

from outside might be solid particles, fine droplets of moisture, or even gases or vapours, but were mostly a combination of two or more of these. Various methods such as filtration, freezing, washing, or the influence of an electrostatic field had been devised for air purification. By means of a cinematograph film a special method of chemical and physical filtration devised by Professor Fraenkel for use in the diagnosis, prophylaxis, and treatment of suitable allergic cases was demonstrated. It was used in connexion with masks, sleeping bags, and cubicles, and the effect on an asthma subject sensitive to dog hairs was very strikingly shown.

The Psychological Factor in Ventilation

In the course of some informal discussion, in which Dr. CLARK TROTTER and Surgeon Captain DUDLEY took part, Sir WELDON DALRYMPLE-CHAMPNEYS drew attention to the very considerable psychological factor in ventilation. In the Tropics it was found that white people stood up to moist heat badly, not only because they did not sweat satisfactorily, but because they were depressed by the idea that the atmosphere in which they were living was too hot and too moist. He had been struck while in tropical countries with the reactions of his companions to increasing heat and humidity, suggesting a psychological factor, and not to be accounted for on the basis of the purely physical condition. People of a more phlegmatic temperament stood up much better to increasing heat. The same thing was noticed in dug-outs during the war. Some men could not endure them, not owing to any claustrophobia, but because they thought the place was getting unhealthy. He had also noticed that in the cabins of ships in hot weather when the portholes had to be kept closed many people felt they were being suffocated. The importance of odours must also be remembered. Odours gave some people the impression of suffocation and made them acutely uncomfortable, though the actual physical conditions might be comparatively satisfactory.

Local News

ENGLAND AND WALES

Occupational Therapy

The Ladies Guild of the Hospital for Epilepsy and Paralysis, Maida Vale, W., organized a sherry party at Chester Terrace on May 26, when Dr. Wilfred Harris gave an address on the subject of occupational therapy, mentioning that this hospital was one of the first in England, other than mental hospitals, to adopt this form of treatment. Dr. Harris said that although occupational therapy was as old at least as Galen, the great war brought about a revival of interest in the treatment on account of the large numbers of shell-shocked patients and others wounded in mind and body for whom it offered a restoration of self-confidence, stimulating a desire for renewed health. Occupational therapy was a system of devising occupations such as various handicrafts for patients who otherwise would have nothing to do, and in whom idleness would aggravate the condition of depression or insomnia and weaken their already weak muscles and mental processes by disuse. In recent years occupational methods of treatment had been greatly developed and systematized in many of the large mental hospitals. Dr. Harris mentioned in particular the hospital at Santpoort near Haarlem, under Dr. Kraus, which he had recently visited, and Chester County Hospital under Dr. Grylls, where the recovery rate had gone up 4½ per cent. since the treatment was instituted. At both these large hospitals of from 1,500 to 1,700 patients, from 95 to 98 per cent. of the patients were constantly employed in handicrafts, such as weaving, mat or rug making, knitting, sewing and embroidery, bookbinding, making paper flowers and bags,

wood carving, basketry and raffia work, besides kitchen and laundry work, and outdoor occupations in the garden and on the farm.

TRAINED SUPERVISORS

As a result of this intensive system of occupational treatment, Dr. Harris said, it was found that noisy, troublesome, and destructive patients became quiet, social, and productive, and hypnotics and other sedative drugs were much less required. It was not only for mental hospitals, however, that occupational treatment was valuable, for it had already been developed in Canada at the Toronto General Hospital, and at the Astley Ainslie Convalescent Institution in Edinburgh. In America and Canada and in Scotland associations of occupational therapists had been formed; one was now being formed in England, and schools were being started, such as the Dorset House School at Clifton, and that of Miss Tarrant and Miss Rivett in London, where girl students attended lectures and were trained in the various handicrafts for two years before obtaining a diploma as teachers. A new profession was thus opening up for educated women, for it was necessary to have trained supervision of the patients at their work to teach them and the nurses the handicrafts, and to select occupations suitable to the different types of patients, some of whom required sedative and others stimulating methods, or exercises for certain groups of muscles. Co-operation between the medical staff and the nurses on the one hand with the occupational therapist on the other was essential, and the therapist should be supplied with details of the patients' ailments and their special needs. Games for small classes with the medicine ball and rhythmical physical exercises to music were an added feature of value to patients able to walk about. The essence of occupational therapy was to exercise the limbs in various ways, and also to exercise the mind without the patient realizing that he was doing work or was being set a task. Thus it became recreation, and instead of hours of boredom recurring daily, which led to increasing depression and misery of outlook for the future, the patients slept better and more naturally, became brighter and happier, and felt that they were accomplishing something definite, making something useful, and perhaps might presently be started in a profitable trade.

