

## Medical Notes in Parliament

The House of Commons this week made progress with a Bill to suspend local elections and the registration of electors. The Prices of Goods Bill was down for second reading. Debate arose on the adequacy of the allowances for the families and dependants of soldiers and on war pensions. Statements were made in both Houses on the progress of the war and on air attacks against Great Britain.

At a meeting of the Parliamentary Medical Committee on October 13, Sir Francis Fremantle in the chair, a report was received of the visits paid by Sir Francis and Dr. Haden Guest to first-aid posts and on suggestions made to the Ministry of Health. Sir Francis Fremantle also reported on his interview with the chairman of a local regional committee and a consultant specialist about the defective organization of a public assistance institution as a civil emergency hospital owing to lack of co-operation between the local authorities concerned. The Parliamentary Medical Committee discussed the petrol ration to medical men, on which Sir Francis Fremantle had introduced a deputation of the British Medical Association to the Minister of Mines. Other subjects considered by the Committee included the disabilities of consultants in the civil emergency scheme; the under-employment of medical officers in hospitals, civil and military, at present empty; the medical care of dispersed military units in the United Kingdom, and the departure from the United Kingdom of military units without vaccination or inoculation. The Committee decided not to take action on the allocation of war wounded between military and civil hospitals. It agreed to represent to Sir Kingsley Wood the desirability of appointing women medical officers for service with women's establishments attached to the Royal Air Force.

There has been presented to Parliament the report of Lord Weir's conference on war damage to property. This conference has failed to find or devise any practicable or justifiable scheme for mutual protection against the risk of war damage to fixed property in private ownership. A promise of State assistance is renewed.

### Commandeered Hotels at Spas

In the House of Lords on October 11 Lord GREVILLE adduced complaints against the commandeering by the Government of hotels at British spas. He said many thousands of sufferers from rheumatism, including miners, sought treatment each year at these spas. In war time the number of these people was likely to be increased. In consequence of exposure on military service there would arise, as the last war showed, many cases of rheumatism, neuritis, arthritis, and kindred elements. He asked whether any competent medical authority had been consulted when hotels at spas were commandeered. He understood the Ministry of Health occupied itself in commandeering accommodation for lodgings. Were the medical men who lived in these spas consulted? In some places practically no accommodation was left.

Earl STANHOPE regretted that inconvenience had been caused to individuals. The Government had to take precautions to ensure the functioning of the Departments dealing with the social services such as national health insurance, and to see that alternative accommodation was available in the event of air attack. Large buildings had to be found, and few provincial towns save spas and holiday resorts afforded accommodation suitable for offices. Three spas had been reserved for those who might suffer from rheumatism as a result of service with the Forces. That had been considered by a committee representing the Ministry of Health and the Service Departments. There was not actually a doctor on that committee. He was advised that accommodation would also be available for the public who required treatment, though not

such good accommodation. Facilities at most hydropathics were still available for the general public.

### Army Medical Services in France

Mr. HORE-BELISHA announced on October 11 that 158,000 men had been transported to France within five weeks of the outbreak of war. Sir FRANCIS FREMANTLE asked whether full provision had been made for the health of the troops on the medical and sanitary sides. Mr. HORE-BELISHA replied that the Director-General of the Army Medical Services was acknowledged by the medical profession to be a man of the highest reputation. Civilian doctors were satisfied on the whole with the skill and powers of organization of the R.A.M.C. The medical profession had a free hand to do everything which was of advantage. He would willingly hear suggestions from Sir Francis Fremantle.

### Hospital Treatment of London's Civilian Population

Dr. ELLIOT told Sir Ralph Glyn on October 12 that there were normally approximately 97,000 hospital beds in the metropolitan police area, excluding beds for mental patients. Under the Emergency Hospital Scheme an additional 14,000 beds had been set up in hospitals in the outer parts of the area. Approximately 13,000 beds had, for the time being, been closed in certain of the inner hospitals. Beds now available in the metropolitan police area numbered 98,000. Approximately 55,000 were immediately available in hospitals in the area of the London Sector Scheme (which was rather larger than that of the metropolitan police area). These could be used either for casualties or for ordinary sick in need of in-patient treatment. Hospitals had been instructed to admit to their unoccupied beds all cases requiring in-patient treatment.

Dr. ELLIOT further told Sir Ralph Glyn that many of the beds in the general hospitals were available for children, and although figures did not distinguish children's beds from adults' beds, he understood that in general there were beds for all requiring hospital treatment. The ordinary hospital services remained available. There should, therefore, not be difficulty in obtaining specialist treatment for children who remained in London.

