

ONE HUNDRED AND FOURTH ANNUAL MEETING

of the

British Medical Association
OXFORD, 1936

THE one hundred and fourth Annual Meeting of the British Medical Association will be held at Oxford next summer under the presidency of Sir E. Farquhar Buzzard, Bt., M.D., Regius Professor of Medicine in the University, Physician-in-Ordinary to H.M. the King, who will deliver his Address on the evening of Tuesday, July 21st. The Sectional Meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 22nd, 23rd, and 24th, 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 17th. The full list of presidents, vice-presidents, and honorary secretaries of the twenty Scientific Sections was published in the *Supplement* of April 11th; also a list of hotels, etc., and the provisional programme. Other details of the arrangements for the Annual Meeting will appear in later issues. We publish below the fourth of a series of descriptive and historical articles on the City and University and the medical institutions of Oxford. The first appeared on February 8th (p. 265), the second on March 7th (p. 479), and the third on April 25th (p. 853).



THE MEDICAL SCHOOL AT OXFORD*

Chaucer, in the Prologue to the *Canterbury Tales*, describes the physician of the fourteenth century. Was Chaucer's physician like his clerk from Oxenford? He does not say, but it is highly probable, although the lack of humour in the tale he tells would suggest that the Oxford Common Room was not then in existence; still, in that story he does show a knowledge of psychology and of womanly wiles to escape social engagements.

Let us suppose that Chaucer's physician had obtained his education at Oxford. The faculty had been in existence at any rate since 1254, for it is mentioned then as opposing, together with the other faculties, the claim of the friars to present for degrees in theology those who had not previously graduated in the Arts faculty—a contention which the University has successfully upheld until this day, although many changes have altered the Arts course out of all recognition. Still, the interesting fact remains that, with very few additions, the knowledge acquired by Chaucer's doctor of medicine was that required of all aspirants for the degree almost down to the nineteenth century. In the fourteenth century his position was that of some distinction, for Richard II ordered that doctors of medicine should sit on the right hand of the Chancellor. But those who so graduated were getting fewer and fewer as the years went on, so that in Henry V's reign there was great difficulty in finding an M.D. to present for degrees. Perhaps it should be explained that everybody supplicating for a degree has to be presented to the Vice-Chancellor by one already holding that degree.

In 1544 Henry VIII created five regius professorships, of which medicine was one. The first man to hold this high office was John Warner, who, in the reign of Queen Elizabeth, was Warden of All Souls College. In the reign of Edward VI a long visitation of the University was made at the King's command, and it is now that we begin to get some more clear idea as to the course that candidates for the medical degrees had to pursue.

The Course for a Doctorate in the Sixteenth Century

It is interesting to note that an attempt was made by the commission to isolate colleges for special branches of learning, and one college was to be confined to those studying medicine. This attempt failed, but the commission did lay down the studies to be pursued. They were these. In the first place the student had to graduate

as an M.A. For this he had to take his B.A. in mathematics, dialect, and philosophy, and then, for his M.A., to study for three more years philosophy, astronomy, perspective, and Greek. Thus after seven years he could proceed to his B.M., for which he had to study six years, to dispute twice, to respond one, and to see two anatomies, but before he could practise he had to perform two anatomies, and to prove that he had effected at least three cures, a task that would bother even a regius professor nowadays! For his doctorate he had to see two or three more anatomies, to dispute twice, and to respond twice. This responding and disputation took place in St. Mary's Church until the building of the Sheldonian Theatre in the seventeenth century.

Had any college been chosen as a medical centre the choice would probably have fallen on Merton, where medical science flourished in the fourteenth century. John Chambre, Warden in 1525, was physician to both Henry VII and Henry VIII, and, with Linacre, was one of the founders of the College of Physicians. Linacre also founded two medical lectureships at Merton, and Wolsey appointed a Fellow to lecture on medicine in the College.

Linacre and Oxford

Linacre is such an outstanding figure that a short digression here upon his career may not be out of place. He was born in 1460 and died in 1520. He obtained his medical degree at Padua, studying also at Florence and Rome. He was a friend of Pope Leo X. Returning to Oxford, he became a Fellow of All Souls College, and was the first of a long line of scientific investigators who belonged to that college, one of whom suggested the germ theory of disease. He taught Sir Thomas More and Colet Greek. He was tutor to Prince Arthur, and physician to Henry VIII, Cardinal Wolsey, and all the prominent men of the day. He was distressed at the ignorance of those who practised medicine, and was one of the founders of the College of Physicians. In later life he took priest's orders, and held among other benefices a canonry at St. Stephen's, Westminster. He was a liberal benefactor to the University. It is interesting that during the first hundred years of the College of Physicians twenty-one out of the thirty-two presidents were Oxford graduates. An amusing story is told of two men who appeared at the College to obtain a licence to practise their art. They both insisted that the accusative of *corpus* was *corporeum*. One retired into private life and the other, in disgust, betook himself to Cambridge, where he became a very successful practitioner.

* The writer wishes to express his indebtedness to Sir Charles Malet's monumental *History of the University of Oxford*.

In Queen Elizabeth's reign the medical school was at a very low ebb. From 1571 to 1600 fewer than fifty medical degrees of all kinds are recorded. Everyone who practised medicine or surgery within the precincts of the University had to obtain a licence to do so from the Vice-Chancellor, and during the period mentioned only thirty-five licences to practise medicine and one to practise surgery were issued. The school was making no headway, in spite of the benefactions of Linacre.

