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OUR DUTY TO COLONIAL VISITORS.

*An Address delivered at the Post-Graduate Hostel
on Jan. 31st, 1927.*

BY

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PERMANENT SECRETARY, MINISTRY OF HEALTH.

[AFTER referring to the wide import and many ramifications of the title chosen for his address, Sir Arthur Robinson explained that it was concerned only with our duty in regard to post-graduate medical facilities, and proceeded as follows :—]

No subject is more weighty, for none has more potentiality to increase and develop latent or existing strength than post-graduate medical education, in its bearing on the health of people here and overseas. Note also that, unlike many imperial problems, it is one where no diversity of interest arises. We here have a post-graduate medical education problem, very urgent and pressing. The dominions and colonies have it also. In many directions progress in solving our problem, while vital to us, is no less important to the colonies. For the facilities we provide will now and for years to come be equally useful to them—their nationals come here first, and if they find here what they need and are enabled to have access to it there is no fear that they will not make the fullest use of it, and some grounds of criticism fairly levelled against us will cease to have application. Accordingly one of the first of our duties is to consider how we stand in regard to the provision of post-graduate medical education facilities in England and particularly in London, the capital of the Empire. We have to remember that we are an older and wealthier country, actually if not potentially,

and that our equipment, therefore, should be more developed in these matters. The Ministry of Health has been continuously impressed by the importance and urgency of this problem generally, and especially in regard to the insurance medical service. Very soon after its establishment it found time to consider it amid all the engrossing preoccupations of that period.

RECOMMENDATIONS ADOPTED BY THE MINISTRY OF HEALTH.

Able as always to rely on the ready assistance of experts in all branches of medicine, in hospital questions, and in education questions the Ministry began by appointing a Committee to consider and report on the whole question of post-graduate medical education. This Committee surveyed the field and presented a report, the gist of which was that two things were required, first a hospital in London allocated specifically to general post-graduate teaching coupled with an organisation to deal with the allotment and shepherding of those desiring it, and second an institute or school in London for post-graduate education in the special sphere of public health. The Committee made it clear that these two things are needed for ourselves, and they had in mind that, when provided, they would also meet the requirements of the colonies. The carrying out of these two recommendations has been a preoccupation of successive Ministers of Health, and it will not be amiss if I say in summary what has been done.

A School of Public Health.

The Ministry naturally took up first the question of the school or institute of public health, that branch of the subject being its primary interest. The appropriate branches and organisation for such a school was gradually hammered out, again with much assistance from experts, among whom

I may mention specially the lamented name of Sir William Leishman. The conception of a great inter-imperial and indeed international school of public health emerged, and it seemed that in such a school the then existing School of Tropical Medicine might well be merged, since public health, whether here or in the colonies, is essentially one subject and all branches of it are best taught in one institution.

Times were hard in this country and it was judged that the initial financial difficulty of finding capital required was one which could fairly be put to the Rockefeller Foundation. That Foundation judged the scheme to be worthy of support and agreed to provide the sum of two million dollars for building and equipment, provided the British Government would look after maintenance and running expenses. The Government agreed to make its contribution and the way was clear for the establishment of the London School of Hygiene and Tropical Medicine. A Royal Charter was obtained establishing the school with a Court of Governors representing all interests and a Board of Management to build and run the School. The services of Dr. Andrew Balfour were secured as Director. The London School of Tropical Medicine was taken over. Pending the completion of its new building, the School of Hygiene and Tropical Medicine occupies the premises of the London School of Tropical Medicine. Its own building is under construction and will be completed in the course of a year or two.

The School will comprise main departments of physiology as applied to hygiene, chemistry and biochemistry, bacteriology and immunology, medical biology, epidemiology and vital statistics, sanitary administration and public health. It will be equipped with a teaching museum developed along the lines of the Burroughs and Wellcome Museum, to the layman an ideal instance of a pictorial school, and with a full library; and its work will be closely linked up with other institutions in the same field and especially with the public health departments of the great cities. It will be a centre not only of teaching but of research in public health in the widest sense.

This is in brief the genesis and conception of the London School of Hygiene and Tropical Medicine, and when its building is completed and its work starts there can be no doubt as to the full carrying out of one at least of the recommendations of the Committee which, as above stated, advised the Minister of Health. There will be full performance here of one of our duties to ourselves and to the colonies in the sphere of public health.

A Central Hospital.

I now turn to the second of the recommendations—that which dealt with the provision of a central hospital and organisation for post-graduate medical education generally. As I have said, the Ministry dealt first with the other recommendation, but as

soon as it was on the way to accomplishment they turned without delay to the second. Here again, they appealed for help to the medical profession and to qualified experts outside their own department, and as usual they found a ready response. A Committee was established under the chairmanship of Mr. Neville Chamberlain with myself as the second lay member and a numerous body of eminent experts, including our Chairman this evening. This Committee has been engaged in a most thorough and careful study of the problem in all its aspects. Its labours are not yet completed, and it would be improper for me to say anything about them, beyond expressing a confident hope that they will not fail of fruition in the discovery of a solution of this most difficult and important problem.

THE VALUE OF ORGANISATIONAL WORK.

I have thought it well to deal at perhaps too great length with the way in which the Ministry has tried to assist in what it deems to be the duty of this country in the organisational part of the problem of post-graduate medical education. In indicating what is still to be done, I must not be understood to forget, but I should rather wish to emphasise the value of what is now done in this sphere. I refer, for example, to the beneficent activities of the Fellowship of Medicine and other bodies in providing post-graduate courses, and in assisting professional men from overseas in many various ways. I include the work done by the British Medical Association in this sphere. And I may perhaps mention action taken by the Ministry itself which may not be so well known. We made a small sum available for post-graduate medical education in rural areas when settling the last National Health Insurance contract with the medical profession. Several insurance committees have been successfully organising refresher courses for panel practitioners—for instance, in Northumberland, Cumberland, and Westmorland, and in other areas. The Ministry are keenly interested and desire the arrangements to be extended to the limit of the money available. In considering what should still be done, I put it on record that a great deal is now accomplished, and the value of it is fully appreciated by the Ministry of Health, as indeed it is also by the Overseas countries.

