

these ageing men, but the ophthalmologist's knowledge of giddiness arising from cerebral arteriosclerosis was as good as a physician's, and he was able to detect its first sign (in the fundus) with greater accuracy. If a physician were added to such a committee he was bound to dominate it. The training of an ophthalmic surgeon put him at a disadvantage where there was a gross difference between signs and symptoms. Miners' nystagmus was the only disease in which the ophthalmic surgeon was an expert in dealing with this divergence. But the whole of the specialist physician's training was devoted to this particular type of explanation, and the ophthalmic surgeon would soon find himself in a secondary position. The next debate—if this were handed over to a board—would be one in which physicians would decide whether ophthalmic surgeons need see these cases at all. The board would presumably include other oculists, which would certainly diffuse the odium of an unpopular decision and be in line with the present demand for impersonal judgements on all sorts of matters; but it did not follow that the opinion of a committee of oculists was necessarily sounder than that of an individual. As matters stood, the ophthalmic referee could have a second (physician's) opinion in any particular case on a letter to the Home Office.

As already stated, the general feeling of the meeting was against a board or committee. The question is one which is now being considered by the Departmental Committee on Miners' Nystagmus.

SUBCLAVIAN ANEURYSM

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on February 5, with the president, Mr. A. A. McCONNELL, in the chair, Mr. C. J. McAULEY showed two cases.

Mr. McAuley said the first case was a female patient, who in 1933 had suddenly developed pain and pulsation in her right arm. In due course there was loss of power. A swelling about the size of an egg could be seen above the right clavicle, there was no bruit, the blood Wassermann was negative, and x-ray showed the heart to be quite normal; the radial pulse could not be felt. The swelling proved to be a subclavian aneurysm, and was treated by ligation of the innominate artery after removal of the right half of the manubrium sterni. The carotid was not ligatured. Mr. McAuley stated that there were only about sixty cases of this condition on record, and of these three had been successfully operated upon in Dublin. Mr. J. J. FITZSIMONS said that it was very interesting to see a fusiform aneurysm of a non-specific nature. The case showed that good surgery depended to a large extent on sufficient exposure.

Thrombo-angiitis Obliterans

Mr. McAULEY also showed a case of thrombo-angiitis obliterans. The patient, a man of 36, said that in 1934 his right foot began to feel cold and numb in the morning; later it became extremely painful. He also felt numbness of two or three fingers of his right hand when swimming. He was admitted to hospital in 1935, when no pulse could be felt in the right radial artery nor in either anterior or posterior tibial arteries. He improved somewhat after treatment, but returned in 1936, when the condition had become very much worse and the big toe showed signs of gangrene. Lumbar sympathectomy was performed, and after removal of the big toe the gangrene did not progress and the temperature of his foot came back to normal. The PRESIDENT referred to the very rapid onset of the condition in this case. He asked if there was any effect from the injection of novocain into the posterior tibial nerve. Mr. J. J. FITZSIMONS asked, was it not very unusual for spasms to occur in the upper and lower limbs at the same time? To him the case would rather suggest a type of Raynaud's disease. Mr.

T. A. BOUCHIER-HAYES referred to two cases of this disease which he had recently seen. He asked if a vaso-motor index had been taken in the present case. Mr. F. J. MORRIN said that no one could state what were the indications for treatment in this case, since its cause was not known. Efforts at treatment were directed to enhancing the collateral circulation. It had not been definitely established that operation on nerves was the ideal treatment. Mr. A. B. CLERY asked if spinal anaesthesia had been tried in this case, as it was supposed to give a good indication as to the probable result of sympathectomy. He referred to a recent paper in which cases were described which had been treated by excision of the tibial nerves. Professor W. J. JESSOP asked how the skin temperature had been taken. It was said that the only really accurate way of doing this was by the electric method, which was very troublesome. He had used the test mentioned by Mr. Clery, giving the patient a spinal anaesthetic and afterwards faking the temperatures in the healthy and diseased limbs. Dr. E. HARVEY said that tobacco had been suggested as a possible cause of the disease, and, although this idea had now been given up, it was interesting to note that the present patient was a very heavy smoker. Mr. J. C. FLOOD asked what was Mr. McAuley's view regarding prognosis. He thought a diagnosis was very difficult to establish, and said that skin thermometers of any sort had been proved to be rather unreliable. He suggested the giving of acetylcholine in the early stages. Mr. McAULEY, in reply, said that it was very difficult to know what one could promise in the way of prognosis. Injections of novocain had no effect whatever. He felt that the case was definitely not one of Raynaud's disease.

