

INTRACAPSULAR FRACTURES OF FEMUR

At a meeting of the Ulster Medical Society at the Whitla Medical Institute, Belfast, on January 14 Mr. S. T. IRWIN, with the aid of a series of fifty lantern slides, sketched the development of the modern operative treatment of fracture of the neck of the femur. He began by indicating that of the three types of this fracture that in the middle of the neck was the one most suitable for operative treatment. The subcapital fracture and the fracture at the base of the neck were frequently followed by spontaneous cure, and in any case the subcapital one was not suitable for operative treatment because of the shortness of the proximal fragment. The old idea that fractures of the neck, in contrast with fractures of the great trochanter, only occurred in old age was shown to be false. In Smith-Petersen's original list of twenty-four fractures fifteen occurred in patients under the age of 60, an age incidence also recorded by Noordenbos from Holland.

Ever since the introduction of modern surgery tentative methods had been suggested for dealing with a fracture in which failure of union occurred in approximately 50 per cent. of cases dealt with conservatively. Many of these methods failed because the conditions necessary for success were absent. For success the following conditions, applicable to fractures in general, should be fulfilled: (1) complete reduction of the fracture; (2) accurate apposition of the fragments; and (3) maintenance of apposition until bone formation had become firmly established. Nails, wires, screws, ivory and ox-bone pegs, and autogenous bone grafts were the materials used. It was only when the triradiate nail was discovered by Smith-Petersen that all the foregoing essentials became relatively easily attained. Its advantages were that it held the fragments firmly together, prevented rotation, and, when made of stainless steel, it did not lead to necrosis of bony substance, upon which union subsequently depended. Noordenbos of Amsterdam was the only prominent authority on this subject who still used fibular grafts in preference to the Smith-Petersen nail. Since 1931, when Smith-Petersen's original paper was published, the use of the nail had been almost universal, modifications centring round the technique of its introduction. The main object in its variation had been to introduce the nail without the necessity for the relatively big operation suggested by Smith-Petersen, and in this way to widen the age limits to include the older patients. The use of a guide wire of the Kirschner gauge was suggested simultaneously in 1932 by Johanssen of Oslo and King of Melbourne. Both these operators, by using x-ray films, introduced one or several wires to determine beforehand the correct alignment of the nail; they then, with a special hollow nail following the course of the guide wire, drove the nail into position and impacted the fragments. Reports of the occurrence of accidental bending of the wires and other complications led to the adoption of wires of a heavier calibre. This alteration was first suggested by Watson Jones, who, however, reverted to an open type of operation. Recently Hey Groves had devised an ingenious instrument for introducing the guide. This did away with the necessity for an x-ray film in the lateral plane and had shortened the duration of the operation to quite reasonable limits. Mr. Irwin's first slides illustrated the treatment of this fracture by tibial bone grafts and by grafts derived from the great trochanter and shaft of femur, as suggested by Ellis Jones. In the main, however, the cases shown were treated by the use of the triradiate nail introduced by the Johanssen or King technique. The recent cases were examples of the method and apparatus of Hey Groves.

Treatment of Squint

Dr. BEATRICE LYNN read a paper on "Recent Advances in the Treatment of Squint," the purpose of the communication being to advocate the establishment of a squint centre, where amblyopic eyes could be trained to see, the

fusion faculty be developed, and normal muscle balance be restored by muscle training alone or combined with operation. The centre would be supplied with clinical material by the eye departments of the general hospitals, the training being carried out by skilled technicians working under the oculists. Four classes of squint were described; three of these were amenable to treatment, the fourth consisting of cases of ocular lesions or cases resisting a fair trial. A case was considered as cured when there was good sight in each eye, when the visual axes were parallel, and single binocular vision was obtained. The average period of training was from three to six months, and judging from the figures provided by established centres an optimistic view might be taken, 75 per cent. of favourable cases ending in complete cure.

Local News

ENGLAND AND WALES

Maternal Mortality in London

During 1936 the deaths registered from puerperal sepsis and other accidents and diseases of childbirth in the county of London numbered 115, or 1.76 per 1,000, registered live births as against 139, or 2.21, respectively in 1935. This is the crude death rate, based on the registration figures divided by the estimated population. The corrected death rate, in which the deaths of non-Londoners are excluded and which will not be known for some months, should not exceed 2.08 per 1,000 live births, as compared with a corrected rate of 2.58 for 1935. The crude maternal mortality rate given above is the lowest crude rate recorded in London. The crude birth rate in 1936 was 15.8 as against 14.9 in 1935, the crude death rate 12.4 as compared with 11.2, and the infant mortality 57 per 1,000 births as against 51 in 1935. There were 541 deaths from street accidents in London in 1936 as compared with 531 in 1935, but the figure represents a large reduction on that for the years 1931-4.

