

ONE HUNDRED AND SECOND ANNUAL MEETING
of the
British Medical Association
BOURNEMOUTH, 1934



THE one hundred and second Annual Meeting of the British Medical Association will be held in Bournemouth next summer. The Sectional Meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 25th, 26th, and 27th, the morning sessions being given up to discussions and the reading of papers, and the afternoon to demonstrations. The Annual Representative Meeting for the transaction of medico-political business will begin on the previous Friday, July 20th. The full list of presidents, vice-presidents, and honorary secretaries of the sixteen Scientific Sections, together with the provisional time-table, was published in the *Supplement* for January 27th. Other details of the arrangements for the Annual Meeting will appear in subsequent issues. We publish below the second of a series of descriptive and historical articles on the town and its medical institutions. The first, on Bournemouth and its attractions, appeared on January 6th (p. 22).

HOSPITALS AND BENEVOLENT INSTITUTIONS OF BOURNEMOUTH

The Royal Victoria and West Hants Hospital

General hospital provision for Bournemouth was first made in 1859 by the founding of the General Dispensary and Cottage Hospital in Madeira Road. In 1877 the Provident Dispensary was opened in Boscombe, and in 1882 the Boscombe Cottage Hospital was inaugurated. In 1889 the Royal Victoria Hospital at Poole Road was founded, and in the same year a dispensary for out-patients was opened in Holdenhurst Road. In 1897 a new hospital, now the West Hants branch of this hospital, was opened in Shelley Road, Boscombe. Eventually, in 1911, an amalgamation, confirmed by Act of Parliament, was brought about between the Royal Victoria Hospital in Poole Road (now sixty-eight beds), and the West Hants Hospital in Boscombe (now 168 beds), and the Royal Victoria and West Hants Hospital, of which His Majesty the King is Patron, came into existence. Recently a very fine hospital of fifty-eight beds for private patients of moderate means was completed as an extension of the Boscombe branch; it comprises all that is newest and best in hospital planning and construction.

This, the general hospital of Bournemouth, provides for the county borough and a wide area of adjacent Hampshire and Dorset, and is administered by a board of management. Except for cases of infectious fever and of acute mental disorder, all types are admitted for care and treatment, and the hospital forms a unit complete in all departments. Thirty-five cots are set aside for children; four beds for venereal disease cases; sixteen for maternity patients, the hospital now being recognized by the Midwives Board as a training centre for midwives; two for incipient mental cases; eight for ear, nose, and throat patients; and beds are available for surgical and complicated cases of tuberculosis, and, as necessary, for orthopaedic cases, patients with puerperal fever, and for cases of ophthalmia neonatorum. The special departments are complete, each being in charge of a specialist in his particular subject. The resident staff consists of a medical officer, a casualty officer, and four house-surgeons. Recently, large improved laboratories have been built and equipped for the departments of pathology, bacteriology, and biochemistry; and new spacious post-mortem examination rooms have been completed.

Although a large sum of money had to be raised during the year for capital expenditure, chiefly upon the private ward block, the generosity of supporters has enabled the hospital to pay its way. The increasing population of Bournemouth (117,000), and the ever-widening radius

served by the hospital, mean a continual pressure upon the accommodation available, so that every effort has to be made to extend both in-patient and out-patient departments. In the near future steps are to be taken to add forty-six extra beds, and to build further operating theatre accommodation, and additional quarters for the nursing staff. Last year (1933), the total number of in-patients was 4,745, while out-patient attendances totalled 111,616. The daily average number of in-patients was 230.48, and the average duration of stay 17.73 days. The number of surgical operations was 5,659, and of casualties 7,895. The total ordinary expenditure was £42,435.

Cornelia and East Dorset Hospital, Poole

Also a general hospital and the largest in the county of Dorset, this hospital serves the borough of Poole and the whole of East Dorset, and draws a considerable number of patients from other parts of the county. It was founded in Poole forty-five years ago, and at first had accommodation for thirty in-patients. Since then numerous additions have been made, so that now the beds and cots number 110. Last year a new operating theatre was added, and a new block for maternity patients is nearing completion. There is accommodation for eleven private patients, each of whom is admitted on the recommendation of his medical adviser under the care of a member of the honorary medical or surgical staff. Thirty-five years ago the number of in-patients was 231; last year the figure exceeded 1,500. The number of operations performed was 1,400. During 1933, 26,000 attendances of out-patients were registered.