Local News

SCOTLAND

Carnegie Trust for the Scottish Universities

At the annual meeting of the Carnegie Trust, held on February 10, it was stated that an unusual feature had been the exceptional number of resignations of Fellows and Scholars due to appointments. Out of thirty-two Fellows and Scholars in organic and physical chemistry nearly one-half had resigned, and it was believed that this was due to the revival of prosperity in the chemical industries. The report of the superintendent of the laboratory of the Royal College of Physicians of Edinburgh, a laboratory largely financed by the Trust, shows that during 1935-6 sixteen workers were engaged in medical research within the laboratory. Sir H. Arthur Rose, chairman of the Trust, stated that in the past year 3,735 students received sums amounting to £56,279 in respect of tuition fees, or 41.72 per cent. of the funds available. He believed that this was a fair proportion as between the main objects of the Trust, which were the payment of fees for necessitous students, the support of the universities, and the encouragement of research. The capital sum allocated in grants to universities and extramural institutions was £45,460, or 33.68 per cent. of the total, while research accounted for £19,000, or 14.14 per cent. Lord Macmillan, referring to what had been done by the Trust to improve the general condition of students, said that people interested in education now seemed to be chiefly concerned over nutrition and physical exercises. While it was very desirable that students should be physically fit, there was a danger that we might fuss a little too much over the physical condition of young men and women. He intended this merely as a word of warning, and not in any way in derogation of the schemes now so widely advertised. The Trust had been doing a good deal in support of the students' unions, which

formed a very important feature of Scottish university life, and attention had also been paid to the physical aspect by aiding provision for athletics.

Edinburgh Dental Students

The Edinburgh Dental Students Society held its annual clinical at-home on February 5. This included an address by Dr. Sydney Blackman, radiologist to the Royal Dental Hospital, London, on "Dental Radiography," and various demonstrations dealing with aspects of dental work. At a luncheon it was decided to form a National Dental Students Society of Great Britain to be carried on under a regional system with centres in Edinburgh, Leeds, and at Guy's Hospital in London. The objects of the society will be to facilitate intercourse among dental students throughout the country in the interests of dental science and also of their own welfare, and it was agreed that conferences of the new body should be held every two years. At a dinner held in the Roxburghe Hotel Mr. A. C. W. Hutchinson, dean of the Edinburgh Dental School, replying to the toast of this school, said that in 1892 there were only thirty students, but to-day there were 260 on the roll, and the work of the hospital had increased correspondingly. Some parts of the hospital and school were badly in need of renovation, and reconstruction was to be undertaken accordingly. Professor Sydney Smith, dean of the Faculty of Medicine at Edinburgh University, proposing the toast of "The Edinburgh Dental Students Society," said that this was the oldest society of dental students in the British Empire. Fifty years ago it had consisted of twenty members, but now the membership exceeded 150. The society was second in size to that of Guy's Hospital, but it might still be extended. Mr. T. L. White, president of the society, in replying, said that one of its latest achievements had been to secure, with the co-operation of the board of governors, a sports ground and pavilion on the outskirts of Edinburgh.

