

enough for mild cases, but where there was smell, bull-neck, or the likelihood of marked toxæmia 60,000 to 100,000 units should be given intravenously immediately. A booklet issued by the London County Council (price 3d.) gave full details of the technique of giving the dose. Intubation had supplanted tracheotomy in most instances. The Drinker respirator, although a cumbersome apparatus, was giving almost uniformly good results in the treatment of diaphragmatic paralysis. Cerebro-spinal fever was now diagnosed more satisfactorily by blood culture than by examination of the cerebro-spinal fluid; by the latter method a mild or fulminating case might be missed, while blood culture gave a positive result in almost every case. The modern treatment was the insertion of a special lumbar puncture needle, and leaving it there to allow a continuous drip. Antitoxin was injected into the blood stream. The speaker mentioned that in America vaccination was now being carried out by intradermal injection with good results. He thought that there was no evidence that the present mild form of small-pox would breed true. He had seen one confluent case in which the only apparent contact had been an ordinary mild one.

Prophylactic Aspects of Fevers

Dr. E. ASHWORTH UNDERWOOD, speaking on prophylaxis, said that attempts at producing immunity had been made many centuries ago, when physicians exposed their patients to diseases in the hope that they would catch a mild form of them. Jenner's inquiries represented the first scientific step towards specific prophylaxis. Of the five principal diseases against which artificial immunity was being tried here diphtheria was so far the most favourable. At the time when the Medical Research Council published a monograph on it in 1923 many people had felt confident that the use of antitoxin could keep the mortality down to the low figure of about 4 per cent. Then reports from Berlin and Budapest of more frequent severe cases caused disquiet, and about five years ago such cases became common in this country. The Schick test gave the most reliable indication of individual immunity. The full dose had to enter the arm, being preferably injected into the skin, but the speaker was not convinced that if some of the fluid passed into the subcutaneous tissues the result was altered. Pseudo-reactions were not so common as they had been seven years ago. They were commonly held to be detectable on the fourth day, but he thought that the test should be repeated when doubtful. The Moloney test consisted of observing the reaction produced to the intradermal injection of dilute toxoid; the reactions resembled those of the Schick test. A positive result denoted sensitization of the individual by the products of the diphtheria bacillus, and had been obtained in 80 per cent. of his cases which reacted strongly to toxoid treatment. The first method of immunization used was injection of toxin fully neutralized with antitoxin, but the danger of freezing or faulty mixing setting free un-neutralized toxin caused the method to be given up. It was succeeded by toxoid-antitoxin mixture (T.A.M.), which the speaker thought should now go into honourable retirement. Among its successors were formol toxoid, alum toxoid (formol toxoid precipitated by alum and acting over a long period because of its insolubility), and toxoid-antitoxin floccules (T.A.F.). The first two were apt to cause reactions, but acted relatively quickly; the third was undoubtedly the simplest and most innocuous prophylactic known, although somewhat slow. The relative advantages of one- and multiple-shot methods had been much discussed; if the resulting immunity was compared two or three shots would always win. The speaker showed by graphs how incidence and death rate fell with a rising proportion of the population immunized. He considered that at least 30 per cent. of pre-school children should be treated to keep the disease in check. Immunity to scarlet fever was not so satisfactory. Five doses were necessary, and then apparently only protected against erythema and not against invasion; the patient might still go about with a streptococcal infection of the throat.

Two types of serum were in use for protection against measles: the convalescent type obtained from patients between the seventh and tenth days of illness, and the adult serum from healthy people who had had measles. Protection could be conferred for a few weeks by either type if given within six days of exposure; attenuation could be achieved by a full dose given later or by a half dose within the six days. The modified attack conferred immunity for life.

In reply to a question from Dr. D. McNAIR about a Schick reaction appearing on the sixth day, Dr. UNDERWOOD said that a delayed reaction was recognized. Dr. G. M. SANDES asked about the use of placental extract in the treatment of measles, to which Dr. UNDERWOOD answered that he thought it had not been a great success. In reply to Dr. A. F. JUDD he said that measles serum was procurable from Messrs. Burroughs Wellcome; it had to be stored on ice. In practice 10 c.cm. of parental blood injected into the child's buttock would prevent or attenuate the illness. Dr. URSULA BLACKWELL mentioned that her experience at a fever hospital confirmed what Dr. Underwood had said.

Local News

IRELAND

Medical Research Scheme for the Free State

Mr. Phillip O'Reilly, solicitor, on January 26 obtained the certificate of incorporation of the Medical Research Council of Saorstát Éireann. The subscribers to the Memorandum and Articles of Association are Dr. J. W. Bigger, professor of bacteriology, Trinity College, Dublin; Dr. John McGrath, Dublin; Dr. Henry Moore, professor of medicine, University College, Dublin; Dr. W. J. E. Jessop, professor of physiology, Royal College of Surgeons, Dublin; Dr. James M. O'Connor, professor of physiology, University College, Dublin; Dr. T. Gillman Moorhead, regius professor of physics, Dublin University; Dr. J. F. Donegan, professor of physiology, University College, Galway; and Dr. J. M. O'Donovan, professor of medicine, University College, Cork. An important step has thus been taken in bringing to fruition the scheme for the development of medical research in Ireland, which has occupied the attention of the medical profession for many years. In 1933 the Academy of Medicine submitted to the Minister of Local Government and to the Committee of Reference for the Sweepstakes a scheme for medical research. This scheme, which was very comprehensive, was intended to include pure scientific research as well as clinical research and also the provision of scholarships for research workers in other countries. It was considered that it would involve a capital expenditure of a million pounds. It was felt, however, under all the circumstances, that the Hospitals Commission could not recommend its adoption while the claims for the Irish hospitals were as pressing as they were then. Meanwhile the Associated Hospitals Committee had been independently considering the possibilities of promoting a medical research scheme, and had appointed a subcommittee in this matter. The two bodies combined and formed a joint committee, which was augmented by the inclusion of representatives of Dublin University and the three constituent colleges of the National University. The amalgamated body subsequently presented a revised scheme to the Minister for Local Government and Public Health. In this scheme the idea of a central research institute was abandoned, it being felt that the capital expenditure involved was scarcely justifiable at this stage. The scheme, however, was said to combine the claims made on behalf of clinical research in hospitals and purely scientific research in medical colleges. It was

ultimately agreed between the Hospitals Commission and the Joint Committee that for the present a sum of not less than £10,000 per annum should be set aside for the purposes of this scheme. Of this sum £4,000 is required to enable scholarships to be awarded to suitable candidates in other countries. The advantages of such external scholarships are many. Among the principal would be the opportunities of establishing contact for Irish schools of medicine and research workers with like workers in other countries, and the spreading of the benefits of Irish medical science throughout the world. The Articles of Association provide that the members of the council shall be nominated as follows: one, the chairman, by the Minister for Local Government and Public Health, and one each by the National University of Ireland, the University of Dublin, University College, Dublin, University College, Cork, University College, Galway, the Royal College of Surgeons in Ireland, the Royal College of Physicians of Ireland, and the Royal Academy of Medicine in Ireland.