In 1621 Richard Tomlins of the City of Westminster founded a lectureship in anatomy, to be held by the professor of physic. The body of an executed person was, if possible, immediately after the Lent assizes, to be prepared and dissected by a skilful chirurgeon. The reader was to stand by and lecture on the subject, explaining the situation and the office of the natural, vital, and animal parts. In the Michaelmas term he was to read the skeleton, or history of the bones. All physic students and chirurgeons in the University were expected to attend. The School of Anatomy was situated at Christ Church, and remained there until the Museum was built in the nineteenth century. It was in 1621 that that handmaid of medicine, botany, received a stimulus by the munificent gift of Lord Danvers of a garden for physical samples. This was the old Jewish burial ground which he leased from Magdalen College. It is now the Botanical Gardens at the bottom of the High Street.

In Charles I's reign, by the Laudian statutes, there is no great progress to be seen in the course of studies. No one could practise medicine in Oxford unless he was an M.A. and a B.M., and to practise surgery he had to obtain the Chancellor's licence. We find no evidence of what we should call clinical teaching, and medical degrees were awarded to those who could successfully answer questions from, and dispute upon, the text of Galen and Hippocrates, very much as in Chaucer's day. About this time Sydenham, the father of old English medicine and a Fellow of All Souls College, fought in the Civil War and was made a B.M. by the decree of the Vice-Chancellor without any examination.

The Beginnings of Clinical Medicine at Oxford

We now arrive at the eighteenth century and the foundation of the Radcliffe Infirmary in 1740, due largely to the munificent benefaction of Dr. John Radcliffe, who died in 1714. He practised for nine years in Oxford, and then went to London and was physician to William III and to Queen Anne. He left the whole of his fortune, £150,000, to the University. With this the Infirmary was built and the Camera for the library, and travelling fellowships for medical studies were endowed. In the last quarter of that century the importance of clinical teaching began to be recognized. The Earl of Litchfield founded two lectureships, one in medicine and one in surgery, to be held in turn by members of the hospital staff. But the avenues to the degrees were still exactly the same.

In 1833 came the first glimmer of the dawn. Dr. Kidd, the regius professor of medicine, and Daubeny, professor of botany, and Ogle, a distinguished physician, took the matter of mediaeval education in hand and the old Laudian statutes were overhauled. The medical student still had to take his B.A. in classics and study for three years longer before proceeding to his B.M., but he need not take his M.A., and for his B.M., in place of the old responding, he sat for an examination which was partly written and partly oral, and the subjects were the theory and practice of medicine, pathology and anatomy, *materia medica*, and chemistry and botany so far as they were applicable to medicine. Further, a very important point, he had to produce evidence of having "walked a hospital" of repute.

The Medical School's Debt to Acland, Sanderson, and Thomson

So matters stood until 1855, when, thanks to the untiring efforts of Sir Henry Acland, the foundation stone of the University Science Museum was laid. Thus all the scientific work was grouped together. It would take too long to give an account of the struggle which took place over this, but it will be found in the pages of Sir Henry Acland's life. In spite of all that was being done the school of medicine still languished. It was over twenty years later—namely, in 1878—that the battle of the giants began. Representations were made and committees formed, and there was a vigorous attempt to make Oxford a complete, self-contained medical school. This was fortunately defeated, as it would have deprived the student of the incomparable wealth of clinical material to be found only in the hospitals of the metropolis, and also of the other great advantages to be gained by a student from residence in London—society, societies, museums, art, and drama. The fight that went on over this was not, of course, unproductive.

In 1882 Sir John Burdon Sanderson was appointed to the newly founded chair of physiology, and in 1885 Arthur Thomson to a readership in anatomy, the regius professor of medicine, Sir Henry Acland, being relieved of the duties of lecturing on that subject. Thomson, who came from Edinburgh, found he had only three pupils working in a little wooden shed. He was not only a great anatomist, but also a great teacher and organizer, and in due course he was made professor of anatomy. When he retired a very few years ago the number of medical students had risen to 200.

Then, in 1886, a very important change was made in the curriculum. The medical student was allowed to take science for his second examination instead of classics and to graduate for his B.A. in one or other of the science schools. Owing to the influence of Sir Henry Acland, to whom (as Ruskin said of him) physiology was as the book of the Gospels, a premium was put upon a man's taking a degree in that subject, since, if he took a first or second class in it he was excused doing physiology again for his B.M. degree. It is open to question, considering the large amount of expert knowledge that this entails, whether this is really the best course for everyone to pursue, and whether it would not give a man a greater interest in after life if he took up one of the other sciences—biology, geology, or botany. On the death of Sir Henry Acland Sir John Burdon Sanderson became regius professor, and Professor Gotch took the latter's place, to be succeeded by that distinguished scientist Sir Charles Sherrington. In 1901 the department of pathology was endowed, and soon became a very active place of study, first of all under Professor Ritchie, and, on his appointment to the chair of pathology at Edinburgh, under Professor Dreyer.

