Self-help at Oxford

Self-help, a concept more favoured a century ago than to-day, has been defined as, “working for oneself without waiting for external aid.” This principle has now been revived by the United Oxford Hospitals. In a scheme that is one of the first of its kind in Britain the Oxford Hospital Services Development Trust plans to raise money locally for urgent work—both clinical and research—including the provision of buildings, equipment, drugs, and grants. The trustees include representatives from the University, local industry and trade unions, and three medical men—Lord Florey, P.R.S., Dr. W. Ritchie Russell, and Mr. J. A. Stallworth.

Speaking at a press conference in Oxford on 24 September, Mr. Stallworthy described a state of affairs in the finances of the Oxford hospitals that is all too familiar at the present time. Scrupulous budgeting was needed to ensure that they kept within their yearly allocation, a sum of over £3m. A special appeal to the Ministry of Health in 1963 had resulted in an increased grant, but there was still no money for many plans that had already been approved in principle. Moreover, there were good and obvious reasons why the Government was unlikely to increase the allocation substantially in the future. Because the medical school at Oxford had been founded recently, Mr. Stallworthy continued, it lacked the large endowments of the older teaching hospitals—and hence their flexibility for financing teaching and research. Workers from abroad, especially, often needed money quickly so that they could finish their research before they left Oxford, and though money could sometimes be obtained from outside it took a long time to come and often arrived too late. Until recently Oxford had been virtually the only town in the region without a general-practitioner maternity unit. The sum of £50,000 already subscribed to the Trust by local firms and well-wishers before the official opening of the appeal had enabled building on one at Oxford to start; other priorities that the Trust would consider included new operating theatres and surgical wards, post-operative recovery rooms, units for intensive care and progressive patient care, and medical libraries.

Several of the Trustees spoke of the value of the links between the community and its own hospital. Sir Douglas Veale, a former Registrar of the University, pointed to the pride taken by American cities in their local teaching hospitals, while Mr. M. A. H. Bellhouse, deputy chairman of the Pressed Steel Company, thought that the representation of town, gown, and Cowley on the board of trustees would ensure a similar attitude at Oxford. Mr. Alan Bullock, Master of St. Catherines's College, emphasized that the United Oxford Hospitals were probably no worse off than the average provincial, non-teaching hospital. In the past he himself had wanted to show gratitude for their work in a more tangible way than a mere box of chocolates for the nursing staff. In his view additional voluntary contributions had two main virtues. First, they encouraged doctors and others working in the hospitals. Secondly, they “primed the pump”; thus an initial gift of £10,000 for the general-practitioner unit had attracted the remaining £20,000 needed in a fairly short time.

The money raised by the Trust will not be invested, but is to be used as a capital sum, and it is hoped that people will contribute regularly. The appeal will be made in the area covered by the United Oxford Hospitals, which serves over 250,000 people. Speaking of the methods of raising the money, Sir George Schuster, a former chairman of the Oxford Regional Hospital Board, recalled the old scheme of weekly deductions from workers’ pay-packages. Mr. J. E. Thomas, of the Transport and General Workers Union, said that he had found that many shop-stewards approved of similar, voluntary deductions, and he pointed out that many workers’ families wanted to show the hospitals a deep-seated debt of gratitude.

All those who have wondered how the wide financial gulf between plan and practice in the N.H.S. was to have been bridged will surely welcome this plan, which is intended not as a “go it alone” venture but as a sober, pragmatic approach at self-help. One obvious question to be answered is the attitude of people who already pay taxes for welfare services to any scheme for additional voluntary contributions. Another is how to maintain enthusiasm for the scheme indefinitely. Nevertheless, the progress of the Trust will be watched with interest, particularly by many hospitals serving communities that are sufficiently small and closely knit to copy it. They may take heart from the response of a local paper in Oxford: “One thing is already clear. It is the whole population that will stand to benefit from the scheme; it is from the public as a whole that the extra money must come.”

Phenylbutazone

Disabling osteoarthritis, rheumatoid arthritis, and related conditions abound, especially in patients over middle age. While their aetiology remains very much a mystery, treatment is of necessity empirical. For some patients phenylbutazone has been found to give relief from aches, pains, stiffness, swelling, and disablement when other measures have failed. It may not be a panacea, but it does sometimes bring benefit. On the other hand, the medical literature is punctuated by accounts of adverse reactions to this drug, some of them disastrous. In this issue of the B.M.J. Dr. J. Shafar provides a further example (page 795). A woman of 64 became seriously ill after only a week’s treatment, pericarditis being a prominent feature of her condition. If it had not been for active medical intervention she might well have succumbed. Her symptoms were somewhat unusual, but there are others that are more familiar. Thus blood dyscrasias from phenylbutazone and oxyphenbutazone are well known. Thrombocytopenia, leucopenia, agranulocytosis, and aplastic anaemia have all been reported. So have peptic ulceration, gastrointestinal haemorrhage, liver damage, rashes, oedema, and cardiac failure. The outcome may be fatal. Indeed, 10 deaths from this drug and one from oxyphenbutazone occurred in England and Wales in 1962, and since early in 1964 18 deaths have been reported; unfortunately these figures cannot be related to the number of patients taking the drugs.

