

added to 50 c.cm. of distilled water in a small beaker; the fluid is drawn back into the pipette and forcibly expelled again a few times, thorough mixture being ensured. The beaker is suitably adjusted under the limb of the balance. The suspended ring is then lowered on to the surface of the fluid, the lever of the instrument evenly moved, and the reading in milligrams just necessary to make the ring part company with the fluid, less the weight of the platinum attachment, gives an accurate measure of the surface tension.

As might be expected there is considerable variation in the surface tension of serum diluted 1 in 200 in this manner, but in all persons examined so far there is a consistent variation from normal in the serum of those with general paralysis when it is inactivated at 56° C. for thirty minutes. In conditions other than general paralysis this inactivation has the effect of raising the surface tension; at any rate no definite degree of lowering is observed, while as regards the serum of general paralytics the reverse is the case.

The following tables, giving the pull-off readings of surface tension in milligrams, illustrate this difference.

*General Paralysis, Wassermann Reaction Positive*

	Tension in mg.		Loss on Inactivation in mg.
	Fresh Serum	Inactivated Serum	
A.	314	214	100
M.	344	311	33
C. H.	335	305	30
E. T. B.	340	310	30
T. B.	325	300	25
D. J.	330	310	20
W. H. P.	390	365	25
G. B.	330	365	25
J. W.	358	340	18
J. Br.	363	345	18

*Non-syphilitics, Wassermann Reaction Negative*

	Tension in mg.		Gain on Inactivation in mg.
	Fresh Serum	Inactivated Serum	
B.	234	329	35
M.	330	305	5
B.	310	310	0
F.	295	317	22
H. E.	345	345	0
D. M. N.	345	350	5
T. G.	335	365	30
S. A.	350	350	0
A. S.	345	355	10
W. N.	342	343	1
T. H. C.	370	385	15
W. S.	387	404	17

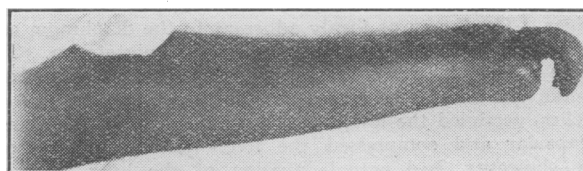
In cases of syphilis investigated up to the present showing no clinical signs of general paralysis this alteration in tension has not been observed, and consequently it may be of value as an aid to diagnosis in incipient syphilitic meningo-encephalitis, and has no doubt some relation to the stiff positives present in this condition. In high dilutions of serum in distilled water precipitation soon occurs; consequently the reading should be quickly taken after thorough mixture.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### CUTANEOUS HORN ON AN AMPUTATION STUMP

The case reported below appears to be unique. Turner<sup>1</sup> in 1815 described a cutaneous horn arising in a scar, but on careful search of the literature since that date no



reference to the condition in relation to an amputation was found. Rhodenburg<sup>2</sup> stated that in 13 per cent. of cases epithelioma developed at the base of the horn, but despite the long history this had not occurred in our case.

The patient, an Arab woman aged 70 years, had a cutaneous horn arising from the end scar of an amputation of the foot. This had been present for many years without special inconvenience, but recently the slightest touch on it caused her intense pain, which radiated up the leg. The amputation had been carried out in the days of the Mahdi, some fifty years previously, for Madura foot, by a native operator.

On examination there was found to be a slow septic process at the base of the horn, but no evidence of epithelioma, nor were the inguinal glands enlarged. The "ram's horn" appearance of the growth is well shown in the photograph. Reamputation was performed (by F. E. M.). A large neurofibroma was found in the base of the scar, and the nerve leading to it was followed up into the leg, crushed, and divided. The patient was discharged cured.

We are indebted to Mr. O. F. H. Atkey, C.M.G., Director Sudan Medical Service, for permission to publish this note.

F. E. MAYNE, F.R.C.S.Ed.

LAURENCE O'SHAUGHNESSY, F.R.C.S.  
Sudan Medical Service.

## British Medical Association

### CLINICAL AND SCIENTIFIC PROCEEDINGS

#### CHESTERFIELD DIVISION

A crowded meeting of the Chesterfield Division was held on March 13th, when Dr. A. NIVEN ROBERTSON, chairman of the Division, presided. Dr. ROBERT HUTCHISON gave a British Medical Association Lecture on rheumatism in childhood.

#### Rheumatism in Childhood

Dr. Hutchison began by saying that the importance of rheumatism in childhood was chiefly due to its serious consequences and not so much to the acute infective outbreak itself. Mentioning the fact that the disease was definitely of microbic origin, he went on to outline its distribution, dealing with this under three headings: (a) geographical; (b) social; (c) age. Rheumatism in children was chiefly localized in the temperate zone, with variations in every country; thus it was common in Edinburgh and London, but rarer in some parts of the British Isles. These variations, Dr. Hutchison thought, might be due to the extent of moisture in the affected

<sup>1</sup> Turner, M. J.: *Monthly Journal of Medical Science*. London and Edinburgh. 1815, p. 361.

<sup>2</sup> Rhodenburg, A.: *Journ. Amer. Med. Assoc.*, 1908, li, 1326.