Oxford under Osler

When the Association met last in Oxford, in 1904, the regius professorship was vacant owing to the death of Sir John Burdon Sanderson. Fortunately Professor Osler was attending the meeting, and he was persuaded to accept the chair, and this post he held until his death in 1920. Probably no one has ever held the post with greater distinction; certainly no one has ever been so beloved. To students and practitioners alike he acted as an inspirer to good work. He started teaching in the Radcliffe almost as soon as he arrived, and was always followed round the wards by a crowd of eager disciples. Since this date the school has marched from strength to strength. It is now fully equipped with laboratories for every branch of research. The latest are the pharmac-

logical laboratory, which was built by the munificence of Lord Nuffield, and the research laboratory for experimental psychology.

The foregoing is an attempt, necessarily very condensed, to follow the fortunes of medicine in the University through the ages from its foundation down to the present day. It has necessarily been but a survey of a subject of very great interest. Although medicine has had a chequered career (and science, too, was frowned upon during the latter part of the eighteenth and first half of the nineteenth centuries), it must not be thought that it was always so. From the days of Friar Roger Bacon the lamp of speculative science has always been kept burning. Let those who think otherwise read the work that Professor Gunter will soon publish on *The Contribution of Oxford Colleges to Science*, and remember that during the first hundred years of its existence Oxford supplied the College of Physicians with twenty-one out of its thirty-two presidents. Nor must it be thought that the opposition to science during the early part of the last century was entirely ecclesiastical. The opposition came largely from the old diehard "classics," whose real appreciation of the classics was probably about as dead. The real leaders of the Church at the time—such men as Dr. Pusey, Dean Liddell, Dr. Jowett, and Church, who

became Dean of St. Paul's—were stalwart supporters of Sir Henry Acland.

So much for the past and the present. What of the future? To the writer of these articles Oxford's future seems to lie in the encouragement of research and the development of post-graduate courses. Mention has already been made of the laboratory facilities. Attention must now be drawn to its special hospitals, and, first and foremost, to the Wingfield-Morris Orthopaedic Hospital under the direction of Mr. Girdlestone. This will, of course, be visited by all who attend the meeting, and also the Eye Hospital and the Osler Sanatorium for tuberculosis.

In conclusion, may attention be drawn to something too often forgotten? It is one thing to found a hospital or a laboratory, but it is when it has been founded that it is in constant need of maintenance. A big endowment fund is now needed to keep going the institutions which we owe to pious benefactors in the past. It is indeed a pious thing to praise famous men and our fathers who begat us, but we must remember that our real duty to them lies in seeing that their work bears fruit, and if we, in our turn and according to our means, do this, then we in due time will be praised and blessed.

H. E. C.

CONJUNCTIVITIS AND TRACHOMA

GENERAL ASSEMBLY IN PARIS

At the general assembly of the International Association for the Prevention of Blindness and the International Organization of the Campaign against Trachoma held in Paris recently the chief subject for discussion was infectious conjunctivitis among children under the age of 10. The proceedings were opened by the chairman, Professor DE LAPERSONNE, who described the activities of the first of these two bodies during the past year. He was followed by Dr. PARK LEWIS of the United States, the vice-president of the International Association, who dealt with general measures proposed to extend its scope.

Classification of Conjunctivitis

Professor F. TERRIEN of Paris said that the first essential for adequate prophylaxis of conjunctivitis was early diagnosis rendered possible by sound classification, based on aetiology if possible; at present there was a lack of uniformity in this respect. Various textbooks based their classifications on symptomatic, anatomical, clinical, climatic, physiological, and aetiological considerations. After discussing the possibilities in turn, with special reference to the semeiological value of microscopical examination, immunity and anaphylaxis, allergy, and anatomical and clinical means of differentiation, he concluded that as yet it was impossible to establish a purely aetiological scheme of classification. The first division to be recognized was the classical distinction between acute and chronic conjunctivitis, to which might be added two more groups—namely, subacute and spring conjunctivitis. Acute conjunctivitis was almost always of microbial origin, and included the catarrhal, muco-purulent, purulent, blennorrhagic, and membranous forms. The subacute group comprised the diplobacillary type, attenuated forms of the catarrhal type, syphilitic conjunctivitis in the secondary period, allergic or anaphylactic varieties with others caused by physical agents, snow ophthalmia, and electrical conjunctivitis. The chronic, or interstitial, forms were usually partial, the infection being localized to a segment of the mucosa, or the reaction occurring in the thickness of the mucosa. These forms were the hyperaemic, following refraction defects, follicular, granular, and the phlyctenular or impetiginous. In the fourth group, containing spring conjunctivitis and conjunctival ulcerations and proliferations, there were special lesions of the mucosa, some-

times of well-known aetiology, though not always easily identifiable. Examples were the tuberculous and syphilitic types, Parinaud's infectious unilateral conjunctivitis, and those due to thrush, sporotrichosis, and atrophy due to avitaminosis.

Conjunctivitis in the Near East

Mr. ROWLAND P. WILSON of the Giza Memorial Ophthalmic Laboratory reported on the various forms of conjunctivitis in Egypt and the Near East. He cited evidence for the view that certain climatic conditions were necessary before Koch-Weeks and gonococcal conjunctivitis assumed epidemic characters, the latter requiring a warmer climate than did the former. The essential first step in the prevention of trachoma in countries like Egypt was the prevention of these acute ophthalmias. They possibly prepared the conjunctiva for the action of the trachoma virus, though neither of them could cause it directly, even in the presence of adenoidism or any other diathesis. They increased definitely the risks of contagion with trachoma, and therefore wherever there was much ophthalmia there would also be much trachoma if this latter was endemic. Egyptian children born in summer were, as a rule, attacked by ophthalmia earlier than those born in winter, and consequently developed trachoma earlier; there was, however, no well-defined interval between the onset of the two. Gonococcal ophthalmia was probably very dependent on the fly for its transmission, while Koch-Weeks inflammation was spread by other methods where drying took place as well as by the fly. Ophthalmia neonatorum was almost completely absent in Egypt and Palestine, but no explanation was yet forthcoming of this.