The Royal National Sanatorium for Consumption and Diseases of the Chest

This hospital, of which His Majesty the King is Patron, is, as its name implies, a national institution, and is supported by voluntary contributions. Accommodation is provided for ninety-three patients of both sexes, who are drawn from all parts of the kingdom. Preference is given to those with early disease. The minimal age for treatment is 16. This sanatorium, built in 1855, is the oldest of the local charitable institutions and, by its establishment at that time, did much to popularize Bournemouth as a health resort. It is situated in Bourne Avenue on rising ground in the centre of the town, and faces south, being well protected from north and east by the shelter of its position and by the many surrounding pine trees.



BOSCOMBE BRANCH

The objects of the institution are: "To afford an asylum for patients afflicted with chest diseases who, being convalescent, may yet require further medical treatment and change of air to establish their health, or may be labouring under such incipient form of disease as to afford reasonable hope of their obtaining benefit from temporary residence in a dry and salubrious climate." This institution was one of the successful pioneers in the campaign against tuberculosis.

The Firs Home

The Firs Home, Trinity Road, was established in 1868, and is administered by a board of trustees and a committee of management. It admits patients with advanced pulmonary tuberculosis only, and has accommodation for twenty cases: ten male and ten female. Eight beds are retained by the Bournemouth Corporation. It is an interesting fact that this hospital was one of the first established for the specific purpose of caring for incurable cases of pulmonary tuberculosis. Until 1913 the home was maintained entirely by voluntary subscriptions. Since then patients have been received under the terms of the Health Insurance Acts, and latterly others have been admitted referred by public bodies under tuberculosis treatment schemes.

The Victoria Home for Crippled Children

This home, situated in Burnaby Road, Alum Chine, was first opened in 1898. Since then it has been enlarged several times. A branch of the Shaftesbury Society and Ragged School Union, the home is controlled by the council of the society, assisted by a committee of Bournemouth residents. There is room for seventy-three cripple children of 2 to 10 years, who are admitted for prolonged periods, and are given skilled nursing along with electrical, sunlight, and massage treatment. Children suffering from various types of paralysis, surgical tuberculosis, diseases of bones and joints, rickets, and deformity are admitted. As to relative numbers, those

suffering from paralysis head the list. The usual length of stay is three to twelve months. The home is certified by the Board of Education and approved by the Ministry of Health for the reception of selected cripple children referred by local authorities.

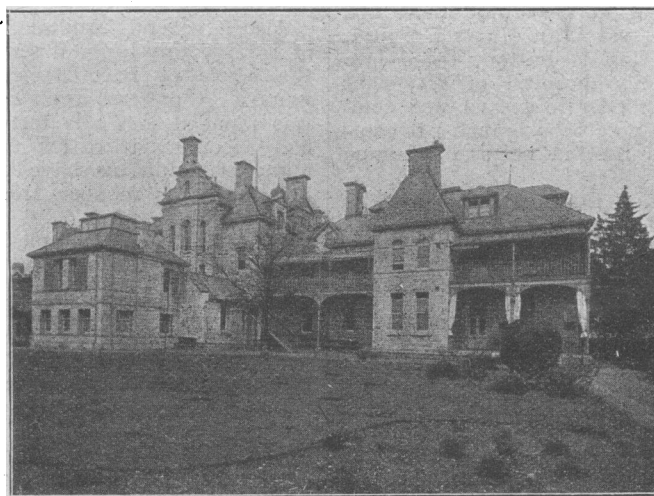
The Herbert Convalescent Home

This convalescent home in Alumhurst Road, Westbourne, was established in 1851 for the benefit of patients from Salisbury Infirmary, and for other necessitous sick persons recommended by the governors of the Infirmary, to which the home is attached in perpetuity. Patients admitted are those already convalescent and in no further need of any special medical or surgical attention. The tuberculous are not admitted. A committee of management of Bournemouth subscribers appointed at the annual Court of the Salisbury Infirmary meets quarterly, and administers the institution. There are sixty beds available, and the patients come from all parts of England. The duration of stay is a fortnight, but this period may be extended at the discretion of the committee. It is interesting to know that the original building in Alumhurst Road was planned by Florence Nightingale.