Additional General Hospital for South London

The appropriation of the hospitals of the London County Council as municipal hospitals, the importance and modernization so far effected, and the wider public knowledge of the municipal hospital service has led to a steadily increasing demand for treatment. During the last five years the annual admissions at the eight acute hospitals south of the Thames have risen from 51,149 to 60,600. Births in the general hospitals as a whole have increased from 9,508 in 1931 to 15,375 in 1935. The accommodation at all the acute general hospitals south of the Thames has for prolonged periods and for several years past been subject to extreme pressure. These big periods of pressure occur during the winter months, mainly in the first quarter of each year, and accommodation must be available to meet these maximum needs, notwithstanding that at other times the call for beds may be considerably less. A new ward block of 129 beds at St. Nicholas's Hospital, Plumstead, has lately been erected, and it is proposed to erect a new ward block of seventy beds at Lambeth Hospital, while additional provision for the chronic sick will result from conversion and improvement works at other institutions. If, however, the demand for admissions in the Council's general hospitals continues to increase as expected further accommodation beyond that at present contemplated will be required. In South London the problem is urgent in view of the period that must elapse between the inception and the completion of any scheme for dealing with it. The extent of the need, to meet which preliminary steps should be taken, is difficult to assess with precision. Large numbers of the com-

munity who never sought admission to hospital in the past will undoubtedly turn to the Council's hospitals in the future. The removal of the repressive taint of the Poor Law and the policy of progressive improvement in every direction in the Council's hospitals have raised the status of the municipal hospitals service, so that there is a steadily increasing demand for admission. Moreover, the constant advance of medical science has necessitated the concentration of expensive equipment in large hospitals, because that is the only method of placing adequate means of diagnosis and treatment at the disposal of patients. The Hospitals and Medical Service Committee is of opinion that provision should be made in a new scheme for a possible 500 beds. The site in South London on which a new hospital could be provided—namely, on vacant land within the curtilage of St. Benedict's Hospital, Tooting—is in the Council's possession. It is in the area covered by the metropolitan boroughs of Wandsworth and Battersea, at present served by St. James's Hospital, the section of South London in which there is the most urgent need for additional beds. The site would offer adequate grounds for exercise and other amenities. In view of the urgency of the matter and the fact that several years must elapse before the premises can be ready for occupation, it is considered that immediate steps should be taken to prepare details and estimates of costs.

Public Health Notes on Milk

The desirability of instructing health visitors and members of the local health committee has led Dr. C. M. Smith, deputy county medical officer for Durham, to compile a short memorandum on milk. The difference between "clean" and "safe" milk is clearly defined, and the importance of both these attributes in a public milk supply is duly stressed. The danger of drinking raw milk is illustrated by the fact that of 531 cows examined in the county during 1936 no fewer than 44.25 per cent. reacted positively to the tuberculin test. This incidence of tuberculous infection was reflected in the frequency of tubercle bacilli in the milk supply. Of 313 samples of ordinary raw milk exposed for sale during 1935, 4.8 per cent., and of 405 samples of "accredited" milk examined presumably during 1936 3 per cent., were found to contain tubercle bacilli. The Durham County education authority recommends that the order of selection of milk supplied under the milk-in-schools scheme should be (1) tuberculin-tested milk; (2) pasteurized milk, having a pre-pasteurization standard of cleanliness equivalent to the accredited standard; (3) accredited milk. The wisdom of preferring tuberculin-tested to pasteurized milk is perhaps open to question.

Queen Charlotte's Maternity Hospital

The clinical report of Queen Charlotte's Maternity Hospital for 1935 states that 2,487 patients were treated in the wards, this number comprising 2,277 booked cases and 210 emergencies. The rates of maternal morbidity were 4.4 and 14.7 per cent. respectively, the rate for the whole hospital being 5.4 per cent. The total number of maternal deaths was nine, six of which occurred in emergency cases. A short summary is given of the history of each case. Of the booked cases one patient died from obstetric shock following manual removal of the placenta, and one from acute heart failure following normal delivery; in a third case refusal of a post-mortem precluded an exact diagnosis, and death was attributed to either mesenteric thrombosis or the perforation of a hollow viscus. Summaries are also given of six special cases, including one of hydatidiform degeneration in the placenta, and one of double uterus with fibroids causing obstruction. There were forty-one foetal abnormalities. One foetus had webbed fingers and toes, another an accessory nipple; the mother in this case had eight accessory nipples. The list also includes several cases of anencephaly, hydrocephalus, and spina bifida. Of multiple births fifty-six cases of twins are recorded, and none of triplets. One mother, aged 41,

produced twins weighing respectively 7 lb. 7 oz. and 8 lb. 6 oz. The infant mortality in this series of multiple births was 14.5 per cent.