Dr. A. F. MACCALLAN (London), president of the International Organization of the Campaign against Trachoma, contributed a report on the relationship between conjunctivitis and trachoma.

Prophylaxis

Mr. N. BISHOP HARMAN, member of honour of the International Association for the Prevention of Blindness, reported on the prevention of conjunctivitis in children and the social and administrative results to be recommended. He pointed out that the incidence of conjunctivitis was greater: in infancy than in youth and in youth than in age; in the poor, the dirty, and the overcrowded than in those whose conditions of life were relatively comfortable, clean, and open; in the warm, dry, and sunny months—April, May, and June—than in

Section 28 (2) of the 1890 Act a reception order must not be made upon a certificate founded only upon facts communicated by others.

DECISION OF COURT OF APPEAL

Lord Justice Greer said in his judgement that there was no allegation of bad faith but only one of acting without reasonable care. He thought there was evidence on which, in the absence of contrary evidence, Mr. Justice Goddard could conclude that the corporation, through its agents, had shown a lack of reasonable care in acting only upon Dr. X.'s letter and in failing to get any medical man or expert to examine Frost before they took him into the ward. The corporation was not responsible for the negligence—if it were negligence—of the senior medical officer in giving his certificate (because corporations are not responsible for the negligence of their medical officers: *Evans v. Liverpool Corporation*²). They were, however, responsible in that their officials, in view of the unsatisfactory certificate, acted without reasonable care in detaining Frost in a mental ward and not having him examined for four days. Leave to bring the action was therefore rightly given in so far as it related to the time between the taking away of Frost and his release to the ordinary ward. Lord Justice Greene agreed, and the appeal was dismissed with costs.

This decision means that Frost is entitled to bring an action against the corporation for acting without reasonable care in taking him away and confining him for four days. The court did not in any way deal with the question of whether there had actually been negligence. It would be improper to comment on the case except to emphasize that, even with the additional protection given by the new Act, medical officers and others dealing with mental patients still cannot be too careful to act within their legal duties and to take nothing for granted.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on May 15th the degree of M.B. was conferred on J. P. S. Peck.

The E. G. Farnsides Scholarship, which is for clinical research on organic diseases of the nervous system, is open to members of the University or of Girton College or Newnham College who are graduates or titular graduates in Medicine, or to graduates or titular graduates in Arts who have passed Part II of the Natural Sciences Tripos. Applications must be sent to the Registry before June 24th, 1936.

UNIVERSITY OF LONDON

In his report on the work of the University during the year 1935-6 the Principal, Sir Edwin Deller, makes the following reference to the medical curriculum:

"The University has taken part, with the Universities of Oxford and Cambridge, the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, in an important conference regarding the medical curriculum. The conference was set up in 1932, and after an exhaustive consideration of the subject presented a valuable report, covering the whole field of the medical curriculum, in April, 1935. The report has now been considered by the Senate and its relevant committees, together with two reports of the General Medical Council. The Senate have not been able to accept all the recommendations put forward in these reports, but changes of far-reaching importance to medical education have been agreed upon. The decision of the Senate will result, as far as the pre-clinical subjects are concerned, in the better co-ordination of the subjects with later studies, and will thus form a sounder basis for the hospital work of the students and for their subsequent careers. The action of the Senate will also meet many serious criticisms of the final examination. The high standard of this test will not be lowered, but a division of the subjects into three instead of into two groups, and the possibility of taking the examination in one group before the end of the course, will make the M.B., B.S. degree more accessible to students, many of whom, under present conditions, never reach the final examination. Regulations for carrying the resolutions of the Senate into effect are under consideration. The thanks of the University are due to the members of the conference and to the chairman, Lord Dawson of Penn, for their thoroughness and skill, of which the report of the conference provides ample evidence."

LONDON HOSPITAL MEDICAL COLLEGE

The first Open Entrance Scholarship, of the value of £100, offered for the session 1936-7 has been awarded to I. M. Jackson of Trinity Hall, Cambridge, and one of £50 (Proxime Accessit) to H. D. Sweeney of St. John's College, Cambridge. A scholarship in general education, of the value of £50, has been awarded to J. R. Sinton.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A Council meeting was held on May 14th, with the President, Sir Cuthbert Wallace, in the chair.

Gift of £25,000 for Research

The Council received an offer in the following terms from the trustees of the Bernhard Baron Trust:

The trustees of the Bernhard Baron Trust have given careful consideration to the proposal put before them in regard to the new research laboratories to be built at the Royal College of Surgeons of England. When the trustees visited the College they were impressed with the importance and value of the work which is being carried out under very difficult conditions, and feel sure that with improved accommodation results will be achieved which will be of the greatest value in the prevention and treatment of disease.

While the late Bernhard Baron was primarily concerned with the relief of actual sufferers, he also realized that the greatest benefit might be secured for them by increase of medical and surgical knowledge. This is indicated by the support he gave to scientific work during his lifetime.