The Russell Cotes Home and School of Recovery

Opened in 1922, and recently enlarged, this institution at Parkstone, Dorset, accommodates 117 children of both sexes, with the necessary staff.

The home is really a residential school of recovery for children of 7 to 14 who are debilitated, anaemic, or crippled, and who are selected by the school medical officers of the various London education authorities as being most in need of change of air and surroundings. Some twelve different metropolitan educational authorities send subnormal children to the home. Each child spends six weeks under care and treatment; a few remain for twelve weeks. Situated among pine trees on Constitution Hill, overlooking Poole Harbour and Brownsea Island, the



THE ROYAL VICTORIA BRANCH, POOLE ROAD

home grounds cover over ten acres of hillside, which King Edward was heard to declare afforded "one of the finest views in the kingdom."

Douglas House

Douglas House, in West Southbourne, was opened in 1924 by the United Services Fund as a convalescent and holiday home for tuberculous ex-service men of the Army and Royal Air Force. It was established for men with quiescent tuberculosis who needed a period of convalescence under medical supervision so as to render them fit for employment. Preference is given to men with sputum negative for the tubercle bacillus. The home is not a sanatorium or a training colony, but is designed to give a few weeks' seaside holiday combined with a regime suitable for the tuberculous. Up to October 31st, 1933, the total admissions numbered 5,326; the yearly average number of residents being 583. The total number of beds available is eighty, the daily number occupied sixty-one. The average stay of each patient is five weeks; the average gain in weight $2\frac{1}{2}$ lb. There is a resident medical superintendent and one assistant superintendent, a matron, a trained nursing sister, a male nurse, six attendants (exclusive of kitchen staff), and one housekeeper. An admirable arrangement exists whereby the Fund gives a money grant towards the support of a man's family while he is at the home.

Hahnemann Convalescent Home and Dispensary

Founded in 1879, this home was enlarged in 1883, and in 1914 a chapel was added. There are thirty-two beds for patients of both sexes, and ample balcony accommodation. Those eligible for admission are patients with incipient tuberculosis and convalescents from hospitals and dispensaries requiring rest and medical supervision, and they are admitted on a governor's recommendation, which is valid for twelve weeks' residence. Patients with any infectious fever, bronchitis, or bronchial asthma are not admitted. Males under 17 and females under 15 are not eligible for admission. The dispensary was originally established for the sick poor not receiving parochial relief: such were entitled to advice and medicinal remedies.

The House Beautiful

This was opened in 1894 for the reception of the many delicate children recovering from illness and in need of special care and attention. Eligible children are those convalescent after illness, or injury, or surgical operation. Girls between the ages of 6 and 14, and boys between 6 and 12, are admitted. When possible, the children are kept until they are completely restored to health.

MUNICIPAL HOSPITALS

The Infectious Fever Hospital at Gloucester Road (78 beds) is available for all cases of notifiable infectious disease, and, where beds permit, for those not notifiable but believed by the medical officer of health to be best segregated. The management is in the hands of the Health Committee of the Borough Council. With a rapidly increasing population this hospital no longer affords sufficient accommodation for all the cases which demand isolation. Present and future needs, however, are being considered so that a modern hospital, with room for necessary expansion, is likely to be built on an extensive site on the outskirts of the town.

The Small-pox Hospital at West Howe is situated within the borough, about three miles from the centre of the town, near to the Bournemouth, Poole, and Ringwood crossroads. There is accommodation for six patients only; but since the site is an extensive one any emergency can be met by the erection of temporary wards. This hospital also is managed by the Health Committee.

Fairmile House, Christchurch, serves the area of the former Bournemouth and Christchurch Union, and now, by agreement with the Hampshire County Council, is controlled by the Public Assistance Committee of the Bournemouth County Borough Council. There are avail-

able 276 beds for the admission of all patients, whether chronically sick (medical or surgical), venereal, tuberculous, maternity, borderline mental patients, or the mentally deficient; and there is accommodation for patients who need temporary isolation. No provision is made for out-patients or for those requiring operative surgical treatment. There is no resident medical officer, a part-time medical man in active medical practice being responsible for the medical care of all patients—an arrangement which has worked so far efficiently and well.

