

Infirmity was very high. It was by far the commonest condition in the female medical wards, just as peptic ulcer was on the male side. Most of the cases were sent to the surgeon, and highly successful thyroid surgery was being performed in Liverpool, but most of it without basal metabolic records. Drs. Pemberton and Goodyear were in the position of having worked for many years on the estimation of the basal metabolism, but the advent of the new machine had emphasized the drawbacks of these methods. Metabolic estimations were not easily or accurately applicable under clinical conditions, however valuable they might be in research and in physiology. Other clinical methods of measuring thyroid activity did not give consistent results in all cases. Various formulae dependent on pulse rate and pulse pressure were too often vitiated by heart failure and hyperpiesis. At the moment the value of this measurement did not seem primarily diagnostic, but rather, like the temperature and the sedimentation rate, to follow the progress of the illness. It would be of great use in determining the optimum time for operation and in deciding whether pre-operative iodine was taking effect. The work was so striking that under the aegis of a small committee physicians and surgeons in various hospitals should be enabled to measure their own patients and judge its value for themselves. If confirmation was obtained the machine would be as useful as the electrocardiograph and be placed in every hospital.

#### Treatment of Fractures of the Ankle

Mr. NORMAN ROBERTS, in a paper on the treatment of fractures of the ankle, said that their intelligent treatment could only be based on a proper understanding of the mechanism of production. Ashurst's classification into external rotation, abduction, adduction, and compression injuries was outlined and illustrated by radiographs of typical fractures. He classified cases into major and minor injuries. The differentiation depended on the stability of the astragalus in its socket and was made by a clinical test, in which a deliberate attempt was made to produce lateral movement of the astragalus. If this manœuvre was painless it was evident that there was no danger of displacement on weight-bearing, and rigid fixation could be dispensed with. In the major fractures in which actual or potential displacement existed a long period of careful fixation was necessary; ten weeks was suggested as a minimum period for any complete fracture-dislocation. In the absence of direct injury to or comminution of the weight-bearing articular surface the prognosis depended entirely on the degree of success in obtaining anatomically perfect reduction. In the adduction and compression injuries traumatic osteo-arthritis accounted for the frequent incidence of painful stiffness of the ankle. It was largely unavoidable, and could be relieved by arthrodesis of the ankle.

Mr. BRYAN MCFARLAND picked out what he thought were the difficult fractures of the ankle. Of recent fractures that in which both malleoli were broken at the same level as one another and at the same level as the upper surface of the astragalus presented difficulties in setting, because it was so easy to move and could easily be over-reduced in any direction. The best way was to feel the edges of the internal malleolar fracture with the thumb by pressing deep in the swelling. The second difficult fracture was the anterior marginal, in which dorsiflexion displaced the fragment upwards and plantar flexion was apt to ride the astragalus forward on to it. Of late fractures when malunion was established there were two main types. First, the large posterior marginal with the astragalus articulating with the fragment which had joined the shaft in a displaced position leaving an anterior buttress. This buttress could be removed and a fair range of painless movement obtained. Secondly, the backward and outward dislocation of the ankle. Up to a certain stage it was possible to reconstruct the fracture, but after anything like six months there was only one satisfactory procedure, and that was to arthrodesis the ankle.

## Local News

### FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

#### Precautions Against Influenza

The Minister of Public Health issued in January a memorandum on the measures to be taken to prevent the spread of influenza to France from her neighbours. The first warning concerns the avoidance of public meetings in confined spaces, the dangers of which are, it is pointed out, particularly great for the very young, for the very old, and for the delicate. Secondly, people are advised to remain at home and summon a doctor at the first appearance of symptoms. Thirdly, cases of influenza complicated by pulmonary or other ailments should be notified to the public health authorities, although such notification is not legally compulsory. The aim of this recommendation is to obtain early information about dangerous foci of disease. Hospitals are also requested to send in returns as to the cases of influenza in their care. It is hoped that this measure will favour isolation of the patients in hospitals for civilians.