ENGLAND AND WALES

Recreational and Athletic Gymnastics

A gymnastic demonstration organized by the English Gymnastic Society (founded in 1934 to further the interests of recreational gymnastics in England) was given at the Albert Hall, London, on February 6. In addition to a display by a team of English women, a party of Danish men—farmers in everyday life and leaders of village gymnastic classes in Denmark—under the leadership of Mr. Niels Bukh, from the Gymnastic High School, Ollerup, carried out a series of exercises in a faultless manner. Mr. Niels Bukh has created a new method known as Danish primary gymnastics, a modification of Ling, which has influenced the gymnastic teaching for men in a number of countries. It was stated that since 1920 the courses at Ollerup have been taken by 5,000 women and 4,000 men leaders. The women, who gave an equally effective demonstration under the leadership of Miss Gladys Wright, have been members of weekly gymnastic classes arranged by the English Gymnastic Society. Their training has been based upon the principles of the Swedish system, following the Elli Björkstén modern method of gymnastics for women, adapted to suit conditions in England. Those who took part were London professional and business women, their ages ranging from 19 to 47. They accomplished many difficult exercises with precision, and gave a very graceful exhibition of the rhythm of movement. Lord Dawson in a short speech said that the British people were bad starters but good stickers, and now that the need for physical education had been brought home he was sure that, with their customary ability to adjust themselves to new situations, they would quickly make up any leeway. One reason why physical fitness was more important to-day than ever before was the declining birth rate, which meant that quality was

becoming more important, and quality was not to be attained without planning. Another reason was the constant urbanizing of the population, with the need for compensating for the ill effects of the cramped life in towns. Then industry was constantly becoming more specialized, which meant that there was a tendency for the over-use of one part of the body and the under-use of the body as a whole. He pointed out the rhythm, the balance, and the ease of the gymnastic movements the audience had witnessed, and said that physical culture trained not only body but mind, enabling those who undertook it to be more understanding, receptive, and adaptable, fortifying them also against the storms of life. He welcomed warmly the Danish guests. Mr. Niels Bukh, he said, was a genius who had sprung from the Danish countryside, and not only a genius but a man of purpose and determination, a prophet who had shown the people of his country that health and happiness were within their reach through physical training. But Denmark must not be allowed to monopolize Niels Bukh; he was a leader whose influence had extended to many lands. The Danish Minister also addressed the gathering, referring to the many ties between his country and England.

Manchester Royal Infirmary

Sir Walter Cobbett in his address as chairman at the annual general meeting of the Manchester Royal Infirmary on February 12 protested vigorously against the proposal of the Ministry of Labour and the Office of Works to erect a large labour exchange which will overshadow the Infirmary's central branch in Roby Street. This branch, which relieves the Infirmary of twenty urgent surgical cases each week, has fifty-four beds. It seems that the proposed labour exchange will restrict the access of light and air to the wards and render them completely unsuitable for the present purpose. The financial burden of replacing these fifty to sixty beds will be considerable, especially in view of the deficit of £23,812 on the last year's working, which brings the total of the Infirmary's debt up to £79,817. The *Manchester Guardian* describes the proposal to build the new labour exchange alongside the Roby Street Branch as "a piece of thoughtless bureaucracy."

Deep X-Ray Department at Samaritan Hospital

A new department for deep x-ray therapy, costing £8,000 and fully paid for, was opened by Viscount Dawson of Penn at the Samaritan Hospital, Marylebone Road, London, on February 12. Dr. A. W. Oxford, chairman of the hospital, presided over the ceremony. Sir Ewen Maclean, president of the British College of Obstetricians and Gynaecologists, in a few preliminary remarks, referred to the spirit of progress which had always characterized the Samaritan. In gynaecology the special hospitals, and the Samaritan in particular, had been pacemakers to the London hospitals in general. This was true of the Samaritan alike in respect to its surgery and to its nursing, and this new radiological department was another instance of its enterprise. No radiological department to-day could claim to be fully equipped if it did not include an installation for deep therapy. There was a large class of cases—benign chiefly—which could be treated better by x-ray therapy than by radium, and another large class in which radium treatment was quite properly given in the first instance but was supplemented by x-ray treatment. Both these agents in unskilled hands could be extremely dangerous, but rightly used any ensuing morbidity or ill result was likely to be less marked with x-ray therapy than with radium. Deep x-ray therapy should certainly be available, either as an adjunct to radium or, in some cases, as a substitute for it.