As trustees we are naturally concerned not only with the value of research work but also with establishing a fitting memorial to Bernhard Baron. It is obvious that it would not be appropriate for any indication of such a memorial to be attached to the outside of the Royal College of Surgeons, but the new laboratories could be named the Bernhard Baron Laboratories, and publications of researches carried out therein could bear an indication that the work had been carried out in the Bernhard Baron Laboratories of the College.

If these conditions were acceptable to the Council of the College the trustees would be willing to make a gift of £25,000 for the erection of the new laboratories.

The following resolution was adopted by the Council:

That the best thanks of the Council be given to the Bernhard Baron trustees for their generous offer of £25,000 for the purpose of building new research laboratories. The Council gratefully accepts the gift, and is happy to agree to the reasonable conditions attached thereto.

Diplomas

Diplomas of Fellowship were granted to W. J. L. Francis and F. G. Kergin.

Diplomas of Membership were granted, jointly with the Royal College of Physicians, to 169 candidates, whose names were published in the report of the meeting of the Royal College of Physicians of London in the *Journal* of May 9th (p. 967), as were the names of forty-four candidates to whom Diplomas in Tropical Medicine and Hygiene have been granted.

Diplomas in Anaesthetics were granted, jointly with the Royal College of Physicians, to J. Berkson, S. Geddis, F. W. Green, and G. L. Lillies.

Appointments

Mr. H. S. Souttar and Mr. E. L. Pearce Gould were elected two additional members of the Court of Examiners.

Mr. G. C. Knight, F.R.C.S., was reappointed a Leverhulme Scholar from July 1st to September 30th.

Mr. W. d'A. Maycock, M.R.C.S., was appointed a Leverhulme Scholar for one year from July 1st, for a research on "A Study of the Biochemical and Pathological Changes in the Intestinal Canal and Liver as the Result of Intestinal Strangulation and Obstruction."

A letter was read from Mr. R. B. Wade, President of the Royal Australasian College of Surgeons, thanking the Council for electing him an Honorary Fellow of the College.

Miscellaneous

The President reported the death of King Fuad I of Egypt, an Honorary Fellow of the College, and a vote of condolence was passed. The President also reported that he had expressed the condolence of the Council on the death of Dr. W. B. Coley of New York, an Honorary Fellow of the College.

The President was appointed *ex officio* a member of the Governing Body of the British Post-Graduate Medical School for one year from July 10th.

The Council drew up a statement of views for submission to the Voluntary Hospitals Commission of the British Hospitals Association.

The Honorary Gold Medal of the College was awarded to Dr. James Alexander Murray in appreciation of his services as director of the laboratories of the Imperial Cancer Research Fund.

The Council gave permission for a meeting of the Section of Surgery of the Royal Society of Medicine to be held at Buckston Browne Farm on June 3rd.

Lord Moynihan's offer to the College of a portrait of himself by Mr. Richard Jack, R.A., was accepted by the Council.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

A meeting of the Royal College of Surgeons of Edinburgh was held on May 13th, when Mr. Henry Wade, President, was in the chair. The following candidates, having passed the requisite examinations, were admitted Fellows: R. E. Mullarky, C. F. Hecker, K. S. Jayakar, E. H. C. Shepherd, T. V. S. Brown, R. O. Burrell, E. N. Callum, B. S. Cran, R. H. Dewar, C. R. E. Downing, R. A. Elliott, J. B. Ewing, M. Hafezi, A. W. Louw, G. Macpherson, A. H. Morley, G. B. Morton, A. M. Sheridan.

The Ivison Macadam Memorial Prize was awarded, after a competitive examination in organic and inorganic chemistry, to D. Hirsch.

The Henry Arthur Dalziel Ferns Bursary was awarded, after a competitive examination in organic chemistry in its application to medicine, to T. Lawrie.

The Bathgate Memorial Prize was awarded, after a competitive examination in *materia medica* and therapeutics, to R. Sorkin.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on May 8th, Mr. Glyn Davies was appointed as lecturer in obstetrics and gynaecology, and Dr. J. C. Paisley as junior assistant bacteriologist.

UNIVERSITY OF MANCHESTER

During the celebration of Founder's Day on May 20th honorary doctorates were conferred on a number of distinguished men, including Professor J. B. Leathes, M.B., F.R.S., F.R.C.P., F.R.C.S., who received the D.Sc.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The second reading of the Finance Bill and debates on the co-ordination of defence, air navigation, and the Coal Mines Bill were the business of the House of Commons this week. A statement by Mr. Eden refuted Italian allegations that the United Kingdom had allowed the export of dum-dum bullets for military use in Abyssinia.

In the House of Lords on May 19th Lord Gainford presented the Public Health (Drainage of Trade Premises) Bill, which amends the law with respect to the discharge of trade effluents into the sewers of local authorities. The Bill was read a first time.

Midwives Bill

Examination of the Midwives Bill in Standing Committee of the House of Commons continued on May 14th with the resumed discussion of an amendment moved by Mr. Rhys Davies to Clause 1. Mr. Davies's proposal was to omit the permission that local supervising authorities might make arrangements with voluntary organizations for employment of certified midwives as whole-time servants.

Sir FRANCIS FREMANTLE said those who supported the amendment could not think it possible to do without voluntary organizations in this matter. The Government proposal in this Bill was analogous to the employment of friendly societies in national health insurance. The Queen's Institute of District Nursing centralized these voluntary organizations. In many country districts there was neither work nor funds to justify engagement of Queen's nurses, and yet there was a deal of general nursing work for village nurse-midwives. By degrees a system had grown up of employing these, not only in a voluntary way, but in co-operation with public authorities.