#### The Retiring Age for Doctors

The Conseil de la Fédération Corporative des Médecins de la Région Parisienne has unanimously adopted a resolution which runs counter to the notion that doctors must retire from work at a given age (65) for the benefit of their younger brethren, if not for that of their patients. The gist of this resolution is that the age limit for professors who teach medicine should be 70 years, and in the case of those professors who are members of the Institute, 75. On the whole, the outcry in favour of the compulsory retirement of doctors at the age of 65 has not enjoyed a good press.

#### Control of the Milk Supply

The Commission du Contrôle du Lait has issued a strongly worded report through Dr. E. Lesné, whose communication on the subject of control of milk supplies at a recent meeting of the Academy of Medicine was followed by a vote in which the conclusions of this report were adopted by the Academy. It appears that hitherto the sanitary control of milk supplies, as exercised in most other countries, does not exist in France, where it is facultative, not obligatory. The Commission finds that this facultative control has in practice achieved very limited results, and that what is urgently needed is compulsion under the combined supervision of doctors, veterinary surgeons, public health workers, chemists, and bacteriologists. In the past doctors and veterinary surgeons have repeatedly issued warnings, to which legislators have turned a deaf ear. The Academy is prepared to work out a complete scheme of sanitary control of the milk supply if given a mission to do so by the Government. And as the present Government is more addicted to drastic action than to pious platitudes, it looks as if the prospects for reform in this field are quite hopeful.

#### The Campaign Against Venereal Disease

As already reported in these columns (December 12, 1936, p. 1222), M. Henri Sellier, the Minister of Public Health, has issued the draft of a new and comprehensive law dealing with the white slave traffic, the control of prostitution, and the campaign against the venereal diseases. This draft was presented to the Government on November 5. During December M. Sellier issued a string of circular letters to the prefects throughout France, in which he has made it abundantly clear that though the penalties provided in his draft scheme cannot be applied until it has become law, there is

no need to wait for this before setting other features of his scheme in operation. The prefects are invited promptly to co-operate in an investigation into the incidence of general paralysis of the insane since the introduction of modern methods of treatment with arsenic, bismuth, and malaria. Has the clinical picture of general paralysis been profoundly changed by this treatment, and how often does general paralysis end in its classical final stage? Why has not the modern treatment of syphilis prevented the appearance of general paralysis? These are some of the pertinent questions to which M. Sellier hopes to get satisfactory statistical answers by inducing medical officers of mental hospitals to send in annual reports drafted according to a unified system he has devised. It seems that social welfare workers are to play a large part in the venereal disease campaign, and that they are to be employed in tracking down old sources of new infections. M. Sellier would like to see the diagnosis of general paralysis followed by an inquiry among the patient's relatives, so that any of the latter found to be syphilitic may enjoy the benefits of specific treatment before they develop G.P.I. And, pending the formal adoption of the new regulations, prefects must see to it that the opening of "maisons de tolérance," "maisons de rendezvous," and all the other "maisons" with terminologically seductive titles is frowned on officially.