Viscount Dawson of Penn, in declaring the department open, said that the Samaritan Hospital, now approaching its centenary, had been remarkable for its enterprise and courage all through its history. He mentioned some of the great surgeons and gynaecologists who had been

associated with it, especially Spencer Wells, its surgeon for twenty years and afterwards consulting surgeon, whose tradition, he said, lived on at the Samaritan. Medicine and surgery were making great strides. Lack of advertisement must not be taken to mean lack of achievement. By tradition in this country the profession did not rush into print or blow its own trumpet on every occasion. It made progress through a wise restraint, and anything like premature publicity within the profession was decried. Only when a discovery was sufficiently advanced was it announced, and then it was submitted by the discoverer to his colleagues in the profession for their criticism. Such caution and prudence in the long run was for the good of the public, otherwise the public would be constantly made the prey of false hopes. He congratulated the Samaritan on its enterprise in putting in the new installation to forward what was now becoming an established method of treatment. The vote of thanks to Lord Dawson was proposed and seconded respectively by Mr. William Gilliatt and Dr. Russell Reynolds.

Medical Treatment of London School Children

The arrangements of the London County Council for the medical and dental treatment of school children for the year beginning April 1 next follow the proposals generally approved for the present year. Further provision is to be made, however, for the treatment of cases of squint, including the additional employment of orthoptists working under the supervision of ophthalmic surgeons. For the treatment of minor ailments an additional centre is to be opened in a Council school at Balham. This centre will also be utilized as an extra one for the supervision of children suffering from rheumatic affections. During the present year the age group 11 years has been included in the arrangements for dental inspection. It is now proposed that school entrants and leavers shall be included, which will complete the arrangements for the inspection of children by the dentists, as contemplated by the three-year programme. The Council will also enter into arrangements, where metropolitan borough councils so desire, for the medical inspection and treatment at school treatment centres of children under the age for compulsory attendance at school provided that the borough councils concerned are prepared to reimburse the Council the actual cost of treatment. A grant of £400 is to be made to the London Child Guidance Clinic. The cost of the arrangements for medical and dental treatment for 1937-8, apart from administrative charges, will be £123,308, an increase of about £3,000 compared with the estimate for the current year.

H. Herscovici (*Thèse Paris*, 1936, No. 806), who records seven illustrative cases, states that the frequency of occupational chancres in doctors and medical students is greater than might be supposed, as most of the cases occur in private practice, and a considerable proportion of them are not recorded. Syphilologists are not affected more often than other specialists, but it is rather the obstetricians and oto-rhino-laryngologists who pay the heaviest tribute. The commonest localization for the professional chancre is the hand, the index and middle fingers and the thumb being most often affected. The next most important localization is the conjunctiva. The true nature of the occupational chancre is often not recognized, as it assumes the appearance of a banal affection such as a whitlow or ordinary conjunctivitis. The difficulties in diagnosing occupational chancres are the same as in detecting other extragenital chancres, the true nature of which is often not recognized until the secondary stage. The prognosis is no worse than that of other syphilitic chancres. Prophylaxis is of the utmost importance, and should be carried out by wearing gloves, careful disinfection of the hands, and protection of the eyes by spectacles during examination of the nose and throat.

Correspondence

An Oxygen Tent Service

SIR,—Rather over a year ago the British Red Cross Society deposited in each of the twelve teaching hospitals of London an oxygen tent of the Guy's Hospital pattern, so that a wide experience of this method of treatment might be gained. We who were appointed as a small medical advisory committee would in the first place like to thank the society for their public-spirited action, the value of which is indicated by the reports received from the various hospitals. All these reports emphasize the value of the oxygen tent in the treatment of grave cases of anoxaemia.