The Maida Vale Hospital (whose new title is to be the "St. Marylebone Hospital for Nervous Diseases") is finding the system very advantageous. There are initial expenses in providing looms and materials, but once started the treatment will more or less pay its way; even a small shop could be stocked, or outside shops supplied with articles not retained in the hospital. Although the salary of a professional occupational therapist has to be paid, an item on the other side is the not inconsiderable saving in the cost of hypnotic drugs. Dr. Curran, psychiatrist at the Maida Vale Hospital, added a few words on his experience in the psychiatric clinic attached to the Johns Hopkins Hospital, and Miss Tarrant gave a demonstration of the work that was being and might be done. Over a hundred guests were present, including several members of the committee of management of the hospital and the majority of the medical staff.

The London Bus Strike: Health Aspects

The report of a Court of Inquiry concerning the stoppage of the London Central Omnibus Services, 1937, has been issued as a White Paper (Cmd. 5464, price 4d.). It is signed by all three members of the Court—Mr. John Forster, Sir Arthur Pugh, and Mr. Basil Sanderson—and paragraph 42 of their conclusions is devoted to the effect of working conditions upon the health of the men.

"The claim for the adoption of a maximum 7½-hour day was based fundamentally upon the contention that the work of the busmen is injurious to their health. Upon this question there was put before us, in addition to certain statistics, the evidence of three medical men. Neither the statistics nor the oral evidence convinced us that the claim of injury to health

was proved. . . . If the medical evidence is examined it will be seen that both Dr. S. J. Woodall and Dr. H. B. W. Morgan stated that the views which they held that there was a high incidence of illness among busmen were based more on general impressions than on any statistical evidence. Professor Culpin frankly admitted that he was not prepared to draw any conclusion from the results of the investigations he had made. Although we could not regard the evidence as affording any conclusive proof that the busmen's occupation is injurious to health, we feel . . . that a *prima facie* case was made out for further and immediate investigation by a properly qualified body specially constituted to deal with this important matter. We also feel that such a body should include experienced representatives of employers and of workers as well as medical men and other persons with the necessary technical qualifications to enable the matter to be freely explored. . . . We are aware of the fact that there is already in being a subcommittee of the Industrial Health Research Board which is investigating the question whether gastric disease among busmen is greater than among other similar classes of workers. It is therefore necessary to point out that the question raised by the present dispute is one of the causation of disease among busmen rather than the question of comparative incidence of disease, which is the question before that subcommittee."

Bristol Tuberculosis Conference

The twenty-third annual conference of the National Association for the Prevention of Tuberculosis will be held in the physics classroom of the University of Bristol on Thursday, Friday, and Saturday, July 1, 2, and 3. The chief subjects for discussion are "Propaganda and Publicity Methods," to be opened by Dr. Harley Williams; "Preventive Institutions, with Special Reference to Open-air Schools": (a) "Environment," to be opened by Dr. Ralph P. Williams, and (b) "Nutrition," to be opened by Professor J. A. Nixon; "Equipment and Activities of a Tuberculosis Dispensary," to be opened by Dr. C. J. Campbell Faill. The discussions will take place on the first two days of the conference and will be followed by the annual meeting of the National Association, when it is hoped that Dr. N. D. Bardswell will speak on the association's inquiry into tuberculosis in Cyprus. The third day will be devoted to visits to various institutions. Full particulars of the conference may be obtained from the acting secretary-general, N.A.P.T., Tavistock House North, Tavistock Square, London, W.C.1.

