Surgical*

\* This *Lexikon* calls him "James B. Bryce," but in his writings Bryce always calls himself "James Bryce."

*Journal*, vol. xi, 1815). From various statements made in his writings it appears that he was at one time surgeon to the *Busbridge East Indiaman*, and was making his third voyage in 1792 when the outbreak of yellow fever which he describes broke out; that he was surgeon to the Orphan Asylum, and one of the surgeons to the Institution for the Gratuitous Inoculation of Cow Pox; and that he was a Member, and later a Fellow, of the Royal College of Surgeons of Edinburgh. In 1803 he was elected an F.R.S.Ed. According to a list given in the *Transactions* of that society he died probably at some date between 1826 and 1832. He was educated at Edinburgh, and visited London, Bombay, Madras, and Bengal.

If Bryce is remembered at all it is for his test for successful vaccination. This consisted in vaccinating the patient again with vaccine lymph five or six days after the first inoculation. If the first vaccination was successful then the lesions of the second ran their course more quickly and were smaller than those of the first. The test, however, was given up a long while ago as being unnecessary. In 1802 Bryce sent a copy of his book on vaccination to Jenner, with a letter. A portion of this letter, together with Jenner's two letters in reply, will be found in Baron's *Life of Edward Jenner* (vol. i, p. 534). Bryce drew Jenner's attention to and requested the favour of his "sentiments" on the "two most favourable features of his publication"—namely, a new mode for obtaining and preserving the virus of cow-pox, and the test. The new mode consisted in preserving, in a glass phial having a ground glass stopper, the crusts from a successful vaccination, and, when required, dissolving them in water and using the liquid as lymph. In his replies Jenner writes favourably of both the new mode and the test, though he is evidently of the opinion that the latter is unnecessary for the experienced vaccinator.

#### DETAILS OF BRYCE'S "PLAN"

As Bryce's "Plan" never had the slightest chance of being put into operation it is not worth while to give a lengthy account of it. It is just one of those schemes which are put forth from time to time by enthusiastic but hopelessly unpractical idealists. On paper such schemes may appear perfect; but the framers of them invariably assume either that the subjects of a Government will do, without the slightest demur, exactly what that Government orders, or that if the subjects offer opposition they can be easily compelled to obey.

In a somewhat lengthy introduction Bryce sets forth the reasons which have led him to frame and make known his "Plan." Small-pox inoculation has failed, and is often harmful; Jennerian vaccination is efficacious and harmless, but has not been widely adopted because of interested opposition and the ignorance and indifference of the public. Moreover—and this he regarded as highly important—vaccination was often performed by those who were quite ignorant of the proper method, with the result that many persons were imperfectly (or not at all) protected and caught small-pox, and so vaccination got a bad name. In some remarks he makes towards the end of his account of the "Plan" Bryce states that if it were adopted "it would relieve many surgeons from a species of practice which to my certain knowledge they regard as troublesome and too trifling to study and attend to as they ought, or as its importance to society demands."

Bryce would have liked to see his objects attained by legislation to abolish inoculation and make vaccination compulsory. But he fears—and here he was a true prophet—that such a method would be incompatible with the liberty of the subject, and concludes that recourse must be had to what he considers to be less severe methods.

The two most curious features of the "Plan" are the use Bryce proposes to make of the clergy "of every persuasion throughout the United Empire"—for this was to be no parochial or sectarian business—and the method by which it was to be financed. Vaccine boards, with inspectors, and principal and subordinate vaccinating stations, with vaccinators, were to be set up. In 1808 the only sources of information of births were the registers of baptisms, kept more or less carefully by the clergy.

Consequently, Bryce proposed that the clergy should compile lists of the children whom they baptized, and in the first week in April and September should send copies of these lists to the stations. So far so good; but on the first Sunday in May and October every clergyman was to read out after divine service the names of the children whom he had baptized, and to exhort the parents to take the children to the station to be vaccinated. This exhortation was to be repeated on the three following Sundays, together with a notice that if the advice was not followed the recalcitrants would be deprived of their rights to receive the benefits they might desire from any charities, public as well as private, including relief from the poor rates. That was one of the provisions of the "Plan." Apparently if a destitute person refused vaccination for his children he and they were to be left to starve. By July and November the clergyman would have received from the station the list of the non-vaccinated children, whereupon he was to read out their names in church and declare them and their parents to have forfeited the right to receive charitable benefits. It seems that there was to be no other penalty for those who objected or were indifferent.