Nomenclature of Mental Hospitals

What used to be known as "lunatic asylums" have, since the passing of the Mental Treatment Act, 1930, been officially styled mental hospitals. For the purpose of correspondence with the public and for everyday use the Mental Hospitals Committee of the London County Council thinks it expedient that the word "mental" should cease to be used obtrusively, and this omission is therefore proposed from the ordinary designation of the institutions which are still "mental hospitals" for all statutory purposes. The establishment on the Horton estate at Epsom, which used to be known as the Ewell Colony and since 1931 has been called Ewell Mental Hospital, is in process of being enlarged in such a way as to fit it particularly for the treatment of recoverable cases of mental disorder, many of them as voluntary patients. A new name is thought desirable for this institution, and it is proposed that its ordinary designation should be "St. Ebba's Hospital."

SCOTLAND

New Students' Union at Edinburgh

At a meeting of Edinburgh University Court on January 25 an offer was received from the University Grants Committee of a non-recurrent capital grant of £15,000 towards the cost of a students' union at the King's Building of the University. The new union will be for the use of men and women students attending the science classes and laboratories which are held at the King's Building in West Mains Road, and will not affect the present students' union in Park Place. The total cost of the building, exclusive of furnishings, is estimated at £20,000, and it will include a refectory and a gymnasium. The Court accepted the Grants Committee's offer, which involves the raising from other sources within two years of a sum amounting to at least £7,000, while a further sum for endowment will probably be necessary.

At the same meeting various external examiners for degrees were appointed. Dr. James M. Webster, lecturer in forensic medicine at Sheffield University, was appointed examiner in forensic medicine. Dr. Webster has also been appointed to take charge of a new forensic science laboratory designed to serve the police forces in the West Midlands of England which is being established in Birmingham by the Home Office. Dr. Webster, who is a native of Perthshire, graduated M.B., Ch.B. at St. Andrews University in 1923 and took the F.R.C.S.Ed. in 1926. He was previously lecturer in anatomy at the National University of Wales, Cardiff.

National Scottish Food Policy

Sir John Boyd Orr, director of the Rowett Institute for Research in Animal Nutrition at Aberdeen, speaking at a meeting in Glasgow on January 26, said that the average health and physique to-day was much better than it was before the war, but it might still be improved if a diet adequate for health was enjoyed by every family. There had been much discussion as to what constituted a diet adequate for health. In 1935 the League of Nations had appointed an International Committee of Physiologists to define the kind of diet which would contain everything required for health. The committee recommended that the diet for a child from 5 to 7 years of age should include one and three-quarter pints of milk, one egg, one ounce of fish, meat, or cheese, four ounces of green vegetables, six ounces of potato and other root vegetables, and some raw fruit or vegetable. This supplied one-half of the total amount of food needed daily, and contained all the vitamins, minerals, and protein that were necessary; the other half could be made up from cheaper foods such

as fat, bread, or oatmeal. All the available evidence, the speaker continued, indicated that deficiency diseases like rickets would disappear, and that infant mortality rates would be reduced to less than one-half of what they were at present if every family in the country enjoyed a diet on such standards. Public health departments were doing much to improve the diet of the poor by providing free or cheap meals in necessitous cases, and this helped to prevent the grossest forms of malnutrition. A further step in the right direction was the milk-in-schools scheme, which provided a third of a pint of milk for one half-penny, but the amount required by the children was a pint and a half daily. National schemes concerning food had unfortunately been dominated by economic interests, and this was largely due to ignorance of the extent to which the health of the nation could be improved by better feeding. The Government could not move in advance of public opinion, and what was most needed at the present time was further enlightenment of the public. The country had now dealt with education, and there was a national scheme designed to provide a decent house for every family, but the next great social reform should be a national food policy to make a diet adequate for health available to every family. Increased production in this country of foodstuffs needed to bring diets up to the required standard would bring prosperity to agriculture and the retail food trade, as well as furnish the permanent national asset of improved health and physique.