A Hospital Year Book and Medical Directory

The first issue has now been published of a new venture, *The Irish Free State Hospital Year Book and Medical Directory*.¹ It is a volume of well over 200 pages, each about the size of a page of the *British Medical Journal*. There are three main sections: a series of signed articles, nine in number, by well-known Dublin medical men; a detailed account of the hospital position in the Irish Free State; and a directory of medical practitioners, to which is appended a dispensary list. The hospital section is set out under counties, the classification following that used in the first general report of the Hospitals Commission; and particulars of some 200 hospitals, large nursing homes, and sanatoria are given. The medical directory contains the names and professional particulars of about 1,400 medical practitioners in the Saorstát; it does not include doctors retired or holding temporary appointments in hospitals. In an editorial foreword high tribute is paid to Dr. J. P. Shanley, honorary secretary of the Irish Free State Medical Union (I.M.A. and B.M.A.), "whose constant advice and practical help have been responsible to a great extent for the successful compilation of this edition." One of the special articles—on the Irish Free State Medical Union—is from Dr. Shanley's pen. A few introductory pages give particulars about the principal medical and allied bodies in the Irish Free State. This should prove a very useful reference book.

The Queen's University, Belfast

The recent appointment of Professor John S. Young to the chair of pathology in the University of Aberdeen is a further recognition of his position in the world of pathology. His colleagues in Belfast have congratulated him most heartily, but at the same time genuinely regret his departure in a few months' time. Professor A. M. Dreanman held the Musgrave chair in Belfast from 1928 until 1932, when he was appointed to the University of Edinburgh. Professor Young succeeded him in 1932 and was immediately faced with the organization of the work in the new Institute of Pathology which had been built in the grounds of the Royal Victoria Hospital. This was in itself no light undertaking, but Professor Young threw himself into his duties so ardently and so successfully that the routine work of the department is a model which is the envy of those who have inspected its organization. The standard of teaching in pathology which Professor Young has established has never been higher than in Belfast at present, and it will demand a distinct personality in his successor if it is to be maintained. Professor and Mrs. Young have been very popular in the Belfast Medical School, and their friends wish them every happiness and success in their new circle.

¹ O'Neill Publications Ltd., 11, Dawson Street, Dublin. (10s. 6d.)

Dr. Leonard Kidd

The decision of Dr. Leonard Kidd to retire from active practice was received with universal regret in the Enniskillen and Fermanagh district. He has been an outstanding figure in medical circles in Ireland for many years and has taken a prominent interest in medico-political affairs all his life. He has been medical officer to the Fermanagh County Hospital for over forty years and has carried on his work there with marked ability and conspicuous enthusiasm. He is a member of the General Medical Council and a past president of the Irish Medical Association (now merged with the B.M.A. as the Irish Free State Medical Union). Some years ago he was a very acceptable president of the Ulster Branch of the B.M.A. In the recent honours list it was intimated that the Governor of Northern Ireland had approved Dr. Kidd's appointment as Deputy Lieutenant for County Fermanagh, an honour which he has well deserved and which his colleagues in Ireland hope he will long enjoy in his retirement.

ENGLAND AND WALES

Rebuilding of Bath Hospital for Rheumatic Diseases

At a meeting at Vintners' Hall in the City of London on January 27 an appeal for funds was made for the rebuilding of the Royal National Hospital for Rheumatic Diseases in Bath. Sir Edward Grigg, M.P., who took the chair, reminded the meeting that the hospital was founded under a different name two hundred years ago by Beau Nash. It was intended for poor people, who only by free treatment and maintenance could benefit from the waters of the hot springs. Nearly 120,000 patients had entered the institution, and of these it was claimed that over 100,000 had been cured or materially benefited. The city council had now offered a site nearer the hot springs and four times the extent of the old. This would make it possible to build a modern hospital with greatly extended baths and laboratories for research. Accommodation would eventually be provided for 250 patients, and the cost would be £200,000. He emphasized the fact that this was not merely a local hospital making a wider appeal; no fewer than 98 per cent. of its patients came from places outside the locality, one-third of them from South Wales and one-quarter from London, and the remainder from various parts of Great Britain. In the absence of Lord Horder, who was prevented from attending by indisposition, Sir William Willcox spoke in reinforcement of the appeal. He said that the undertaking was worthy of enthusiastic support on a national scale. He deprecated the present tendency to employ complicated drugs in dealing with rheumatic complaints. The use of such drugs was attended in many cases by greater danger to life than the disease itself entailed. The advantage of the hospital lay in its access to a natural remedy, which was beneficial and had no injurious or dangerous properties. It also afforded a field for research into rheumatic disease. A disease might come to be so commonly accepted as part of the life of the community that no one asked why it should continue. That had been the case more or less with tuberculosis; it was only thirty-five years ago that a national campaign against the disease was organized. There was no reason why rheumatic diseases, as a result of well-considered research, should not be stamped out.