Either Queen's nurses or village nurse-midwives undertook all functions in their respective areas, and the county nursing association made arrangements with the local authorities. The result was co-operation with the public authorities for general nursing, midwifery, school nursing, tuberculosis nursing, attendance at maternity and child welfare centres, and antenatal clinics. These nurses were helped by the active sympathy of those who formed the voluntary nursing associations, many of whom gave practical help.

Mr. BATEY asked whether under the Bill a voluntary association would have power to appoint midwives or whether appointments would be by the local supervising authority. He also asked whether independent midwives could continue in practice after the passing of the Bill. Some were not clear about this.

Mr. FRANKEL said no other section of the public health service could be more easily municipalized than the one which the committee was considering. Throughout the Bill there was a desperate attempt to ensure that voluntary organizations should be put in a position of privilege as against municipal bodies. The local authorities and the Government had not faced up to their duty. Many local authorities had almost all the powers in the Bill, but had not exercised them. The reason in many cases was that the local authorities included members of voluntary organizations who stultified these powers. One often found members of local associations who supported voluntary hospitals and voluntary associations enthusiastically, but did nothing to build up a great public service under existing Acts of Parliament.

The Minister's Statement

Sir KINGSLEY WOOD said the Bill was designed so that voluntary associations should participate to the fullest extent, but he had inserted clauses by which its provisions would be operated as part of a municipal service. He wished to get the best from both sections. For some time local authorities had been able to appoint midwives, but only sixty-four had been appointed. The Bill would compel local authorities to adopt the scheme, because the enabling powers had, for a variety of reasons, not been put into operation, and the great burden of the work in rural localities had been carried on by voluntary organizations.

He wished to get the full co-operation of voluntary associations, and hoped the Bill would extend rather than curtail the work. The case for the Bill was largely based on the high standard of care in maternity which had been attained by the voluntary organizations employing salaried midwives. The voluntary organizations would appoint their own midwives. In the scheme to be prepared in conjunction with the supervisory authority the organizations would discuss this matter, having regard to the financial assistance they would receive. By this means Parliament would get uniformity as far as was practicable. In the rural areas, in the interest of the midwives, special arrangements would obtain. Independent midwives could continue to practise if they wished. If not, there were provisions whereby they could obtain compensation.

Mr. Rhys Davies's amendment to omit "or voluntary associations" was defeated by 28 to 14.

Period of Attendance After Birth

Mr. GEORGE GRIFFITHS moved to substitute "fifteen" for "ten" in the provision that attendance be given "for at least ten days after childbirth." Captain Elliston had an amendment to substitute "fourteen," and Mr. Griffiths said he understood both could be discussed together. His party feared that, despite the words "at least," ten days would become the maximum. Almost all the women's organizations throughout the country asked that fifteen days be inserted.

Captain ELLISTON said his amendment proposed fourteen because that period was suggested in the report of the Departmental Committee on the Training and Employment of Midwives. This committee fully represented medical opinion in this matter. Medical circles expected that the promised report of the medical officers of the Ministry of Health would advise that the midwife should be in attendance for fourteen days. The difficulty of the Minister was that the existing rule of the Central Midwives Board laid down in 1902 that the period should be ten days. The local authority, when computing the number of nurses required for this domiciliary service, would

able either in the galley or in the washing basin. Oil stoves were being displaced in the foc'sle by hot water and steam central heating. Lockers in which to hang oilskins were nearly always provided now. Drying rooms were becoming more frequent. Lighting arrangements were being improved as well as sanitary conveniences.

Mr. Greenwood's motion for the reduction of the estimate was defeated by 191 to 119.

Respirator for Public Use

Mr. GEOFFREY LLOYD told Mr. Shinwell on May 14th that the final design of the respirator intended for use by the civil population had not been settled. The number of respirators to be made would depend on a variety of circumstances, but not fewer than 30,000,000 would be produced. The respirator was designed to give protection against any probable concentration of any type of poison gas which might be met in time of war, but it would not be in the public interest to state the names of the gases against which it was being tested. Local authorities had received a certain amount of information on the precautions required against poison gas, and further memoranda on the subject would be available shortly. Any respirators made for the Government, or approved by it, would be of British manufacture. Only fifteen local authorities had not so far co-operated in preparing schemes of air-raid precautions.

Medical Supplies and Foodstuffs Distribution in Special Areas

Miss IRENE WARD asked on May 14th whether any early decision could be expected from the Commissioner for Special Areas on the proposal to establish medical comforts depots in the special areas, as suggested by the National Council of Social Service. Colonel MUIRHEAD replied that the Commissioner for the Special Areas (England and Wales) had considered this scheme, and felt that there might be danger of overlapping with existing organizations. He had requested the council to reconsider the position, in consultation with the District Nursing Associations, with a view to securing their co-operation in the administration of a scheme on somewhat different lines. The Commissioner was prepared to make a grant towards the cost of a modified scheme.