Queen Charlotte's Hospital

The annual report for 1936 of Queen Charlotte's Hospital records further satisfactory progress in the use of prontosil. In a series of eighty-five cases of haemolytic streptococcal infection, sixty-four of which were treated with this drug, there were only three deaths. The mortality rate of 3.5 per cent. in this series compares with a rate of 22.2 per cent. from the opening of the Isolation Block to the end of 1935. Laboratory research demonstrated that the action of prontosil was probably due to the formation in the body of a simpler derivative. Clinically it was found that this substance produced a greater resistance to haemolytic streptococci, and for this and other reasons it is now being used in the wards. The report states that laboratory methods, evolved to distinguish potentially dangerous streptococci from relatively harmless types, have now become part of the ordinary routine, and that the hospital is prepared to undertake such investigation for any medical practitioners or public authorities who may require it. There has been a gratifying response from many parts of the country, and large numbers of swabs have been received. By this means it is possible to determine whether a doctor or nurse, in whose throats there may be reason to suspect the presence of haemolytic streptococci, may safely attend a confinement. In the course of the year under review 3,004 in-patients were treated at the hospital, the largest number in the history of this institution. Of these patients 130 were single women with their first child.

SCOTLAND

Anti-tuberculosis Campaign in Scotland

The report of the Royal Victoria Hospital Tuberculosis Trust, which was summarized in the *Journal* of May 29 (p. 1132), was presented to the annual meeting of subscribers to the Trust on May 26. Mr. T. J. Carlyle Gifford, who presided, said that the Edinburgh tuberculosis scheme was now celebrating the fiftieth anniversary of its foundation by Sir Robert Philip in 1887, and it was a matter for regret that for the first time since the work of this Trust began Sir Robert Philip was unable to be present owing to illness. To-day a considerable amount of the Trust's resources was devoted to research. The chairman, in referring to the Trust's dairy farm at Gracemount, said that some other countries were far ahead of Britain in the provision of clean milk, and it might be said that under present conditions in Great Britain milk was one of the most dangerous foods. The Trust would therefore continue to press for improved conditions of milk production throughout the country. Professor Stockman, Glasgow, spoke of his early collaboration with Sir Robert Philip in research on tuberculosis, and said that there had been many difficulties at first on account of prejudice, apathy, and wrong teaching. In considering the great work that had been done, they must think not only of the decrease in the death rate from the disease, but also of the accompanying decrease in suffering and impoverishment. Only two diseases were comparable with tuberculosis, one of these being scurvy and the other small-pox, and both of these were rare now in this country. It was to be hoped that in another fifty or hundred years tuberculosis would be just as rarely encountered as these two were at the present time.

Research into Causes of Mental Illness

In the fifth annual report of the West of Scotland Neuro-Psychiatric Research Institute, Glasgow, it is stated that owing to the prior claims of other researches anaerobic bacteriological investigations were curtailed during the latter half of 1936. The study of flocculation reactions and their use in the serological diagnosis of syphilis has been actively pursued, and the production of a flocculation test which will be especially suitable for both sera and fluids is anticipated in the near future. Since July a systematic investigation of leucocyte activity in a patient suffering from the manic-depressive psychosis has been in progress. At the time of the preparation of the report, 429 examinations had already been made, covering a short normal phase followed by two months' depression and a gradual recovery of equilibrium. It is hoped to extend the observations over the whole cycle of the disease with a view to recording whether significant changes take place in the blood from one phase of the mental illness to another. Certain bacteriological and biochemical examinations have also been made on this case. Reviewing research activities in associated mental hospitals and institutions, the report states that considerable progress has been made in the study of calcium metabolism in mental diseases. Investigations of the absorption rate of calcium as gluconate, administered intravenously, show encouraging results. At the conclusion of the report, the director, Dr. W. M. Ford Robertson, stresses the need for expansion of research into the causes of mental illness.

