

Local News

ENGLAND AND WALES

Merseyside Hospitals Council

At the annual general meeting of the Merseyside Hospitals Council, held at the Liverpool Town Hall on March 24, Mr. W. Sutcliffe Rhodes, chairman of the David Lewis Northern Hospital since 1934, was elected to succeed Lord Cozens-Hardy as chairman of the Council. In 1935 Mr. Sutcliffe Rhodes was invited by Lord Derby and Sir Benjamin Johnson to join the newly formed Associated Voluntary Hospitals Board, and he has been nominated a member of the committee of the proposed Royal Liverpool United Hospital, whose Bill is now before Parliament. He has taken an active interest in the voluntary hospitals for many years, and was first elected to the committee of the David Lewis Northern Hospital 13 years ago, and has represented that institution on the Merseyside Hospitals Council since 1934. In 1936 he was invited to become chairman of the Medical Charities Committee of the Liverpool Council of Social Service.

Hospital Libraries

A meeting to further the hospital library movement was held, under the auspices of the British Red Cross and Order of St. John, at County Hall, London, on March 17. The values attaching to a hospital library might be supposed to be the same whatever the character of the hospital, but there are differences, as were shown by speakers representing successively the voluntary hospitals, the general municipal hospitals, and the mental hospitals. Sir Alfred Webb-Johnson, after referring to the value of books as an aid to recovery during the period following operation, mentioned that the Middlesex Hospital was fortunate in having a well-equipped patients' library and a good nurses' library in addition. But without an efficient librarian, such as they had at the Middlesex, half the value of book collections for patients was lost. His view was that the book depot should be entirely in the librarian's charge, and that patients who remained in hospital a long time should have the facility for obtaining books on request, for which purpose the hospital would need the backing of a public library. It was important to provide light and illustrated periodical literature for patients incapable of continuous mental effort. Dr. Letitia Fairfield, who spoke from the point of view of the London County Council hospitals, said that these hospitals contained a large proportion of chronic patients. Such patients often tended to exhaust the sympathy and patience of their friends, and their need for sustaining literature was more serious than that of the acute patients. It might be thought that people confined for long periods to bed could undertake definite courses of study, but actually their disability was apt to cause mental stagnation. One of the aims of the hospital librarian, therefore, must be to rouse such patients to a belief in their own capacity, to inspire them with the delights of literature and to bring into the sick room the past as well as the present. Reading had not only a mental but a physical effect, and a ward was a better and happier place if the patients had something to think about besides their own unfortunate condition. Sir Laurence Brock, chairman of the Board of Control, spoke of the special position of patients in mental hospitals. It was not always realized how many patients in such hospitals were capable of reading and enjoying books. Reading was not merely a harmless sedative, but often had definite therapeutic value in that it helped patients to forget real or imaginary troubles. He reminded the audience that the tastes of mental patients were not altered as a result of their mental instability; mathematicians, for example, still wanted books on mathematics. The Red Cross effort to

encourage hospital libraries was the more necessary because of the limit set to the efforts of local authorities. It would, of course, never be possible to allow outside voluntary workers the same liberty of access to mental as to other types of hospitals, but there were many ways in which the advice and assistance of the British Red Cross and Order of St. John Library could be of value in this special field. The meeting was also addressed by two librarians, the borough librarian of Watford, Mr. George Bolton, and the head librarian of the Lewisham Hospital, Miss Kellaway. It was mentioned that the hospital library movement was a "war baby"—one of the very few beneficent outcomes of the great war.

Attack on Maternal Mortality in Birmingham

As one line of attack on maternal mortality in Birmingham a "flying squad" service has been established with the object of bringing the best medical and nursing aid to the bedside of the patient in cases of severe obstetrical shock, haemorrhage, etc. This "flying squad" operates from the Birmingham Maternity Hospital, and consists of a complete emergency outfit equipped to deal with every obstetrical emergency and under the charge of a staff nurse, who is a trained midwife of the hospital. The scheme is worked in connexion with the Birmingham Health Centre and the St. John Ambulance Brigade, and arrangements have been made with the latter for an ambulance to be available within a few minutes of receiving a call to take the equipment and the nurse to the patient's home, the surgeon going independently. At the annual meeting of the governors of the Birmingham and Midland Hospitals for Women it was stated that the "flying squad" had been called out five times so far, and in three of these it had been the means of saving a woman's life. This is a highly commendable scheme, and it is to be hoped that hospital authorities in other areas will not be slow in following the example of Birmingham.