NINETY-NINTH ANNUAL MEETING  
of the  
**British Medical Association**  
EASTBOURNE, 1931



BEACHY HEAD

THE ninety-ninth Annual Meeting of the British Medical Association will be held at Eastbourne this summer under the presidency of Dr. W. G. Willoughby, medical officer of health for Eastbourne, who will deliver his address to the Association on the afternoon of Tuesday, July 21st. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 17th. The provisional programme for the work of the fourteen Scientific Sections is being drawn up by an Arrangements Committee, consisting partly of Eastbourne representatives and partly of members appointed by the Council of the Association. The full list of presidents, vice-presidents, and honorary secretaries of the Sections, together with the provisional time-table, was published in the *Supplement* of March 7th. Other details of the arrangements for the Annual Meeting will appear in later issues. During the week, and in particular on the last day of the meeting (Saturday, July 25th), there will be excursions to neighbouring places of interest. We publish below, the second of a series of articles on Eastbourne and its neighbourhood, with special reference to medical institutions. The first article—"Eastbourne in History and To-day"—appeared in our issue of March 14th (p. 464).

### THE HOSPITALS OF EASTBOURNE

Owing to the rapid growth of the borough of Eastbourne, the general hospital and similar institutions, though efficient for their purpose, are not as attractive architecturally as they might have been had allowance been made in their original plan for a series of additions to meet urgent requirements. The beautiful buildings of All Saints Convalescent Hospital might be mentioned as an exception.

The general hospitals include the Princess Alice Memorial Hospital, the Leaf Homoeopathic Cottage Hospital, and St. Mary's Hospital (formerly the Poor Law Infirmary).

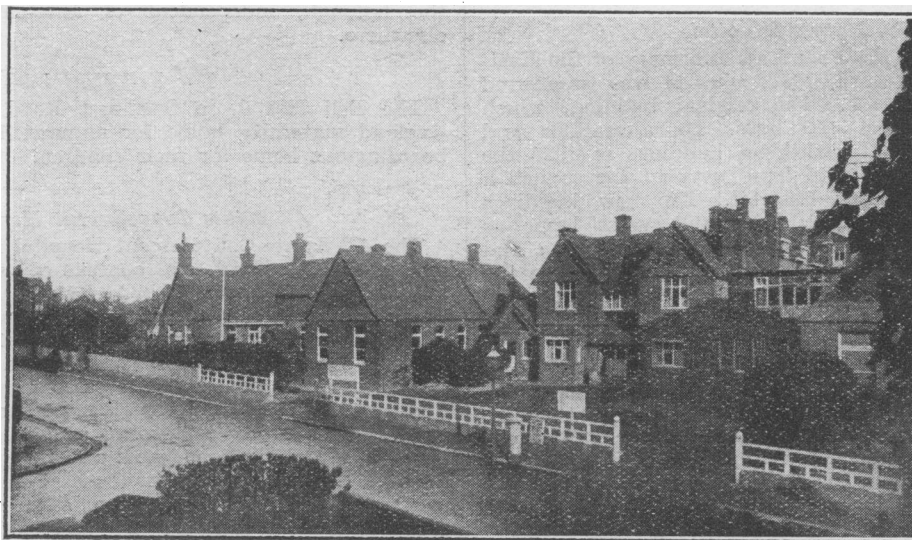
The special hospitals are the Ear, Nose, and Throat Hospital, the Royal Eye Hospital, the Municipal Maternity Home, and the Bell Hostel for maternity and child welfare.

The convalescent institutions are All Saints Convalescent Hospital, the London Homoeopathic Hospital Convalescent Home, and the Sailors and Soldiers Convalescent Home.

The fever hospitals are the Borough Infectious Diseases Hospital, the Small-pox Hospital, and Gildredge Hospital for Tuberculosis.

Eastbourne has also a large number of well-equipped private nursing institutions and three municipal clinics.

There is a thriving branch of the Royal Surgical Aid Society, and a very efficient division of the St. John Ambulance Brigade. During the war the V.A.D. detachments of Eastbourne had many local hospitals, and they still carry on work at two of the above institutions.



PRINCESS ALICE MEMORIAL HOSPITAL

#### *Princess Alice Memorial Hospital*

The general hospital for Eastbourne and

the surrounding parts of Sussex was named after H.R.H. Princess Alice, sister of King Edward VII. It was opened in June, 1883, by the Prince and Princess of Wales, afterwards King Edward VII and Queen Alexandra, the foundation stone having been laid in the previous July by

His Majesty's sister, H.R.H. Princess Christian. The hospital has had to be continuously extended in order to meet the growing requirements of the district. It began with two wards of 10 beds, and has been enlarged from time to time; when the additional buildings now under construction have been completed it will provide accommodation for 110 patients, and be capable of treating about 1,800 in-patients annually. The radiological, electrical, massage, therapeutic, and pathological departments and laboratories, which have been added by degrees, will be brought thoroughly up to date in the buildings now in course of erection.

The hospital at present accommodates 96 in-patients. The staff consists of two resident medical officers, a matron, house and sister tutor, eight sisters, ten staff nurses, twenty-one nurses, twenty domestics, besides porters, etc. The chief work of the hospital is the care and treatment of in-patients. An increasing number of these, however, continue to be treated after they have left the hospital, mainly in radiological, electrical massage, and massage departments.

The management includes a number of prominent residents of the town and surrounding country, from whom are chosen a house committee, finance committee, and enlargement and improvements committee. There is also a strong and influential medical committee. The services of the physicians and surgeons are gratuitous.