## ENGLAND AND WALES

### National Appeal for People's League of Health

Lord Leverhulme entertained members of the Press and others at luncheon at the Savoy Hotel on January 19 with a view to announcing the first national appeal of the People's League of Health. He said that the League had now been in existence for twenty years. It was conceived in the mind of one person, Miss Olga Nether-sole, who had remained its indefatigable honorary organizer. Its motive was that as far as possible disease, wastage, and suffering should be prevented by removing their causes. The League had published a large variety of authoritative pamphlets, the work of medical experts in their different fields. It had promoted health weeks and instituted courses of lectures. Over eighty men and women eminent in the medical world gave their expert knowledge on its medical council, and it had also science and veterinary councils. Through committees of experts it had investigated specific problems, and the findings, when these were conclusive, had been impressed on the Government by deputations. He referred to the "Safe Milk Campaign" instituted by the League in 1930, and its present inquiry into maternal mortality and morbidity, which had established the important presumption that some of the ills attending pregnancy could be attributed to certain deficiencies in diet. If these deficiencies could be made good it was believed that a serious diminution in the toll of maternal mortality and morbidity would result. A large scheme to this end had been initiated by the League with the co-operation of nine London hospitals. Coming to the appeal, Lord Leverhulme said that hitherto the work of the League had depended on the annual subscriptions of a comparatively small number of supporters. It was desired to enlarge its scope, to press on with the inquiries already initiated, to tackle new problems, and to give a permanence to the work. The information bureau could with advantage be developed into a central almoner service for supplying to the country generally the service which almoners gave to hospitals. It was hoped also to carry out an investigation into the conditions under which infants and young children were received by foster-parents. Further studies were projected regarding the amount of disease and suffering caused to children by infection with the bovine variety of the tubercle bacillus. The appeal would be inaugurated by a banquet at the Guildhall on April 15 over which the Lord Mayor would preside and at which support for the cause would be given by Lord Horder

and other eminent speakers. The thanks of the company to Lord Leverhulme for his hospitality were voiced by Dame Louise McIlroy.

### Guy's Hospital Medical School

An important extension is now in course of erection at the Medical School of Guy's Hospital. The new building will provide for a complete pathological institute and give much more accommodation to every other department except chemistry, which will not be affected by the change. When the extension is completed the whole school will be centralized in one block of buildings with easy access between the various departments. The new building will provide: (1) A large and modern pathological department with plenty of research accommodation; (2) pathology, bacteriology, and clinical chemistry housed under one roof; (3) adequate accommodation for the medical research unit and for the pharmacological department; (4) a physics department large enough to prevent the necessity of the duplicating of classes; (5) an extension of the research accommodation available in the physiological department; (6) an additional demonstrator's laboratory and an extension to the dissecting room; and (7) a large staff common room for the members of the clinical staff and the teaching staff of the school. The removal of the physics department from the existing buildings will enable better accommodation to be found in the school for operative surgery and for x-ray living anatomy and human physiology.

### Empire Conference on Tuberculosis

Under the auspices of the Over-seas League and Papworth Village Settlement an Empire conference on the care and after-care of tuberculosis will be held in London, at Over-seas House, from May 3 to 8. The patron is H.R.H. the Duke of Kent and the president Lord Willingdon. The conference is being arranged in view of the large number of medical women and others interested in tuberculosis who will visit London from the Dominions and Colonies for the Coronation. The success of the Papworth Settlement not only in arresting tuberculosis but in employing the ex-patient in productive industry suggests that there is an urgent need for the study of similar methods throughout the British Empire. A preliminary programme has been drawn up for the six sessions, the subjects being the fight against tuberculosis, the after-care of the tuberculous, and the native races and tuberculosis throughout the Empire. The chairmen include Lord Dawson of Penn, Lord Horder, and Professor Lyle Cummins; and the speakers, Sir Kingsley Wood, Sir Pendrill Varrier-Jones, Dr. B. A. Dormer, Lieut.-Colonel G. G. Jolly, I.M.S., and Dr. P. V. G. Benjamin, followed by representatives from the Dominions, Colonies, and Protectorates. Application forms may be obtained by those wishing to take part in the proceedings from the secretary of the conference, Sir Evelyn Wrench, at Over-seas House, St. James's, S.W.1.