One of these reports, that from St. Bartholomew's by Dr. Reavell, has already been published (*Lancet*, 1936, 2, 250), and we may quote his statement that from the clinical point of view the results were better than with any previous method of oxygen administration, and patients were kept in the tent continuously for periods up to twelve days without any difficulty. A report from another hospital emphasized its value in the treatment of children suffering from bronchiolitis or bronchopneumonia; "once in the oxygen tent these small children appear to resent being taken out [this point was also observed at another hospital], and there is no question that this apparatus is highly successful and almost the only method of achieving the results attempted." In another hospital a child who had had one lung removed by operation was in the tent for a considerable time, and the treatment proved of the greatest benefit. Another report describes a girl, aged 11 months, whose colour improved and who appeared much happier within about half an hour of entering the tent; the pulse rate and the respiration rate fell, and the child made a good recovery. Another patient, aged 65, with chronic bronchitis and asthma, strongly objected to the tent when it was first used for him; but was later readmitted to hospital very cyanosed and dyspnoeic, and almost moribund. This time he felt so much better in the tent that he willingly persisted with it, and made a remarkable recovery after some four days. Later he did not remember ever having been in the tent at all. It is perhaps unnecessary to multiply instances of the beneficial effect of a treatment which merely ensures that the patient is getting a known high percentage of oxygen.

When the details of managing the patient are considered it is perhaps natural that there should be some difference of opinion. Dr. Reavell stated that the tent could be set up and new people instructed in its management in two hours; when once running no undue call was made upon the house-physician, and apart from general supervision by the house-physician it could be managed entirely by the ward clerks and nurses; when once the sister and nurses had become accustomed to the tent it was little or no hindrance to general nursing. Another report says that "the oxygen control presents no difficulty, and a concentration of 50 per cent. could easily be obtained and maintained. The gas analyses, of which oxygen is the most important, can easily be carried out, and can soon be taught to sisters and nurses." In one hospital it was noted that the tent could be used satisfactorily for surgical cases; but in another hospital the nursing of these cases in the tent was found to be extremely difficult. Several reports emphasized the difficulty of controlling delirious and fractious patients in the tent. This difficulty is common to all methods of oxygen administration.

Some criticisms of the details of the manufacture of the tent were expressed; but this is perhaps not surprising considering that it was the first time that this particular type of tent had been made up in quantity in this country, and the firm employed had had no previous experience of this kind of work. The chief criticism is the flimsiness of the material, so that a stronger and more substantial material is now being used in all the tents that are being made at present.

such was in the most cordial relations with the remainder of the staff, his great clinical abilities being allied to unflinching loyalty, insight, and sympathy. In 1903 he married Clari Selkirk, daughter of the late William James Selkirk of Cheltenham, and is survived by his widow, two sons, and a daughter. He became a member of the British Medical Association in 1906. He was buried in Cardiff, the funeral being attended by a large gathering of his professional colleagues and many other friends.

We regret to learn of the death abroad of Dr. **FREDERICK ERNEST WITHERS** of Bradford-on-Avon, who had been a member of the Representative Body of the British Medical Association at the Annual Meeting in 1914. He was born at Barnstaple in July, 1868, and studied medicine at St. Bartholomew's Hospital, where he distinguished himself in anatomy. After obtaining the M.R.C.S. and L.R.C.P. diplomas in 1892 he served in turn as house-surgeon at Bart's and chief assistant in the skin department, and as surgeon to the Reading Dispensary. From 1915 to 1919 Ernest Withers was on active service in France as officer in charge of the Medical Division of No. 9 General Hospital, and afterwards as registrar and liaison officer at the same unit when it became the Lakeside General Hospital of the U.S. Expeditionary Force. He attained the rank of major R.A.M.C. (T.A.) and was mentioned in dispatches, and for four years after the war held the post of medical superintendent of the Ministry of Pensions Hospital at Netley.

Dr. **DAVID LAWRIE** died on February 13 at his home in Grosvenor Crescent, St. Leonard's-on-Sea. He was born at Kilmarnock in 1860, and from Kilmarnock Academy went to study medicine at the University of Glasgow, graduating M.B. and C.M. in 1881. From 1891, the year in which he obtained the Cambridge D.P.H., until 1899 he was medical officer of health and police surgeon for Kilmarnock Burgh, assistant physician to the local infirmary, and surgeon-captain in the Ayr and Galloway Artillery Volunteers. During the South African War he was for a time civil surgeon at Netley Hospital. Dr. Lawrie afterwards settled at Glastonbury, becoming M.O.H. under the urban district council and certifying factory surgeon for the district. He had been a member of the British Medical Association for fifty-four years.