As often, the doctor finds himself in a dilemma. He can withhold treatment that he and his patients believe to be beneficial and watch the musculo-skeletal disabilities getting progressively worse, or he can give the drug at the risk of what appear to be appalling consequences. In the absence of exact figures of how many patients in Britain are on a regular course of phenylbutazone or oxyphenbutazone the risks cannot be estimated precisely, but the incidence of serious complications

2 Oxford Times, 24 September, p. 16.
3 Brit. med. j., 1965, 1, 1205.
appears to be very low—so infrequent, in fact, that many practitioners using these drugs will never have seen any of the toxic effects associated with them. But the practising doctor knows all too well that statistics can have an unreality when applied to individuals. The death which in a series of a thousand or more amounts to a mathematical rarity is to the patient and his relatives a tragedy. Thus what may be called the cardinal rules of therapy must be taken as a guide. Never prescribe any of the butazones if the condition to be treated is not really troublesome. Choose a safer treatment if it is feasible and sufficiently effective. (Is this precept always being observed before the issue of the two million or so prescriptions a year in Britain for these two drugs?) Finally, keep a constant watch for reactions so as to detect them at the outset. This also means that the patient must be seen frequently and possibly warned as well. On the first suspicion—of dyspepsia, vomiting, oedema, pallor, sore throat, bruising, etc.—the drug must be stopped. Even so, trouble can still arise, but it may not be so serious if taken in time.

Disorders of the Knee in Miners

Since the time of A. T. Thackrah (1795–1833) physicians have been interested in industrial medicine and, in particular, in the actions of poisons and irritants on the skin and lungs. Orthopaedic surgeons, on the other hand, have been relatively slow to develop a science of occupational orthopaedics, even though much of their work is concerned with the results of industrial accidents. Nevertheless for some years certain orthopaedic conditions have been recognized to have an occupational origin—such as tenosynovitis of the finger tendons in munition workers, ossification of the adductor muscle in riders, hypertrophic arthritis of the spine in those who carry heavy loads on one shoulder, and violinist's thumb. W. J. W. Sharrard¹ has recently given an account of the effects of kneeling on miners' knees.

Miners are especially apt to develop both inflamed bursae round the knee and lesions of the menisci of the knee-joint. Before the last war “clog segs” around the ankle were common in Lancashire among workers who wore clogs, and there are certain points of similarity between this condition and the cellulitis and bursitis that cause “beat knee” in miners. When the knee is flexed the skin over the patella may move as much as 2 in. (5 cm.) in relation to the underlying bone, but in contrast the skin at the level of the tibial tubercle is relatively fixed. In the normal subject no bursa can be found in front of the tibial tubercle—though, of course, a prepatellar bursa is a normal anatomical structure. Sharrard found that after an injury to the knee a haematoma develops in the prepatellar region. This initial lesion is often mistakenly called “acute bursitis.” Subsequently a persistent swelling may develop which has the structure of a true bursa—that is, the sac contains sterile yellow viscous fluid and is lined by endothelium.

Another finding by Sharrard was that in the course of a miner’s work the pressure on the skin of his knee in the kneeling position may rise to as much as 200 lb. per sq. in. (1.4 kg. per sq. cm.). The pressure varies with different phases of the working cycle of shovelling, and is also different in various parts of the knee. Sharrard suggests that one of the large blood-vessels present in the wall of the prepatella bursa ruptures and produces a haematoma. This is absorbed only with difficulty and the clot may become organized to give a layer of fibrous tissue. In addition the lymphatics may become blocked with haemosiderin derived from the breakdown of the blood in the haematoma and this impedes the absorption of fluid from the bursa.

The problem of “beat knee” can be tackled in two ways. First, an improved form of pad to distribute the pressure on the knees more evenly has been devised, and this seems to be diminishing the incidence of the condition. Secondly, immediate aspiration of the haematoma before the blood clot becomes organized may prevent the condition’s becoming chronic. In chronic cases Sharrard recommends excision of the bursa.

Sharrard has also produced figures to support the long-held view that tears of the menisci of the knee-joint are far more common among miners than among the general population. For instance, in non-miners of similar age and sex there are twice as many appendicectomies as meniscectomies. Among miners, on the other hand, the pattern is reversed—that is, there are twice as many meniscectomies as appendicectomies. He suggests that long-continued kneeling leads to laxity of the ligaments of the knee and predisposes to a torn meniscus. Locking of the joint usually occurs first when a miner is walking on rough ground with a bent knee. It is uncommon when the knee is fully bent, though it may subsequently lock in this position.

Nuffield Generosity

As well as being almost world-wide, the projects supported by the Nuffield Foundation cover most branches of learning. But medicine is fortunate in the exceptional generosity its research workers have so often received from it. The latest annual report¹ shows once again that the Foundation is always willing to step outside the conventionally profitable workshops of research and finance projects that may initially seem more elusive even though urgently required. A case in point is the study of a population’s needs for medical care being undertaken at Guy’s Hospital. It is expected to throw fresh light on the balance of supply and demand for medical services, and is being undertaken because, in the words of the report, “It is apparent that the National Health Service is under great stress.” Another project of far-reaching importance to the general population is the safety of food. The Foundation is making thoroughly praiseworthy attempts to stimulate interest in the subject but confesses that it has “to some extent failed to communicate—especially to those whom it is seeking to attract into the field—why the subject is important, interesting, and urgent.” Medical men will agree that too little is yet known about the biological effects of the processing to which food is subject, and more particularly of the substances added to it. A symposium has been arranged for next April, and lectures are to be given in universities. Of the many other grants for the advancement of medicine suffice it to say that they are bestowed with a discrimination and generosity that worthy reflect the late Lord Nuffield’s own pre-eminent possession of these qualities.