### Radium Institute for Bradford

The Lord Mayor of Bradford presided over a meeting at the Town Hall on January 21 to inaugurate an appeal for £50,000 for the establishment of a radium institute in that city. He explained that the proposal to make this a Coronation Year Memorial had come to him from an eminent Bradford surgeon. The provision of the institute would be a purely voluntary effort, controlled by a committee. A site was available, without cost, in the grounds of the new Royal Infirmary. Dr. Chester Williams said that the work of the radium therapy clinic at the Royal Infirmary had doubled since its establishment about eight years ago. He emphasized the importance of centralizing the use of radium. Mr. Peter McEwan also spoke in commendation of the appeal, and the mayors of Halifax, Keighley, and Brighouse each promised the support of their towns.

pression of apparent fluctuation. There was no lymphangitis and no epitrochlear or axillary adenitis. On account of the apparent fluctuation of the dorsum of the hand this was incised over the site of the puncture wound. No pus was obtained and very marked congestion was observed. An intramuscular injection of 20 c.cm. of anti-streptococcal serum was given along with a prophylactic injection of 1,000 units of anti-tetanus serum. The next day the patient experienced slight nausea and vomited bile-stained mucus. His temperature was then 100° F., pulse rate 104. The whole forearm was now the seat of massive oedema and quite indurated, though there was no pain. The patient slept well that night. The following day he was obviously ill and toxæmic. By this time the whole upper arm, shoulder, and clavicular region on the right side was oedematous and indurated. There was no crepitation; despite this anti-gas-gangrene serum was given. At 10.30 p.m. the patient suddenly collapsed, became cyanosed, and drooled vomit. He was obviously *in extremis*. The usual restoratives were administered, and 15 c.cm. of anti-streptococcal serum were given intravenously after 5 c.cm. of blood had been withdrawn for blood culture. The oedema of the whole upper extremity was intense, the limb having the appearance of a thigh rather than an arm. The patient died at 4 a.m. Blood culture revealed a most profuse growth of *Bacillus anthracis*.

The main points of interest in this case are: (1) the nature of the injury; (2) the absence of the development of the typical malignant pustule, with eschar, vesicles, etc.; (3) the massive oedema which was always a salient feature of the case; (4) the sudden profound toxæmia with fatal result.

Of the three types of anthrax infection the anthrax oedema, I understand, is the rarest, and I have never heard of a similar case without the presence of a malignant pustule. The case taught me a sharp lesson, and has led me to wonder if a prophylactic injection of an organic arsenical would not be advisable as a routine in all wounds of a similar nature.—I am, etc.,

Galashiels, Jan. 9.

WALTER R. BLACK, M.B., Ch.B.

### International Good Will

SIR,—I have been waiting in vain for an abler pen than mine to urge on you the necessity of keeping ever in our thoughts the most important subject of all, the maintenance of peace and good will among the Nations. Will you not, Sir, as Editor of the most influential medical journal in the world, use all your influence to give a lead to the profession, not only in this, but in all civilized countries?—I am, etc.,

London, N., Jan. 24.

D. S. BRYAN-BROWN.

\*\* There can be very few readers who do not share Dr. Bryan-Brown's feeling. We shall continue to promote international good will in the world of medicine, hoping that by this means the cause of peace may be served.—ED., *B.M.J.*

### The New Typography

SIR,—I suppose it is useless now to protest against the new front-page cover of the *Journal*, but I may be permitted to ask why the "constituency" was allowed no voice in the matter. If I were to contend that the old front page had attained to the dignity of a traditional landmark, to interfere with which was almost an act of vandalism, I should doubtless be told that, like myself, it was out of date, and that some outward and visible sign was required to mark the note of inward and spiritual progress which now characterizes the contents of the inside pages. Well, so be it. But why, in substitution for Sir Charles Hastings's picturesque and dignified head,

must we have imposed upon us the final omega-like death wriggle of an earthworm as it emerges from beneath a garden roller? Is it too late to have a plebiscite on the subject of the retention of this fantastically ugly and wholly meaningless innovation?—I am, etc.,

London, W.1, Jan. 24.

LEONARD WILLIAMS.