Glasgow Post-Graduate Courses

A summer session for post-graduate teaching has again been arranged under the auspices of the Glasgow Post-Graduate Medical Association. The facilities will fall chiefly into two divisions: (a) general medical and surgical course, and (b) clinical assistantships. During the last two weeks of August and the first two of September a whole-time course, for which an inclusive fee is charged,

will be conducted in some of the general and special hospitals. The course will include most of the subjects of interest to the general practitioner—the mornings being occupied with general medicine and surgical diagnosis and minor surgery in the Royal Infirmary and the Victoria Infirmary, and the afternoons with special subjects in the special hospitals or departments of the general hospitals, two subjects being dealt with each afternoon. In a number of the institutions taking part in the work of the association, clinical assistantships are available in the summer months as well as at other times. Full particulars may be had from the secretary, Glasgow Post-Graduate Medical Association, The University, Glasgow.

Correspondence

Trachoma from Spain

SIR,—We are fully aware of the dangers of any infectious disease which could arise in a camp of 4,000 children, whether these diseases are those common to this country or peculiar to Spain.

Efficient co-operation exists between this camp and local authorities in Southampton and Winchester under supervision from the Ministry of Health. A completely equipped isolation unit was ready the day after the children arrived here, and is used as a diagnosis centre. Specimen material for bacteriological examinations is sent from here to local public health authorities for prompt investigation. There are five resident medical officers, who carry out a camp inspection daily at 7 a.m., when every child is seen. All sick children are referred immediately to a special medical tent.

With regard to ophthalmic examinations, one member of the staff has had a wide experience of trachoma as medical officer to the Royal Mail Company for examination of immigrants from Central Europe. He has not yet discovered any evidences of trachoma. As an extra precaution an ophthalmic surgeon from Southampton has kindly consented to see any special case.

It is so easy to rush into print and point out dangers which all medical men know to exist. It would be a matter of professional courtesy if Mr. A. F. MacCallan would communicate with me before disseminating his remarks. His letter to the *British Medical Journal* would not then have been necessary.—I am, etc.,

RICHARD W. TAYLOR,

North Stoneham Camp, Eastleigh,
Hants, May 29.

Senior Medical Officer.

SIR,—As President of the International Organization against Trachoma, Mr. A. F. MacCallan is clearly in a position to make *ex cathedra* statements as to the dangers of introducing this disease into England, and to warn the Ministry of Health against so doing. It is unfortunate, however, that before a question was asked in the House of Lords about the matter, with its inevitable repercussions and alarms, Mr. MacCallan should not either have got in touch with any one of those directly concerned with the medical examination and care of the children, or have made some inquiries as to the incidence of trachoma in the Basque district. He also appears to have assumed a trifle uncharitably that because the "gentlemen" who examined the children before embarkation in Bilbao were without special knowledge of ophthalmology, they were therefore also lacking in the elements of common sense. We did, in fact, make it our first duty on arrival in Bilbao to inquire from the public health authorities as to the

incidence of trachoma in the Basque district, and found that of recent years it has been extremely low. This was confirmed by a Spanish ophthalmic surgeon of many years' experience in Bilbao, who accompanied the children to England.

Mr. MacCallan's statement that trachoma is "practically universal" in certain provinces of Spain is apparently based on the report of Professor Soria (XIII, *Consilium Ophthalmicum*, 1929, 3, 113), and refers to the districts of Murcia, Almeria, Valencia, and Castellon. It is, however, so exaggerated that it is surely based on a misunderstanding of Professor Soria's statistics. The figure 90 per cent. which he gives refers not to the incidence of trachoma in the whole population, but to the percentage of eye cases which are trachomatous. Actually the highest incidence of trachoma in any province was 2 per cent. of the population. The same source shows that the incidence in these districts was from twenty-five to fifty-five times as high in the neighbourhood of Bilbao, so that Mr. MacCallan's whole quotation is liable to be profoundly misleading.

