

Local News

ENGLAND AND WALES

District Medical Services in London

At the meeting of the London County Council on May 4 the district medical service in London was the subject of reports by the Hospitals and Medical Services and the Public Assistance Committees. In London the domiciliary medical service provided under public assistance is given by officers appointed for specified areas into which the county is divided for the purpose. About one-third of the work is carried out by the staff of certain of the council hospitals and the remainder by general medical practitioners engaged on a part-time basis. A conference has taken place between representatives of the Council and of the County Councils Association and the Association of Municipal Corporations to consider a Ministry of Health report on the various systems adopted by local authorities for the administration of their district medical services. These systems are principally three: the whole-time system, in which officers are wholly engaged in district medical work or combine it with other duties in institutions or hospitals; the part-time system, under which general practitioners devote part of their time to district medical work in a definite area and receive a salary; and the open-choice system, which entails the appointment of a panel of local practitioners in a given area who are remunerated by the local authority on the basis of payment per person treated or at risk. The Ministry's report did not offer serious criticism of any of the foregoing methods, although it pointed out that the whole-time and part-time systems, the second of which was stated to be in force throughout the greater part of England and Wales, are less complicated and expensive than the third, which is of comparatively recent growth. It was the unanimous view of the conference that the report confirmed the need for local authorities to retain full discretion to administer their district medical services in such a manner as they considered best suited to the circumstances of their respective areas, and representations are being made to the Minister of Health in that sense. In London it is now proposed that the county medical officer of health shall be appointed district medical officer and delegate his duties as such to assistant medical officers who would be appointed as his deputies. The arrangement would be analogous to that which has operated for some years in the school medical service, and it is considered that it would give the Council the control which it exercises in regard to practically all other staff engaged in connexion with hospitals and allied services and the necessary complete freedom to organize and administer the district medical service so as to secure the best results.

THE B.M.A.'S VIEW

The British Medical Association, which had already made representations, now under consideration, as to the method of administration of the district medical service, has expressed no objection to the principle implied in the county medical officer of health becoming the district medical officer, seeing that the present time may be regarded as transitional so far as the district medical service is concerned. It considers, however, that if the Council decides to adopt as its permanent method of organizing the district medical service that of appointing part-time general practitioners, it is essential that means should be found for preserving the duties and privileges of such officers as set out in the Public Assistance Order, 1930, particularly in relation to security of tenure. The Hospitals and Medical Services Committee, however, is not satisfied that a case has been made out for retaining the protection of the Public Assistance Order in regard to

officers engaged by the Council for the district medical service, or that the interests of the members of the community whom they serve will be in any way adversely affected by the arrangements proposed. Under the Public Assistance Order, from which, however, the Minister has power to sanction departure, the Council is required to appoint a district medical officer for every medical relief district, and such officers must be senior Poor Law officers, who can only be dismissed or removed by the Minister of Health; but in 1933 the Council approved conditions of appointment of service for part-time assistant medical officers (general practitioners), making all engagements of such officers on a temporary basis, and the Minister of Health has consented to that course. Therefore officers engaged in the district medical service since March, 1933, are on a temporary basis and are not senior Poor Law officers to whom the provisions of the Public Assistance Order would apply. Those district medical officers who have, by virtue of prior appointment, the status of senior Poor Law Officers, will, of course, be outside the arrangement of delegation just referred to, and will retain their status until they leave the service, but as vacancies occur the arrangement suggested whereby the county medical officer of health is district medical officer and delegates his duties to deputies will hold. It is considered that the Public Assistance Order contains provisions regarding appointment of district medical officers which limit the action of local authorities in the matter; other difficulties have also arisen in connexion with the Order and have prevented complete freedom in adopting the method considered best for the administration of the service.

Central Midwives Board

At the May meeting of the Central Midwives Board for England and Wales approval as lecturers was granted to Douglas Score Flew, M.D., M.C.O.G., at the Cullingworth Lecture Centre, Midwives Institute, and to Elsie Violet Crowe, M.B., F.R.C.S., at St. Alfege's Hospital, Greenwich. An application from the medical officer of health for Barking for approval of Upney Maternity Pavilion for the purpose of Rule E.2 was granted. A letter from the medical officer of health for Winchester, asking for information as to the position of midwives with regard to post-natal examinations, was considered, and it was agreed to reply: "That the object of a post-natal examination is to ascertain whether there is any medical or surgical condition which requires treatment or supervision. This being outside the province of a midwife, post-natal examination should only be conducted by a fully qualified medical practitioner."