Scheme for Cancer Treatment in Wessex

A scheme for the co-ordination of the treatment of cancer over a large area of southern England was proposed at a preliminary meeting held at the Southampton Civic Centre on February 9, under the presidency of Lord Malmesbury. In a memorandum outlining the scheme Dr. A. G. C. Taylor of the Regional Radium

Centre at the Royal South Hants and Southampton Hospital states that annually in Wessex (which for this purpose is taken to include Hampshire, Dorset, Isle of Wight, East Wiltshire, and West Sussex), with a population of one and three-quarter millions, 2,000 cases of cancer, with 300 other cases of non-malignant conditions, would benefit by radiation treatment, but that at present only about 600 cases a year receive such treatment. Even the insufficient resources of radiation in the area are not organized to the best advantage. His scheme is, in brief, that all the resources of the general hospitals should be pooled and placed under the control of a representative co-ordinating committee. Tumour clinics should be established in the larger towns (Chichester, Ryde, Winchester, Southampton, Bournemouth, Salisbury, Dorchester, and Poole), at which new cases would be seen and treatment planned in consultation with a radiotherapist, old cases would be followed up, and operative measures carried out. Major radiological treatments would be given at radiotherapeutic centres in connexion with the tumour clinics at three towns (Portsmouth, Southampton, and Bournemouth). Such an organization, he points out, would make available to patients in outlying districts the advice of a radiotherapist at not too great a distance; it would enable local surgeons to retain an interest in their cases, and, while providing the centralization necessary for major radiological treatments, it would relieve the congestion of beds in the larger towns. The central co-ordinating committee, on which all the tumour clinics would be represented, and of which all the medical officers of health of the area would be members, would control the radiotherapeutic resources, including both radium and deep x rays, through a radiotherapist and his assistants, who would be responsible to the committee. It would co-ordinate treatment and raise and distribute funds. It would acquire radium and apparatus and place them most advantageously, and it would also prevent any undue financial burden falling on a particular clinic. The organization is suggested by the successful radiotherapeutic centre at Manchester and the tumour clinics at Wolverhampton, as well as by American experience. The aim is so to organize the treatment that the purely surgical treatment of cancer as well as surgical measures preceding or following irradiation will be carried out locally so far as possible, while the major radiological treatment will be given at the three principal centres.

Empire Conference on Tuberculosis

As already announced in these columns (January 30, p. 241) an Empire conference on care and after-care of tuberculosis is to be held in London from May 3 to 8. Lord Willingdon, who is to be president of the conference, explained its objects at a recent gathering at Overseas House, St. James's, where the sessions are to be held. He said that at the time of the Coronation, when a large number of overseas visitors would be in London, it was desired to bring together those who were interested in this subject. The warm approval of many Ministers of the Crown and the heads of Empire Governments had been secured, as well as that of distinguished members of the medical profession. Sir Pendrill Varrier-Jones, medical director of Papworth Village Settlement (which, with the Overseas League, is arranging the conference), pointed out that while tuberculosis was declining in Great Britain this was not the case in various parts of the Empire. Their overseas visitors would have very useful information to impart on the impact of tuberculosis on peoples who had not acquired natural resistance. The experience of Great Britain in dealing with tuberculosis problems would also be of use to the Dominions and Colonies. He reminded the meeting of the special responsibility of Great Britain towards Empire peoples in regard to diseases which followed upon the invasion of the white man in other parts of the world. Professor S. Lyle Cummins said that the conference would enable representatives of overseas communities of European stock

to study at first hand sanatorium and other developments in this country. The overseas visitors would not only come to learn but also to impart the many new ideas that they themselves were developing in their own territories. In the aboriginal races, still forming the vast majority of the population in many colonies and protectorates, the tuberculosis problem was presented in a very acute form. In their primitive conditions these people had enjoyed relative freedom from endemic tuberculosis, but those conditions were altering to-day. The European had introduced two elements into the older cultures he had invaded: the germs of disease which he himself had come to tolerate but which might be fatal on virgin soil, and the industrial conditions to which he was accustomed, but which were foreign to those amongst whom his work was placed. The forthcoming conference was an essential step towards discussing and perhaps comprehending better the intricate problem of the prevention and cure of tuberculosis in the native populations.

Inspectors of Midwives

The Minister of Health has asked for the observations of the London County Council on the draft Midwives (Qualifications of Supervisors) Regulations, proposed to be made under the Midwives Act, 1936. The Council in appointing inspectors of midwives has always required them to be registered medical practitioners with a high standard of obstetric experience, but none of the four inspectors engaged by the Council has a diploma in sanitary science, public health, or state medicine, as suggested in the draft regulations. It is pointed out that the Minister will have power to dispense with any of the requirements of the regulations, but if the requirement as to the position of one or other of these diplomas remains the Council will have to obtain the permission of the Minister when it is desired to appoint a candidate without such diploma but having the essential obstetric experience. Moreover, in inviting applications it will doubtless be necessary to refer to the regulations, and this might debar candidates otherwise suitable from applying. The proposed requirement is new in connexion with the appointment of public health staff other than medical officers of health, and it is not applied to tuberculosis officers or senior maternity and child welfare officers. It is the view of the Hospitals and Medical Services Committee that the definite requirement in the draft regulation would unnecessarily restrict the Council's choice in making appointments. It is also considered that the proposed requirement in another of the draft regulations that non-medical supervisors shall be certified midwives who have been in active practice for at least three years is inadequate, that the period should be five years, and that two of those five years should have been within three years of taking up the appointment.

London Voluntary Hospitals

King Edward's Hospital Fund for London has published a set of statistics for 1935 of the work and finance of the London voluntary hospitals,¹ and has incorporated in this review a comparative account of the progress made from 1921-35, indicating the astonishing recovery of these institutions since the war, but showing also that there is still no sufficient margin to meet the cost of periodical improvements and extensions. At the end of the war large grants from public and charitable sources had to be made to the hospitals to tide over their immediate deficits; thus in 1920 King Edward's Fund gave £250,000 in addition to its annual distribution, and the National Relief Fund gave £200,000; in 1921 and 1922 about £225,000 was supplied from the Exchequer. The total general hospital maintenance income rose from £2,751,000 in 1921 to £4,190,000 in 1935, the annual average income for the five years 1931-5 being £3,971,000. During these

¹ King Edward's Hospital Fund, 10, Old Jewry, E.C.2. (1s. net, 1s. 3d. post free.)