\*\* Here Dr. Leonard Williams, with disarming gaiety, records his contempt for the new cover, and suggests that the details of a complete typographical reform ought to have been submitted beforehand to 36,500 members. So far, his is almost the only discordant note in the chorus of approval.—ED., *B.M.J.*

## Universities and Colleges

### UNIVERSITY OF OXFORD

At a congregation held on January 21 the degree of D.M. was conferred on F. W. Brown and that of B.M. on A. H. M. Richards; and A. E. Barclay, M.D. Cantab., was incorporated as D.M.

### UNIVERSITY OF CAMBRIDGE

The Appointments Committee of the Faculty of Biology "B" will shortly appoint a University Lecturer in Anatomy. Particulars of this appointment may be obtained from Dr. F. J. W. Roughton, Department of Physiology, Cambridge, to whom applications should be addressed by February 6.

At a congregation held on January 23 the following medical degrees were conferred:

M.B., B.CHIR.—D. A. S. Blair, J. Wilson, R. F. Jarrett, R. Kauntze.

M.B.—R. B. Davis, A. G. Salaman.

B. CHIR.—H. C. Maclaren, A. M. M. Payne, K. M. Mayall, K. W. B. Rostrom, A. M. Barry, H. K. Meller, C. McNeil, O. N. Roussel, F. G. A. Beckett.

### UNIVERSITY OF LONDON

At a meeting of the Senate held on January 20 the title of Reader in Physiology in the University was conferred on W. H. Newton, M.D., in respect of the post held by him at University College.

The degree of D.Sc. in hygiene was conferred on Thomas Bedford.

### UNIVERSITY OF WALES

#### WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners in the subjects indicated:

HYGIENE.—Lynda B. Powell, J. Thomas.

### BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A quarterly meeting of the Council was held in the College House, 58, Queen Anne Street, London, on January 23, with the President, Sir Ewen Maclean, in the chair.

The following were admitted to the Membership of the College:

Gora Chand Nandi, Calcutta; Mangaldas Mehta, Bombay (*in absentia*).

The following were elected to the Membership of the College:

Geoffrey Sheddan Adam, Australia; Richard Francis William Kinkead Allen, India; Doris Crystal Bates, Manchester; Francis Arthur Bellingham, Australia; Edith Brown, India; Harold Henry Caple, Canada; William Clement, Glasgow; Duncan Iain Finlayson, Birmingham; William Frame Flint, Glasgow; Phillip Joseph Ganner, Birmingham; Arthur Lionel Gilbey, Portsmouth; Uma Pati Gupta, India; William Hunter, Newcastle-upon-Tyne; Claude Wilfred Alfred Kimbell, New Zealand; William Alexander Liston, Edinburgh; John Robertson McArthur, Canada; William Leonard MacCormac, London; Barbara Martin Macewen, London; Margaret Martin McDowell, Halifax; Kelvin Alexander McGarrity, Southend-on-Sea; Gerald Maizels, London; Gladys Helen Marchant, India; Charles Ferdinand Marks, Sheffield; William Ian Clinch Morris, Edinburgh; Harry Stafford Morton, London; Bryan Charles Murless, London; Dudley Clifford Racker, Manchester; Louis Rich, Manchester; Charles Bernard Edward Rickards, Manchester; George Walter Robson, Canada; John Myrtle Sanson,

Edinburgh; Jacobus Wynand Schabort, South Africa; Lydia Torrance, India; William Waddell, South Africa; Stanley William Wright, Newcastle, Staffs.

The Council elected five committees in India: (a) for the Provinces of Bengal, Assam, and Orissa; (b) for the Bombay Presidency; (c) for the Madras Presidency, Mysore, Travancore, and Hyderabad; (d) for the United and Central Provinces, and Bihar; (e) for the Punjab, North-West Frontier Province, and Sind. The function of these committees will be to consider any matter bearing upon obstetrics and gynaecology in their respective areas, and to report to the Council of the College.

Authority was given to submit a loyal address to His Majesty King George VI.

## Obituary

THOMAS GOODALL NASMYTH, M.D., D.Sc.