Smoke Abatement

The seventh annual report of the National Smoke Abatement Society includes a list of publications concerning the smoke nuisance, several of which are the work of medical men. Of particular interest is *Fumifugium; or the Smoake of London Dissipated*, by John Evelyn, now republished by the society. This indictment of the smoke evil by the famous diarist was originally printed in 1661 by command of Charles II. The report states that the increasing public interest in the state of the atmosphere continues to be maintained, and notes with satisfaction that more attention is being paid to this subject in the annual reports of medical officers of health and sanitary inspectors. At the society's conference at Bristol two resolutions were adopted, one congratulating the Manchester City Council on its measures to further the use of smokeless fuels, the other advocating the withdrawal of the qualified exemption enjoyed by certain industries under the Public Health (Smoke Abatement) Act, 1926. A questionnaire bearing on this second resolution was sent to medical officers of health concerned with these industries, and the replies received justified the drafting of a letter to the Ministry of Health, suggesting the desirability of withdrawing the exemptions. The report records with regret the death of Mr. R. Morton

Rowe, formerly chief smoke inspector to the City of Manchester Health Department, and for many years a member of the society's executive committee. The total income of the society from subscriptions and donations is less than £1,000, and the number of private subscriptions is surprisingly small. Membership forms are obtainable from the general secretary, National Smoke Abatement Society, 36, King Street, Manchester, 2. The minimum subscription for members (including journal) is 10s. 6d. per annum.

NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

THE PROBLEM OF ABORTION

The report has now been published of the special committee set up by the Government to inquire into various aspects of the problem of abortion in New Zealand. The investigations and conclusions of the committee are summarized as follows.

I. The committee is convinced that the induction of abortion is exceedingly common in New Zealand, and that it has definitely increased in recent years. It has been estimated that at least one pregnancy in every five ends in abortion; in other words, that some 6,000 abortions occur in New Zealand every year. Of these it is believed that 4,000, at a conservative estimate, are criminally induced either through the agency of criminal abortionists or by self-induction, each of which is equally dangerous. It is clear that death from septic abortion occurs almost entirely in such cases. Such deaths have greatly increased in recent years and now constitute one-quarter of the total maternal mortality: in some urban districts it amounts to nearly half of the total maternal mortality. New Zealand has, according to comparative international statistics, one of the highest death rates from abortion in the world.

II. The committee, after taking evidence from witnesses representing all sections of the community, has formed the conclusion that the main causes for this resort to abortion are: (1) economic and domestic hardship; (2) changes in social and moral outlook; (3) pregnancy among the unmarried; and (4) in a small proportion of cases fears of childbirth.

SOME SUGGESTED REMEDIES

III. Consideration has been given to the possible remedying of these causes.

(a) In so far as economic hardship is the primary factor, certain recommendations have been made regarding financial, domestic, and obstetrical help by the State.

(b) To lessen any fear of childbirth where this exists, it has been recommended that the public should be informed that New Zealand now has a very low death rate in actual childbirth and that relief of pain in labour is largely used. At the same time the committee has advocated that further efforts in the direction of pain relief should be explored.

(c) For dealing with the problem of the unmarried mother the committee considers that the attack must be along the lines of more careful education of the young in matters of sex, prohibition of the advertisement and sale of contraceptives to the young, and a more tolerant attitude on the part of society towards these girls and their children.

(d) The committee believes, however, that the most important cause of all is a change in the outlook of women which expresses itself in a demand of the right to limit—or avoid—the family, coupled with a widespread half-knowledge and use of birth-control methods—often ineffectual. These failing, the temptation to abortion follows.

CONTROL OF ABORTION

The committee can see only two directions in which abortion resulting from these tendencies can be controlled:

1. By the direction of birth-control knowledge through more responsible channels, where, while the methods would be more reliable, the responsibilities and privileges of motherhood, the advisability of self-discipline in certain directions, and other aspects of the matter would be discussed. The committee believes that it is through the agency of well-informed doctors, and to a certain extent through clinics associated with our hospitals, that this advice should be given. It is not, however, considered that this is a matter for the State except to a limited degree.

2. To appeal to the womanhood of New Zealand, in so far as selfish and unworthy motives have entered into our family life, to consider the grave physical and moral dangers, not to speak of the dangers of race suicide which are involved.

This, it is considered, is a matter for all women's social organizations to take up seriously.