five years, the first three of which felt the full force of the widespread financial difficulties, subscriptions and donations maintained a steady level at between £952,000 and £987,000, a level of nearly £200,000 above the receipts from this source in 1921. In this period, moreover, receipts from patients showed a continuous increase, the total in 1935 being £275,000 over that in 1930. The number of pay-beds rose by approximately 1,000 between 1921 and 1930, and have since increased by about 600 to a total of nearly 2,000 in 1935. The increase in total ordinary income in the fifteen years has been about £1,200,000, or nearly 48 per cent. There is no evidence of any falling off in legacies, the annual average for the five-year period mentioned being fully £450,000, while a figure of £500,000 was reached twice in this period. The increase since 1921 in the total general fund income has been approximately £1,450,000, or fully 52 per cent. Expenditure in the years under review grew greater owing to the expansion of work, and details are given in the report of the various causes for this, including the necessary provision of larger staffs and other lines of expansion. In 1921 the number of beds was 13,300, and since then it has steadily risen until in 1935 there were 18,020. The number of new in-patients rose from 172,200 to 274,100 in 1935, of new out-patients from 1,545,000 to 1,872,000, and of total out-patient attendances from 6,661,000 to 9,777,000, even though efforts have been made in recent years to discourage the attendance of patients suffering from minor disabilities. The number of new out-patients seems to be nearing its maximum, for the greater proportion of this increase occurred in the first ten years of the period under review, the rise since 1930 being only 52,000. The number of out-patient attendances is still rising, due to the development of out-patient departments on consultative lines and to the provision of specialized long-term treatments. There has been an aggregate credit balance in all except two years in respect of current finances, but capital expenditure is increasing owing to rebuilding, extensions, and major improvements in equipment. It is here that the margin is inadequate, and continued and generous support is still urgently needed. There has been an astonishing growth in the voluntary payments by patients direct to the hospitals and through patients' societies. The Hospital Saving Association, founded in 1922 with the backing of the King's Fund, has now a membership of over 1,600,000 throughout the country. So important have the voluntary payments by patients now become that they approach in amount the income derived from gifts of the charitable public, which was £1,836,000 in 1935. It is plain, therefore, that the voluntary hospitals are not dying out for lack of funds; in 1935 the total maintenance income of 145 London hospitals amounted to £4,190,000, the highest figure yet recorded, compared with £3,980,000 in 1934. In that year the total maintenance receipts from voluntary sources formed 43.8 per cent. of the total general fund income, and covered 45.2 per cent. of the expenditure. The repeated deficits reported by particular hospitals are not typical of the general tendency of hospital finances down to the end of 1935, but are due to more or less exceptional circumstances—for example, the necessity of improving building and equipment and of providing for the increased upkeep thus involved.

L.C.C. Consultant and Specialist Service

The Hospitals and Medical Services Committee proposes that the arrangements for a consultant and specialist service under the London County Council, which come to an end on March 31, shall be continued for a further year with certain modifications and additions. The number of routine sessions to be worked by consultants and specialists at grouped general hospitals has been limited to a total of 224 a week. Consequent upon the employment of two full-time radiologists at two selected groups of hospitals twenty-two sessions a week at present worked by part-time radiologists can be given up. A

new authorized limit of 207 sessions a week is proposed. The salaries of all consultants and specialists under the group scheme are at the rate of £125 a year for one session a week and £75 a year for each additional session. It is found that the need for regular visits by consulting urologists does not obtain in the same way as for other specialties, and it is proposed to call them in as required and pay them on a visit basis. They will receive remuneration at the rate of two and a half guineas a visit on the understanding that during any year the payments made shall not exceed £125 for the first fifty-two visits, £200 in respect of 104 visits, and £275—the appropriate salary for three sessions a week—as the total remuneration. It is also proposed to increase the existing authority for the services of thoracic surgeons to 200 sessions a year (from 160) for the tuberculosis hospitals and to 170 sessions (from 120) for the general hospitals. A new position of consulting thoracic surgeon is to be added to the establishment of St. Mary Abbots Hospital, and some financial recognition, in the nature of an honorarium, is to be made of the services of the two consultants, associated with Lord Dawson of Penn, attached to the cardiovascular unit at Lambeth Hospital. Three of the six honorary consultants at St. Stephen's Hospital for research into selected cases of rheumatic diseases are to receive remuneration. It is also intimated that the services of neurological surgeons are likely to be more frequently required in the future; the time is approaching when consideration will have to be given to that question, but for the present the existing arrangement is to continue. The financial effect of the various proposals will be an additional expenditure of £4,423.

SCOTLAND

Sir Charles Hastings Lecture

The Sir Charles Hastings Lecture, under the auspices of the British Medical Association, will be delivered by Professor E. P. Cathcart, C.B.E., LL.D., M.D., D.Sc., F.R.S., Regius Professor of Physiology in the University of Glasgow, in the McLellan Galleries, 270, Sauchiehall Street, Glasgow, on Tuesday, February 23, at 8 p.m. His subject is "Food and Nutrition." The Secretary of State for Scotland will preside. Admission will be by ticket obtainable from the honorary secretary of the Glasgow Division, B.M.A., 257, West George Street, Glasgow.

Glasgow Western Infirmary

At the annual meeting of subscribers to the Western Infirmary of Glasgow, held on February 5, Lord Provost John Stewart, who presided, made a statement regarding the attitude adopted by the municipality of Glasgow towards the voluntary hospitals in the city. He said that if the voluntary system was not able to provide sufficient accommodation for those requiring treatment in hospital it would be the duty of the State or of the municipality to provide the necessary facilities. The corporation had appointed a committee to make an investigation to secure definite information regarding the existing position, although it had no intention of taking over the city's voluntary hospitals. Continuing, he said that the annual report of the Western Infirmary showed that the ordinary income for last year had been £73,255 and the ordinary expenditure £92,281, leaving a deficit of £19,026. There had been an increase in income, including an increase in employees' subscriptions amounting to £1,647, and he suggested that an intensive campaign should be undertaken to collect more money from the latter source. Sir John A. Roxburgh, chairman of the managers, said that last year they had been obliged to draw £8,618 from capital account. The extraordinary expenditure had been very heavy, and unfortunately it was likely that this would again be heavy during the current year, so that they must appeal for special donations. The managers proposed to

build a new wing for ear, nose, and throat wards and also wards for septic cases, as the accommodation for these two departments had for long been unsatisfactory. The Western Infirmary had not so far been able to provide accommodation for patients who were able to contribute to their treatment, but it was now proposed to erect on the east side of the main drive a block which would be available for paying patients. The plans for this building were in process of adjustment; it was expected that the building would provide some fifty beds. It was hoped that Sir Thomas Lipton's trustees would make grants enabling the managers to erect this building in memory of Sir Thomas Lipton. An extraordinary general meeting of subscribers was held after the ordinary meeting, at which a special resolution was unanimously passed giving the managers power to provide accommodation for paying patients.