#### *The Leaf Homoeopathic Cottage Hospital*

The foundation in 1888 of this cottage hospital of 16 beds was due to the beneficence of two ladies, the Misses Leaf, who placed in the hands of trustees the two properties Nos. 1 and 2, Marine Road. Later No. 3, Marine Road was added through the generosity of Mr. Alfred Tabor, as a memorial to his son. Since the hospital was established over 12,000 patients have received treatment. Although it has been brought up to modern requirements, it is still inadequate for the increasing demands made upon it, and removal to an up-to-date building has become an urgent necessity. It is the desire of the committee to erect a model cottage hospital of 25 beds on a site which has recently been acquired.

The honorary medical staff consists of three local practitioners. The services of three consultants are also available. The nursing staff comprises a matron, sister, and four nurses. The average stay of in-patients is three weeks; many of these attend later as out-patients.

#### *St. Mary's Hospital*

This hospital was the Poor Law Infirmary of the Eastbourne Union until April, 1930, when it was transferred to the borough council. The original building, which dates from 1889, had 120 beds. By alterations and by the construction of additional buildings in 1928 the late guardians were able to hand over to the council a satisfactory and efficient hospital. The new buildings included a separate maternity block and nurses' home, as well as up-to-date wards. Owing to its situation and dependence for certain services on the institution in the same grounds, the hospital is not separated in management from the Public Assistance Committee.

The number of beds is as follows: for men 50, women 82, maternity cases 7, children 20, and for the generally infirm 26, making a total of 185. An extension of 16 beds is being arranged. With the exception of 12 beds, which are retained for county cases, the hospital serves Eastbourne only. The treatment of out-patients is confined to emergencies and after-treatment. There is a special department for massage, light, and electrical treatment. The medical superintendent (non-resident) has the assistance of a consulting surgeon and other specialists as required. There is no resident house-surgeon. The hospital is a training school for probationer nurses.

#### *The Ear, Nose, and Throat Hospital*

This hospital, in Cavendish Place, founded in 1917 by Dr. M. V. McKechnie, Dr. Ashley Cluffe, and Councillor W. E. Wood, commenced as a small room

for out-patients only. In 1921 the committee purchased No. 49, Cavendish Place, and provided accommodation in three wards for twelve in-patients, and for out-patients. The adjoining house, No. 47, was purchased, reconstructed, and equipped, and was opened in December, 1930. There are now six wards with 17 beds, and accommodation for out-patients has been greatly improved. The operating theatre and anaesthetizing room are on the first floor, where the wards for men, women, and children are also situated. In 1930 there were 308 in-patients and 1,942 out-patients. The recent extension will enable a much larger number of both classes of patients to receive treatment.

#### *The Royal Eye Hospital*

This hospital was founded in 1914 by the late Dr. Ewart and Dr. Milner Moore. The accommodation, to begin with, was only two rooms, where out-patients were attended. Largely through the efforts of the late Alderman C. F. Simmons, the present premises in Cavendish Place and Pevensy Road were acquired, and the hospital is now fully equipped to deal with all sorts of ophthalmic diseases.

The accommodation consists of 14 beds and an operating theatre. On an average about 100 out-patients are treated weekly, and during a year about 150 operations are performed. The nursing staff comprises a matron and four assistant nurses. The hospital is entirely supported by voluntary subscriptions and donations, and is governed by a board of management under the chairmanship of Councillor E. H. Hill.

#### *Municipal Maternity Home*

This popular home was opened in March, 1920, in a private house with a large garden. Extensions were completed in May, 1925. The 16 maternity beds are increasingly used. In 1930, 248 cases were admitted; this number represented over 35 per cent. of the total births in the borough. There is a consultant obstetric surgeon, but the mothers are attended by their own doctors or by the resident midwives. The home is a training school for midwives. In connexion with the home there is an ante-natal and post-natal centre, where medical practitioners can attend their patients if they wish. As no patients are admitted or attended by the external midwife without ante-natal consultation, this advantage is assured in at least 50 per cent. of births in the borough, independent of ante-natal consultations elsewhere.

#### *The Bell Hostel*

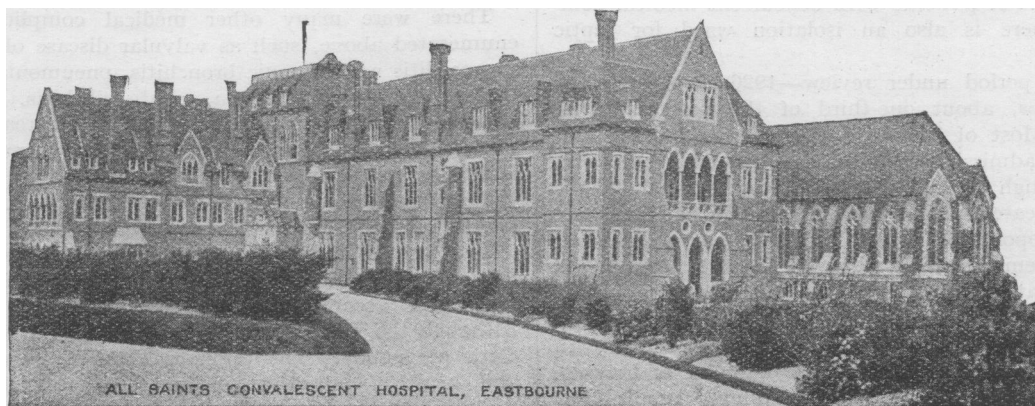
The Bell Hostel, in Salehurst Road, is a Church of England maternity home for unmarried mothers, and a boarding-out home for their children.