IV. Certain further measures of a more general nature came under the examination of the committee. The prohibition of the promiscuous advertisement of contraceptives and of their sale to the young; the licensing of the importation of certain types of contraceptives; the restriction of the sale or distribution of contraceptives to practising chemists, doctors, hospitals, and clinics; the prohibition of the advertisement, or of the sale, except on medical prescription, of certain drugs and appliances which might be used for abortion purposes—these measures are recommended.

THERAPEUTIC ABORTION

The specific legalization of therapeutic abortion (by doctors for health reasons) as a safeguard to doctors was fully examined but is not recommended. The committee is satisfied that the present interpretation of the law is such that, where the reasons for the operation are valid, the doctor runs no risk of prosecution. The risks of an alteration in the law are great.

Legalization of abortion for social and economic reasons was also put forward. The committee has discussed the matter, and strongly condemns any countenancing of this measure. Though it may be conceded that legalized performance of the operation by doctors in hospitals might reduce the incidence of surreptitious abortion and deaths from septic abortion, we do not accept this as any justification of a procedure which is associated with grave moral and physical dangers.

With regard to sterilization, the committee adopts the same view as towards the specific legalization of therapeutic abortion. It is believed that where the reasons for the operation are in accord with generally accepted medical opinion there is no bar to its performance. We see, however, tendencies in the direction of extending this operation far beyond the bounds of this accepted medical opinion. For this reason we do not recommend any alteration in the present position.

The failure to obtain the conviction of the criminal abortionist, even in cases where the guilt seems beyond all doubt, has been discussed as a matter of serious concern, and the committee can only bring before the public its responsibility, as represented by members of juries, for the virtual encouragement of this evil practice.

Finally, the committee, while fully conscious of its inability to put forward a complete and certain solution of this grave problem, or one which will satisfy all shades of opinion, believes that a definite service will have been done through this investigation if full publicity is given to the facts of the situation as here revealed, and if the public conscience is awakened to the fact that, although State aid and legal prohibitions may do something to remove causes and to deter crime, the ultimate issue rests with the attitude and action of the people themselves.

Since 1932 the incidence of diphtheria in Germany has more than doubled, having risen from 64,138, or 9.9 per 10,000 inhabitants, in 1932, to 149,971, or 22.4 per 10,000, in 1936.

and district of which Dr. J. F. Walker is the senior partner, and was appointed police surgeon for Leigh-on-Sea. He became a member of the British Medical Association in 1920, and last year was elected chairman of the South Essex Division.

Dr. A. CHARLES E. GRAY, who died at Cowden, Kent, on May 12, was a native of Edinburgh, where he studied medicine. He graduated M.B., C.M. in 1890, and proceeded M.D. in 1898, after holding the posts of resident physician at the Royal Infirmary and resident surgeon at the Royal Maternity Hospital. In his early days of practice in London he was appointed clinical assistant to the Paddington Green Children's Hospital. During the war he was officer in charge of the medical division of the Fulham Military Hospital and of cerebro-spinal fever cases in the London area, holding the rank of Major R.A.M.C. He joined the British Medical Association in 1892.

A most promising professor of medicine in Strasbourg, GEORGES FONTÈS, has died after a short illness at the age of 43. When he first came from Montpellier to Strasbourg he taught biological chemistry. In 1927, when only 33 years old, he was appointed a professor without a chair. The death of Professor Paul Blum meant the appointment of Fontès to the chair of hydrology. He was a magnetic and inspiring teacher, and he had already conducted valuable research into the metabolism of water.

Medico-Legal

APPEAL BY DOCTOR'S WIDOW DISMISSED

Mrs. Connolly, widow of a patient, sued Dr. Rubra, his doctor, for failing to diagnose tuberculosis of the lungs, so that he suffered prolonged sickness and finally died. During the course of the action Dr. Rubra died, and Mrs. Connolly obtained leave to continue the action against his widow as his personal representative (the person who held his property in trust after death). Until recently an injured person could not maintain a personal action against the representatives of a dead person, for the right of action died with him. At the end of July, 1934, however, Parliament passed the Law Reform (Miscellaneous Provisions) Act, 1934, which changed the common-law rule and provided that certain forms of personal action should be open to or available against the representatives of a deceased person. It is now possible, therefore, for the widow of a deceased patient to claim damages from the estate of a deceased doctor.