#### PROPOSED REMUNERATION

As regards finance, it is to be remembered that all vaccinations were to be performed gratis—this is emphasized in the "Plan"—save in such cases as were done in private houses, for which the vaccinator might charge a fee. The following is what Bryce himself says on this question: "With regard to the expence which must necessarily be incurred in carrying the above plan into effect, it is too trifling to deserve notice, considering the magnitude of the object to be accomplished." After referring to the pay of the inspectors, the charges for accommodation, etc., he goes on to say: "This expence must be paid by Government for one or two years, until the plan has become effectual; but it might afterwards be defrayed by a general contribution, once in four or five years, in the established churches and other places of divine worship, throughout the united empire."

Bryce does not suggest any remuneration for the clergy, who under the "Plan" would certainly have been called upon to do a considerable amount of clerical work. They were apparently to act gratuitously. As regards the vaccinators, who were all to be selected surgeons, he relies upon the regulation which allows the vaccinator to charge a fee for vaccinating in the patient's own house:

"for the practice of inoculation [that is, vaccination] being confined to the corps of vaccinators, the members of this corps must of course be employed to inoculate all the patients in the higher ranks of life, and will receive from them a remuneration for their attendance . . . and this remuneration will, it is imagined, be full compensation for the trouble to which by the adoption of this plan it is proposed to subject them, without any additional burden being imposed upon individuals or upon the public; and it may be remarked that as the employment of any inoculator, even in his own district, by persons in the higher ranks of life, and from whom only he can expect to receive any remuneration for his trouble, will in a great measure depend on the degree of celebrity he may have acquired in this important branch of medical practice, that due degree of emulation amongst the members of the vaccine corps will be established, which, amongst the members of every profession, is at all times desirable, as a circumstance highly advantageous to the public."

In a preface to the reprint of his "Plan" Bryce states that he had sent copies of the pamphlet to His Majesty's Ministers and to many "respectable clergymen" of various persuasions; he had also submitted it "to the examination of men learned in the laws of our country and to others high in the medical profession." According to his statement it had been received with approbation by all to whom it had been sent, including, curiously enough, the clergy. The "Plan" was also "much approved of by Dr. Jenner, but, like all others with a similar view, was rendered difficult of execution by the liberty claimed by the people of this country of following

the bent of their own inclination." (Baron's *Life of Jenner*, vol. ii, p. 154.)

One is strongly inclined to suspect that the approbation the "Plan" received was of that faint and damnable character which such visionary schemes, when put forward by educated and responsible persons, usually encounter; for though Bryce in the preface referred to above asks for "such observations as may appear to be calculated for the improvement" of the "Plan," nothing further appears to have been heard of it.

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## Scotland

### Pasteurization of Milk

In an address to the Glasgow and West of Scotland Agricultural Discussion Society Dr. A. S. M. Macgregor, medical officer of health for Glasgow, outlined the advantages to be derived from pasteurization. Infections transmitted by milk, he said, might be derived either from human or bovine sources. The latter group included the bovine tubercle bacillus, and, occasionally, undulant fever. The experiences of the large centres showed that epidemics of milk-borne infection were found only where the milk supply had not been pasteurized. One of the practical difficulties in the way of controlling milk-borne infection was the fact that in thickly populated districts the distribution of milk had become more and more concentrated in the hands of large distributors, who collected supplies from numerous farms and mixed them wholesale. The spread of infection was thus increased, but the practice of pasteurization was an efficient safeguard with great practical advantages. Dr. Macgregor drew attention to the recent research in connexion with bovine tuberculosis, which had shown that the raw milk supplied to the four large cities of Scotland contained living bovine tubercle bacilli in 10 per cent. of samples. The pasteurization of milk, however, by exposure to a temperature of 145° F. for thirty minutes efficiently destroyed the bacillus. As an example of the importance of this matter to the public health he cited the investigations carried out in the Royal Hospital for Sick Children, Glasgow, where it had been found that 64 per cent. of tuberculous cervical glands, 80 per cent. of abdominal tuberculosis, and 35 per cent. of bone and joint tuberculosis were caused by the bovine bacillus. It had been objected that pasteurization impaired the nutritive qualities of the milk. This loss, however, was negligible when milk was not the sole food, and it could be easily remedied by the addition of orange juice and cod-liver oil.