THE IMPORTANCE OF A POST-GRADUATE HOSTEL.

I must now touch on another side of this vast subject. I think those of us who followed at all closely the proceedings of the last Imperial Conference and particularly those who studied the memorandum of that Conference as to the constitutional arrangements of the Empire must have been struck most of all by the importance of mutual knowledge as between the residents of the different parts of the Empire. A nexus of equal nations such as is there defined posits an ever wider knowledge and sympathy as between the members of the various nations and visits of ourselves to

the Dominions and of the nationals of the Dominions to this country are one of the most important elements in the attainment of such knowledge and sympathy. This is true of all grades and classes in the nation and it is pre-eminently true of the medical profession. Whether here or in Australia or Canada the doctor's work is the same in principle, and everywhere it is equally vital to the production of strong and enduring nations. I point these remarks by reference to this particular hostel which, I understand, it is judged impossible to carry on. But it seems to me clear that the idea underlying it is one which must be an essential part of any such comprehensive solution of the problem of post-graduate medical education as we at the Ministry are earnestly desirous of securing. We need a hospital, we need the educational facilities, and we need an organisation and a place where men from here and the overseas countries can meet as friends and exchange ideas and can be put in the way of knowing exactly where they can obtain what they want, whether it is specific knowledge of one subject or process or whether it is general knowledge of a whole subdivision of the available knowledge. Therefore one says heartily of such a hostel as this "Resurgat," and the sooner it arises again the better we at the Ministry will be pleased. For it is never to be forgotten that important as is the obtaining of medical knowledge the interchange of ideas and the formation of personal relationships is just as important, and in arranging for the first we must never forget the second.

COMPRESSION OF THE SPINAL CORD.*

BY

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I WISH to discuss here the question of compression of the spinal cord. I shall first show you two typical cases of spinal compression which we have in the ward.

The first case is that of a nurse, Miss D., 26 years of age. Her history is as follows:—

A little over a year ago she had "shooting pains" down the right lumbar region and into the right thigh. At one time these pains were thought to be due to appendicitis, and at another to be due to gall-stones. She was radiographed in both those regions, but with negative results. Her appendix was then found to be infected and was removed, but its removal made no difference to the pains. Her teeth were all extracted by an enthusiastic pyorrheal specialist. The pain in the right loin still persisted, and about eight months ago she began to drag her right leg. It was then suspected that she might have something

more deeply seated, and her physician in Johannesburg, a personal friend of my own, sent her over to let us have a look at her. During the voyage she developed tingling in the left leg. When she came in here she was normal from the waist upwards, but showed well-marked sensory, motor, and reflex changes in the lower limbs. Her sensory symptoms consisted in anaesthesia to pin-pricks over the saddle area of the buttocks and in both lower limbs below the knees. This saddle area, as we know, corresponds to the distribution of the sacral roots, whilst the area below the knees is innervated by the lower lumbar roots. In addition she had weakness in the right lower limb, and, to a less extent, in the left, without any definite muscular wasting. Another important point is that she had absent knee-jerks in contrast with a double ankle-clonus, an important diagnostic point. There were bilateral extensor plantar responses. There was also some sphincter trouble—precipitancy, I think. The cerebro-spinal fluid, taken from the lumbar region, was characteristic. It was pigmented a yellow colour—xanthochromia—and contained a large excess of albumin and a few extra cells. In order to make certain, we compared it with the cistern fluid higher up. The fluid from the cistern was clear and colourless; it contained no excess of cells, and only a small trace of albumin. The lumbar fluid contained 620 times as much albumin as did the cistern.

On these facts there remained no doubt that she was suffering from spinal compression. More than this, it was evident that the lesion was at the level of the third lumbar segment, because her knee-jerks, corresponding to that particular segment, were absent. The presence of ankle-clonus and extensor plantar responses showed that the lesion was in the spinal cord and not in the cauda equina. To clinch the diagnosis, we injected lipiodol into the cistern, and this heavy oil was seen in the radiograms to be held up at the upper border of the twelfth thoracic vertebra, whereas normally it should have fallen down as far as the second sacral.

We then handed her over to my surgical colleague, Mr. G. T. Mullally. He exposed the spinal theca at the level of the twelfth thoracic vertebra and found a neoplasm outside the theca, compressing the spinal cord. This growth was dissected off the theca, the operation being done in two stages. She has made an uninterrupted surgical recovery. We know that the pressure has been relieved by the operation, because her sensory phenomena have largely cleared up; she has recovered power in her legs; moreover, her knee-jerks are now present with reinforcement, as I show you. Her ankle-jerks are brisk, and the plantar response is no longer typically extensor. A still more striking proof of relief of compression is that the lipiodol has now trickled down part of the way towards the sacral region, and has reached the lower lumbar vertebrae. Probably there are some adhesions around the area of compression preventing the heavy lipiodol from falling to the lowest part of the theca. The neoplasm turned out to be a fibrosarcoma arising from the pedicle of a thoracic vertebra.

Case 2 is that of Miss C., aged 38 years, who had been totally paraplegic for 15 years.

At the age of 14 she began to have tingling in the left hip. In the course of years she became gradually paralysed in both legs, especially the left. That was 15 years ago. Fourteen years ago she was operated on for ovarian

* A Clinical Lecture delivered at Westminster Hospital on Sept. 28th, 1926 (in connexion with the Fellowship of Medicine).