SCOTLAND

Vacation Courses for Students

Professor T. K. Monro, formerly of the chair of practice of medicine at Glasgow University, addressing the students at St. Mungo's College, Glasgow, at the prize-giving ceremony on March 18, said that great progress had been made of recent years in the prevention, diagnosis, and treatment of disease by public health authorities and laboratory workers. The general practitioner, however, was the first line of defence against disease, and it was essential that his training should be as thorough as possible. He believed that before long medical students would be required to devote part of the long summer vacation to hospital work. There was a general feeling, even among students, that the July to October holiday was unnecessarily long, and that instruction, which was clinical and practical, might be instituted during this period. Professor Monro thought that the great reputation of Scotland as a training ground for good general practitioners was due to the high quality of the teaching which had been available in its medical schools for a long time.

Elsie Inglis Memorial Maternity Hospital

At the annual meeting of the Elsie Inglis Memorial Maternity Hospital, Edinburgh, on March 18, Lady Ruth Balfour, M.B., presiding, stated that the death rate in this hospital during the past year had been only 4 per 1,000. In moving the adoption of the annual report of the combined women's hospitals she said that in the Bruntsfield Hospital 855 in-patients and 2,000 out-patients had been treated during 1936, while at the Elsie Inglis Hospital the admissions had been 1,285 and the number of confinements 1,131. It was proposed to open a new nurses' home at the Bruntsfield Hospital and a new out-patient clinic as well as an isolation block at the Elsie Inglis Hospital. The

accounts of income and expenditure showed a deficit of £3,204, but legacies amounting to £6,575 have been received.

Edinburgh Dental Hospital

At the forty-fifth annual general meeting of the Incorporated Edinburgh Dental Hospital and School Professor Sydney Smith, who took the chair, announced that the governors proposed to extend the hospital buildings at a cost of about £35,000. Towards this sum the Dental Board of the United Kingdom had promised a donation of £5,000. At the present time this was the largest dental school in Scotland and the second largest in Great Britain, with 250 students in 1936. The premises had therefore become inadequate and the equipment was not sufficiently up to date, so that a large addition to the accommodation, equipment, and staff must soon be made. The annual report shows a great advance in the work done by the hospital during 1936. The total number of conservation cases was 19,395, compared with 13,313 in 1935. In the prosthetic department the number of dentures, repairs, etc., was 1,978 compared with 1,766, and the number of extractions increased from 17,708 to 22,742. The number of new patients during 1936 was 9,921 compared with 8,299, and the total attendances 29,369 against 22,194. With regard to finance the report shows a surplus of £684, but although this is regarded as satisfactory, all the money available will be needed for extension and equipment of the buildings, and it is proposed shortly to issue an appeal to the public for funds.

IRELAND

Crown Nominee on G.M.C.

The *London Gazette* of March 19 announces that the King, with the advice of his Privy Council, under the provisions contained in the Medical Acts, has renominated Colonel Thomas Sinclair, C.B., F.R.C.S., M.P., to be, for a period of five years from May 13, 1937, a member of the General Council of Medical Education and Registration of the United Kingdom, for Ireland. Colonel Sinclair has served on the Council since 1927, when he was nominated to succeed Sir Edward Coey Bigger.

The Belfast Meeting: Accommodation

Dr. F. P. Montgomery, chairman of the Housing and Lodgings Committee for the 105th Annual Meeting of the British Medical Association at Belfast next July, informs us that hotel accommodation in particular and other accommodation in general is being rapidly booked up for the period of the meeting. All officers of Sections and all speakers who have undertaken to take part in the Sectional proceedings should arrange accommodation as soon as possible if they have not already done so. Requests for hotel accommodation should be sent direct to Thos. Cook and Son, Ltd., 27, Royal Avenue, Belfast, and requests for all other types of accommodation should be sent to the office of the Annual Meeting, Whitla Medical Institute, College Square North, Belfast.