#### *All Saints Convalescent Hospital*

The All Saints Convalescent Hospital is situated at the foot of Beachy Head, and consists of two buildings—one for adults, with about 70 beds for men and 120 beds for women patients, the other for children, with beds for over 100 children of ages ranging from 3 to 16 years. In the Children's Hospital there are also 5 beds for mothers with infants under 6 months. The present building for adults was opened in 1869 on a site given by the Duke of Devonshire. The Children's Hospital was opened considerably later, in 1890. Both hospitals and the grounds surrounding them are the property of the All Saints Community.

The hospital is under the care of four visiting physicians. For each of the three departments—men, women, and children—there is an experienced trained nurse, responsible for the medical care of her patients under the supervision of the visiting medical officers. Patients are admitted on a medical certificate filled in by their own doctors and approved by the hospital medical officers. The adult hospital is approved by the Ministry of Health for the admission of ambulant non-pulmonary cases of tuberculosis. Persons over 70 years and those convalescent from infectious or contagious

diseases are ineligible. Patients are expected to be up and about during the day, and able to manage generally for themselves. Bed cases are ineligible. The usual length of stay is three weeks, but this period can be extended with the approval of the hospital medical officers. Patients are sent for convalescence by the chief hospitals in London and the provinces, and by health insurance and other charitable societies. Over 3,000 patients are admitted in the course of the year. The hospital is open all the year round, and to patients of all religious denominations. Children have to obtain a negative result of nasal-throat swab before admission.



ALL SAINTS CONVALESCENT HOSPITAL, EASTBOURNE

The charge for adults is 21s. per week; for children of 12 years and under 16 it is 16s. per week; for those under 12 years, 13s. 6d. per week. Patients are also admitted on subscribers' letters. These are issued to regular annual subscribers of 21s. or more, one letter for each 21s. subscribed. There is an additional charge of 25s. 6d. for three weeks on these letters.

The sister superior, who is responsible for the management of the hospital, realizes fully the importance in convalescence of fresh air, rest, and plentiful nourishing food. Application for admission and all inquiries about the hospital should be addressed to the secretary. The hospital is open to visitors every afternoon except Sunday, and the sisters always welcome visits from those who are interested in the work.

#### *The London Homoeopathic Hospital Convalescent Home*

With promised liberal support, it was decided in 1887 to establish the above home for the reception of convalescent women and girls, and the home was opened in August of the following year. It has proved a valuable help to the hospital by enabling patients to be discharged from the wards at an earlier date than would otherwise be possible. Since its foundation the home has received an average of 200 patients annually, a large number having undergone severe operations. It has also provided a very useful service in accommodating hospital nurses during short periods of rest.

In 1888 the home was started as a separate institution, but it has now become incorporated with the London Homoeopathic Hospital under a Royal Charter granted in 1928. A subscriber of £3 3s. per annum is entitled to recommend an eligible patient for residence at the home for three weeks.

#### *Sailors and Soldiers Convalescent Home*

This home is organized and staffed by V.A.D. Sussex 2, assisted by a trained nurse. There are 53 beds for Ministry of Pensions cases; 2,773 patients have been admitted since the detachment (commandant, Mrs. F. S. Williams) undertook the management of the home in 1919, when it was recognized by the Ministry of Pensions. Ex-service men, the majority being surgical cases, are sent by the Ministry for convalescent treatment. They come from all parts of England and Wales, and occasion-

ally from Scotland. Since the number of ex-service men eligible for treatment under the Ministry of Pensions has decreased, the home has been able to admit patients recommended by the Emergency Help Committee of the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society—men severely disabled, who would otherwise not be able to get treatment in a convalescent home, or who are too helpless to go to the seaside for a holiday. Each summer Mrs. Hay of Gifford House, Roehampton, arranges for about forty-eight patients (mainly paraplegic) to have a seaside holiday here, accompanied by their own staff.

Another branch of the home is concerned with the knitting industry, which was started in 1921 to employ severely disabled ex-service men trained under the Ministry of Labour. Their number has risen from four to fifteen, twelve being employed in the workshop and three in their own homes. Proceeds from sales have increased from £992 in 1923 to £3,378 in 1930, but it is most difficult to keep these men employed all the year round, and appeal must be made to the public to support them by buying their work.

#### *Borough Infectious Diseases Hospital*

The general isolation hospital is situated in East Dean Road at the foot of the Downs, and has 62 beds in seven blocks. The number of separate wards enables various diseases and observation cases to be admitted, apart from scarlet fever and diphtheria. An unusual provision in a health resort, but a long-established feature, is that the private schools have their own blocks in the grounds, so that they have not to maintain separate sanatoriums. The medical service at these blocks is provided by the hospital staff. The hospital has been added to from time to time, the latest blocks being erected in 1904.

#### *Small-pox Hospital*

This hospital of 18 beds in three wards is situated on the Crumbles near the sea, and just outside the borough in the parish of Westham. The surrounding rural districts have contracted for the use of the hospital, but it is entirely under the management of the Eastbourne Borough Council.