Colonel MUIRHEAD told Miss Irene Ward on May 14th that the Commissioner for the Special Areas (England and Wales) had decided to make a grant of £3,000 to the National Birthday Trust Fund, to enable it to extend its scheme for the distribution of special foodstuffs to expectant mothers. With that assistance the fund had agreed to operate the scheme in the county boroughs of Gateshead, Merthyr Tydfil, South Shields, and Sunderland, and the special areas of Monmouthshire. The selection was made in consultation with the National Birthday Trust Fund, and had regard to the facilities available and to the extent of arrangements already made.

Housing in Rural Areas.—Sir KINGSLEY WOOD told Mr. Drewe on May 14th that under the slum clearance programme submitted by local authorities it was estimated that 32,096 new houses would be required in rural districts to replace houses unfit for habitation. Of these, 11,702 houses had been approved for erection, with Exchequer assistance, under the Housing Act, 1930. Since April 1st, 1933, 5,990 houses had been approved for erection, without Exchequer assistance, by rural district councils to meet other needs, and of this number 3,136 were completed.

Deaths in Ceylon Malaria Epidemic.—Sir FRANCIS FREMANTLE was informed by Mr. J. H. Thomas on May 14th that during the fifteen months from September, 1934, to December, 1935, in which the malaria epidemic occurred, there were about 100,000 deaths in Ceylon in excess of the average of the five preceding similar periods. The Ceylon State Council had adopted in general the recommendations made by Colonel Gill, the expert adviser to the Ceylon Government, and effect was being given to his proposals.

Deaths from Cholera, Plague, and Small-pox in India.—Mr. BUTLER, replying on May 18th to Mr. Richards, said that precise figures of the death rate from cholera, small-pox, and plague for towns in India in recent months were not available. Elsewhere than at Calcutta, where recently there had

been an acute epidemic of small-pox, there had not been a very serious increase in the number of deaths from these causes. He was sure that the local Governments in India were doing all they could to deal with these diseases.

Provision of Nursery Schools.—On May 18th Mr. OLIVER STANLEY, replying to Mr. Lyons, said that nursery schools were as a rule provided in areas where the housing conditions were unsatisfactory. Ten such schools had been recognized in the last year. The Board of Education had also recognized some nursery schools in housing estates for persons formerly resident in slum areas. Two schools of that type had been recognized during the last year, and the provision of others had been approved in principle.

Measles Immunization at Fever Hospitals.—On May 18th Mr. GROVES asked the Minister of Health whether he was aware that comparative passive immunization experiments with placental extract and convalescent measles serum on sixty-nine children had been carried out by Dr. A. Joe at the North-Western Hospital, Hampstead; whether such experimentation on children sent into the fever hospitals with scarlet fever, diphtheria, or whooping-cough had received the approval of his Department; and if the parents of the children had previously given their consent.

Sir KINGSLEY WOOD said he was informed that both kinds of serum had been used at this hospital during the recent epidemic, but he was advised that as both were known to be of definite value their use could not be regarded as experimental, although comparative observations were made of the results. No approval by his Department was required. He understood that the consent of the parents was not obtained, as the administration of serum to susceptible children who might be incubating measles was regarded by the hospital authorities as part of the necessary treatment.

Medical News

The House of the British Medical Association, including the Library, will be closed for the Whitsun holiday from 6 p.m. on Friday, May 29th, to 9 a.m. on Tuesday, June 2nd (Library 10 a.m.).

The House and Library of the Royal Society of Medicine will be closed for the Whitsun holiday from Saturday, May 30th, to Monday, June 1st, both days inclusive.

The Cavendish Lecture before the West London Medico-Chirurgical Society will be delivered by Professor William Wright at Kensington Town Hall on Thursday, June 4th, at 8.30 p.m. His subject is "The Princes in the Tower." There will be a reception from 8 p.m., and the annual conversazione and medical and surgical exhibition will follow the lecture.

Professor L. de Blieck, director of the Institute of Parasitic and Infectious Diseases, State University of Utrecht, will give a lecture at the Royal Veterinary College, Great College Street, Camden Town, N.W., on Thursday, May 28th, at 5.30 p.m., on "Vaccination against Salmonella Infection."

The Marchioness of Titchfield and the members of the committee have issued invitations to a banquet to be held at the Savoy Hotel on Tuesday, May 26th, to celebrate the fact that the Invalid Children's Aid Association has been privileged to help 300,000 children to health and happiness.

The annual medical missionary breakfast of the Medical Prayer Union will be held at the Refectory, University College, Gower Street, W.C., on Wednesday, May 27th, at 8 a.m., when the chair will be taken by Mr. W. McAdam Eccles, and an address will be given by Dr. Mary Watson of the Church Missionary Society, South China. Those wishing to attend should notify the secretary, Dr. Tom Jays, at Livingstone College, Leyton, E.10.

There will be a special meeting of the Willesden Division of the British Medical Association at the Willesden General Hospital on Wednesday, June 3rd, at 9 p.m., to consider the extension of the Public Medical Service. All practitioners are cordially invited.

The annual meeting and dinner of the University of London Medical Graduates' Society were held at the Langham Hotel on May 12th, when the chief guest was Mr. H. L. Eason, M.S., F.R.C.S., Vice-Chancellor of the University. The retiring president, Mr. W. McAdam Eccles, spoke of the continued growth in the membership, and the large number of overseas graduates enrolled during the past year. Dr. Dorothy Hare was elected president of the society, and Mr. Philip H. Mitchiner honorary treasurer, the honorary secretaries being Dr. Louise Livingstone and Mr. J. P. Hosford, and Mr. Victor Bonney for overseas members.