Royal Maternity Hospital, Belfast

The registrar's report of the Royal Maternity Hospital, Grosvenor Road, Belfast, covers the period from January, 1932, to December, 1935. It deals with the work of the Belfast Maternity Hospital until July 31, 1933, and after that date of the Royal Maternity Hospital, which was opened on August 1, 1933. The latter hospital contains a unit for the treatment of all forms of potential and established sepsis. To this unit are admitted many emergency or unbooked cases, often frankly septic on admission. For the year 1935 the maternal mortality rate was 1.6 per cent. for all admissions, 0.6 per cent. for ante-natal admissions, and 4.4 per cent. for emergencies. Owing to a rise in the rate for the last-named category these figures are slightly less satisfactory than those of the

preceding years. Concise summaries are given of the seventy-five cases involving maternal death which occurred during the whole period under review. The series includes four cases of acute yellow atrophy of the liver. The statistics for maternal morbidity show a gradual improvement. The rate for 1935 was 4.9 per cent. Analysis shows a high incidence of infection of the urinary tract with thirty-nine cases, comparing with forty-one cases of puerperal sepsis during the whole period. The total number of patients admitted in 1935 was 1,413. Triplets were born on two occasions in the course of that year, and two cases of triplets are also recorded for 1932.

Correspondence

Combined Universities Election

SIR,—May I, through your columns, thank all those who gave me their support at the recent election, and especially those who at headquarters or in certain Divisions (particularly in Birmingham) put themselves to considerable trouble by taking very active steps in this direction?

I should like it to be known that I undertook this candidature, against my own inclination, in pursuance of the definite resolutions of the Representative Body of the British Medical Association: (1) "That with a view to ensuring the presentation to Parliament of expert medical opinion on matters relating to the health of the community or involving the welfare of the medical profession, the Representative Body approve the principle of securing the services of a Member of Parliament intimately acquainted with the aims and policy of the British Medical Association"; (2) "That steps be taken forthwith to make preliminary inquiries for the selection of a medical practitioner intimately acquainted with the aims and policy of the Association with a view to his election to Parliament through one of the University seats." The Committee of the Association charged with the duty of implementing these resolutions urged me, when the parliamentary vacancy occurred, to become a candidate, and I did not feel at liberty to refuse.

The expectation of success in such a candidature even in what appeared to be favourable circumstances was perhaps never very high, but the actual figures of the result were disappointing. What conclusions the Council may draw from them, or what action may follow upon such conclusions, I do not, of course, know. The result, however, appears to indicate that even in a University constituency and with a candidature genuinely independent of all party considerations, common action among doctors as such, or teachers as such, or between the two professions, is not to be expected. Divided loyalties, combined with a considerable measure of complete indifference, produce curious outcomes which can be tested only by experiment. —I am, etc.,

London, N.W.11, March 24. HENRY B. BRACKENBURY.

SIR,—Those who made some effort to promote the success of Sir Henry Brackenbury's candidature in the recent election contest must feel greatly disappointed at the result. The election followed on usual party lines, and the reasoned argument in Sir Henry's election address on complete independence seemed to carry little weight with that portion of the constituency which included medical graduates. When the very small number of medical men now in Parliament is considered, surely it must have occurred to the medical portion of the constituency that the addition of a member of his calibre, experience, and past record of work for the profession

students. He encouraged his pupils to use their mother wit rather than to depend on mere book knowledge. Sport was his lifelong interest, chiefly as regards Rugby football, cricket, golf, and bridge. He was chairman of the University Athletic Association and a former captain of the Royal Aberdeen Golf Club.

He died in Edinburgh on a visit to see the Rugby international; and so his life ended, as he himself would have wished it, with mental powers unabated. Those who were honoured by his friendship have sustained a loss which can never be replaced. His rugged Scottish character seemed to stand like one of those ancient landmarks, immune to time and tide: but he is gone, and we mourn a vivid personality with wide human sympathies and outlook. To the widow and family of two sons and three daughters we extend heartfelt sympathy.