#### *Gildredge Hospital*

This hospital is situated near the Infectious Diseases Hospital at the foot of the Downs, and is solely for the treatment of pulmonary tuberculosis. There are 24 beds in bungalows of 2 beds each—12 for men and 12 for women. The hospital was opened by Sir Arthur News-holme, the Chief Medical Officer of the Local Government Board, in 1914. It is a hospital for tuberculosis, and not a sanatorium, being used mainly for advanced cases and for the institutional accommodation of patients awaiting admission to sanatoriums. It has been one of the most useful institutions of the borough, enabling a very large number of patients to receive institutional treatment. The clinical medical officer is a practitioner in the borough.

memoir (No. 7) of that research published by the School, and he executed the fine line drawings which illustrated it. Soon after the termination of this research he assisted in the helminthological department, and in 1925 was selected as professor of medicine to Hong-Kong University. There he achieved his chief work in remodelling Manson's university as a live thing. He directed and reorganized the teaching of medicine in a most able manner, so that almost the whole work of this department devolved on his shoulders. In addition, he was widely known in the town for his medical skill, so that he obtained a large consulting practice among the Chinese and Europeans. His extraordinary insight into the mind and character of the Chinaman, and his sympathy with his national aspirations, gained for him great popularity, and led indirectly to his appointment in 1930 as director of the Henry Lester Institute for Medical Research at Shanghai, for which a sum of over one million pounds had been bequeathed. To Shanghai, then, he proceeded late in 1930, and was successful in negotiations about the future status of this institution in the medical education of China. The plans of the institute were complete, and he was formulating schemes for research in the future, as visualized in a letter received by the writer on the very day of his death.

John Anderson possessed an exceptionally strong and sympathetic character, and there can be few men of his generation who inspired such sincere affection in everyone with whom he came into contact. He will long be remembered as a staunch friend, and as a brave and resourceful companion, one whose modesty and self-effacing character prevented him to some extent from securing those academic and scientific honours to which he could legitimately have aspired.

P. H. M.-B.

#### JOHN EDWARD THOMAS, M.D., C.M.

Senior Surgeon, Carnarvonshire and Anglesey Infirmary, Bangor

The death occurred at his home, Nantlys, Bangor, on March 24th, of Dr. J. E. Thomas, one of the best-known practitioners in North Wales, at the age of 62. The second son of the late Mr. W. Thomas, J.P., of Plas Newydd, he was educated at the University College of Wales, Aberystwyth, and at Edinburgh University, where he graduated M.B., C.M. in 1890, proceeding M.D. in 1900. After a period as house-surgeon to the Carnarvonshire and Anglesey Infirmary (where he was later to give so many years to devoted and enthusiastic service), he settled in Bangor, and soon established a large practice in the town and surrounding district.

From his earliest days Dr. Thomas had shown a marked inclination and aptitude for surgery, and it was therefore not surprising that when in 1910 he was appointed surgeon to the Carnarvonshire and Anglesey Infirmary a new era in the surgical work of that hospital commenced. At the termination of his twenty years' tenure of office in November last, the hospital committee, as a mark of the great appreciation of his services, took the unusual step of inviting him to continue as senior surgeon.

During the whole of the war Dr. Thomas was surgeon to the Military Hospital at Bangor. His reputation as a surgeon was such that for many years his colleagues throughout North-West Wales had availed themselves fully of his experience and operative skill. His surgical appointments included those of consulting surgeon to the Blaenau Festiniog and Portmadoc War Memorial Hospitals. He was a member of the court of governors of the University College of North Wales, and in addition to being medical officer to this College was also medical officer to the Normal College, Bangor.

Dr. Thomas was always a keen and enthusiastic member of the British Medical Association, and was president of

the North Wales Branch in 1925-26. His activities were not confined to his profession, for he was much interested in public work. He was an alderman of the Corporation of Bangor, and was mayor of the city in 1920-21. He was a justice of the peace for the county of Carnarvon, and sat regularly on the magisterial bench. He inspired confidence by his quiet simplicity and rectitude, and his unflinching kindness will always be remembered by his patients and friends. He is survived by his widow, three daughters, and one son, who is a surgeon in London.

Dr. SPENCER STAWELL CROSSE, M.C., died suddenly from cerebral haemorrhage at Kudat, British North Borneo, on February 10th. He was the third son of the late Rev. Edward Ilbert Crosse, and was born at Long Wittenham, Berks, in 1888. He was educated at Clifton College, and Pembroke College, Cambridge, completing his medical curriculum at Guy's Hospital. He took his B.A. (Nat. Sci. Trip.) Camb. in 1909, and qualified M.R.C.S., L.R.C.P. in 1912. After serving as house-surgeon and house-physician at the Royal Berks Hospital, he joined the R.A.M.C. in the first week of the war, hurrying home from a holiday abroad to do so. During the greater part of the war he was on active service in France, chiefly with field ambulances or at casualty clearing stations, and received the Military Cross. At the close of the war he remained in the Army for another six years, and was stationed in India during a large part of this period. On leaving the Army he held various posts as medical officer in the Tropics, on the Gold Coast, in British Guiana, and in Borneo. He took the Diploma of Tropical Medicine in 1928, shortly before sailing for Borneo on his last appointment. A straight man in all his dealings, Spencer Crosse was greatly beloved by all who knew him. Of an easy-going temperament, he took the ups and downs of life in a true philosophical spirit. He was kind and tolerant, and always endeavoured to put the best interpretation on the actions of others. He was never pushful, and though he had brains above the average he preferred to exercise them in what immediately lay before him. His sudden death at a comparatively early age came as a shock to his friends, since, although he had spent many years in the Tropics, he had always appeared to enjoy excellent health.