Consultant Physician for Highlands and Islands

The Public Health Committee of the Ross-shire County Council at a meeting on January 26 discussed the proposal to appoint a consultant physician at the Royal Northern Infirmary, Inverness, for the benefit of the Highland communities. It is proposed that such a consultant should be appointed to have charge of twenty beds in the Royal Northern Infirmary, Inverness, and should be allowed to carry on private consulting practice. It was stated that there are four or five expert physicians in Inverness whose services could be obtained, but the present suggestion is that the various county councils should contribute to the salary of a consultant on the basis of the number of patients from the respective counties who had been treated in the Infirmary during the past five years. The Ross-shire Public Health Committee had been sympathetic towards the proposal, but it withdrew from the scheme because the Island of Lewis was not to be included, and this amounted to cutting off a large part of Ross-shire. It was ultimately agreed that if Lewis was included in the scheme the Ross-shire Public Health Committee would reconsider its attitude, which at present was one of disapproval.

Edinburgh Royal Infirmary

At the annual meeting of the Court of Contributors to the Royal Infirmary of Edinburgh Sir Thomas Whitson, referring to the annual report of the institution (summarized in the *Journal* of January 9), said that it was expected that arrangements would be made to have fee-paying patients in a particular ward. Meantime the Board was taking all the facts into consideration, and it wanted to find out how contributory schemes worked in England. A subcommittee had been appointed to go into the question, but he could not as yet give any idea of what the Board's final decision would be. The recently opened new department for venereal and dermatological diseases had set free certain other wards, of which one would be used to provide beds for accidents and emergencies, while another, after reconstruction, would be used for orthopaedic cases. Another ward would be set free for less urgent cases such as hernia, haemorrhoids, etc., which constituted a large proportion of the waiting list, while still another ward would be reconstructed for neurological surgical cases. The managers were tackling the question of bringing the radiological department up to date. The school of dietetics had now completed its second year with great success.

Correspondence

Cancer of the Breast

SIR,—We owe to Mr. Geoffrey Keynes the first prolonged experiment in the treatment of breast cancer by radium alone, but his letter (*Journal*, January 30, p. 242) makes claims for the hospital he adorns which are too large to be defensible. He says: "Radium technique has not stood still since it began to be developed at St. Bartholomew's about twelve years ago and its value and limitations in cancer of the breast began to be fairly clear."

It is now thirty years since I worked out in detail the mode of spread of breast cancer by evidence which has never been controverted. No pathologist since has had the patience to adopt those "microscopical methods on a macroscopic scale" which are necessary for such work. The operation based on my findings has met with an acceptance which is world-wide, as Mr. Cecil Rowntree (January 23, p. 153) generously recognizes, and has almost abolished local and abdominal recurrence. I soon found, however, that frequent late thoracic recurrence cannot be prevented by any operation, however rational and complete. I was able to prove that the internal mammary glands, which are in practice inaccessible to operation, are invaded at about the same time as the axillary glands. Enlarged axillary glands, which are present at the time of operation in a large percentage of cases, indicate infection of the internal mammary glands. It followed that in very many cases the disease is already, at the time of operation, an intrathoracic disease.

It appeared to me logical to deal with the extra-thoracic disease by operation, and to employ radiation from radium tubes introduced at the time of operation to deal with the intrathoracic extensions in the internal mammary glands. This has been my routine practice for sixteen years, and is still. It has abolished the recurrences at the inner end of the upper intercostal spaces, which are still frequent in the practice of some surgeons, as they were formerly in my own. It has raised my non-recurrence rate at the end of three years from 47 to 57 per cent. No more could be expected in view of the tragic delays to which women with lumps in the breast still subject themselves.

How, then, does Mr. Keynes maintain that radium technique "began to be developed at St. Bartholomew's twelve years ago"? Four years earlier I had assigned to radium its own special place as a routine adjunct to operation, to deal with deposits beyond the reach of the knife. That place it unassailably holds, but Mr. Keynes's gallant attempt to make it do all the work must, I think, be held to have failed, even though, in the distribution of his tubes, he has had the advantage of Middlesex Hospital pathological work to guide him. Even in his practised hands radium has given no better results than surgery, as he admits, and his letter rather suggests that he is abandoning the use of radium alone for a combination of radium with "very conservative" surgery.