R. S.

With the death of Dr. HENRY GIBBONS, J.P., of Desborough, near Kettering, on March 2, at the age of 77, the British Medical Association has lost a member of fifty years' standing, who had been active in its service. Born in India, he came to England at the age of 16 and entered Cooper's Hill Engineering College, but later went to Aberdeen and decided to adopt medicine as his profession. He graduated M.B., C.M. Aberdeen in 1883, and proceeded M.D. in 1904. After working as assistant at Street, Somerset, he went to live at Desborough, where he built up a large private practice, became medical officer of health of the urban district, and was public vaccinator and certifying factory surgeon. For thirty-five years Dr. Gibbons did pioneer work in placing the public health services of the town on a modern basis, establishing a sound sanitary system and stamping out such epidemics as typhoid fever, which were at first prevalent. He had been chairman of the Desborough Education Committee, and despite the urgent claims of private practice he took an active interest in many other local affairs; he was for many years a divisional surgeon in the St. John Ambulance Brigade, and had been president of the cricket club. His wife, who predeceased him last year, ably seconded his efforts, notably in connexion with the Desborough Nursing Association, for which she provided a site for the nurses' cottage. In the British Medical Association Dr. Henry Gibbons served on the Executive Committee of the old Northamptonshire Division and held office as Vice-Chairman of the Division in 1923; he was also a member of the South Midland Branch Council in 1924-6. Although in poor health for the last five years, he remained in active practice almost until the day of his death. On retirement from the appointment of medical officer of health in March, 1934, he received many tokens of gratitude and esteem for his work, and his portrait was placed in the council chamber. He was joined in his private practice by his son, Dr. Gerald Gibbons of Rothwell, who is well known to many members of the Representative Body of the B.M.A.

We regret to announce the death on February 26, at the early age of 34, of Dr. GILBERT COCHRANE, medical officer of health for Bromsgrove. The eldest son of Mr. Gilbert Cochrane of Edinburgh, he studied medicine at the University of Glasgow, graduating M.B., Ch.B., in 1923. After a period as house-physician to the Staffordshire General Infirmary Dr. Cochrane settled at Bromsgrove, and was appointed M.O.H. for the district, medical officer to the Bromsgrove, Droitwich, and Redditch Joint Isolation Hospital, and medical superintendent to the Hilltop Sanatorium; he was also medical officer to Bromsgrove School and to the local cottage hospital. He was a Fellow of the Society of Medical Officers of Health, a member of the Medical Officers of Schools Association, and from 1928 to 1933 honorary secretary of the Bromsgrove Division of the British Medical Association.

Universities and Colleges

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.Ch.Orth.—F. C. Dwyer, T. U. Ley.
DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part A: M. J. Brady, J. Courtney, T. F. J. O'Farrell, J. A. Ross.
DIPLOMA IN PUBLIC HEALTH.—Part I: E. Agius, J. A. Bentham, R. T. Bowes, H. R. G. Davies, A. Dodd, Bessie Dodd, J. G. Hailwood, Joy C. Lowe.
DIPLOMA IN TROPICAL MEDICINE.—P. G. Barrow, A. H. Casson, G. V. Craine, F. W. Crook, S. K. Ghose, Roberta I. Hutchinson, C. H. Kotak, I. Luanprida, *G. B. Ludlam, Y. M. Siddique, S. H. R. Syed, Luise Wislicki.
DIPLOMA IN TROPICAL HYGIENE.—J. E. O. Amegatcher, E. Bradbury, M. H. Gomaah, B. J. Green, S. Hazra, J. D. Robertson, S. Saleem, T. S. Subramaniam, J. W. Summerheyes.

* Recommended for A. H. Milne Medal.