An account of the hearing before Mr. Justice Greaves-Lord appeared in this *Journal* on December 5, 1936 (p. 1174); the learned judge found that the doctor had been negligent and awarded Mrs. Connolly £5,000 damages against Dr. Rubra's estate. Mrs. Rubra appealed, and her appeal was dismissed by the Court of Appeal on April 7. Lord Justice Greer, the president of the court, agreed with the learned judge's conclusion that the doctor had been negligent in his treatment of Mr. Connolly, chiefly on the ground, which will hardly be questioned by any medical man, that if a doctor is in doubt whether tuberculosis is present or not he must make a further examination and satisfy himself that nothing more can be done for the patient. Dr. Rubra had taken only one specimen of the sputum. Lord Justice Greer also found, on considering the whole of the evidence, that the doctor's negligence shortened the life of the patient, in that it was probable that if Mr. Connolly had been treated with reasonable competence and skill his life would have been prolonged, and probability is the standard of proof—at any rate in civil actions. As the judge had, in the opinion of the court, duly considered everything which he ought to have considered, his judgement was upheld.

The new state of the law undoubtedly introduces a possibility that surviving relatives of deceased doctors

may have to defend actions for negligence under the severe handicap of not being able to call the principal witness, the doctor himself, to defend his treatment. The present case, however, does not seem to be a good illustration of this handicap. So far as it is possible to judge from the available reports of the action, the negligence of the treatment was proved up to the hilt, and it is difficult to see what difference the presence of the doctor could have made. If he had survived, his estate would in all probability have been impoverished by the same amount as is now taken from it. It is a very grave misfortune for a widow to lose a large sum of capital through a fault that is not hers, but it is an even graver misfortune for a woman to lose a husband on whom she is dependent. The court will have constantly before its mind the peculiar difficulty of the defence, and will doubtless make allowances for it. To ascertain whether the new Act really operates harshly it will be necessary to examine a future case in which the element of doubt is much larger than in the present one. The most serious of all the consequences of the Act was at first that, whereas the doctor if alive would have been defended and indemnified by his protection society, his widow would not. The leading societies now extend their protection to doctors' widows.

The Services

The King has conferred the Efficiency Decoration of the Territorial Army upon Major Alfred Pain, R.A.M.C.(T.A.), under the terms of the Royal Warrant dated September 23, 1930.

DEATHS IN THE SERVICES

Major-General JOHN DALLAS EDGE, C.B., late R.A.M.C., died in Dublin on April 30, aged 89. He was born on March 9, 1848, the son of Mr. Joseph Edge of Timahoe, Queen's County, and was educated at the Meath Hospital, Dublin, taking the L.R.C.S.I. in 1870, and graduating M.D. of the Queen's, later the Royal, University of Ireland in the same year; subsequently he took the F.R.C.S.I. in 1889. Entering the Army as assistant surgeon on September 30, 1871, he was specially promoted to surgeon on August 20, 1873, became full colonel on June 1, 1901, and surgeon-general on November 11, 1903, retiring on March 9, 1908. Soon after entering the Army he was sent to British Honduras and attached to the 1st West India Regiment. On September 1, 1872, the fortified barracks at the small town of Orange Walk, where he was then serving, was surprised and rushed by a party of some 200 Ycaiché Indians. The only other British officer present, Lieutenant Smith, was severely wounded, and the defence fell on Edge, who conducted it successfully; some fifty Indians were killed, and almost half of the defending party were wounded. For this exploit Edge was specially promoted to surgeon. This was only the first of a long series of war services. He took part in the Zulu War of 1879, when he was present at the Battle of Gingulovo and the relief of Etshowe, receiving the medal with a clasp. Immediately afterwards he was transferred to India, where he served in the Second Afghan War, taking part in the Battle of Maiwand and the defence of Kandahar, and received the thanks of the Government of India, as well as the Afghan medal with a clasp. In 1882 he accompanied the Indian contingent to Egypt, where he served at the Battle of Tel-el-Kebir, and the forced march to and occupation of Zagazig, receiving the Egyptian medal with a clasp, the Khedive's bronze star, and the fourth class of the Osmanieh. He next served in the Burmese War of 1887, receiving the Frontier medal with two clasps. On the outbreak of the South African War he went with Buller's army to Natal, but was soon after appointed P.M.O. of the Third Division under General Gatacre, and was present in the action at Stormberg. Subsequently he served as P.M.O. of lines of communication and of Johannesburg district, took part in operations in the Orange Free State, Cape Colony, and the Transvaal, was mentioned in dispatches in the *London Gazette* of June 17, 1902, and received the Queen's medal with three clasps and the King's medal with two clasps, and the C.B. After the war he remained in South Africa as P.M.O., first of Cape Colony and then of the South African Command. In February, 1905, he returned home, and served as P.M.O. of the Irish Command until his retirement. In 1914 he received a good service

pension. He rejoined for service in the war of 1914-18, and from May, 1915, to June, 1917, was in charge of the Queen Alexandra Military Hospital at Millbank. In 1890 he married Jane, daughter of Mr. John Russell of Ballyrickard, County Wicklow, and had one son.