F.R.C.P.Ed., F.R.C.S.Ed.

Late Medical Officer of Health for Fife

The death took place on January 16 at his home in Edinburgh of Dr. Thomas Goodall Nasmyth, who for many years had been well known in public affairs of Edinburgh and Fife. He was born in 1856 at Auchterderran, Fife, and after a medical course at Edinburgh graduated M.B., C.M. in 1876. After some years in practice he was appointed medical officer of health for Fife, Kinross, and Clackmannan, being the first medical officer to be appointed for this district under the Local Government (Scotland) Act of 1889. He had already taken the D.P.H. of Cambridge in 1886, and the D.Sc. (Public Health) of Edinburgh in 1887. Later he joined the Royal College of Surgeons of Edinburgh as a Fellow in 1910, and became a Fellow of the Royal College of Physicians of Edinburgh in 1913. As medical officer of health he resided in Cupar, and his work was largely connected with the health of the mining community in the county of Fife. He was a pioneer in many matters affecting public health, such as urging the formation of regional water schemes, and his work was greatly appreciated by the county council and the community which he served. During the war he acted as administrative medical officer for H.M. Munition Factory at Gretna. He held many appointments, both during his period of activity in Fife and after his retirement, when he lived in Edinburgh. He was, for example, a director of the Fife Coal Company, of the Commercial Bank of Scotland, of the Highland and Agricultural Society, and of the Scottish National Housing Company Limited. He took a great interest also in medical affairs, and at the time of his death he was chairman of the Royal Maternity and Simpson Memorial Hospital, convener of the Medical Committee of the Deaconess Hospital Board, a member of the board of the Royal (Dick) Veterinary College and of the board of the Animal Diseases Research Association of Scotland, and president of the Scottish Branch of the Society of Medical Officers of Health. He also acted as a member of various consultative committees of the Scottish Department of Health. He was frequently called as a witness to give evidence before various public committees and commissions, and made valuable suggestions before committees of the House of Commons on such subjects as the miners' eight hours day, diseases in the mining industry, and certification of death.

Dr. Nasmyth, after his retirement from the post of medical officer of health in Fife, served from 1921 to 1929 on the Edinburgh Town Council, representing Morning-side Ward, where he resided. His wide experience of

business and public health subjects rendered his advice particularly valuable in connexion with housing and other matters dealing with the welfare of the community, and his judgement carried great weight among his municipal colleagues. Dr. Nasmyth first joined the British Medical Association in 1888. He served on the Central Council from 1906 to 1910, and acted as representative when the Association met at Belfast in 1909 and again at Birmingham in 1911. He was a man of great physical and intellectual activity, taking a keen interest in the modern development of medical science. He found time to publish *A Manual of Public Health*. He also contributed frequently to current medical literature on subjects dealing with public health questions, such as "The Geographical Distribution of Cancer in Scotland," "Sewage Purification," "Milk-borne Diseases," and "Air of Coal Mines." He was a keen sportsman, his interests in this direction including hunting and later shooting, fishing, and curling. He was a deputy lieutenant for the city of Edinburgh and a justice of the peace for the county of Fife.

Dr. C. E. DOUGLAS sends the following appreciation:

By the death of Dr. T. G. Nasmyth there has passed one of the strongest personalities, a man of the widest capabilities and sympathies, in the profession of medicine. He returned to Fife, after local schooling here and medical training in Edinburgh, and took up practice in the mining district where his father had created the Fife Coal Company. A splendidly built young man, taking to hunting and fishing along with the rough-and-tumble work of mining practice of those days, he seemed to fill the niche quite perfectly. But he was made of other stuff. Not so much the treatment of accident and disease but their prevention became more and more his aim. Research on the condition of mines took up much of his attention: in particular his study of the air conditions of coal mines was one of the earliest researches on that subject. In those days, when the B.M.A. was but a small power in Scotland, there existed a Fife Medical Association. In this Nasmyth took a lively interest, and in the early 'eighties a petition came up to the then ruling Government from the F.M.A. praying for the creation by law of the office of a "medical officer of health," which should be a permanent appointment. In due course of time this idea was made law, and with the D.Sc. of Edinburgh and the D.P.H. of Cambridge Nasmyth left the ranks of general practice and became Fife's first medical officer of health, a post which he held until his retirement to Edinburgh, out of medicine and into the wider spheres of philanthropy, finance, and municipal politics: these in the inverse order of their importance to him. He became a Bailie, and might, had he so desired, have been supported for the Lord Provostship; but there were other things. To his keen and balanced mind finance had an attraction, and as a director of one of the Scottish banks he devoted to this much time and activity.