S. W. S.

A CONSPECTUS OF GENERAL MEDICINE

WELLCOME MUSEUM OF MEDICAL SCIENCE

There is a tendency for intensive specialization to cramp the field of medical vision. Its growth has been largely dependent upon the rapid progress in knowledge which has taken place during the last few decades; no man can be expected to become familiar with all the newer methods of diagnosis, clinical investigation, and treatment. In technical skill specialization finds its fullest justification; even games such as cricket and football have acknowledged this need, and the building up of an international side nowadays calls for a carefully balanced choice of specialists in different departments of the game. But the "all-rounder" in medicine, as in sport, is a man to be relied upon.

"TROPICAL" AND "NON-TROPICAL" DISEASE

There is one medical specialty which, in spite of its obvious advantages, involves special dangers—namely, tropical medicine. There are very few diseases which are strictly tropical. Malaria was at one time common in this country; during the Great War many cases occurred, not always among those who had returned from tropical or subtropical climates. Yellow fever has in the past occurred at European ports. Plague is a constant menace to shipping, and port authorities have to be alive to this ever-present danger; country districts in England have been attacked within living memory, and the history of Europe has been changed by calamitous epidemics of this disease. Yaws, which might with more justification be labelled a tropical disease, is so closely linked up with syphilis that it cannot be neglected by practitioners in temperate countries. Climatic bubo, or lymphogranuloma inguinale, is now classified as a sixth venereal disease, and may occur anywhere. Helminthic diseases, which are well taught at the tropical schools in London, Liverpool, and elsewhere, are largely neglected in the general medical curriculum. Possibly recent work on epilepsy due to cysticercus infection will do something to remedy this. Relapsing fever, bacillary dysentery, typhus, undulant or Mediterranean fever, leprosy, and many other diseases which have, in the past, been regarded as especially suitable for textbooks on tropical medicine are more a question of environment and social conditions than of climate.

To take the argument a stage further, increasing facilities for rapid transport are daily bringing within our reach diseases of which the average medical student has little knowledge. As an example of this may be mentioned schistosomiasis, which will shortly be a possible danger to the "week-end" visitor to Egypt.

It is essential to eliminate from the minds of medical men this arbitrary distinction between "tropical" and "non-tropical" diseases. In this way alone will it be possible to avoid such calamitous diagnostic errors as, for instance, regarding amoebic dysentery as tuberculous ulceration of the intestine, sleeping sickness as Hodgkin's disease, schistosomiasis as malignant disease of the

proper, though he may read a description of treatment and say, "I consider that to be the proper treatment."

In order to avoid an undignified collapse, a medical man who is to be called as an expert should not only take all pains to make himself familiar with the matters on which he is to speak, but should also by an effort of mind put himself in the position of hostile counsel, who will be anxious to cast disbelief and ridicule upon his evidence. Sir William Willcox¹ suggests that the witness should seriously cross-examine himself on every aspect of the question, and some writers recommend that he should seek out an argumentative medical friend and invite him to pull his evidence to pieces. He ought not to find this advice very difficult to follow. When he has found the weak points in his evidence, he should at once make them clear to the solicitors who are calling him. Even if the medical man is being called merely as a witness to fact, he will probably be treated as an expert (unpaid), and plied with questions on the general significance of the facts, involving hypothesis and probability. He should aim at knowing as much as a man in his particular kind of practice ought to know, but he need not go outside it—and, indeed, he will be very unwise if he does.

MEDICAL REPORTS

In many cases an expert witness, a considerable time before the hearing, is asked to furnish a report of the matters with which he is concerned. He should send this report to the solicitors of the party calling him, and should be very careful to put nothing into it which he cannot substantiate in the witness-box. Sir William Willcox¹ tells of a famous murder trial in which the accused pleaded that he had been insane at the time of the murder. One of the medical witnesses, a mental expert, had given a very strong report saying that the prisoner was sane. When he saw an array of distinguished mental experts going into the witness-box and saying exactly the opposite, he felt weaker and weaker, and at last he said to the counsel for the Crown, "I am afraid I cannot say in the witness-box everything that I have said in my report." This put prosecuting counsel in rather an awkward position, and, needless to say, that expert was not called.