Dr. **JULES FREDERICK REY**, who died at Bognor on February 13, was born at Ashford, Middlesex, in 1879, and spent his schooldays at Boulogne. He studied medicine at Guy's Hospital, qualifying M.R.C.S., L.R.C.P. in 1904, after which he served for two years as resident medical officer to the Royal Boscombe and West Hants Hospital, Bournemouth. Actively interested in various departments of medical science and a frequent contributor to medical journals, Dr. Rey combined general practice with work in radiology and electrotherapeutics. He was a member of the Roentgen Society, and joined the British Medical Association immediately after qualification. In recent years he was one of the honorary medical staff of the Bognor War Memorial Hospital.

Dr. **ALFRED LLEWELLYN PERKINS**, who died on January 28, was born at Garnant, Carmarthenshire, in 1857. He studied at St. Thomas's Hospital and Edinburgh University, and qualified as L.R.C.P. and L.R.C.S.Ed. in 1881. After practising some while in Wellingborough, Northants, he became the first resident doctor in Sketty, Swansea, where he carried on his practice for forty-six years, retiring in April, 1933. During that time he held various public appointments, among these being medical officer under the Swansea Board of Guardians. During the war in addition to doing the work of three practices he acted as medical officer to the troops stationed in Sketty and Swansea. Dr. Perkins was a very keen sportsman and

played cricket for the Surrey colts, and later for the Sketty team, which he captained. He was the oldest member of the Swansea Cricket and Football Club. He was a keen member of St. Paul's Church, Sketty, where he was a sidesman for a number of years. He joined the British Medical Association in 1891.

Dr. **FREDERICK WILLIAM ROBERTSON** of Bletchingley, Surrey, died on February 9 after a few hours' illness. He was born in Renfrewshire on December 24, 1866, and was educated at the Glasgow Academy. After graduating M.A. of the University of Glasgow in 1888 he came to London to study medicine at St. Bartholomew's Hospital. He obtained the English Conjoint diplomas in 1895 and the M.B. and B.S.Lond. degrees with honours in 1897, proceeding to the M.D. two years later. At St. Bartholomew's he was house-surgeon and clinical assistant in the throat department, and then served as casualty officer to the East London Hospital for Children (now Princess Elizabeth of York Hospital for Children). Dr. Robertson started work at Bletchingley in 1909, and had held appointments as M.O.H. for the Godstone Rural District, medical officer to the Isolation Hospital and the Union Infirmary, public vaccinator, and medical officer to the Post Office. For his services in the war he received the O.B.E. He joined the British Medical Association immediately after qualifying and remained a member for some years after retiring from active practice.

We regret to record the death in London on February 11 of Dr. **JOHN MAXWELL GOVER**, D.S.O., T.D., at the age of 59. Dr. Gover received his medical education at Newcastle, and graduated M.B., B.S. of the University of Durham in 1898. He proceeded M.D. in 1922. He then came to London to St. Bartholomew's Hospital, and took the diplomas of M.R.C.S., L.R.C.P. in 1900. His early appointments included those of house-physician at Brompton Hospital, house-surgeon and house-physician at the Royal Victoria Infirmary, Newcastle, and assistant demonstrator of anatomy and physiology in the Newcastle College of Medicine. Dr. Gover joined the British Medical Association in 1903, and held office as chairman of the Newcastle-on-Tyne Division in 1925-6. He was keenly interested in the Territorial Army, and at the time of his death held the rank of lieutenant-colonel, R.A.M.C., T.A. He served in the war of 1914-18, and received the D.S.O. in 1918 and the Territorial Decoration in 1924. The funeral took place at South Gosforth on February 15.

The Services

ARMY MEDICAL SERVICES

The War Office announces that Dr. H. Letheby Tidy has been appointed Honorary Consulting Physician at the Queen Alexandra Military Hospital, Millbank, in succession to Colonel A. G. Phear, C.B., whose tenure of appointment has expired.