The sudden death of Dr. JOHN STEELE, J.P., of South Bank, Yorkshire, came as a great shock to the people of Eston district, where for over forty years he was in practice. He was one of the oldest members of the British Medical Association in the district, surgeon to Eston Hospital, medical officer of health, and casualty surgeon to four large works in the district. A colleague writes: Dr. Steele was gifted with that medical instinct which only comes as the reward of knowledge and experience. His life was one of unbroken service, which he loved to give, and his work had become so much part of himself that he feared the day when he should have to withdraw from practice, having often been asked to do so by his friends and relations. His patients were all his friends, and to many he was their best friend. Among the flowers at the funeral were to be seen tributes from the poor, who had made a collection to show their respect to a man of so outstanding a personality. Evidence of the esteem in which the people of the district held him was shown by the fact that over 12,000 people lined the processional route.

The following well-known foreign medical men have recently died: Dr. JEAN BAPTISTE COPPEZ, professor of ophthalmology at Brussels from 1891 to 1905, aged 90; Dr. AUGUSTE SLOSSE, professor of physiological chemistry at Brussels; Dr. PAUL FRANGENHEIM, professor of surgery at Cologne and an authority on bone surgery, aged 54; Dr. GIULIO TUNO, a physiologist of Rome; Professor VOGT, a Moscow pathologist, aged 83; and Dr. FÉLIX POUSSINEAU, formerly accoucheur to the Hôpital Lariboisière, Paris, aged 88.



*Venereal Disease in the Navy*

In reply to Dr. Fremantle, on March 25th, Mr. AMMON said reductions (or increases) in the incidence of venereal diseases in the Navy were shown in the following figures. In 1924 there were 5,987 cases, a ratio of 68.32 per 1,000 of strength, and a decrease on the previous year of 10.19; in 1925 there were 5,412 cases, a ratio of 60.16 and a decrease of 8.16; in 1926 there were 5,184 cases, a ratio of 57.18 and a decrease of 2.98; in 1927 there were 5,341 cases, a ratio of 57.28 and a 0.10 increase; in 1928 there were 5,160 cases, a ratio of 56.81, a 0.47 decrease; in 1929 5,342 cases, a ratio of 61.94 and a 5.13 increase. Comprehensive education schemes were in force in the training establishments. In the general depots all new entrants received special instruction. In boys' training establishments very special care was taken to ensure adequate and suitable instruction in sex hygiene. This instruction formed part of the general scheme of moral training, and was carried out in close co-operation by the divisional executive officers, the chaplain, and medical officers. Thorough instruction, especially with regard to venereal diseases and their dangers, was imparted to those boys before they were drafted to sea-going ships.

*Opium*

On March 30th Mr. SHORT informed Mr. Campbell that the production and distribution of opium would not be included in the purview of the conference on the limitation of the manufacture of dangerous drugs, to be convened by the League of Nations at Geneva next May.

Mr. SHORT, replying to Commander Bellairs on March 30th, said that the Home Secretary was not aware that quantities of opium and its derivatives were sent from Russia into China. He did not see that any action was called for on the part of the British Government.

*Workmen's Compensation*

Mr. CLYNES, in a reply to Mr. M'Kinlay on April 2nd, said he had received complaints as to several of the medical referees appointed for Lanarkshire under the Workmen's Compensation Act. The allegations had been of a general character, to the effect that the referees were biased against the workmen and their decisions unfair. These allegations had not been supported by evidence. Particulars of only three cases in which it was alleged that the workman had been unjustly treated had been submitted. While not in a position to review the decisions of referees, he had carefully examined these particulars, and could not find anything in them to sustain such a charge. Great pains were taken to appoint as referees doctors of the highest possible standing and professional qualifications; once a person was appointed to a judicial post of this kind he was entitled to expect that the Home Secretary would not countenance charges of unfairness except on clear and definite evidence of incompetence or bias. Mr. M'Kinlay further asked if Mr. Clynnes would appoint a small committee to survey the decisions of the referees. Mr. CLYNES replied that such a general survey would not be justified even if practicable.

*Atmosphere of House of Commons.*—On a vote for expenditure on the Houses of Parliament, Miss WILKINSON asked if anything was being spent on improving the system of ventilation. The sickness rate, and even the death rate, among members of Parliament had been high in the past few months. All of them felt that when they came into the House they were entering a building where no fresh air seemed to enter. Mr. LANSBURY said that he did not understand the criticisms of the atmosphere of the House. The reports on it all disagreed with one another, and the experts that he had consulted contradicted one another. A committee was appointed recently on the subject, and it reported that such defects as existed in the ventilation were attributable to the methods of distributing the air current, and not to the quality of the air admitted, which was both chemically and bacteriologically pure. Mr. SOMERVILLE HASTINGS asked if that examination had been made when the House was sitting. Mr. LANSBURY said that all he knew was that the committee reported in 1905. In 1923 another committee made certain recommendations, the important part of which had been carried out. The House agreed to the vote.

*Patent Medicines.*—On March 30th Mr. PETHICK-LAWRENCE told Mr. Hastings that the cheap edition of the report of the Select Committee on Patent Medicines (1914) had been out of print for some years. There was no evidence of a substantial demand to justify a reprint. The full edition, containing the Proceedings and Minutes of Evidence, was still available.