Sir John Collie,² a witness of vast experience in insurance cases, advises doctors to couch their reports in the most definite language, the simpler and less technical the better, any doubts being clearly stated. He adds a warning that, if the report is to contain anything very condemnatory—by which he probably means, for example, an expression of the doctor's opinion that a certain patient is malingering or behaving fraudulently—the doctor should write the report personally and not dictate it to a secretary. This precaution is advised to protect the doctor against a subsequent action for libel on the ground that the defamatory matter was "published" to a person in circumstances not protected by qualified privilege.³ Although the doctor may write anything he sees fit, so long as it is true and he writes it in good faith, to persons entitled by their interest in the matter to receive his report, the privilege does not cover the defamatory matter if it is published to some other person. If the doctor prepares the report with his own hand and writes the word "confidential" on the top and on the envelope, he is secure, and if the report is afterwards seen by some unauthorized person, the publication will be accidental and the doctor will not be open to an action.

When a coroner proposes to hold an inquest, and it appears to him that the deceased was attended by a qualified doctor, he can summon the doctor as a witness. If the deceased was not attended by a doctor, the coroner can summon any doctor in practice near by to give evidence how the deceased came to his death. He can also, either in his summons or at any later time until the inquest, direct the medical man to make a post-mortem examination. Similarly, if the coroner thinks that a post-mortem examination might make an inquest unnecessary,

he can direct any doctor whom he could summon as a medical witness to make such examination and report in writing. The doctor must obey the summons. Moreover, at any time after he has decided to hold an inquest, the coroner may request any qualified doctor to make a post-mortem examination, or do a special analysis or test, or make any other examination which the coroner thinks ought to be made. The doctor need not comply with the request, but if he does, and is summoned as a witness, he may be asked his opinion on any matter arising out of the examination and on the cause of death. If the coroner thinks that a necropsy will make an inquest unnecessary, he may request any doctor whom he could not summon as a witness to carry it out, and the doctor may consent or not as he pleases.

The general practitioner will do well not to forget that he may at any moment find himself called upon to perform a necropsy and make a report. If he is unaccustomed to the work he should read what Taylor and other well-known writers on medical jurisprudence have to say about it. He will, of course, use the greatest care in performing the examination and in writing his report, and bear in mind the possibility that he may have to undergo cross-examination at the inquest by a barrister instructed to support some contradictory view on the cause of death. He should use clear, simple language, and write nothing which he is not prepared to stand by in public.

(To be continued)

MURDER CHARGE AGAINST DOCTOR DISMISSED

Dr. John Blakely was charged on February 12th at Sheffield with the murder of an unemployed waitress, who was found in a state of collapse near her home and died the same night from septicaemia following an abortion. After a speech for the defence at the adjourned hearing on February 21st the Sheffield magistrates dismissed the charges both of murder and of supplying a drug to the deceased girl knowing it to be intended for unlawful use. The presiding magistrate said that the evidence was so weak that no jury would convict.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has appointed Dr. W. L. H. Duckworth, Dr. A. E. Barclay, Dr. E. D. Adrian, Dr. A. N. Drury, and Dr. Eric Holmes to be members of the Degree Committee of that Faculty until January 31st, 1936.

Under the will of Mr. A. Marmaduke Sheild, M.B., F.R.C.S., formerly of Downing College and surgeon to St. George's Hospital, who died in 1922, provision was made for the founding of a scholarship in human anatomy of the annual value of £100. Regulations for the establishment of this Marmaduke Sheild Scholarship have now been drawn up by the Faculty Board of Medicine and will in due course come before the Senate for approval, the Financial Board and General Board offering no objection.

A bequest of £7,166 for the advancement of biological research in the aetiology and treatment of disease has been made to the Master and Fellows of Gonville and Caius College, under the will of Dr. Charles Percy Handson of Bromley, Kent.

At a congregation held on February 22nd the following medical degrees were conferred:

M.B., B.CHIR.—C. W. Walker, D. W. Smithers, L. T. Bond.
M.B.—A. R. R. Le Fleming.
B.CHIR.—W. I. Bain.

UNIVERSITY OF LONDON

At the meeting of the Senate on February 21st, with the vice-chancellor, Professor L. N. G. Filon, F.R.S., in the chair, Dr. R. J. Lythgoe was appointed to the University Readership in the Physiology of the Sense Organs (University College) as from October 1st, 1933.