I do not wish to decry "radium alone." It is very useful for inoperable cases and for growths at the periphery of the breast. These are valuable extensions of the role I had assigned to radium in breast cancer sixteen years ago. It may be offered as a slightly speculative alternative to the radical operation with intrathoracic radium, which in my view still represents the gilt-edged investment in breast-cancer therapy. "Radium alone" is

practice himself he was never too busy to lend a hand to a colleague without thought of fee or reward. His passing will be keenly felt by a large circle of friends and patients, and the sympathy of all is extended to his widow, son, and two daughters.

We regret to record the death of Dr. THOMAS EDWARD WHITE of Streatham, S.W., on January 18, at the age of 79. Dr. White qualified in 1876 as L.R.C.S.I., and in the following year he was admitted L.R.C.P.I. He then held the posts of clinical clerk at the Richmond, Whitworth, and Hardwicke Hospitals, Dublin, physician to the Dublin Small-pox Hospital, and house-surgeon to the Huddersfield Infirmary. In 1894 he obtained the D.P.H. of the English Conjoint Board, and in 1896 the degree of M.D. at the University of Durham. Before his retirement he was surgeon to the P Division of the Metropolitan Police and a divisional surgeon of the Metropolitan Water Board. He was a lecturer and examiner in ambulance and nursing work for the London County Council, lecturer and examiner for the British Red Cross Society, and medical officer of the Forest Hill Provident Dispensary. Dr. White acted as representative at the Annual Representative Meetings of the British Medical Association in 1921, 1923, 1925, and 1926, and he was chairman of the Lewisham Division in 1922-3.

Dr. ARTHUR WARD COLLINS, who died at Ulverston on January 22 at the age of 77, received his medical education at the University College and the Royal Infirmary, Liverpool, gaining a Holt Scholarship in anatomy at University College, Liverpool. He qualified M.R.C.S., L.R.C.P. in 1884, and two years later took the degrees of M.B., Ch.B. at the Victoria University, with honours in anatomy, materia medica, and pharmacology. In 1897 he received the D.P.H. conferred jointly by the Royal Colleges of Physicians and Surgeons of Edinburgh. Dr. Collins held the post of house-surgeon and anaesthetist at the Royal Infirmary, Liverpool, and after setting up practice in Ulverston became medical officer to the local Poor Law Institution. He had been a member of the British Medical Association for forty-three years. In 1905 he served as president of the old North Lancashire and South Westmorland Branch, and he was chairman of the Furness Division in 1926-7.

We regret to learn of the death of Dr. GEORGE WARWICK BAMPFYLDE DANIELL at Grahamstown, South Africa, on January 19. He received his medical education at St. George's Hospital, and qualified M.R.C.S., L.R.C.P. in 1888. He was at one time lecturer on anaesthetics in the Cape University and was honorary anaesthetist to the New Somerset Hospital. Dr. Daniell's contributions to medical literature include a description of an apparatus for warmed ether vapour, published in the *Lancet* in 1923, and an article on "The Use of Nitrous Oxide and Oxygen with Rebreathing as a General Surgical Anaesthetic," printed in the *South African Medical Record* in 1924. He joined the British Medical Association in 1892. He acted as representative at the Annual Representative Meeting of the Association held at Portsmouth in 1923, and on the occasion of the Centenary Meeting in 1932 he held the office of vice-president of the Section of Anaesthetics.

We regret to record the death of Dr. FARQUHAR MACKENZIE MATHESON of Harrow on January 21 at the age of 63. Dr. Matheson took the degree of B.A. at the University of Cambridge in 1900, and then came to London to receive his medical education at University College. He qualified M.R.C.S., L.R.C.P. in 1903. Dr. Matheson had been a member of the British Medical Association for twenty-seven years, and was chairman of the Harrow Division in 1927-8.

Universities and Colleges

UNIVERSITY OF OXFORD

Nuffield Professorships

Of the four new medical professorships created under Lord Nuffield's benefaction two have now been filled.

Mr. Hugh Cairns, M.B., B.S. Adelaide, F.R.C.S., of Balliol College, is appointed to the Nuffield Professorship of Surgery as from January 27. Mr. Cairns is surgeon to the neuro-surgical department of the London Hospital and surgeon to the National Hospital, Queen Square. He was the author of the "Study of Intracranial Surgery," published as a special report by the Medical Research Council in 1929. Temporary arrangements have been made for his work in Oxford to be limited to certain administrative duties, enabling him meanwhile to continue his other work in London.