But if he had a great brain he had a bigger heart, and medical charities on the large scale appealed to him. The Simpson Memorial Hospital was all along his special favourite, then the little but very well managed Deaconess Hospital of the Church of Scotland came very near his heart, while the Royal (Dick) Veterinary College was largely indebted to him for help in a favourite study of his—the relation of animal to human pathology. All these and many helpful kindnesses of which nothing will be known fulfilled a busy life. One other thing, of which perhaps he was as happy as any in its way: he gave before the Royal Commission on the subject a strong

*Staff Accommodation at Ministry of Health.*—In a reply to Commander Fletcher on January 21 Sir KINGSLEY WOOD said he had from time to time received representations from the Departmental Whitley Council about the accommodation provided for the staff at the Ministry of Health. Such representations were considered and, where necessary, brought to the notice of the Office of Works. In general the accommodation in the Ministry was satisfactory. About fifty to fifty-five clerks spent a normal working day of about six hours for three months at a time in the basement courts, which were large, light, and well-ventilated rooms. There was no overcrowding in any part of the Department. Natural lighting in the rooms was generally good, and in only a small proportion was it necessary for any officer to resort to artificial light all day under normal weather conditions. He was not aware of any outstanding complaints.

*Sight-testing Opticians.*—Mr. WALTER ELLIOT told Mr. Henderson Stewart on January 22 that he had received certain representations from opticians regarding the new draft regulations as they affected sight-testing opticians. He had arranged to receive a deputation from Scottish opticians on this subject. On January 26 Captain MACNAMARA asked the Minister of Health if he was aware of the anxiety among opticians of the country at the new draft regulations concerning the payment of their services for ophthalmic treatment; and whether he would give an assurance that their position would be regularized in the new regulations, so that there would be no doubt about the legality of their claim for service fees in the future. Mr. R. S. HUDSON replied that there had never been any intention of depriving opticians of a fee for services rendered by them in connexion with the supply of glasses to insured persons, but some doubt had been expressed about the position under the proposed regulations. The matter was receiving the careful consideration of the Minister of Health and of the Secretary of State for Scotland. If they were satisfied that some modification of the wording of the draft regulations was required to legalize the payment of such a fee the necessary modification would be embodied in the substantive regulations.

## The Services

### D.A.D.G., ARMY MEDICAL SERVICES

Major G. T. Garraway, R.A.M.C., has been appointed Deputy Assistant Director-General, Army Medical Services, War Office.

### DEATH IN THE SERVICES

Lieut.-Colonel WILLIAM KEAYS, R.A.M.C. (ret.), died at Keynsham, Somerset, on January 14, aged 86. He was born on January 12, 1851, was educated at the Ledwich Medical School, Dublin, and took the L.R.C.S.I. and L.K.Q.C.P. in 1874; also subsequently the M.R.C.P.I. in 1879 and the F.R.C.S.I. in 1886. He entered the Army as surgeon on February 3, 1878, passing first into Netley, became lieutenant-colonel after twenty years' service, and retired on June 11, 1904. While on the retired list he was employed at Weymouth from 1909 till 1912. He served in the Egyptian war of 1882, gaining the medal and the Khedive's bronze star; and in the Sudan campaign of 1885, at Suakin, when he received a clasp to the Egyptian medal. When the war of 1914-18 began he rejoined for service, and was employed at Bristol, first on recruiting duties and later as chairman of the Pensions Board.