The William Julius Mickle Fellowship for 1934 was awarded to Miss Lucy Wills, M.B., B.S.

The title of "Fellow of University College, London" was conferred on Dr. A. S. Parkes, F.R.S., a member of the staff of the National Institute for Medical Research, Mount Vernon, Hampstead, formerly Sharpey Scholar and honorary lecturer in physiology at University College. The title of "Honorary Fellow of University College, London," was conferred on Emeritus Professor Karl Pearson, F.R.S.

¹ *Trans. Med.-Leg. Soc.*, 1931, xxiv, 102.

² *Workmen's Compensation*, 1931, Edward Arnold, p. 140.

³ *British Medical Journal*, 1933, i, 589.

Ireland has lost a loyal member, whose character and standard of conduct were an example to the younger generation of medical men. His widow and family have the deepest sympathy of the profession in their bereavement.

We regret to announce the death, on February 8th, at the age of 81, of Dr. WALTER MERCER of Barnet, who had practised in the district for fifty years. After graduating M.B., C.M. at Edinburgh in 1881, he had further hospital experience in Vienna. He had been a member of the British Medical Association since 1890. He first went to Barnet in 1883 as an assistant to Dr. Charles Carter, was later taken into partnership, and shortly afterwards succeeded to the practice. A man of wide sympathies and of charming personality, Dr. Mercer was looked upon as a friend by all his patients. Always keenly interested in education, he was largely instrumental in bringing about the establishment, in 1889, of the Hyde Institute, of which he was chairman of the trustees, and which, through his co-operation and advice, was amalgamated a few years ago with the Barnet branch of the county library scheme. At the time of his death Dr. Mercer was chairman of the Library Committee. He was consulting surgeon to the Barnet Victoria Cottage Hospital, and to the Pawling Home-Hospital for Children at Hadley. When a young man he was well known as an Alpine climber, his holidays in Switzerland being spent in that way, or else in walking in the North of England. The funeral took place at Monken Hadley Church on February 12th.

It is with regret that we announce the sudden death, on February 13th, of Mr. ALBERT EDWARD TUNSTALL of Thornton, Bradford. He was working in his surgery when he had a sudden and unexpected attack of cardiac failure, which proved fatal in a few minutes. He received his medical education in Glasgow, and qualified L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glas. in 1885. After acting for a period as an assistant he settled in practice in Thornton, Bradford, and for over forty years carried on a busy general practice there. He was at one time medical officer of health for Thornton, Clayton, and Denholme urban district councils. In recent years the two former areas were absorbed into Bradford, but he still held the post at Denholme at the time of his death. During the Great War he was on the emergency staff of the Bradford War Hospital and did valuable work there. He was always a very keen member of the British Medical Association, and was chairman of the Bradford Division during the period of the war; he also acted as one of the Representatives of the same Division at the Annual Representative Meeting for twelve years. He was for some years a member of the Local Medical and Panel Committee. Tunstall was universally loved, both by his patients and by his professional brethren. He was a very reliable man, with a genial smile, and possessed common sense and sound judgement. He will be greatly missed by all those who knew him, and also by Thornton Parish Church, of which he was a very active member. He leaves a widow, one son, and three daughters.

The following well-known foreign medical men have recently died: Dr. PIERRE BAZY, surgeon to the Paris hospitals, member of the Académie de Médecine and Académie des Sciences, and Commander of the Legion of Honour; Professor F. C. C. HENSEN, the eminent anatomist and palaeontologist of Copenhagen, aged 63; Professor RICHARD KOCKEL, director of the Institute for Forensic Medicine at Leipzig, aged 69; Dr. LEROY CRUMMER, clinical professor of medical history and bibliography, University of California Medical School, and author of *Clinical Features of Heart Disease*, aged 61; Dr. HENRYK HALBAN, professor of neurology and psychiatry, and rector of the University of Lwow, Poland, aged 63; and Professor ARTHUR ROUSSEAU, dean of the medical faculty of Quebec, and corresponding member of the Académie de Médecine.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons this week resumed the committee stage of the Unemployment Bill. This was amended to exempt the first 20s. of an ex-service man's wound or disability pension for the calculation of means, and in other ways. Debate also arose on the Russian Trade Agreement.