Mr. Robert Reynolds Macintosh, F.R.C.S. Ed., anaesthetist to the Throat Hospital, Golden Square, and anaesthetist and lecturer in anaesthetics at the National Dental Hospital, is appointed to the Nuffield Professorship of Anaesthetics as from February 1.

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has submitted a report to the University in which it recommends the abolition of the thesis for the M.B. degree. Reference to these proposals will be found at page 278. The report will be discussed in the Senate on February 9.

UNIVERSITY OF LONDON

Philip Geoffrey Scott, B.Chir., F.R.C.S., of Jesus College, Cambridge, and St. Bartholomew's Hospital, has been appointed to the Geoffrey E. Duveen Travelling Studentship in Oto-rhino-laryngology for the year 1937.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following post-graduate scholarships will be awarded:

(a) A. M. Bird Scholarship of a value of £200 for one year, to enable a medical graduate to obtain general experience in pathology.

(b) Mabel Webb and A. M. Bird Research Scholarship of a value of £200 a year, for assistance in carrying on research.

(c) Dr. Edith Pechey Phipson Scholarship of a value of £95 a year, preferably to graduates coming from or going to work, in India.

These scholarships are open to women only. Candidates for (a) and (b) must be former students of the medical school. Further particulars can be obtained on application to the Warden and Secretary of the School, Hunter Street, Brunswick Square, W.C.1.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a Comitia of the Royal College of Physicians of London held on January 28, with the President, Viscount Dawson of Penn. in the chair, it was decided to present an Address of Loyalty to His Majesty King George the Sixth on his accession.

The College approved the election of its President as a Vice-President of the Imperial Cancer Research Fund. Dr. E. Mapother was elected a Councillor in the place of the late Professor E. H. Kettle. The President announced the publication of the report on "Domestic Heating by Gas considered from the point of view of Health and Comfort" by an Advisory Committee appointed by the College.

Appointment of Representatives

The following were appointed delegates of the College: Viscount Dawson of Penn. to the Centenary Celebrations of the University of Durham, July 1 to 3; Dr. H. P. Newsholme, to the Health Congress of the Royal Sanitary Institute at Birmingham, July 12 to 17; Lord Horder, to the Annual Congress of the Royal Institute of Public Health at Margate, May 25 to 29; and Dr. H. C. Cameron, to the Seventh English-Speaking Conference on Maternity and Child Welfare, to be held in London, June 1 to 3.

Lectures

Dr. P. M. D'Arcy Hart will deliver the Milroy Lectures on "Measures for the Prevention of Pulmonary Tuberculosis

among Adults in England—in the Past and in the Future” on February 18 and 23; Dr. D. E. Denny-Brown the Goulstonian Lectures on “The Nervous Control of Micturition and its Disorders” on February 25, March 2 and 4; Dr. Crichton Bramwell the Lumleian Lectures on “The Arterial Pulse in Health and Disease” on March 9 and 11; Dr. H. Gardiner-Hill the Oliver-Sharpey Lectures on “Growth and Development: their Pathological Aspects,” on March 16 and 18; and Dr. Edwin Bramwell the Croonian Lectures on “Clinical Reflections upon Muscles, Movements, and the Motor Path” on May 25, 27, and June 1. All the lectures will be delivered at the College, Pall Mall East, S.W., at 5 p.m.

Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Frank Longstaff Apperly, M.D.Oxf., Bidya Pati Bhattacharjya, M.B.Patna, Bernard Roy Bramwell, M.D.Manch., Francis Staples Brien, M.B.Toronto, John Alfred Brocklebank, M.B.Lond., George Horace Brookman, L.R.C.P., James William Douglas Bull, M.B.Camb., Renfrey Gershon Burnard, M.B.Adelaide, Archibald Malcolm Gordon Campbell, M.B.Oxf., Winston Stephen Charters, M.B.New Zeal., Stephen Thomas Falla, M.D.Lond., John Ronald Forbes, M.B.Lond., Graham William Hayward, M.B.Lond., Dorothy Jane Healey, M.D.Lond., Tom Shadick Higgings, M.D.Lond., Norman George Hulbert, M.B.Camb., Norman Maurice Jacoby, M.B.Lond., Alan Robert Kelsall, B.Chir., Peter James Kerley, M.D.Dubl., Frederick Basil Kiernander, M.B.Lond., Mary Fauriel Lockett, M.D.Lond., William Neville Mann, M.B.Lond., Harry Blight May, M.B.Camb., Edward Laurence Oliver Murphy, M.B.N.U.Irel., Richard Alan Pallister, M.D.Durh., James Alan Price, M.D.Belf., Alan Boynton Raper, M.B.Leeds, John Clifford Richardson, M.D.Toronto, Leon Eric Rothstadt, M.D.Melb., Charu Chandra Saha Saha, M.B.Calcutta, Dominic Victor Sheil, M.B.Melb., Henry James Sinn, M.B.Melb., Alan Herbert Thompson, M.D.Dubl., Aly Fahmy Zanaty, M.B.Cairo.