Mr. PARKER asserted on October 11 that out-patients from London hospitals, who had been told to attend their local hospitals during the war, had now been told to go to a local doctor. Miss HORSBURGH answered that no instruction had been given under the Emergency Hospital Scheme that persons who normally attended at hospitals for out-patient treatment should go to a local doctor instead. At the beginning of the war some London hospitals temporarily closed their out-patient departments of their own volition, but most of these had now been reopened.

### House Officers and the E.M.S.

Mr. PARKER asked on October 12 whether the sector officers in charge of the Emergency Medical Service in various districts were consulted before the dispatch of the letter of dismissal from the Service sent out by his Department on October 6 to a large number of doctors. Dr. ELLIOT answered that the letter was sent out in error. All Group Officers had now been advised as to the actual position of the doctors in question. The Ministry of Health would fulfil obligations incurred during the past five weeks to the doctors.

### Release of Doctors from E.M.S.

Dr. ELLIOT stated in reply to Sir Ralph Glyn that as regards the release of members of the medical profession to carry on their normal duties, arrangements had been made whereby doctors could either go on indefinite leave, subject to recall if required, or (with the exception of doctors filling posts as registrars, house-physicians, and house-surgeons) go on part-time service under conditions recently drawn up in accordance with the advice of a committee. That committee was as follows: Sir Bernard Docker (chairman), Dr. G. C. Ander-

son, Sir Girling Ball, Dr. H. E. A. Boldero, Lord Dawson, Mr. C. H. S. Frankau, Sir Cuthbert Wallace, and Sir Charles Wilson. The conditions referred to were:

1. Each officer who was transferred to part-time would make his services available to the State, if required, for the equivalent of four days in every week, the remainder of the time being at his own disposal. The precise manner of giving effect to this condition—that is, the particular days or parts of days when the officer was to be on call—would be a matter for arrangement with the medical superintendent, subject to the approval of the Group Officer. A record of the times when the officer attended for duty would be kept by the medical superintendent.

2. He would receive a retaining fee equivalent to one-third of the salary which had been already offered to him. This fee would cover any services rendered under the previous paragraph so long as he remained on a part-time basis.

3. Should circumstances make it necessary he would be required to resume whole-time, in accordance with the undertaking he had given, and in that event payment of the full salary would be resumed.

4. No officer who elected to go on part-time would be eligible for an allowance for board and lodging or for travelling between his home and his official headquarters.

5. Similarly, such officers, being no longer whole-time temporary civil servants, would not be entitled to official leave or to sick pay during temporary absences due to illness.

#### Emergency Hospital Scheme : Payments to Hospitals

In a reply to General Sir Ernest Makins on October 12 Dr. ELLIOT said payments in respect of beds reserved for air raid casualties were at present being made only to voluntary hospitals. They were made fortnightly. The total payments so far made for the first fortnight amounted to approximately £170,000. This figure would be subject to considerable adjustment in the light of additional information from the hospitals following the payments. This system enabled the country to have many beds ready and staffed for casualties which would not otherwise be available. He did not consider the provision being made against air raid casualties unreasonable. He was reviewing the list of hospitals where beds were reserved in order to ensure that beds were not being kept empty unnecessarily. Payments to the hospitals were not related to the payments normally made by civil patients, since these did not as a rule meet the whole cost of treatment. Voluntary hospitals were largely dependent on contributions and other charitable sources for the treatment of civil patients, but the Government had undertaken that the cost of treating casualties should be borne by the Exchequer. The Ministry of Health was investigating the claims submitted by hospitals to ensure that they properly corresponded with the actual additional expenditure in which the hospitals were involved by reason of the Emergency Hospital Scheme.

#### Income of Hospital Medical Staffs

Sir ERNEST GRAHAM-LITTLE asked on October 12 whether Dr. Elliot knew that, as the result of his action in enrolling for full-time service nearly all the medical staffs of the voluntary hospitals in London at salaries which in most cases would hardly defray their house rent, rates, and taxes, he had subjected a large number of the most distinguished members of the medical profession to acute financial stress, inasmuch as they had been suddenly prevented from earning any income from private practice, but were unable to relinquish as suddenly their heavy commitments based on their previous earnings. Sir Ernest suggested some legislative provision such as a moratorium in the payment of rent, rates, and taxes in the case of consultants thus called up for national service. Dr. ELLIOT in reply said recruitment to the Emergency Medical Service was on a voluntary basis. Salaries and conditions for this service were fixed in consultation with representatives of the medical profession. He referred Sir Ernest to the arrangements under which doctors serving in the Emergency Medical Service could go on indefinite leave, subject to recall if required, or, with certain exceptions, transfer from full-time to part-time service. These arrangements should enable the practitioners to whom Sir Ernest referred to continue private practice. Dr. Elliot added that he could not accept the suggestion of a legislative moratorium.