DEATHS IN THE SERVICES

Lieut.-Colonel **RONALD WILLIAM EDWARD HUNTLY NICHOLSON**, R.A.M.C. (ret.), died at Wokingham on November 23, 1936, aged 79. He was born at Exeter on May 2, 1857, was educated at King's College Hospital, and took the M.R.C.S. in 1879, the L.R.C.P.Ed. in 1880, and the D.P.H. of the Irish Colleges in 1903. Entering the Army as surgeon on July 31, 1880, he became lieutenant-colonel after twenty years' service, and retired on April 16, 1902. He served on the North-West Frontier of India in the Chitral campaign of 1895, taking part in the relief of Chitral, and getting the Frontier medal, and in the South African War in 1899-1901, when he took part in the relief of Kimberley, in the operations in the Orange Free State, including the actions at Paardeberg, Poplar Grove, and Driefontein, and in operations in the Transvaal, receiving the Queen's medal with four clasps. He rejoined in December, 1914, for service in the war of 1914-18.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part I: A. P. Booth, J. Bouchard, A. B. Brereton, J. A. Brocklebank, C. J. C. Cooke, M. W. Dahab (distinction), G. G. Doel, A. M. Evans, T. H. T. Gautby, Muriel O. Gibson, D. Gold, W. Irwin, J. L. King, M. Lederman, C. T. MacCarthy, M. A. M. Marei, J. R. M. Martin, V. Prakash, H. Pringle, R. R. Rishi, A. Sirry, C. P. Theron, D. C. Virmani, J. W. Winchester.

UNIVERSITY OF MANCHESTER

The Vice-Chancellor, Professor J. S. B. Stopford, has been appointed as the representative of the University at the Coronation Ceremony on May 12.

The following appointments have been made: Dr. P. M. Crowe as assistant lecturer in mental diseases; Dr. F. A. Gill as special lecturer in mental diseases; Dr. H. B. May as assistant lecturer in bacteriology; and Dr. C. H. Adderley as assistant bacteriologist in the routine section of the department of bacteriology and preventive medicine.

UNIVERSITY OF SHEFFIELD

At the meeting of the University Council on February 12 it was announced that a further grant of £250 in aid of research in the department of pharmacology would be made by the Rockefeller Foundation of New York. Dr. M. A. MacConaill was appointed representative of the University on the Joint Committee of Anthropological Research and Teaching. The Council accepted with regret the resignations of Mr. G. H. Froggatt, M.R.C.S., of the honorary lectureship in dental mechanics, and Dr. J. Mathewson Webster of the honorary lectureship in forensic medicine, and accorded them its thanks for their services to the University.

UNIVERSITY OF DURHAM

The *London Gazette* of February 2, 1937, contains an announcement giving notice that Statutes for the University of Durham under the University of Durham Act, 1935, have been submitted to His Majesty in Council, and that copies of these Statutes can be obtained at the Privy Council Office, Whitehall, S.W.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council was held on February 11, with the President, Sir Cuthbert Wallace, in the chair.

A loyal address to His Majesty King George VI was approved.

The following L.C.C. hospitals were recognized under Sections 21 and 23 of the Fellowship Regulations: Dulwich, St. Giles, St. Olaves, Fulham, St. Leonard's, Mile End, St. Alfege's, St. Andrew's, St. James, Lambeth, Lewisham, St. Mary Islington, St. Charles, St. Mary Abbots, Bethnal Green, Hackney. Candidates who wish to qualify for admission to the Final Fellowship examination by holding a resident post at one of the above L.C.C. hospitals are, however, required to produce evidence of the suitability of such post before accepting the appointment.

Sir Charles Gordon Watson was appointed Bradshaw Lecturer and Sir Charles Sherrington Thomas Vicary Lecturer for 1937.

It was announced that the Council election occasioned by the retirement in rotation of Sir Holburt Waring, Mr. C. H. Fagge, and Mr. W. Sampson Handley would take place on Thursday, July 1.