Licences and Diplomas

Licences to practise physic were conferred upon the following 178 candidates (including twenty-two women) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

K. D. G. Abbott, E. M. Abelson, J. C. Adams, A. S. Aldis, C. F. S. Aiken, J. H. Armstrong, Mary Barker, H. M. Barnett, I. H. Baum, A. M. Beemer, B. Bell, A. J. Bernfield, Lily Black, L. H. Blakelock, G. W. Boden, E. Bolton, E. R. Bowes, Audrey F. M. Briggs, E. K. Brownrigg, J. B. Bunting, G. L. Burgess, Margaret M. Burton, M. A. Carpenter, R. W. Clarke, C. L. Clinton-Thomas, P. R. K. Coe, S. M. Cornes, H. D. Crosswell, J. Dalziel, G. H. Darke, P. M. Davies, H. N. Davy, P. C. Dhandra, W. R. S. Doll, J. A. Donaldson, R. C. Droop, G. H. H. Dunkerton, J. A. Dunlop, R. W. Dunn, H. J. Eastes, C. H. Edwards, B. H. Ellis, J. S. Ellis, J. E. Ennis, L. C. de R. Epps, M. M. Ernst, Mildred G. Ernst, R. G. G. Evans, G. R. Faber, Mary N. Fawcett, J. G. Fife, F. D. M. Flowerdew, L. Foster, R. A. Foucar, Gwenda M. Francis, D. G. Freshwater, A. R. Garner, M. N. Genena, S. Gnessen, D. Graham-Brown, P. H. K. Gray, W. M. Gray, B. J. Green, T. A. Hale-Monro, E. H. Hambly, R. P. Harbord, W. Hargrave-Wilson, D. H. Harrison, M. W. Harvey, G. Herbert, Irene K. Hezlet, C. A. St. C. Hiley, Constance M. Hill, Emily C. Hill, W. Hobson, Margaret J. Honeywill, C. W. Horncastle, J. Horowitz, A. M. Howard, H. N. G. Hudson, Gertrude L. E. Hughes, D. A. Ireland, I. Isaacs, G. C. A. Jackson, H. Jackson, E. M. Japha, O. L. Jones, A. Jordan, H. S. Kander, Mary Kane, S. Kaye, J. G. Kee, C. Kenton, J. Ketcher, C. C. Kirby, L. M. Klusky, F. D. W. Knight, G. S. A. Knowles, D. W. Lacey, Iris M. Lamey, R. L. Lamming, J. D. Laycock, J. Leiper, J. W. M. Leslie, B. G. A. Lilwall, C. J. Longland, M. Lubran, A. D. McDonald, H. A. McDonald, W. H. McDonald, N. R. McEvoy, R. McGladdery, H. McD. Mackey, Norma M. MacLeod, K. J. Mann, G. S. Midgley, A. E. Miller, Eleanor M. Mills, A. D. Milne, J. G. Mitchell, R. H. B. Mole, K. W. Monks, E. R. Mountjoy, M. A. H. Munshi, W. M. Owen, A. C. D. Parsons, H. A. Pearce, G. L. Pett, C. Porter, K. J. Powell, T. C. Probyn, S. Pruss, D. P. Puri, A. N. Redfern, J. E. Rees, H. S. Resnik, Nancy E. G. Richardson, R. B. K. Rickford, A. C. Ricks, Elizabeth J. Rooke, H. L. M. Roualle, P. B. L. Saltman, A. A. Shein, A. Simpkin, G. Singh-Janda, J. Smallpeice, C. P. Smith, E. R. Smith, J. A. Smith, Katharine D. Smith, G. R. Steed, W. A. Steel, R. Y. Stevenson, Ethel M. Strong, R. B. Taylor, R. Y. Taylor, W. H. A. Thorne, H. L. Thornton, G. C. Tresidder, F. D. Truax, N. Tsan, A. G. Turner, D. P. van Meurs, Daisy C. Wallace, A. J. N. Warrack, G. R. Waterman, Joan M. Wenn, M. H. G. White, D. I. Williams, G. M. Woddis, R. C. Wofinden, N. P. Woodgate-Jones, M. R. Woods, G. Wynn-Williams, G. E. Yardley, F. H. Yates, A. L. Young, S. S. Yudkin.