The House of Lords passed the Contraceptives Bill through committee.

The Birmingham United Hospitals Bill and the Bill relating to the South Devon and East Cornwall Hospital, the Plymouth Royal Albert Hospital, and the Devonport and Central Hospital, Plymouth, both await second reading in the House of Lords. The Standing Orders have been complied with in each case.

The North Buckinghamshire Joint Hospital District Bill was read a second time by the House of Lords on February 21st. The Wirral Joint Hospital District Bill passed the report stage in the House of Commons on February 22nd, and was read a third time and passed by the Commons on February 23rd.

The Diseases of Fish Bill was read a second time in the House of Lords on February 21st. Earl De La Warr explained that it dealt with furunculosis, a disease which first occurred among trout in England about 1907. It had occurred later among salmon in many Scottish and some English and Welsh rivers. The Bill was based on the recommendations of a committee set up in 1928 under Professor Mackie of Edinburgh. It took powers to prohibit the importation of live salmon and trout into Great Britain. The disease was endemic in many of the fish farms on the Continent. Live eggs and other live freshwater fish would be admitted under licence. The Bill also gave power to take samples of live fish and order the destruction of infected stocks. The powers could be extended by Order in Council to any other infectious diseases of fish which might damage the inland fisheries of Great Britain.

A Vote on Account issued as a Parliamentary paper on February 23rd shows that the total Estimate for the Ministry of Health in the year 1934-5 is £19,639,924. For the Board of Control the Estimate is £140,747, for the Scottish Department of Health £2,982,420, and for the Scottish Board of Control £16,177. For Universities and Colleges in Great Britain the vote is £1,920,000. These Estimates differ little from the net adjusted Estimates for 1933-4 in the same Departments. The Ministry of Health, Scottish Department of Health, and grants for Universities and Colleges show respectively increases approximating to £439,500, £150,200, and £30,000.

On February 26th Sir SAMUEL HOARE presented the Indian Pay (Temporary Abatements) Bill, which extends the period in respect of which abatements from pay may be made under the Indian Pay (Temporary Abatements) Act, 1931.

On February 26th Sir ROBERT GOWER presented the Coal Mines (Protection of Animals) Bill, which proposes to amend the provisions of the Coal Mines Act, 1911, relating to the care and protection of horses and other animals used in mines.

In the House of Lords, on February 27th, the Ministry of Health Provisional Order Wirral Joint Hospital District Bill was read a first time.

In the House of Lords, on February 27th, the Diseases of Fish Bill passed through committee, with amendments.

A meeting of the Parliamentary Medical Committee has been arranged for March 7th in order that Lord Moynihan shall speak on road accidents and Lord Dawson on the Contraceptives Bill.

Medical News

The following special discussions have been arranged at the Royal Society of Medicine (1, Wimpole Street, W.): On Wednesday, March 7th, at 8.30 p.m., on haematemeses, by a joint meeting of the Sections of Surgery and Medicine; and on Thursday, March 15th, at 8.30 p.m., by the Sections of Neurology and Disease in Children, on the nervous complications of the acute fevers and exanthemata.

The twenty-fourth annual general meeting of the Ladies' Guild of the Royal Medical Benevolent Fund will be held at British Medical Association House, Tavistock Square, W.C., on Wednesday, March 7th, at 3 p.m., with Lady Cheate in the chair. Speaker, Dame Madge Kendal, followed by a reception.

The annual meeting of members of the Cremation Society will be held at 23, Nottingham Place, W., on Thursday, March 8th, at 3.30 p.m.

An address entitled "Science, Philosophy, and Religion" will be given before the British Institute of Philosophy by the Dean of St. Paul's, at University College, Gower Street, W.C., on Tuesday, March 13th, at 8.15 p.m. Cards of admission can be obtained from the Director of Studies, at University Hall, 14, Gordon Square, W.C.1.

A lecture on the theory and practice of contraception will be given to medical students on Tuesday, March 13th, at 6 p.m., at the Walworth Women's Welfare Centre, 153A, East Street, S.E.17. Practical demonstrations will be given at 6 and 7 p.m. on March 20th and 27th. Students attending a demonstration are requested to bring rubber gloves with them. The lectures are open to all those who have completed their gynaecological course. Tickets (2s. 6d.) admitting to the lecture are to be applied for in advance.