A meeting of the Medico-Legal Society will be held at 26, Portland Place, W., on Thursday, May 28th, at 8.30 p.m., when a paper will be read by Mr. Albert Crew on "Proof of Identity of Persons in Criminal Cases in its Medico-legal Aspects."

A joint meeting of the medical section of the British Psychological Society and the Royal Anthropological Institute will be held at 1, Wimpole Street, W., on Wednesday, May 27th, at 8.30 p.m., when Professor C. G. Seligman will speak on "Patterns of Culture," and papers will be read by Dr. Audrey Richards and Professor J. C. Flugel on behalf of the Institute and the Society respectively.

The sixth annual general meeting of the Socialist Medical Association will be held at the Royal Hotel, Woburn Place, Russell Square, W.C., on Sunday, May 24th, at 11 a.m. At 5 p.m. Colonel Proctor will give a lecture on State hospitals and medical education. The honorary general secretary is Dr. Charles Brook, Kern House, 36, Kingsway, W.C.3.

The directors of the British Oxygen Company, Ltd., are celebrating the fiftieth anniversary of the foundation of the firm by a reception at their new head office in Thames House, Millbank, S.W.1, and a luncheon party at Grosvenor House, on Thursday, May 28th.

The Fellowship of Medicine announces the following courses: proctology at Gordon Hospital, May 25th to 30th; venereal diseases at London Lock Hospital, May 25th to June 20th; gynaecology at Chelsea Hospital for Women, June 8th to 20th; M.R.C.P. courses in neurology and psychotherapy at West End Hospital for Nervous Diseases, June 8th to July 4th; clinical and pathological M.R.C.P. course at National Temperance Hospital, on Tuesdays and Thursdays, at 8 p.m., June 9th to 25th; M.R.C.P. course in chest and heart diseases at Victoria Park Hospital, Wednesdays and Fridays, at 6 p.m., June 17th to July 10th; M.R.C.P. course in chest diseases at Brompton Hospital, twice weekly, at 5 p.m., June 15th to July 11th; general medicine at Prince of Wales's General Hospital, June 6th and 7th; obstetrics at City of London Maternity Hospital, June 13th and 14th; fevers at Park Hospital, June 20th and 21st; general surgery at Prince of Wales's General Hospital, June 27th and 28th; children's diseases at Princess Elizabeth of York Hospital, July 4th and 5th; and heart and lung diseases at Victoria Park Hospital, July 11th and 12th.

Owing to the recent operation which Mr. Ramsay MacDonald has undergone the annual summer dinner of the Glasgow University Club, London, has been postponed until Friday, June 26th. The time and place remain as previously announced—namely, 7.30 p.m. at the Trocadero Restaurant. Any Glasgow University men who, though not members of the club, desire to attend are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

The Committee of Award of the Commonwealth Fund Fellowships has made a number of appointments to fellowships tenable by British graduates in American universities for the two years beginning September, 1936. These fellowships are offered by the Commonwealth Fund of New York, of which Mr. Edward S. Harkness is president. Awards in medicine have been made to W. M. Honeyman, M.B., Ch.B. (of the University of St. Andrews) to Columbia University, and to M. S. Jones, M.D. (of the University of Edinburgh) to Pennsylvania University.

The King has granted to Major John Gilmour, C.M.G., M.C., president of the International Quarantine Board of Egypt, authority to wear the Insignia of Grand Officer of the Order of the Nile, lately conferred upon him by the King of Egypt.

The January-March issue of the epidemiological report of the Health Section of the League of Nations is devoted to the first part of a survey of typhus fever and other exanthematic rickettsia infections by Drs. Yves Biraud and S. Deutschman.

The journal formerly known as *Revue Médicale de l'Est* has had its name changed to *Revue Médicale de Nancy*, and Dr. A. Hamant has succeeded the late Professor Etienne as editor.

Four professors at the University of Leningrad—namely, G. S. Lang (internal medicine), K. K. Skrobauský (obstetrics and gynaecology), W. W. Tchirhowsky (ophthalmology), and W. F. Martynoff (surgery)—have each been awarded the sum of 3,000 roubles by the Commissary of Public Health on the occasion of the thirty-fifth anniversary of their professional activities.

The Norwegian Government has put a stamp on sale for the benefit of the Norwegian Radium Institute.

The Spanish Minister of Public Instruction has decided to reduce the annual grant to the medical faculty of Madrid from 120,000 to 18,000 pesetas.

Dr. Ombréanne, professor of clinical surgery of children and orthopaedics and member of the Académie de Médecine, has been nominated president of the International Society of Orthopaedics.

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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The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (internal exchange, five lines).

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QUERIES AND ANSWERS

Bald Patch on Child's Scalp

"M.R.C.S." writes: I should be very grateful if anyone could help me with the following problem, which concerns my own son, now just over 3 years of age. When he was born he had an area about the size of a half-crown in the region of his posterior fontanelle which had no epithelial covering. It granulated over, leaving a slightly raised smooth area, which has never grown any hair. It has not increased in size, and is freely movable over the scalp. In all other respects the child appears quite normal. I am loath to submit him to the surgeon, and the only other advice I can get is to train his hair. Several lay friends with whom I have discussed the matter remember friends who were similarly afflicted, but they can never remember the treatment. Schoolboys are fairly callous, and I am afraid he is in for a rough time at school unless someone can help me.