Diplomas in Public Health, Psychological Medicine, and Laryngology and Otolaryngology were conferred jointly with the Royal College of Surgeons. The names of the successful candidates were printed in the report of the meeting of the Council of the Royal College of Surgeons, published in our issue of January 23 (p. 197).

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

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—R. M. Abraham, E. E. Barnett, H. B. F. Dixon, I. K. El Lamii, W. J. Pinto, G. B. Smart, P. W. Vilain.

DIPLOMA IN ANAESTHETICS.—R. H. Biazeyby, C. H. Catlin, G. Edwards, Eva M. Gray, Elizabeth M. Handfield-Jones, T. A. B. Harris, T. H. Hobbes, G. H. W. Keates, Rosalind M. P. Milne, Joyce Morgan, L. O. Mountford, A. H. Pirie, J. W. Redgate, J. E. C. Rouse, H. B. C. Sandiford, R. L. Soper, Edith J. Thompson, F. A. H. Wilkinson, R. F. Woolmer.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—A. Bagon, E. E. Bullock, F. J. H. D. De Marigny, P. A. Gardiner, F. W. McKenna, J. Meynell, A. P. Mittra, F. L. Skinner.

MEDICINE.—J. E. R. Palmer, W. W. Willson.

FORENSIC MEDICINE.—J. E. R. Palmer, W. W. Willson.

MIDWIFERY.—A. A. Beazeley, I. W. Claiman, R. M. Coplans, D. S. Edwards, J. Meynell, C. T. Tahlil, W. G. Tillman.

The diploma of the Society has been granted to F. J. H. D. De Marigny and A. P. Mittra.

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

K. Aaron, A. M. Allison, A. Blanshaft, A. E. R. Chalmers, S. F. Cranston, Hester J. Davies (*in absentia*), J. Drake, A. A. Esser, Philippe Evreniades, E. W. Finkle (*in absentia*), D. G. Hanton, L. B. Hardman (*in absentia*), I. L. Jacobs, W. Jonas, L. Kroll, D. Lederfeind, M. E. Lee-Abbott, Z. Leitner (*in absentia*), W. J. Low, J. McGibbon, J. MacW. MacGregor, M. Manella, M. Meyer, W. B. Meyer, L. Michaelis, D. B. Milne, M. N. Mitra, K. F. Nagelschmidt, R. Naftalin, H. O'Hara, E. A. Perera, H. J. Phin, F. O. Piorkowski, J. E. Price, K. M. Regensburger, M. W. Rosenthal, A. Rumelt, M. Scholtz, H. Sherry, F. F. Truax, D. Varvaressos, Lena Walker, B. A. MacG. Williamson (*in absentia*), H. A. J. Wolff, H. Zeller.

Medical Notes in Parliament

A memorandum explaining the Government's proposals for the development and extension of the facilities available for physical training was laid on the table of the House of Commons on January 29.

Sir John Simon presented, on January 29, the Factories Bill “to consolidate, with amendments, the Factory and Workshop Acts, 1901 to 1929, and other enactments relating to factories and for purposes connected with the purposes aforesaid.” The Bill is supported by Mr. Elliot.

In the House of Commons on February 1 the Unemployment Assistance (Temporary Provisions) (Amendment) Bill was read the third time.

The text of the Factories Bill was issued on February 2.

On February 2 the Regency Bill and the Public Works Loans Bill were read a second time. The Empire Settlement Bill passed through committee.

In the House of Lords on the same day the Public Records (Scotland) Bill and the Architects Registration Bill were read a second time. The Firearms Bill was read the third time and passed.

The Parliamentary Medical Committee met at the House of Commons on February 1 and agreed to accept a recent reply of the Ministry of Health which suggested that representations about ophthalmic and optical benefits as affected by Draft Statutory Rules and Orders, 1936 (National Health Insurance), should be left to the committee to be set up under the new regulations. During the discussion an assertion was made that the British Medical Association scheme for sight-testing surgeons would not suffice, as enough surgeons were not available in all parts of the country. The Medical Committee also discussed Sir Ernest Graham-Little's Medical Practitioners