ONE HUNDRED AND SEVENTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION ABERDEEN, 1939

THE one hundred and seventh Annual Meeting of the British Medical Association will be held at Aberdeen next summer under the presidency of Dr. Thomas Fraser, consulting physician, Aberdeen Royal Infirmary. The Sectional Meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 26, 27, and 28, the morning sessions being given up to discussions and the reading of papers. The Annual Representative Meeting for the transaction of medico-political business will begin on the previous Friday, July 21. The full list of presidents, vice-presidents, and honorary secretaries of the scientific sections is printed with the provisional programme in the *Supplement* this week. Other details of the arrangements for the Annual Meeting will appear in subsequent issues. We publish below the third of a series of descriptive and historical articles on Aberdeen and its medical institutions. The first two articles appeared on December 31, 1938 (p. 1380), and February 18, 1939 (p. 336).

LATER HISTORY OF THE ABERDEEN MEDICAL SCHOOL

BY

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In every country a close connexion exists between the history of its medicine and that of its general civilization, and Scotland is no exception to the rule. In the eighteenth century the commerce and wealth of our land began to increase; the population rose and industry thrived; a renaissance of letters accompanied the material prosperity; and the spirit of liberty and reform and progress abroad in the world was ready to "take a northern turn." The forward movement spread to medicine, but the universities did not supply the necessary energy. In Aberdeen, as elsewhere, our two universities were still steeped in mediaevalism and dislike of change, and the professorships of medicine were too often merely titular sinecures.

The change came from without. In Edinburgh the College of Surgeons and the College of Physicians took the lead in forming a real medical school in the second quarter of the century. In Aberdeen in 1789 twelve medical students, led by James McGrigor, constituted themselves a medical society for mutual help and instruction, and for making arrangements for extramural instruction by the physicians of the infirmary and the dispensary. Since its foundation this body (later named the Aberdeen Medico-Chirurgical Society) has continued to prosper, has stimulated advances in medical teaching, and has promoted the building of new hospitals and the enlargement of existing ones. The society played an important part in leading to the formation of a medical school.

A school of medicine cannot be developed within a university, and for its development the academic instruction of the professor must be supplemented by practice in hospital wards and clinics. It took many years for the universities in Aberdeen to realize this, and the hospital managers were also slow in appreciating their own importance in the general scheme of medical education. The making of the Aberdeen medical school is therefore a story, on the one hand, of the growth of the teaching of scientific medicine in the universities, and, on the other, of the foundation and rise of the various hospitals and medical institutions.

The Universities

In the eighteenth century Aberdeen had two universities, one—King's College—in the episcopal city of Old Aberdeen, near the mouth of the Don, and the other—Marischal College—in New Aberdeen, at the mouth of the Dee. Both colleges were mediaeval and scholastic in thought and practice; both had nominal mediciners who

did little or no teaching of medicine; and between the two a constant feud prevailed. Several efforts were made throughout the century to unite the two colleges, but it was not until 1860 that union took place. Scientific and medical knowledge was increasing; greater teaching facilities in Edinburgh and other cities were being provided, and the Aberdeen students were not slow to realize that apprenticeship to a practitioner, however efficient, did not provide sufficient medical training.

Marischal College early in the nineteenth century took steps to institute what was almost a medical faculty, and lectureships were established in anatomy, midwifery, surgery, and materia medica. In 1818 a joint committee of the two colleges was appointed on the initiative of Marischal College to conduct a proper medical school, in which the subjects taught were botany, animal economy, surgery, practice of physic, materia medica, clinical medicine, and midwifery. This joint school lasted only twenty-one years, and from 1839 to 1860 separate schools were again in existence.

The union of the two universities in September, 1860, ended the jealousies and petty quarrels of nearly 300 years, and the change was a beneficent one for the teaching of medicine. New chairs were created, and a complete medical faculty was formed which could carry into effect all the newer ordinances through which medical education all the country over was being organized. The reorganization took place at a happy time for Aberdeen, for it coincided with the dawning of modern medicine. The last eighty years have seen constant improvements in teaching facilities: the foundation of new chairs and lectureships; increased clinical teaching in medicine, surgery, the specialties, and preventive medicine; and increasing collaboration between university and hospital, between theory and practice, "between the cloister and the hearth." This desirable state of affairs has recently been epitomized by the establishment of new university medical buildings on a common site alongside the voluntary hospitals of the city.