Major-General Sir PATRICK HEHIR, K.C.I.E., C.B., C.M.G., Bengal Medical Service (ret.), died at Hove on May 1, aged 77. He was born at Templemore, Tipperary, on May 27, 1859. Educated at Calcutta Medical School, he entered the Bengal Submedical Department as a hospital apprentice in October, 1873, became assistant apothecary on January 31, 1882, and resigned on February 8, 1884. After his resignation he returned to Great Britain and entered Edinburgh University. He took the L.R.C.S.Ed. and L.S.A. in 1883, the M.D. at Brussels and the L.R.C.P.Ed. the same year, the F.R.C.S.Ed. and the M.R.C.S. in 1885, the D.P.H.Cantab. in 1886, the D.T.M. at Liverpool in 1904, the M.R.C.P.Ed. in 1904, and the F.R.C.P.Ed. in 1907. He entered the I.M.S. as surgeon on April 1, 1886, passing second into Netley, became lieutenant-colonel after twenty years' service, colonel on March 25, 1912, surgeon-general (the title being afterwards changed to major-general) on March 13, 1918, and retired on December 9, 1919. He had a very distinguished career, seeing much war service: Burma, 1886-7, medal with clasp: North-West Frontier, Tirah, 1897-8, medal with clasp; war of 1914-18, Iraq, as A.D.M.S. of Colonel Townsend's force in Kut; advance on Kut, battle of Ctesiphon, and defence of Kut; taken prisoner at Kut but released by the Turks soon after, mentioned in dispatches, in the *London Gazette* of April 5, July 13, and October 19, 1916, and May 18, 1918; Afghanistan and North-West Frontier, 1919. He received the C.B. on October 29, 1915, the C.M.G. on February 15, 1917, the C.I.E. on June 4, 1918, and the K.C.I.E. on January 1, 1920. After his retirement from the Service he acted as medical adviser to the British Red Cross Society's mission for the succour of Greek refugees. He was the author of many professional works: *Sanitation for Indian Schools*, 1890; *Alcohol and its Effects*, 1890; *Hygiene of Water Supplies*, 1891; *Medical Jurisprudence for India*, second edition, 1891, with J. B. Gribble, I.C.S. (the first edition, by Gribble alone, 1885); *Report of the First Hyderabad Chloroform Commission*, 1892; *Hygiene and Sanitary Science*, 1894; *Prevention of Disease in Indian Frontier Warfare*, 1911; *The Medical Profession in India*, 1923; *Malaria in India*, 1927. In 1908 he married Dora, granddaughter of Edward Lloyd, founder of the *Daily Chronicle*, and had one daughter.

Lieut.-Colonel ROBERT LINDSAY LOVE, R.A.M.C. (ret.), died at Maidenhead on March 22, aged 84. He was born on February 19, 1853, and was educated at the Queen's Colleges of Galway and of Belfast, and at University College, London, graduating as B.A. in 1875 and as M.D. and M.Ch. in 1877 at the Queen's, later the Royal, University of Ireland. Entering the Army as surgeon on July 31, 1860, he became lieutenant-colonel after twenty years' service, and retired on February 19, 1908. He served in the South African War of 1899-1902, taking part in operations in Natal and in the Transvaal, including the defence of Ladysmith and the actions of Laing's Nek, Lombard's Kop, Belfast, and Lydenberg, was mentioned in dispatches in the *London Gazette* of February 9, 1901, and received the Queen's medal with five clasps and the King's medal with two clasps.

Universities and Colleges

UNIVERSITY OF OXFORD

The Board of the Faculty of Medicine has co-opted Professor H. W. B. Cairns, F.R.C.S., Fellow of Balliol College, for the statutory period.

The next Dean's dinner will take place in the Chantecleer Restaurant, Frith Street, Soho, W.C., on Thursday, May 27, at 7 for 7.30 p.m. Those who wish to attend should inform the Dean, at the Department of Medicine, not later than Monday, May 24.