#### Hutment Hospitals

Dr. ELLIOT informed Mr. Gallacher on October 12 that in England and Wales 104 hutment hospital schemes, of 1,037 huts, comprising 38,120 beds, had been decided upon. In seventy-one of these schemes the estimate of cost submitted by a local architect had been approved and construction of the huts begun. Two of the schemes, comprising twenty-three huts, had been completed, and in several more the roofing and walling had been finished. Medical, nursing, and other personnel would be allotted to the hutment hospitals as they were completed, but he could not give the numbers. As the huts are not in use he could not express any opinion on their functioning, but had reason to trust it would be satisfactory.

#### Blood Transfusion Organization

Mr. CULVERWELL asked Dr. Elliot on October 12 whether the blood transfusion organization for the London and Home Counties district still took regular donations of blood from registered blood donors; and, since military requirements were provided for by a separate organization which was a special branch of the Royal Army Medical Corps, what was done with this blood given by citizens. Dr. ELLIOT replied that the blood transfusion organization for London and the Home Counties was set up to ensure a ready supply of blood. As blood could only be stored for a limited time, supplies were being continually taken from blood donors. Arrangements had been made with the Defence Services that the stores of blood would be used to supply Service requirements subject to civilian demands being satisfied. Blood which was taken and not used for its primary purpose was utilized for the preparation of serum, a stock of which was invaluable under war conditions.

Answering Mr. David Adams on the same date, Dr. ELLIOT said the chief measure taken for the increase in the supply of blood for transfusion purposes was the setting up of depots on the outskirts of the London region where a store was now always maintained. These depots had been set up by the Medical Research Council and were fully in operation. They would supply blood to the London region and to some districts outside. In the provinces the existing voluntary arrangements had been augmented.

#### E.M.S. and Voluntary Hospitals

On October 17 Mr. ROSTRON DUCKWORTH asked the Minister of Health whether he was aware of the view held by medical men that there was much unnecessary confusion in the relations of the emergency medical service and voluntary hospitals, and what steps he was taking to ensure smoother working and general satisfaction among those directly concerned. Dr. ELLIOT replied that some initial difficulties were to be expected in putting any large-scale organization on a war footing. His officers were in constant touch with representatives both of the medical profession and of the voluntary hospitals, and necessary adjustments were being made as rapidly as possible in the light of experience gained.

#### Sanitary Inspectors and the R.A.M.C.

Major MILNER asked the Secretary of State for War on October 17 whether his attention had been drawn to the dissatisfaction of sanitary inspectors at being debarred from receiving commissioned rank in the hygiene companies of the Royal Army Medical Corps, and if, in view of their qualifications and experience in sanitary administration, commissions in the above companies would in future be made available to sanitary inspectors of suitable merit. Mr. HORE-BELISHA replied that as officers of Field Hygiene Sections were called in to advise on all matters affecting the health of the troops, it was essential that these appointments should be held by specially qualified medical men so long as these were available. Major MILNER asked if Mr. Hore-Belisha was not

aware that these men had high special qualifications, and if he would not reconsider the matter in view of the fact that commissions in the past had been granted to other than medical men. Mr. HORE-BELISHA said he desired to give the troops the most qualified service procurable, and for that reason commissions in the Royal Army Medical Corps were reserved for doctors. Naturally, one considered any proposals which might be made, but at the moment he could not accede to them.

### Vaccination and Inoculation of Oversea Forces

On October 17 Sir FRANCIS FREMANTLE asked the Secretary of State for War if units going over-seas had been vaccinated against small-pox and inoculated against enteric fever; and if units that might be sent oversea were being so vaccinated and inoculated in readiness for over-seas service. Mr. HORE-BELISHA said that the answer to both parts of the question was, "Yes, subject to the consent of each individual." Sir FRANCIS FREMANTLE then asked if Mr. Hore-Belisha was aware that at least one unit of which he knew, and was under orders to go over-seas, was not inoculated or vaccinated. Mr. HORE-BELISHA said that if Sir Francis Fremantle would draw his attention to the unit he would investigate the matter.

*Medical Attention of Scattered Defence Units.*—Sir FRANCIS FREMANTLE asked on October 11 whether the War Office could arrange for the medical care of anti-aircraft searchlight men and other scattered units to be undertaken by local civil practitioners and release for other duties medical officers on the established strength who were unable to cover the ground. Sir VICTOR WARRENDER replied that the military medical establishments of these units must be maintained. Civilian medical practitioners were employed in cases which regimental medical officers were unable to attend. The ordinary arrangements were then made.