Diplomas

Diplomas of Membership were granted to W. J. C. Crisp and to the 178 candidates whose names were given in the report of the meeting of the Royal College of Physicians of London published in the *Journal* of February 6 at page 306; as were the names of the seven candidates who have been granted Diplomas in Tropical Medicine and Hygiene.

Diplomas in Medical Radiology were granted, jointly with the Royal College of Physicians, to G. G. Binnie, F. Constant, Mary J. Cronin, and J. M. Lees.

Diplomas in Anaesthetics were granted, jointly with the Royal College of Physicians, under the special conditions of the regulations to H. Richards, R. D. Pramanik, and to the nineteen candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London in the *Journal* of February 6 at page 306.

CONJOINT BOARD IN ENGLAND

The following hospitals have been added to the list of institutions recognized by the Examining Board in England during the year 1936:

For the Diploma in Anaesthetics: Kettering and District Hospital, North Middlesex County Hospital, West Middlesex County Hospital, Oldchurch Hospital, Romford, County and City of Perth Royal Infirmary, *Hospital for Sick Children, Great Ormond Street, London, W.C.

For the Diploma in Child Health: Belgrave Hospital for Children, Clapham, S.W., Evelina Hospital for Sick Children, Southwark, S.E., Hospital for Sick Children, Great Ormond Street, W.C., Paddington Green Children's Hospital, W., Princess Elizabeth of York Hospital for Children, Shadwell, E., Queen's Hospital for Children, Hackney, E., Royal Waterloo Hospital for Children and Women, S.E., South-Eastern Hospital for Children, Sydenham, S.E., Victoria Hospital for Children, Tite Street, S.W., Alder Hey Hospital for Children, Liverpool, Booth Hall Hospital for Children, Manchester, Jenny Lind Hospital for Children, Norwich, St. Mary's Hospital, Portsmouth.

For the Diploma in Laryngology and Otolaryngology: East Suffolk and Ipswich Hospital, Ipswich, Radcliffe Infirmary, Oxford, Royal Hospital, Wolverhampton, Royal Infirmary, Doncaster.

For the Diploma in Ophthalmic Medicine and Surgery: East Suffolk and Ipswich Hospital, Ipswich, Royal Infirmary, Doncaster, Sussex Eye Hospital, Brighton.

For the Diploma in Psychological Medicine: Erdington House, Birmingham.

For the Diploma in Tropical Medicine and Hygiene: Usher Institute, Edinburgh.

* Under special conditions.

Medical Notes in Parliament

The report of the Committee of the Privy Council for Medical Research and Report of the Medical Research Council for 1935-6 was presented to both Houses of Parliament on February 11. On the same day a scheme for increasing the demand for milk by publicity and propaganda within the area of the Milk Marketing Board for England and Wales was laid on the Table in both Houses.

The Factories Bill was read a second time by the House of Commons on February 15 without a division and was sent to a Standing Committee. Sir Ernest Graham-Little has been added to this committee.

The Consolidated Fund (No. 1) Bill and the Unemployment Assistance (Temporary Provisions) (Amendment) Bill were read the third time and passed in the House of Lords on February 16. On the same day the Lords passed the Regency Bill and the Architects Registration Bill through committee.

The Registration and Regulation of Osteopaths Bill was down for second reading in the House of Commons on February 12, but was not reached.

In the House of Commons on February 16 Sir Kingsley Wood introduced the Local Government (Finance Provisions) Bill, which amends Part VI of the Local Government Act, 1929, and repeals Section 45 of the Unemployment Assistance Act, 1934, and the proviso to paragraph (c) of subsection 2 of Section 9 of the Rating and Valuation Act, 1925.

The Maternity Services (Scotland) Bill was reported to the House of Commons from Standing Committee, with amendments, on February 16.

Mr. Chamberlain on February 17 moved a resolution to authorize the borrowing during the next five years of sums up to £400,000,000 for defence expenditure.

New proposals were published in a White Paper on February 17 for revising the "block grant" to local authorities in England and Wales. These proposals (with which the local authorities agree) are the result of investigation into the working of the formula whereby £44,000,000