Chair in Dental Surgery at St. Andrews

At a meeting of the General Council of St. Andrews University on January 30 a draft ordinance relating to a chair of dental surgery to be instituted at this university was unanimously approved. Mr. James Allison said that the ordinance provided for the endowment of a chair in dental surgery in the faculty of medicine. This had been made possible by a gift to the University Court of a sum of £17,500 by Mr. and Mrs. William Boyd, West Ferry, Dundee, in seven annual payments of £2,500, and it was hoped that an additional grant would be forthcoming from the Dental Board, which would enable a full salary to be paid to the professor. At the same meeting it was stated by Principal Sir James Irvine that the number of students at the University during the past year had been 1,062, including fifty-two research students. In the current year there had been a slight fall in the number of full-time students to 930, such a fall, however, being the general experience of all the universities. He also stated that the University had received a benefaction of £4,000 from Dr. William Low, late rector's assessor to the University Court, which had been devoted to the provision of a medical hostel in Dundee so that students engaged in midwifery could live in the immediate vicinity of the hospital.

E. F. King (*Brit. J. Ophthalm.*, October, 1936, p. 561) estimates that there are fifty to one hundred cases of leprosy in the British Isles. Ten of the fourteen cases he has seen have ocular lesions, some only observable with the slit-lamp. Supraciliary thickening with loss of eyebrows, diffuse lid infiltration with nodules, and loss of eyelashes are common. Involvement of the seventh nerve reduces blinking, causes fibrillation of the obicularis, and later paralysis and ectropion. Leprosy of the palpebral part of the lachrymal gland may call for excision, and the lachrymal sac and non-lachrymal duct may be obliterated. Anaesthesia of the conjunctiva and cornea is almost constant, and an episcleral nodule in the upper temporal quadrant of the limbus, symmetrical in the other eye, is characteristic. The nodule tends to spread round the limbus and into the cornea, when an anterior staphyloma may occur and possibly perforation. A leprotic superficial keratitis with a greyish milky substantia propria and scattered white chalk-like dots is distinctive. This condition may clear with treatment. Corneal abrasion and ulceration is uncommon. Acute iritis, iritic nodule at the angle, and, most often, iridocyclitis with non-pigmented punctate keratitis, and a number of grey discrete pathognomonic spots on the iris are often seen. The iridocyclitis is similar to heterochromic cyclitis. With the exception of the deep infiltration of leprotic interstitial keratitis lepra bacilli are readily found in the various lesions. The main general treatment is the injection of chaulmoogra oil. Probably all subconjunctival injections are useless, but excision of the episcleral nodule is useful in preventing local extension.

Correspondence

Blood Group Tests in Disputed Paternity

SIR,—Dr. P. L. Sutherland's interesting letter in the *Journal* of February 6 (p. 299) raises a number of points concerning the practical side of blood group tests. As we did not discuss this aspect of the subject in our paper we would be grateful for your permission to amplify some of the points raised by Dr. Sutherland.

The particular technique to be employed for the setting up of the tests is perhaps best decided by the past experience of the individual worker in the field. Personally we prefer a modification of the Martley-Roche Lynch technique, which has proved satisfactory in our hands.

We are in agreement with Dr. Sutherland regarding the necessity of having blood of all types for control purposes and for the supply of test corpuscles and sera. We make a practice of having readily available a sufficient number of volunteers (laboratory staff, students, etc.) whose blood types have been determined repeatedly, and we think that freshly prepared corpuscle suspensions from normal individuals of established type are decidedly superior to those prepared from chance specimens of pathological bloods submitted for Wassermann tests and other tests as is suggested by Dr. Sutherland.

The necessity for controls is even greater in M and N tests than in A and B tests, since the agglutinins for M and N are not present in man and have to be developed artificially in the rabbit. Such rabbit sera may contain the agglutinins for A and B, developed as a result of the injection of the appropriate red blood corpuscles, and such agglutinins have to be removed by adsorption with A and B corpuscles before the sera can be used in testing for the M and N factors. As the agglutinins for M and N are not present in human sera there is no cross check as exists with the A and B factors, so it behoves the worker to make doubly sure of the specificity and potency of his M and N sera by exacting controls, especially, too, as rabbit anti-M and N sera deteriorate in an irregular manner.

It is our practice to have available a sufficient number of persons whose blood types were originally determined from sera kindly supplied by Professor Thomsen of Copenhagen. These known type bloods are used for the preparation, adsorption, and testing of our antisera. For the actual tests we believe that unless bloods are available from persons who are known to be M, N, or MN, it is essential, when examining a set of unknown bloods, to test them with sera from two different sources, but this only "second best."—We are, etc.,

DAVID HARLEY.

St. Mary's Hospital, W.2, Feb. 8.

G. ROCHE LYNCH.

Nasal Sinusitis in Children

SIR,—In the *Journal* of January 2 (p. 24) there was reviewed some excellent work on this subject done by Mr. Crooks, who contributed an article to the December issue of the *Archives of Disease in Childhood* (1936). From both the original work and the leading article in the *Journal* I gained the impression that Mr. James Crooks's very complete investigation of his cases in Edinburgh had compelled him to the conclusion that adenectomy and tonsillectomy resulted in only a very small proportion of cures in sinusitis. I had reached much more hopeful conclusions after some few years' investigation of this subject, and since my work was on children living under conditions different from those of the Edinburgh children,

give evidence in court, to base his refusal on medical privilege, and to submit to imprisonment if forced to accept that course. In that way the law might be altered, but amendment by ordinary Parliamentary procedure was preferable.

Mr. J. A. LOVAT-FRASER seconded the Bill.

REJECTION MOVED

Mr. DINGLE FOOT, moving the rejection of the Bill, said its sponsors failed to appreciate what the consequences would be if the Bill passed into law. Neither the mover nor the seconder had explained whether the privilege which the Bill proposed would be the privilege of the doctor or of the patient. If a man wanted to call his doctor to give evidence on his behalf the doctor might be able to refuse or even be prevented, under the terms of the Bill, from giving evidence. When a man was knocked down by a motor car the insurance company would send its own doctor to examine him, but that examination would not be for the purpose of treatment or the purpose of cure, and therefore the insurance company's doctor could give evidence, but the plaintiff would not be able to rely upon his own doctor, even to prove the injuries he received.