*Newcastle's Milk Supply.*—Mr. DAVID ADAMS asked on October 12 whether during the last two months both milk supplied under the Milk (Special Designations) Order, 1936, and undesignated milk had shown a serious deterioration when tested for tubercle bacilli by Newcastle corporation. Dr. ELLIOT replied that figures had been sent him by the corporation of Newcastle-upon-Tyne, but were not understood to relate to the presence of tubercle in the milk. He would make further inquiries of the corporation.

*Doctors and A.R.P. Work.*—Sir RICHARD ACLAND asked Dr. Elliot on October 12 to make every effort to reinstate doctors who gave up salaried posts for air raid precautions work under the impression they would be paid £550 a year and now found they were paid £21 a year. Dr. ELLIOT said he was not aware of any case, but if given particulars he would investigate the matter.

*Disability Pensions.*—On October 17 Mr. PRITT asked the Minister of Pensions whether he would arrange that every soldier proceeding on active service should be furnished with a document setting out in simple language his rights to receive a disability pension in the event of his being wounded or injured, or falling sick. Sir WALTER WOMERSLEY said he understood that the Royal Warrant in its complete form was to be issued with Army Orders. Article 5 of the Royal Warrant would be construed in a liberal spirit in the light of the expert guidance which would be given by medical officers of very great experience, and would ensure that no material evidence in support of a claim was excluded from consideration.

*Medical Students in the Army.*—Arrangements have been made for the release from the Army of medical and certain other specialist students provided that they have reached a sufficiently advanced point in their studies. The case of students between 18 and 19 years of age will be considered.

*Discharge of Mental Hospital Patients.*—The number of persons who were discharged to their homes from mental hospitals under the Emergency Hospital Scheme does not

exceed 200. No patient was discharged unless selected after careful investigation of all relevant circumstances, including his home conditions, as suitable to be cared for and supervised by his relatives at home. The Board of Control is reviewing the arrangements for the care and supervision in war time of individuals living in the community who are suffering from mental disorder.

### Notes in Brief

In the first nine months of this year 527 persons were killed by accidents at mines under the Coal Mines Act and 2,221 seriously injured.

## EPIDEMIOLOGICAL NOTES

### Infectious Diseases during the Week

Small increases in the incidence of scarlet fever, diphtheria, and pneumonia (primary and influenzal) have been recorded; although the total incidence of these diseases was much lower than in the corresponding week last year, the rate of increase of all three diseases was comparable in the two years. It is too early to say whether the observed increases are entirely attributable to seasonal influences or are in part due to the re-evacuation of a number of susceptibles back to the large centres of population. Probably little effect in this direction need be anticipated until the schools are reopened generally. It is sufficient to note at this stage that despite the abnormal environmental circumstances of the evacuees and the inevitable disorganization of medical and nursing services, there have been no serious outbreaks of infectious diseases in the reception areas, although the presence of diphtheria carriers gave rise to anxiety in some of them.

### Typhoid Fever in 1939

In Europe and the United States of America the situation as regards typhoid fever has remained satisfactory during the first eight months of 1939. Morbidity in most of the countries was about the same as in the corresponding period of 1938 and much lower than in 1937. In the Scandinavian countries and in England the figures were appreciably lower than in 1938. In this country, despite a rise from 96 to 267 during the four-week period ended September 9, notifications have remained well below the median value for the corresponding weeks of the eleven years 1927-37. In France and Germany the total incidence was below the median values, but in Poland the median was exceeded during the two four-week periods ended August 12.

There was little change in the general mortality rates, as in the morbidity rates, in Europe in 1938 compared with the preceding year. As in previous years the highest rates were recorded in Portugal 17 (17.9) per 100,000 population, Malta 6.4 (10.3), Rumania 6.2 (8), Hungary 5.9 (10), Czechoslovakia 5.2 (6.3), Lithuania 4.9 (5.5), and Bulgaria 4 (5.8). Rates below 4 per 100,000 population were reported in Poland, Yugoslavia, Greece, and Turkey. (Figures in parentheses refer to the preceding year.)

*Twinning in Marmosets.*—In forty pregnancies in marmosets twins occurred in 87.5 per cent. In seven instances the sexes of the twins were: two pairs male; two pairs female; three pairs heterosexual. These observations confirm the findings of Hill that two blastocysts fuse completely in early presomite stages, with breaking down of the conjoined chorionic wall, and the formation of a common chorion containing two embryonic primordia. Anastomotic connexions between the umbilical and the placental vessels of the two embryos are established very early. Nevertheless, examination of the gonads and external genitalia of opposite-sexed pairs of foetuses reveals no evidence of freemartin effects.—Observations on Twinning in Marmosets. G. B. Wislocki.—*Amer. J. Anat.* May, 1939, 64, 445.