The second B.M. Examination begins on Wednesday, June 16. Names must be received by the Registrar before 10.30 a.m. on Tuesday, June 1.

The examination for the Diploma in Ophthalmology begins on Monday, June 21. Names must be received by the Registrar by Monday, May 31.

The M.Ch. Examination begins on Thursday, June 24. Names must be received by the Registrar not later than 3 p.m. on Saturday, June 5.

UNIVERSITY OF CAMBRIDGE

At a congregation held on May 14 the following medical degrees were conferred:

M.D.—D. G. Macdonald, J. M. Vaizey, C. A. Clarke.
M.B., B.C.H.R.—*W. Raffle, *O. L. Lander, C. Adamson, R. S. Castle.
M.B.—*D. W. C. Grawne, *P. R. Goodfellow, D. C. G. Ballingall, *C. E. Bevan, O. C. Lloyd, P. E. C. Manson-Bahr, E. C. Herten-Greaven, J. R. Kerr, D. F. Lawson, T. W. S. Hills, J. R. C. Williams.
* By proxy.

UNIVERSITY OF SHEFFIELD

At its meeting on May 14 the University Council received a promise of an additional donation of £10,000 from Sir Robert Hadfield towards the University Buildings and Endowment Fund. The Council recorded its high appreciation of this offer, which brings Sir Robert Hadfield's contributions to the University during the last three years to a total of £25,000, and the chairman was requested to convey to him the Council's deep sense of gratitude.

The Council accepted an offer from the Local Medical and Panel Committee of the West Riding of Yorkshire to award annually to final-year students a prize of £25 in clinical medicine.

Dr. M. S. Spink was appointed assistant bacteriologist and demonstrator.

The Council received with regret the resignations of Dr. G. Clark and Dr. T. E. Gumpert of the posts of junior assistant bacteriologist and honorary demonstrator in physiology respectively.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A Council meeting was held on May 13, with the President, Sir Cuthbert Wallace, in the chair.

The Council congratulated the President on the appearance of his name in the Coronation Honours List as a baronet.

Mr. Ernest Eric Young and Mr. Arthur George Wells were admitted to the Fellowship.

Diplomas and Awards

Diplomas of Membership were granted, jointly with the Royal College of Physicians, to 208 candidates whose names were published in the report of the meeting of the Royal College of Physicians of London in the *Journal* of May 15 (p. 1049). In this list four names were misspelt: W. D. Benyon should be D. W. Beynon; G. W. V. Grieg should be G. W. V. Greig; J. A. Guest should be I. A. Guest; and H. E. W. Hardenberg should be H. E. W. Hardenberg.

Diplomas in Tropical Medicine and Hygiene were also granted jointly with the Royal College of Physicians to the thirty-one candidates whose names were published in the report of the meeting of the Royal College of Physicians of London in the *Journal* of May 15 (p. 1050).

The Honorary Gold Medal of the College was awarded to Sir James Frank Colyer, K.B.E., LL.D., F.R.C.S., L.D.S., in recognition of his many contributions to scientific odontology and to the service of the College.

The following hospitals were recognized for the six months' surgical practice required of candidates for the Fellowship: Cumberland Infirmary (second house-surgeon, additional post); Bradford Royal Infirmary (resident surgical officer, first, second, and third house-surgeon).

The President was appointed *ex officio* a member of the Governing Body of the British Post-Graduate Medical School, to hold office from July 10, 1937, to July 9, 1938.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh, held on May 13, with the President, Mr. Henry Wade, in the chair, the following candidates, having passed the requisite examinations, were admitted Fellows: Alice M. Ross, G. S. Adam, J. F. Birrell, A. G. Butters, J. A. M. Cameron, L. Chanock, G. B. A. Cowie, Gladys H. Dodds, T. B. Field, G. C. H. Hogg, B. S. Jones, A. C. Kanaar, A. A. Klass, W. M. Martin, J. D. Mill, W. R. D. Mitchell, J. Montgomery, W. A. Morton, F. L. Rifkill, R. D. Rowlands, S. K. Sen, R. S. Trueman, D. Wainwright, W. D. Whyte, J. Wilton.

The Ivison Macadam Memorial Prize was awarded, after a competitive examination in inorganic and organic chemistry, to E. Stone. The Henry Arthur Dalziel Ferns Bursary was awarded, after a competitive examination in organic chemistry in its application to medicine, to H. Fernbach. The Bathgate Memorial Prize was awarded, after a competitive examination in *materia medica* and therapeutics, to E. W. Langs.