Sir JOHN WITHERS remarked that this argument would fall to the ground if it was made clear that the privilege was to be the privilege of the patient.

Mr. ERNEST EVANS, in seconding the motion for rejection, said members of the medical profession were claiming a privilege for themselves, not for the general public. The Bill would impose on the medical profession a responsibility which few of them would wish to have.

Sir JOHN WITHERS said the same proviso would apply as in the case of solicitors—that if privilege were claimed the court would decide whether it was a case for privilege. He had great sympathy with the doctors, and was sure that if the Bill went to committee the question whether the privilege was of the doctor or of the patient could be cleared up.

LEGAL VIEW OF THE BILL

Sir TERENCE O'CONNOR recommended the House to refuse a second reading. Cases were few in which the law did not insist that the whole truth should be presented in a court of law. These cases were strictly confined to communications between husband and wife, to evidence of judges and jurymen on matters which had taken place while they acted judicially, to State secrets, and to a few matters on which decency forbade disclosure. The only other case which bore any similarity to that put forward by Sir E. Graham-Little concerned communications between a client and the legal advisers he had called in for the purpose of obtaining justice in a court of law. That was the privilege of the client and not of the solicitor. To put any of these classes of privilege into statutory form would be difficult. In the Bill there was no definition of what was the privilege. Sir Terence inclined to think that as the Bill was drawn the privilege was that of the doctor. He did not know if the doctor could waive his own privilege when a dying man had told him the name of his assailant or when a young woman patient disclosed to him the name of an abortionist, a case more common. Workmen's compensation cases and many other cases came to mind. There was hardly any breach of the law, civil or criminal, in which the passage of this Bill in anything like its present form would not impede the administration of justice. He could hold out no hope that alteration of the Bill would make it workable. Why should the new statutory privilege be confined to doctors? With every sympathy with the intentions of the Bill, especially in regard to venereal disease, he could not advise the House to accept it.

Mr. H. G. WILLIAMS said the first words of the Bill would give a medical practitioner free discretion whether he disclosed the facts to the court or not. That was a position into which no witness ought to be put. What would be the state of our law if every medical witness were in a position to tell as much of the truth as he thought desirable? It would make the medical evidence irrelevant, because the court would not know

how much of it was important evidence and how much unimportant.

The motion for the second reading of the Bill was then negatived without a division.

Experiments on Animals.—Mr. GEOFFREY LLOYD, in an answer on January 27 to Mr. Duncan Sandys, said the Cruelty to Animals Act, 1876, provided that experiments might be performed without anaesthetics on a certificate, called Certificate A, being given that insensibility could not be produced without necessarily frustrating the object of such experiments. Before the Home Secretary allowed any such certificate to come into operation he always attached to the licence a condition whereby no operative procedure more severe than simple inoculation or superficial venesection might be adopted in any of the experiments enumerated in the certificate. Severe surgical experiments involving cutting operations were never allowed without anaesthetics.

Extension of National Health Insurance.—Preparation of the scheme for the insurance of "black-coated workers" has reached an advanced stage, but the Government cannot say when the Bill will be introduced.

Notes in Brief

Out of ninety-eight applications for certificates that death had been caused by silicosis received by the medical board under the various industries' silicosis schemes among coal miners in South Wales in the year ended December 31, 1936, sixty-three were granted; sixty of the applications related to anthracite miners, and thirty-nine were granted.

Sir John Simon can hold out no prospect of earlier publication of the annual report of the Factory Department of the Home Office.

With the aid of the £1,000,000 grant under the Rural Water Supplies Act, 1934, schemes have been undertaken for the supply of 2,250 parishes with water, at a total cost of over £7,100,000. About one-third of the schemes have been carried out, and work on the remainder will be complete by the end of 1938.

The approximate number of beneficiaries of the Ministry of Pensions on December 31, 1936, was 943,000, a reduction of about 32,000 on the figures for the previous year.

The Services

DEATHS IN THE SERVICES

Colonel HAROLD HAY THORBURN, C.I.E., I.M.S., died at Peshawar on January 27, aged 54. He was born on December 1, 1882, the second son of Mr. J. Hay Thorburn, and was educated at Edinburgh Academy and Edinburgh University, where he graduated M.B., Ch.B. in 1906. Entering the I.M.S. as lieutenant on September 1, 1906, he got a brevet colonelcy on July 1, 1931, and became full colonel on March 4, 1936. His first five years of service were spent on the North-West Frontier, in the Malakand, the Khyber, and Waziristan, after which he was posted to Meshed as agency surgeon, then under the Consul-General and Agent to the Governor-General in Khorasan. He was holding this post when the war began in 1914, and then raised the Hazara Levy, which he commanded for two years. In 1916 he went to Seistan to join the South Persian Rifles under Sir Percy Sykes. After the war he was appointed civil surgeon of Quetta and chief medical officer in Baluchistan. From 1924 to 1927 he was surgeon to the Legation at Kabul under Sir Francis Humphreys. King Amanullah gave him the Afghan Order of the Wafa. In 1933 he went to Ajmer as chief medical officer of Rajputana. While there a Hindu fanatic tried to assassinate him, but Thorburn disarmed and captured the assailant and handed him over to the police. On promotion to colonel he was appointed inspector-general of hospitals in North-West Frontier Province. He received the C.I.E. in June, 1917, and was appointed honorary surgeon to the Viceroy, Lord Irwin, in 1927. Last year he married Diana,

daughter of the late Brigadier Sir Walter Ross. He had been a member of the British Medical Association since 1909. In January, 1936, he was appointed a member of the Indian Medical Council.

Colonel CHARLES WILLIAM PROFEIT, C.S.I., C.M.G., D.S.O., late R.A.M.C., died in London on February 5, aged 66. He was born at Tarland, Aberdeenshire, on August 23, 1870, and was educated at Aberdeen University, where he graduated M.B. and C.M. in 1893. Entering the R.A.M.C. as surgeon lieutenant on January 29, 1895, he became lieutenant-colonel in the long war promotion list of March 1, 1915, colonel on December 26, 1917, and retired on December 26, 1923. He served throughout the South African War of 1899-1902, when he took part in the advance on Kimberley, including the actions at Belmont, Enslin, Modder River, and Magersfontein; operations in the Orange Free State, in the actions at Poplar Grove, Dreifontein, Vet River, and Zand River; and operations in the Transvaal, including the actions at Johannesburg, Diamond Hill, Pretoria, and Belfast; and he received the Queen's medal with six clasps and the King's medal with two clasps. He also served in France and Flanders throughout the war of 1914-18, when he was mentioned in dispatches five times, in the *London Gazette* of October 19, 1914, February 17, 1915, January 4 and December 24, 1917, and December 30, 1918, and received the D.S.O. in 1917, the C.M.G. in 1918, and the C.S.I. in 1921.