The Royal Infirmary

Early in 1739 the magistrates and town council of Aberdeen, then a Royal Burgh of 15,000, resolved to erect an infirmary for the burgh, for the care of the "diseased and infirm poor . . . to supply the honest laborious poor with advice, medicine, and every necessary care," and to "help those deprived of their reason . . . there being no place for detaining and restraining such unhappy persons either from doing hurt to themselves or others, and that they have not a proper diet, or the application of suitable medicines which might, by the blessing of God, tend to their cure or recovery." (The study of nutrition is apparently no new thing in Aberdeen!) In 1741 buildings were erected at a cost

of £484 on the Woolmanhill, and opened for the reception of twenty persons sick in body and mind; and soon the new hospital received the support of town and county and of rich and poor alike. Finance troubled the young institution then and since, as it should do all growing hospitals. Accommodation had to be increased from time to time, and the various extensions of benefits needed repeated calls for money, all of which were nobly answered. A new ward was opened in 1818; big additions were made in 1832-3, at a cost of £5,000, to bring the total beds to 182; and by 1840 230 beds were provided at a cost of £16,700 in a handsome building planned by Archibald Simpson, the well-known architect.

A convalescent home was established in 1873 at Lochhead, whence the work was transferred to Cults on

Aberdeen Infirmary, 1749

Sick Children on part of the common site, and the new hospital of 138 beds was opened in January, 1929, free of debt. It is built on the pavilion system, and can readily be extended. In 1927 the Lord Provost of the city, Mr. (later Sir) Andrew Lewis, began his Herculean task of raising funds for the other hospitals, and in two years collected £410,000, of which £350,000 was for the infirmary: surely a practical testimony to the generosity and philanthropy of the sons and daughters of our eastern corner of Scotland. The total cost of the buildings was about half a million pounds, and the remaining £100,000 or thereabouts was collected within a year by Lord Provost Edward Watt. In September, 1936, the new infirmary was opened by our King and Queen (then the Duke and Duchess of York).

The buildings are constructed of the local grey granite, and in their dominant cubic masses are united nobility, utility, and a strongly local character. In the western

Aberdeen Royal Infirmary, 1854

Deeside in 1897. A big jubilee extension scheme was undertaken in 1887; and surgical and medical pavilions were opened in 1892 and 1897 at a cost of £75,300. These served the community until the completion of the new infirmary as part of the joint hospital scheme.

The Aberdeen Joint Hospital Scheme

Before the war the need for increased hospital accommodation for men, women, and children began to be felt in Aberdeen, but extensions of the Royal Infirmary, the Royal Hospital for Sick Children, and the Maternity Hospital were not very feasible on their limited sites. Professor Matthew Hay was then the far-seeing head of the municipal health services, and to him was vouchsafed the vision of the concentration at Foresterhill of the Aberdeen hospitals and medical school and students' hostels, on a large common site on the outskirts of the city.

His proposals were laid before the Medico-Chirurgical Society in February, 1920, and in April of that year, at a conference in the Town House of representatives of the society, the Royal Infirmary, the Royal Hospital for Sick Children, the University, and the town council, the proposals were submitted by the society's president, Professor (later Sir) Ashley Mackintosh, and approved by all. Then came the difficult financial problem of converting the ideal into a reality. A fund of £100,000 was raised for the building of the new Royal Hospital for

medical block are 146 beds on five floors: the central surgical block has 252 beds, also on five floors; the eastern block houses the departments of radiology and the wards, containing about 100 beds, for special diseases. Administrative buildings, nurses' homes, and kitchens have

been built on modern and generous lines, while throughout the arrangements for the care of the patients are supplemented by those for teaching and research. Between the children's hospital and the infirmary lies the Maternity Hospital. Built also of granite, it has accommodation for thirty-four patients, and was opened in 1937. Plans are being prepared by the town council for the erection, in association with this hospital, of an ante-natal department, the work of which is at present being carried out in the old buildings on the Castlehill.

The new university medical building is on the north of the common site. In striking contrast to the Royal Infirmary and Maternity Hospital, it is built on modern lines, of ferroconcrete faced with lime-washed brick, and holds the departments of pathology, bacteriology, biochemistry, medicine, surgery, midwifery, and medical jurisprudence, with suitable laboratories, lecture halls, and demonstration rooms. The opening ceremony was performed by Lord Dawson of Penn in October of last year.

When to the university block are added the buildings, already planned, for anatomy and physiology; when the hostels for students and the out-patient departments are

Aberdeen Royal Infirmary and Maternity Hospital, 1938

also built, then the great vision of a joint hospital scheme and medical school will be realized for the present. Professor Matthew Hay's dream is coming true: the enthusiasm of Sir Ashley Mackintosh and others is having its reward; and in the joint scheme a striking memorial exists to the far-seeing generosity of Aberdeen and district, which has provided a fine centre for medical treatment, teaching, and research.

SCHOOL MEALS AND MILK

The following is an abstract of the statement on school meals and milk submitted to the President of the Board of Education by the Children's Minimum Council on March 27.