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—L. Glick, E. H. Kitching, L. Nagley, A. B. Raper, J. F. Warin.
FINAL M.B., Ch.B.—Part I: J. Braham, T. E. Broadbent, D. Brook, W. L. Carruthers, J. Cross, J. K. Drucquer, D. B. Feather, Dorothy Haigh, E. Hyman, E. W. Jackson, W. R. Jackson, R. A. S. Keighley, E. S. Levy, S. Madden, Kathleen V. Miller, R. Orton, J. Overton, G. F. Reid, J. F. Robinson, J. W. Scholey, S. H. Segerman, W. M. H. Shaw, I. S. Stewart, A. W. Taylor, A. P. B. Wind, A. J. Ward, T. I. Watkins, D. C. Williams, Kathleen Wilson, K. B. Wood. Part II: K. B. Aske, A. A. Driver, R. W. Ellis, V. P. Geoghegan, I. R. Gray, G. W. Green, G. W. V. Greig, T. Hardy, Gwyneth M. Hosking, K. K. Hussain, S. Lask, R. F. Lawrence, N. Livingstone, Agnes M. Mitchell, F. P. Raper, J. A. Rhind, A. H. Rhodes, Joyce M. Rhodes, I. D. Riley, C. H. Robinson, G. B. Robinson, H. Silverman, J. C. T. Sykes, D. Taverner, H. Thistlethwaite, L. G. Topham, Mary Townend, Leila M. Wainman, J. W. Walker, F. J. D. Webster. Part III: *J. A. Rhind, †A. A. Driver, †I. R. Gray, †G. W. Green, †G. W. V. Greig, †I. D. Riley, †D. Taverner, Rosemarie Blackwood, R. W. Ellis, T. Hardy, Gwyneth M. Hosking, K. K. Hussain, S. Lask, R. F. Lawrence, N. Livingstone, Agnes M. Mitchell, F. P. Raper, A. H. Rhodes, Joyce M. Rhodes, C. H. Robinson, G. B. Robinson, J. C. T. Sykes, H. Thistlethwaite, L. G. Topham, Leila M. Wainman, J. W. Walker, F. J. D. Webster.
D.P.H.—A. D. B. Broughton.

* First-class honours.

† Second-class honours.

The following scholarship and prizes have been awarded: *Infirmary Scholarship*: H. Petty. *Littlewood Prize in Anatomy*: R. B. Zachary. *Scattergood Prize in Obstetrics and Gynaecology* and the *Hardwick Prize in Clinical Medicine*: J. A. Rhind. *McGill Prize in Clinical Surgery* and the *Edward Ward Memorial Prize in Surgical Anatomy*: I. D. Riley.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the Royal College of Physicians held on March 22 Viscount Dawson of Penn was re-elected President.

Sir Francis Fremantle was appointed a delegate to the Conference of the Imperial Social Hygiene Council to be held in London from July 5 to 9.

A licence to practise was granted to W. J. C. Crisp, who has passed the final examination of the Conjoint Board and has complied with the by-laws.

Diplomas in medical radiology were conferred, jointly with the Royal College of Surgeons of England, upon G. G. Binnie, F. Constant, Mary J. Cronin, and J. M. Lees.

Diplomas in Ophthalmic Medicine and Surgery were conferred, jointly with the Royal College of Surgeons of England, upon the twenty-seven candidates whose names were published in the report of the meeting of the Royal College of Surgeons of England printed in the *Journal* of March 20 (p. 643).

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—C. L. Blacklock, K. G. Pascall, R. A. Stenhouse, R. G. Stitt, G. Theophilus, R. H. S. Thompson, T. Van der Walt, W. W. Willson.

MEDICINE.—V. M. Attenborough.

FORENSIC MEDICINE.—V. M. Attenborough.

MIDWIFERY.—W. J. Bold, E. E. Bullock, E. S. Reed, F. J. C. Smith, G. Theophilus, W. W. Willson, W. G. Zorab.

The diploma of the Society has been granted to C. L. Blacklock, S. G. Stitt, G. Theophilus, and W. W. Willson.

The Services

INDIAN MEDICAL SERVICE

REORGANIZATION UNDER NEW CONSTITUTION

The following statement received for publication from the India Office announces a reorganization of the Military Medical Services in India, which takes effect from April 1, 1937, the date on which Provincial Autonomy came into operation under the new Constitution.

The changes in the organization, distribution, and terms of service which will be introduced are the result of a prolonged investigation, extending over more than three years, into the whole military medical organization both for peace and war. The main features are as follows:

ESTABLISHMENTS

The strengths of the three military medical services in India—the R.A.M.C. borne on the Indian Establishment, and the military branches of the I.M.S., and the I.M.D.—will be fixed so as to provide for the minimum medical requirements of British and Indian troops in peace.

For the purposes of maintaining a War Reserve, on which the Army in India must rely for its increased requirements in an emergency; providing for attendance on British members of the superior Civil Services and their families; and filling posts under the Central Government and the Crown Representative, there will continue to be a Civil Branch of the I.M.S., recruited as hitherto from the military branch. It will consist of no fewer than 220 officers, of whom 166 will be British.

A new list of posts reserved for I.M.S. officers in civil employ has been adopted, involving a net reduction in the number of posts so reserved for British and Indian officers from 207 to 172, but the existing rights of officers already in civil employment will be fully preserved and prospects equivalent to those afforded at present will be retained for them.