### Scottish Branch of Queen's Nurses

At the annual meeting of the Scottish Branch of the Queen's Institute of District Nursing, held in Edinburgh City Chambers, the Countess of Mar and Kellie said that the work of the Institute was a great national service, but required the publicity of the annual meeting to show how much was being done. In 1888 the Institute started with two nurses and a superintendent; during the past year 946 nurses had been supervised by the Institute with 503 district nursing associations throughout the country. The cost of the service was £180,000 yearly, which was raised partly by voluntary subscriptions and partly by the 1d. per week contributions of patients. The number of visits paid by nurses during the year was 2,198,717. Mr. John E. Highton, secretary to the Department of Health for Scotland, said that the Institute was making great progress towards providing a complete nursing service available to everyone. An important aspect of the work was the inculcation in the public mind of principles of general health and preventive medicine.

The Institute was an outstanding example of the efficiency which voluntary institutions could attain. Lady Ruth Balfour drew attention to the ante- and post-natal work of the district nurses, and to the fact that the maternal death rate among mothers delivered by the Institute's nurses was considerably lower than the general maternal death rate for Scotland.

### Edinburgh Slum Clearance

A five-year housing programme was considered and approved by the Edinburgh Town Council on December 7th, in which it is proposed to erect 750 houses each year for the next five years for the purpose of slum clearance and replacement, and a further 750 houses a year, which are to be provided by private enterprise, to meet the needs of other persons. The latter are to be three-apartment houses, and to be available for the subsidy of £15. The entire programme is subject to the subsidy rates remaining unchanged during the quinquennial period. It is pointed out that the corporation was under no obligation to submit a five-year programme to the Department of Health, and it had now powers to deal with isolated properties such as groups of houses or single houses. One councillor stated that as there were over 100,000 occupied houses in Edinburgh, the normal wastage was about 1,000 houses per annum requiring replacement. In addition many families were living in overcrowded conditions, and a large number of people were homeless or living in sublet apartments. Including rates, the rents for these houses would be 13s. 9d. per week, and he considered this was an impossible sum. Further, if houses were erected at the rate of only 750 each year, at the end of five years 5,000 houses already condemned would still be untouched. It was pointed out, however, that for reasons connected with the building trade it was impossible to erect houses at a greater rate.

## England and Wales

### The London Hospital

Several interesting matters were brought before the last quarterly court of governors of the London Hospital. A report from the House Committee stated that, after consultation with the staff, it had been agreed to adapt some thirty-five or forty rooms and cubicles for paying patients of moderate means. It was the view of the committee that this would constitute an entirely satisfactory pay-beds department, which would be a very real advantage to the unfortunate class for whom private operation and nursing home fees were prohibitive or almost so, and that it would not entail any appreciable diminution of the number of beds available for ordinary patients. No actual structural additions are necessary, but an operating theatre suite will have to be provided, and this, with certain other adaptations and alterations, is expected to cost about £10,000. Disappointment was expressed with the result of the year of quinquennial appeal now closing. The total received to date has amounted to no more than £66,000, and the committee felt grave anxiety about the future, and appealed earnestly for further support. A determined effort, in a large measure successful, has been made during the past year to reduce the waiting list and the length of time which patients have to wait for admission. Thanks were accorded to the Mildmay Mission Hospital and the Poplar Hospital for continued co-operation to this end. To these hospitals certain suitable patients, with their own consent, are drafted. A certain amount of delay, nevertheless, in the admission of non-urgent cases is regarded as inevitable. Another great need at the hospital is a well-equipped massage and