Defective Feeding in Childhood

The modern teaching of nutrition has shown both that defective feeding in childhood causes damage which may be irreparable and also that the special needs of children for the costly protective foodstuffs and for first-class protein demand a much higher expenditure than was postulated when it was thought that their dietary needs could be expressed merely as fractions of those of adults. At present the main incidence of malnutrition falls on the child population—where its effects are the most harmful and most permanent. Many other inquiries into budgets and into milk consumption indicate that a very large proportion of children attending elementary schools cannot obtain in their own homes the food—and especially the protective food—necessary for the health and full development of their bodies and minds.

Present Provision of School Meals and Milk

The present provision of school meals and milk goes only a small way towards meeting even the most urgent part of the problem. For instance, a comparison between the present scales of unemployment pay and any recognized estimates of the minimum expenditure necessary for healthy living shows that parents depending on such an income cannot afford to feed their children properly unless they starve themselves. It is often assumed, however, that all children of unemployed or poorly paid workers can obtain free dinners and milk at school. And, indeed, the Government, in defending the scales of unemployment assistance against the charge of inadequacy for health, has claimed that "children attending school can obtain free meals if in need of them." A sample inquiry made in 1936-7 throws light on this statement. It covered 939 children of school age whose parents were members of unemployed clubs in different parts of the country; nineteen of these children were obtaining both free milk and meals, sixty-four free meals alone, and 230 free milk alone. For the remaining two-thirds no provision of any kind was made.

Provision for free meals is particularly inadequate in the country districts, where wages are low and it is often impossible for children to get home for dinner. In the towns both the extent and the kind of provision vary enormously from one place to another. Among the authorities which do provide dinners the differences in the proportion of children fed do not appear to bear any relation to the probable economic need, as measured, for instance, by the incidence of unemployment. The distress which increases the need for free feeding also makes it more difficult for the local authorities to put any additional burden on the rates.

The need for a more generous provision of free school meals will increase with the compulsory raising of the school-leaving age without maintenance grants. The Children's Minimum Council is gravely concerned with the danger that the authorities will be tempted to grant exemptions for children from the poorer families on economic rather than educational grounds. This danger could at least be mitigated by a much wider provision of free midday meals. The milk-in-schools

scheme has been successful so far as it goes. But it does not go far enough. Only half the school population is obtaining milk at school; the usual ration of one-third pint is an inadequate one, and in only a few areas is the provision extended over the holidays. The Council submits to the Board the following proposals for the extension of the present provision.

Proposals for the Future

(1) That a daily ration of milk should be made available free of cost to all children attending public elementary and State-aided secondary schools. (The supply of free milk should be continued during the holidays and, where necessary, paid help should be engaged for its distribution.)

(2) That local authorities should be required to make provision for a midday meal in connexion with all schools for which they are responsible.

(3) That meals should be provided free for children attending schools under local education authorities who come from families where the expenditure available for food falls below a scale laid down by the Board in accordance with modern scientific requirements. (The Council suggests that the Board, in consultation with the Ministry of Health, should lay down a model scale which could be adapted to varying prices from time to time and from place to place.)

(4) That the Board should enforce proper standards of accommodation, service, and dietary.

VIRTUES AND DANGERS OF MILK

View of a British Association Subcommittee

The Nutrition Subcommittee of the newly formed Division for the Social and International Relations of the British Association arranged a discussion on March 28 on milk. Two hundred attended the meeting under the chairmanship of Sir RICHARD GREGORY.

In an interesting paper on milk and its importance in diet, Dr. HARRIETTE CHICK said that to-day milk was the nearest approach to a complete food that we possessed, but besides being the most nutritious it was the most inconvenient and at times most dangerous of foodstuffs. It was an excellent medium for bacteria, such as those responsible for tuberculosis, diphtheria, typhoid, scarlet fever, and undulant fever. As an exclusive diet it did not, however, contain enough sugar and minerals, especially iron. Young pigs, for example, showed signs of anaemia if they were not given other food besides milk. Dr. Chick said that skimmed milk was of value in virtue of its content of calcium and phosphorus, and she quoted an experiment of Sir John Orr's in which three groups of children were given an extra ration of whole milk, skimmed milk, and sweet biscuit, respectively. The first two groups, between which there was no difference, were superior to the third in height and weight. The mineral content was the important factor. Further steps should be taken to secure full use of this by-product in the manufacture of butter.

Professor J. C. DRUMMOND said that there was a great deal of misconception about the deleterious effects of heat on milk. The results of recent work on the effect of heat on food had removed much of the popular objection to pasteurization, and he had no doubt that the compulsory adoption of pasteurization was highly desirable. One sometimes wondered, he said, how much greater must be the mass of evidence proving the potential dangers of drinking raw milk before Government circles would recognize and admit that public health must come before political considerations. Dr. A. W. SCOTT of the Royal Technical College, Glasgow, said that deficiencies due to incorrect working of pasteurizing plant would be avoided if all plants were supervised under a compulsory scheme.

The meeting subsequently passed a resolution for submission to the Council of the British Association that it should support action for the compulsory pasteurization of milk.