RECRUITMENT

Recruitment for the I.M.S. will continue, as at present, to be conducted by nomination on the recommendation of a Selection Board. Indian members will be recruited in India, and will normally be given short service commissions for five years, after which selection will be made for permanent commissions from among those who desire to continue in the Service. British doctors will continue to be recruited in London and will be appointed to permanent commissions to all European vacancies. Selections will be held four times a year, as hitherto, in April, July, October, and December.

PAY, PROMOTION, AND PENSION

Revised rates of pay for future entrants have been introduced so as to bring basic pay more into accord with Indian standards, without materially altering the total emoluments which will be admissible to British members of the Service who draw sterling overseas pay. At the same time the time-scale of promotion to major has been accelerated by two years, both for existing incumbents and new entrants. Improvements have also been made in the rates of pay drawn in the second, third, eleventh, and twelfth years of service.

An increased outfit allowance of £75 will be granted to new entrants, and the maximum period of antedate for high qualifications and special experience is raised from one year to eighteen months.

Six additional colonelcies will be provided on the military side of the I.M.S., and a suitable number of enhanced pensions, equal to colonels' pensions, will eventually be provided and awarded to officers on the civil side.

CONDITIONS OF SERVICE IN CIVIL EMPLOYMENT

An officer transferred to civil employment will be on probation for two years. If continued in civil employ thereafter

he will retain a right to revert to military employment under certain conditions until he has spent seven years in civil employment or has had seventeen years' total service; after this period he will, if it is agreed that he shall remain in civil employment, be transferred to a special supplementary list, and will not normally be eligible for military promotion above the rank of lieutenant-colonel. This system follows that in vogue for other military officers in civil employ—for example, in the Indian Political Department.

India Office, March 24, 1937.

ROYAL NAVY MEDICAL CLUB

The twenty-third annual dinner of the Royal Navy Medical Club will be held at the Trocadero Restaurant, W., on Friday, April 16, at 8 p.m., preceded by a general meeting at 7.30 p.m. Information can be obtained from the honorary secretary, Surgeon Commander M. B. Macleod, R.N., Medical Department, Admiralty, S.W.1.

COMMISSIONS IN THE R.A.M.C.

The War Office announces that applications are invited from medical men for appointment to commissions in the Royal Army Medical Corps. Candidates will be selected for commissions without competitive examination, and will be required to present themselves in London for interview and physical examination on or about April 22, 1937. They must be registered under the Medical Acts, and normally must not be over the age of 28 years.

Successful candidates will in the first instance be given short service commissions for five years. During the fourth year of this period they will be given the opportunity of applying for a permanent commission. Those not selected will retire on completion of five years' service with a gratuity of £1,000.

Full particulars of the conditions of service and emoluments, also forms of application, may be obtained on application, either by letter or in person, to the Assistant Director-General, Army Medical Services, The War Office, London, S.W.1.

KEOGH BARRACKS

The Army Council has decided to name the new barracks about to be built for the Royal Army Medical Corps Depot and Army School of Hygiene at Aldershot the "Keogh Barracks" in memory of the late Lieutenant-General Sir Alfred Keogh, G.C.B., G.C.V.O., C.H. That very distinguished officer was Director-General Army Medical Services from 1905 to 1910 and again during the Great War from 1914 to 1918.

Medical Notes in Parliament

On March 25, before Parliament rose for the Easter Recess, the Royal Assent was given to the Consolidated Fund Act, the East Hertfordshire Joint Hospital District Act, the Waltham Joint Hospital District Act, and the Wisbech Joint Isolation Hospital District Act. The House of Commons adjourned till April 6. and the House of Lords till April 7.

The Public Health (Drainage of Trade Premises) Bill was read the third time and passed by the House of Lords on March 23. On the same day the Marquess of Dufferin and Ava introduced a Bill to provide for the regulation of the fumigation of premises and articles by hydrogen cyanide. The Bill was read a first time.

In the House of Commons on March 23 Mr. Baldwin introduced the Ministers of the Crown Bill. The object of the Bill is to regulate the salaries payable in respect of certain administrative offices of State; to provide for the payment of additional salaries to members of the Cabinet holding offices at salaries less than £5,000 a year, of a salary to any person being Prime