*Sweepstakes for Hospitals.*—On March 31st Mr. TOOLE asked the Prime Minister if the Government could see its way to introduce legislation to enable sweepstakes similar to those in the Irish Free State to be conducted in this country to aid hospitals in need of funds. Mr. CLYNES, who replied, said that, apart from any other consideration, he had yet to learn that the hospital authorities desired such legislation.

*Bethlem Royal Hospital.*—On March 31st the House of Commons considered the Civil Estimates in committee. Mr. CHARLES WILLIAMS called attention to an item headed "Bethlem Royal Hospital: adaptation for Imperial War Museum." He said that that represented £50,000, and the committee was entitled to know what was being done to the hospital. Mr. LANSBURY, in reply, said that originally it was proposed to pull down the whole building, but it had now been decided that the War Museum should be transferred there. The London County Council would have to bring in a Bill to obtain powers from Parliament to alter the original Act for dealing with Bethlem Hospital.

*Refuse Disposal.*—Miss LAWRENCE, answering Mr. Mills on March 30th, said that it was not proposed to bring in a Bill this session dealing expressly with the dumping of refuse. The Town and Country Planning Bill recently introduced would strengthen the hands of the planning authorities in preventing or controlling the use of land for such a purpose. Local authorities might also prevent nuisance if by-laws dealing with the disposal of refuse were made and strictly enforced.

*Vaccination.*—In the House of Commons, on March 30th, Mr. GROVES presented a Bill to repeal the law relating to compulsory vaccination.

*Contraceptive Literature.*—Replying to Sir James Reynolds on April 1st, Mr. VIANI said his attention had been drawn to the fact that birth control literature was being disseminated by post, but unless the language used was indecent or obscene he had no power to prohibit the transmission of such matter in this way.

*Research on Animal Diseases.*—Dr. ADDISON told Sir Bolton Eyres-Monsell, on April 2nd, that a scheme for developing research into animal diseases upon a considerable scale was in an advanced state of preparation.

*Notes in Brief*

In Scotland 7,851 children under the age of 12 months died during 1930—an infantile death rate of 83 per 1,000.

## Universities and Colleges

### UNIVERSITY OF LONDON

#### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

##### Entrance Scholarships and Exhibitions

Goldsmid Entrance Scholarships (value 112 guineas each), entitling the holder to the final course of medical study, are offered for competition in July, 1931, and are open to students who are preparing for the degrees of the Universities of London, Oxford, Cambridge, Durham, or other British universities, or for the diplomas of the Royal Colleges of Physicians and Surgeons, or for the licence of the Society of Apothecaries. A Goldsmid Entrance Exhibition (value £80) entitles the holder to a reduction by £80 of the fees due for the full course of final medical study. Only candidates who are graduates in arts or science of a university of the British Empire are eligible for this award. The Filliter Entrance Scholarship in Pathology (value £52 10s.) entitles the holder to a reduction by £52 10s. of the fees due for the full course of final medical study. No two of these awards can be held simultaneously, and holders of the Bucknill Scholarship are not eligible for them. Further particulars may be had from the secretary, University College Hospital Medical School, University Street, W.C.1.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON

A meeting of the Royal College of Physicians was held on March 30th.

The Right Hon. Lord Dawson of Penn, P.C., G.C.V.O., K.C.B., K.C.M.G., M.D., was elected President.

The retiring President, Sir John Rose Bradford, Bt., delivered the presidential address for the past year.

Lord Dawson was appointed to represent the College at the forthcoming centenary celebrations of the University of Leeds on June 30th and July 1st, and Dr. William Hunter was nominated to represent the College at the forthcoming Congress of the Universities of the Empire, to be held in London and Edinburgh in July.

*Diplomas*

The following diplomas were granted jointly with the Royal College of Surgeons:

IN TROPICAL MEDICINE AND HYGIENE.—N. J. Abbensetts, M. Akram, J. Cairns, H. G. Calwell, C. P. Campion, M. M.-D. Chughtai, G. J. Clarke, Annie E. Connan, S. Dakshinamurty, D. Ellis, M. El Huscini, H. G. Floyd, J. R. Jensen, W. P. Jones, R. Kasiwal, A. Ma, T. T. Mackie, E. W. Martindell, A. Mearns, P. B. P. Mellows, Myrtle Noronha, S. Noronha, M. Sangarapillai, D. W. Semmens, S. Thambiah, R. B. Wallace, Janet Welch, Ethel M. Weir, G. F. West, W. A. Wilson.

IN OPHTHALMIC MEDICINE AND SURGERY.—S. Atta-Ullah, B. P. Danard, H. D. Dastoor, T. E. Davies, J. Foster, Dorothy Guest, J. Hill, H. Kaiz, M. Kalra, J. G. Kshatri, I. Marais, G. R. Marcano, M. S. Mehkri, H. G. Nimbalker, K. J. O'Day, V. P. Patel, F. G. Roberts, A. L. Sutherland.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND

The following candidates have been admitted Licentiate in Medicine and Midwifery of the College under the conjoint scheme with the Royal College of Surgeons in Ireland: G. A. Buggle, P. T. Casey, Annie J. Dunlevy, E. F. C. Earl, M. J. Kohane, A. C. L'Estrange, J. D. S. Murray, I. M. McLachlan, J. D. H. Widdess.