Lieut.-Colonel RICHARD FRANCIS ELLERY, R.A.M.C. (ret.), died on January 7, aged 62, in Bristol Infirmary, of pulmonary embolism after an operation. He was born on October 7, 1874, and was educated at Bart's, and took the L.S.A. in 1900. Entering the R.A.M.C. as lieutenant on June 21, 1900, he became lieutenant-colonel on May 2, 1918, and retired on March 1, 1923. He served throughout the war of 1914-18. He was living, before his last illness, at Martock, in Somerset. He was a member of the British Medical Association for twenty years.

## Medical News

Deaths from influenza in London for the week ending January 23 were 273, as compared with 344 in the previous week, and notifications of pneumonia 328 as compared with 449. The figures for 122 large towns in England and Wales, including London, are 1,135 deaths from influenza for the week ending January 23, as compared with 1,100 for the previous week.

A reception will be held at the Royal Society of Medicine on Thursday, February 11, at 8.30 p.m., when Fellows and their friends will be received in the Library by the president, Sir John Parsons. At 9.15 p.m. an illustrated address will be given by Professor T. Graham Brown on "Climbing in Three Continents." Admission will be by ticket only, and the secretary will deal with applications in strict rotation.

On the afternoon of Friday, February 5, the Right Hon. Herbert Morrison, M.P., Leader of the London County Council, will perform the ceremony of opening the new nurses' home at Friern Hospital, New Southgate, N.11 (formerly, until the end of 1936, known as Colney Hatch Hospital). The home has been planned on modern lines to avoid, so far as possible, overlooking the hospital buildings, and sleeping accommodation is provided for 117 nurses. The scattered quarters which nurses have hitherto occupied will be adapted to accommodate additional women patients.

The tenth annual meeting of the Association of Clinical Pathologists is being held on Friday and Saturday of this week at the British Post-Graduate Medical School, Ducane Road, Hammersmith, W. The subjects for discussion are the diagnosis of gonorrhoea, the diagnosis of syphilis, and the present and future status of the clinical pathologist.

A meeting of the Listerian Society of King's College Hospital will be held in the large lecture theatre of the hospital on Wednesday, February 10, at 8.30 p.m., when Dr. Alan Gregg, medical secretary of the Rockefeller Foundation, will give an address on "Psychological Research." The chair will be taken by Dr. Edward Mapother, and members of other medical societies and the profession are invited to attend.

A course on electrocardiography will be held by Professor Weber at Bad Nauheim from March 9 to 12.

Mr. Olaf F. Bloch, head of the research laboratory of Ilford Ltd., will read a paper on "Applications of Photographic to Scientific and Technical Problems" at the Royal Society of Arts, John Street, Adelphi, on Wednesday, February 10, at 8.15 p.m. The paper will be illustrated by lantern slides and cinematograph demonstrations. Applications for tickets should be made to the Secretary, Royal Society of Arts, John Street, Adelphi, W.C.2.

At a meeting of the Association of Industrial Medical Officers at the London School of Hygiene and Tropical Medicine on January 22 Professor Millais Culpin and Dr. May Smith read two interesting papers on the application of psychology to industrial problems. During the dinner that followed the meeting Professor W. W. Jamieson, on behalf of the association, presented a silver tray to Dr. N. Howard Mummery, who is retiring from the chairmanship of the association. His successor in the chair is Dr. L. P. Lockhart.

Dr. J. Matthewson Webster, whole-time police surgeon for Sheffield and lecturer in forensic medicine at the University of Sheffield, has been appointed to take charge of the Home Office laboratory which is being established in Birmingham to serve the police forces in the West Midlands. The Sheffield Watch Committee has accepted Dr. Webster's resignation, to take effect on March 31.