Part II of the series of lectures and practical courses of instruction for the diploma in psychological medicine at the Maudsley Hospital commenced on February 26th and will be continued during March, April, and May. The fee for the whole of Part II is £10 10s. Inquiries as to lectures, fees, etc., should be addressed to Dr. F. Golla, honorary director of the medical school, Maudsley Hospital, Denmark Hill, S.E.5.

The Fellowship of Medicine and Post-Graduate Medical Association (1, Wimpole Street, W.) announces that the eighth lecture-demonstration on anaemia, by Dr. Clark-Kennedy, at 11, Chandos Street, W., will be given on March 6th, at 2.30 p.m. The subject on March 13th will be iron and liver. A week-end course on clinical surgery will be given at the Royal Albert Dock Hospital on March 10th and 11th, occupying the whole of each day. A demonstration of neurological cases will be given by Dr. L. R. Yealland, at the National Temperance Hospital, Hampstead Road, on March 10th, at 3 p.m., and a whole-day course in orthopaedics, at the Royal National Orthopaedic Hospital, from March 12th to 24th. Other forthcoming courses include a week-end course in chest diseases at the Brompton Hospital, March 24th and 25th; infants' diseases at the Infants Hospital, April 9th to 21st; proctology at St. Mark's Hospital, April 9th to 14th; rheumatism at the British Red Cross Clinic, on Tuesday and Thursday evenings, April 10th to 26th. Detailed syllabuses of all courses may be obtained from the Fellowship.

The fifty-eighth congress of the German Society of Surgery will be held at the Langenbeck-Virchow House, Berlin, from April 4th to 7th, under the presidency of Kischner of Tübingen, when the subjects for discussion will be the treatment of pyogenic infections and their sequelae, introduced by Lexer, and the surgery of gastrointestinal cancer, introduced by Goetze.

The seventh congress of the German Society for Investigation of the Circulation will be held at Bad Kissingen on April 16th and 17th, when the subject for discussion will be thrombosis and embolism, introduced by Geh. Rat Professors L. Aschoff of Freiburg, P. Morawitz of

Leipzig, and L. Nurnberger of Halle. Further information can be obtained from the secretary, Professor E. Koch, Bad Nauheim.

The second conference of the Alliance Scientifique et Médicale Française was held at Bordeaux on February 3rd, and illustrated the closeness of the relation between medicine and biology. After showing some films, including two illustrating the laws of reflexes and the clinical evolution and treatment of syphilis, Dr. Claoué urged the importance of attention being devoted to hospital accountancy in connexion with public assistance cases more particularly. The next conference has been fixed for April 7th at Bordeaux. Further information may be obtained from Dr. Claoué, 39, rue Scheffer, Paris, XVIe.

The Royal Society of Medicine announces that the tenure of the William Gibson Research Scholarship has been extended to Dr. Audrey E. Russell, the present holder, for the third year; and that the fourth award of the Nichols Prize has been divided equally between the essays submitted by Dr. J. Smith of Aberdeen and Dr. Ronald Hare of Queen Charlotte's Maternity Hospital, London.

About 150 medical graduates accepted invitations from the University of London Medical Graduates Society for the At Home held at B.M.A. House, Tavistock Square, by courtesy of the British Medical Association. After tea the company was greatly entertained by the interesting film on antimalarial work in the Empire, demonstrated by Major Lockwood Stevens; thereafter parties were conducted over the building and found great interest, especially in the setting up of the *British Medical Journal*. Particulars as to membership of the society can be obtained from the honorary secretaries, 11, Chandos Street, W.1.

Geh. Med.-Rat Professor M. Borst has been nominated president of the German Committee of the Campaign against Cancer.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS

Treatment of Actinomycosis

Dr. P. B. PINKERTON (West Kirby, Cheshire) writes: I would be grateful for any information regarding any new developments in the treatment of actinomycosis. I have a severe case at present which is not going well. Deep x-ray therapy, iodine (Lugol's solution) by the mouth, and iodine intravenously have not proved of much benefit. Is there any truth in the statement, which I heard from French sources, that there are cases in which iodine is definitely harmful?