## Medical News

May 12th, the anniversary of Florence Nightingale's birthday, is to be celebrated this year as Red Cross Day throughout the Empire. In London the County of London branch of the British Red Cross Society will lay a wreath on the Florence Nightingale memorial in Lower Regent Street. In Hampshire the county branch is organizing a pilgrimage to Florence Nightingale's grave in the little churchyard near Embley. Other county branches throughout the country are arranging their own ways of illustrating the work they are carrying on. In London a Red Cross flag day is to be held on May 14th, and on May 16th there is to be a big parade of V.A.D. detachments at the Duke of York's headquarters, Chelsea, at which H.R.H. Princess Mary, Countess of Harewood, will present colours to the County of London branch of the society. Notifications have already been received at the headquarters of the society that Red Cross Day is to be observed widely throughout the Empire. In Canada, Australia, and South Africa preparations for its observance are now in progress.

At the next meeting of the Society of Medical Officers of Health, to be held at 1, Upper Montague Street, Russell Square, W.C., on Friday, April 17th, at 5 p.m., a discussion on the pre-school child will be opened by Dr. Ethel Cassie, chief child welfare medical officer, Birmingham, and Dr. G. C. M. McGonigle, M.O.H., Stockton-on-Tees.

At a meeting of the British Institute of Radiology, to be held on Thursday, April 16th, at 8.30 p.m., at 32, Welbeck Street, W., papers will be read by Mr. H. S. Souttar on the ideal distribution of radon seeds, by Mr. W. E. Schall on a two-valve transformer unit for diagnosis and therapy; by Dr. Orliansky on uniformly impressed reduced prints from contrasty negatives; and by Dr. L. A. Rowden on a technique of radiographic pelvimetry. On the morning of April 17th medical members are invited to visit the radiological department of the North Middlesex Hospital, Silver Street, Edmonton, N., at 11 o'clock.

The Standing Conference of Metropolitan Borough Tuberculosis Care Committees has arranged an exhibition and sale of handicrafts by tuberculous patients, to be held on April 22nd and 23rd, at the Carpenters' Hall, Throgmorton Avenue, E.C. The exhibition will be opened on Wednesday, April 22nd, at 3 p.m., by the Lord Mayor, accompanied by the Sheriffs.

The annual dinner of the Medical Superintendents' Society was held at the Holborn Restaurant on March 27th. Eighty-four members and guests sat down, under the chairmanship of Dr. E. W. G. Masterman. Among the visitors present were Sir Arthur Newsholme, K.C.B., Sir William Barber, Dr. Tate (medical officer of health for the county of Middlesex), and Drs. Brincker, Daley, and Fairfield, representing the headquarters medical staff of the London County Council. Sir Arthur Newsholme responded to the toast of "The Visitors," and a musical programme added to the enjoyment of a most successful evening.

The Tavistock Square Clinic for Functional Nervous Disorders announces that twenty-four lectures on psychological types and mechanisms (an introductory course of psychological medicine for the general practitioner) will be given by Dr. H. Crichton-Miller and Dr. E. Graham Howe, at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C., on Thursdays, beginning April 30th. The lectures are open to the medical profession only. Fee for either series, £1 11s. 6d.; for both series, £2 2s. Tickets for the course must be obtained in advance from the honorary lecture secretary at the clinic, 51, Tavistock Square, W.C.1.

As already announced, the annual meeting of the Canadian Medical Association will be held at Vancouver from June 22nd to 26th, and a special section of military medicine is being arranged in connexion with it. Steamship and other excursions are contemplated, and those who wish to have hotel accommodation reserved should communicate, before April 30th, with Dr. W. S. Turnbull, 925, Georgia Street West, Vancouver, British Columbia.

A post-graduate course on the medical and hydrological treatment of diseases of the alimentary canal, liver, and nutrition will be held at the Hôpital Necker, under the direction of Professor Maurice Villaret, from April 20th to May 1st, followed by a visit to Vichy from May 2nd to 4th. The fee is 300 francs. Further information can be obtained from the secretary of the Paris Faculty of Medicine.

The report of the Department of Scientific and Industrial Research for the year 1929-30 has now been published (Cmd. 3789. London: H.M. Stationery Office. 3s. 6d.). Among the subjects discussed by the Advisory Council are food investigation, water pollution, atmospheric pollution, and the work of research associations.

The annual report of the Industrial Health Education Society for 1930 records the fact that, in the six years of the existence of this society, 1,600 health talks have been given to all classes of workers in England, Scotland, and Wales. So many requests were received last year for these talks that several had to be deferred until 1931. It is proposed to develop the work of the society among the large body of women workers in mills, workshops, and factories, and also among male workers unattached to trade unions. A leaflet on eye troubles has been distributed widely.

The first Bolivian Medical Congress will be held at Sucre, the capital of Bolivia, on May 25th, under the auspices of the Government.

The French Society of Ophthalmology will hold its congress in Paris on May 4th, when the principal subject for discussion will be heredity of ocular affections, introduced by Professor van Duyse of Ghent. During the congress there will be an exhibition of optical instruments.

The following German congresses will be held in May: General Medical Society for Psychotherapy at Dresden, 14th to 17th; Oto-rhino-laryngological Society at Leipzig, 21st to 23rd; Dermatological Society at Vienna, 24th and 25th; Tuberculosis Congress at Kissingen, 26th to 30th.