Major GERALD HARTAS FITZGERALD, Indian Medical Service, died at Bareilly on January 28, aged 45. He was born on September 20, 1891, was educated at Guy's, and took the L.M.S.S.A. in 1918. Subsequently he studied in Dublin and at Naples, and in 1929 he took the D.T.M. and H. of the London Colleges. He served as a surgeon probationer in the Navy in 1916, and as a temporary surgeon in the Navy in 1918-20. He had also served as assistant in the neurological department and in the ear, nose, and throat department at Guy's, and as neurological specialist to the Ministry of Pensions. He was appointed to the I.M.S. as lieutenant on October 1, 1923, and became major on October 27, 1932. He was serving in civil employ in the United Provinces at the time of his death.

Universities and Colleges

UNIVERSITY OF OXFORD

Parliamentary Election: Sir Farquhar Buzzard's Candidature

Sir Farquhar Buzzard, Bt., D.M., Regius Professor of Medicine in the University and President of the British Medical Association, has now issued his address to the electors as the official candidate of the University Conservative Party for the vacant seat in the House of Commons.

"I am neither a politician nor an expert in any branch of departmental administration," he writes, "and I doubt whether either of these qualifications is essential for a University representative in Parliament. On the other hand, I have always taken a keen interest in politics, and am prepared to give my whole-hearted and loyal support to the National Government, whose policy has earned both the gratitude of our own people and the respectful admiration of other countries during the last few years of unprecedented anxiety and difficulty.

"More than thirty years spent in the practice of my profession have brought me into close contact with the lives of some thousands of persons drawn from every rank of society, and have given me an intimate acquaintance with their various social and economic problems. This experience has impressed on me the importance of considering the psychological reactions of both men and women to changes in their lives, and has convinced me that the State legislation, however well intentioned, which fails to recognize the innate individual variations of human intelligence and of human character can never succeed in solving such perplexing questions as those which confront us in relation to distressed areas and unemployment. It is impossible to exaggerate the difficulties presented by these economic disturbances, but I am of the opinion that any schemes for raising the standards of living and the material prosperity of any community must admit the existence of these human variations and give support

and encouragement to personal enterprise and healthy competition among its individual members.

"The National Government has recently indicated its growing interest in the physique and physical education of the people, and I am ready to welcome and support measures directed to remove the stigma, not uncommonly cast upon us, of being a C3 nation. This sociological problem, like many others, has an important medical background, and it is essential that schemes for promoting improved standards of nutrition, better facilities for recreational exercise, and more enlightened use of leisure hours should be based on sound scientific as well as sound economic principles. I share the view that this question, especially in regard to children, is one of great importance to the future of our race, and should receive careful and expert consideration without delay."

After a paragraph on international policy the address concludes with the following references to education and research:

"The enormous improvements which have been witnessed during the last fifty years in the general standards of living, the simultaneous decrease in poverty, crime, drunkenness, and dirt, and the increased expectation of health and longevity are mainly due to better education and to the results of research in every field of knowledge. Apart from my professional work, education and research have been my foremost academic interests, and during the last nine years I have enjoyed the great privilege of taking part in our University affairs as a member of the Hebdomadal Council and of the General Board of the Faculties, as a Curator of the University Chest and of the Bodleian Library, in addition to holding many other positions of administrative responsibility. As an *ex officio* student of Christ Church and an Honorary Fellow of Magdalen I am well acquainted with the essential share which is taken by the Colleges in the endowment and organization of teaching and research in the University. This experience, together with that derived from membership of the governing bodies of several important public and secondary schools, leads me to think that our older Universities preserve their great influence for good on the younger generation, are steadily progressive in their outlook and in their commitments on behalf of education and research, and thoroughly deserve the special representation which they enjoy in an assembly where these subjects are reviewed in public. Both subjects need skilled handling and careful control. Education in particular requires wise guidance lest its primary object, that of developing a balanced critical faculty, should be lost sight of amid the clamour for early specialization along vocational lines. Personal knowledge of teaching and examining over many years as well as more recent acquaintance with the fundamental problems of University and school management should enable me to take a share in debate when these matters are at issue in the House of Commons."

In congregation on February 2 a proposal was approved to confer the degree of Master of Arts, by decree of the House, on Mr. Hugh W. B. Cairns, F.R.C.S., the newly appointed Nuffield Professor of Surgery, and on Dr. R. R. Macintosh, the newly appointed Nuffield Professor of Anaesthetics.

UNIVERSITY OF CAMBRIDGE

The Raymond Horton-Smith prize, awarded to the candidate presenting the best thesis for the degree of Doctor of Medicine during the year 1935-6, has been awarded to Frank Goldby, M.D., and John Gray, M.D., M.Chir., who are adjudged equal.

At a congregation held on February 5 the following medical degrees were conferred:

M.B., B. CHIR.—J. S. Minett, A. D. D. Broughton.

M.B.—W. H. C. M. Hamilton.

B. CHIR.—O. C. Lloyd, J. S. Ellis, W. S. Nutt.

UNIVERSITY OF LONDON

Appointments

At a meeting of the Senate on January 20 Mr. H. L. Eason was reappointed representative of the University on the General Medical Council, Professor C. G. Seligman representative of the University on the Joint Committee for Anthropological Research and Teaching, and Professor W. W. Jameson representative of the University at the Health Congress of the Royal Sanitary Institute to be held at Birmingham from July 12 to 17.

Amendment of Regulations

It was resolved (1) that in and after 1937 the Regulations for the M.S. Examination, Branch 1 (*Red Book*, 1936-7, pp. 289-90; *Blue Book*, September, 1936, pp. 273-4) be amended to read as follows:

Branch I—Surgery

Every candidate for the Degree of Master of Surgery, Branch I, must have taken the Degrees of Bachelor of Medicine and Bachelor of Surgery in this University not less than two years previously.

Every candidate must forward together with his entry form:

- (i) A certificate of having held, for at least two years subsequently to obtaining the M.B., B.S. degrees in this University, an approved surgical appointment or appointments at a hospital with an associated medical school recognized for this purpose.
- (ii) A record of operations performed by him, signed by the surgeon or surgeons under whom he has worked.

Details of Examination

The examination will consist of:

Two papers in Surgery (one of which may be a case for commentary).

An essay on one of two subjects, which may be selected from any branch of Surgery.

Two papers in Surgical Pathology and Surgical Anatomy.

A clinical examination.

An examination in methods of surgical approach and the conduct of operations.

An oral examination.

(2) That during the years 1937 and 1938 candidates for the M.S. Examination (Branch I) who are unable to comply with the new Regulations but who would have been eligible under the present Regulations to enter for the examination be admitted subject to special permission in each case.

Applications for grants from (1) the Dixon Fund, for assisting scientific investigations, and (2) the Thomas Smythe Hughes and Beaverbrook Medical Research Funds, for assisting original medical research, must be sent in between April 1 and May 15. Particulars can be obtained from the Academic Registrar.

QUEEN'S UNIVERSITY OF BELFAST

A notice appears in our advertisement columns this week inviting applications for the Musgrave Professorship of Pathology in Queen's University, Belfast. The salary is £1,000, with non-contributory pension.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College, held on February 2, with the President, Dr. W. T. Ritchie, in the chair, the following were elected Fellows:

Dr. Ernest T. Roberts (Glasgow), Dr. Eustace Russell (Brisbane), Dr. Douglas J. Campbell (Southampton).

Medical News

The Hunterian Society has arranged a banquet to commemorate the two hundred and ninth anniversary of the birth of John Hunter at the May Fair Hotel, Berkeley Street, W., on Wednesday, February 17, at 7.30 p.m. The guests will include the Lord Mayor and Lady Mayoress of London. The Hunterian Oration on "The Hunterian Tradition" will be delivered before the society by Lord Horder at the Mansion House on Monday, February 22, at 9 p.m.

A discussion on "The House as a Home: Design, Construction, and Equipment as They Affect Comfort" will take place at a meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road, S.W., on Thursday, February 18, at 2.30 p.m. The discussion will be opened by Dr. H. A. Fawcett.

Dr. E. Graham Howe will give a course of four lectures on "Pacifism," in the Conway Hall, Red Lion Square, W.C., at 8 p.m., on February 15 and 22, and March 1 and 8.

Dr. Geza Roheim of Budapest is giving the second and third of his public lectures on the psycho-analysis of primitive social relations to-day (Friday, February 12) and on February 15, at 8.30 p.m., at 96, Gloucester Place, London, W.1. The fee for each lecture, payable at the door, is 2s. 6d.

A meeting of the Society of Radiotherapists of Great Britain and Ireland will be held at 11, Chandos Street, W., on Friday, February 19. The subject for discussion is "The Measurement of Tumour Dosage."

The notifications of influenzal pneumonia for the week ending February 6 in London were 132, as compared with 211 for the previous week, and the number of deaths from influenza was 101 as compared with 154. The total number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales during the week ended February 6 was 976, as compared with 1,155 in the preceding week.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, February 17, at 5.30 p.m., when papers will be read by Dr. J. A. Murray, F.R.S., and Dr. A. S. C. Lawrence.

A general meeting of the British Association of Radiologists will be held at the Royal Society of Medicine on Friday, February 19, at 5.30 p.m., when Dr. E. Lysholm of Stockholm will give an address on "Radiological Possibilities of Demonstrating the Exact Location, Size, and Pathology of Intracranial Expansive Processes." All medical practitioners who are interested are invited to attend.

Meetings of the Tuberculosis Association will be held at 26, Portland Place, W., on Friday, February 19. At 5.15 p.m. papers on "Simple Pleural Effusions" will be read by Dr. W. J. Fenton and Dr. E. H. Hudson, and at 8.30 Dr. Otto May will read a paper on "Life Insurance and Tuberculosis."

In response to an invitation from Messrs. Cadbury Brothers to metropolitan medical officers of health, a party of 114 travelled from London to visit the factory at Bournville. During the day the doctor's surgery and dentist's room were inspected, and Mr. A. W. Knapp, chief chemist to the firm, gave an address to the visitors, mentioning that at the Bournville works 22,500 samples were analysed last year, not counting examination of milk samples at Cadbury's milk factories. He recalled that cocoa and chocolate makers had been pioneers among food manufacturers in setting up chemist departments. By the beginning of this century both Rowntree's at York and Cadbury's at Bournville had established laboratories; Fry's started a chemist department some years later, and Lyons opened their laboratories soon after the war.

An appeal will be broadcast from the London Regional Station on Sunday next, February 14, at 8.45 p.m., by Lord Sempill, chairman of the Institute of Ray Therapy, Camden Road, N.W., for the extension of the Institute's work.

On February 5 Dr. F. G. Dawtrey Drewitt was entertained to dinner at the Savile Club by a group of friends in celebration of the sixtieth anniversary of his election to the club. In a congratulatory speech the chairman, Mr. Alan Barlow, mentioned that the youngest of the Savilians present that night to pay honour to their oldest fellow member had entered Winchester College exactly sixty-five years after Dr. Drewitt. The company included Sir Harry Stephen, whose membership of the club goes back to 1882.

Sir Kingsley Wood, Minister of Health, received on February 4 a deputation from the Sutton and Cheam Epidemic Inquiry Committee and the Beddington and Wallington Urban District Council. The deputation pressed the Minister to hold a public local inquiry into the outbreak of gastro-enteritis which occurred last summer in the area of supply of the Sutton district water company. Sir Kingsley Wood said that he understood that legal proceedings were pending in this matter. In view of this he could not properly discuss the merits of the case or hold a local inquiry.

Judge Cotes-Preedy, K.C. (who is also a member of the medical profession), has accepted an invitation from all the parties concerned to hold an inquiry in private into criticisms of the action taken by the local authorities of Bournemouth, Poole, and Christchurch in connexion with the outbreak of typhoid fever in that district last August.

The issue of the *Deutsche medizinische Wochenschrift* for January 29 is devoted to pneumonia and influenza.