It is hardly realized in this country how widely different from South and South-East Spain are the circumstances both as regards climate and public health in the Basque district. Details of the medical care and examination of the children in England are given by Dr. Taylor.

We need hardly add that all those concerned are fully aware of their responsibility, and anxious to co-operate in necessary measures to prevent the spread of any infection that may occur.—We are, etc.,

RICHARD W. B. ELLIS,

AUDREY E. RUSSELL.

London, W.1, June 1.

Treatment of Pharyngeal Carcinoma

SIR,—I am much indebted to Mr. Musgrave Woodman (*Journal*, May 22, p. 1089) for calling my attention to his experience in the use of inserted plaques. There must, however, be some fundamental difference in the technique we employ, for in the method which I described the plaques are at some distance from the skin wound, which is, in fact, not exposed to any appreciable radiation. In my own cases the healing of the skin wound has been perfect, a very important consideration in patients of this class.

As to the radiosensitivity of pharyngeal carcinoma, I am afraid that I must dissent from him entirely. The work of Berven and of Coutard fully confirms my own experience that growths in the oral pharynx, including those of the tonsil and the base of the tongue, are peculiarly sensitive to radiation, and it is in these cases that the method of inserted plaques is specially applicable. The exact construction of the plaque and the arrangement of the radium within it are, however, of considerable importance if good results are to be obtained.—I am, etc.,

London, W.1, May 27.

H. S. SOUTTAR.

Influenza and Industry

SIR,—The article of Dr. William Blood in your issue of May 22 (p. 1079) calls for some comment. The average incidence of fresh visits to insured persons as compared with fresh visits to their dependants is usually in the ratio of 1 to 3 or 1 to 4. At the outbreak of the recent epidemic this rose abruptly for a few days to a ratio of 2 to 1. This bears out Dr. Blood's observation that the chief cause of initial spread was through the workshops, but if reference be made to the *Journal* of October 25, 1919, an article will be found on the "Spread of Influenza

Dr. O'DONOVAN, who had conducted the necropsy, said that the child had died from toxæmia and purpuric hæmorrhage consequent on general infection by miliary tuberculosis. Three days before death the blood showed a purpuric condition. After death he found numerous petechial hæmorrhages in various parts of the body, a chronic lacerated lesion on the outer aspect of the right arm, and a palpable mass in the right armpit. The lungs did not collapse, were of grey appearance, and were studded with minute tubercles. There were groups of tubercles in the lining of the chest cavity on both sides of the apical regions. There were small hard tubercles on the liver surface and the liver was slightly enlarged; the spleen was enlarged and studded with tubercles on its surface and throughout its substance. There were hæmorrhages in the stomach wall and blood throughout the intestines. There was hæmorrhage in the pelvis of both kidneys and into the tissues of the floor of the abdomen on both sides. There were hæmorrhages into the scalp tissues and dura mater. There was no evidence of meningitis; tubercles were not seen in or on the brain surface and the mesenteric glands were enlarged. The right axilla contained a mass of enlarged glands with hæmorrhagic softening, and on microscopical examination tubercle bacilli were demonstrated in lung, liver, spleen, kidney, and glands, and in one small nodule that was removed from the brain. The tissue from the ulcerated lesion on the right arm was a chronic inflammatory process which could not definitely be diagnosed as tuberculous and in which tubercle bacilli were not found, but its appearance was consistent with tuberculous ulcer. The acute condition was of perhaps a few weeks' standing. There was no evidence of chronic tuberculosis.

Dr. O'Donovan said he had never heard of a case in which the subcutaneous inoculation of tubercle bacilli had caused any form of tuberculosis infection. In this case, he said, the disease had been caused by a tuberculous ulcer and disseminated throughout the body, leading to purpuric hæmorrhage. A connexion between the inoculation and the generalized infection was possible. The condition could not have been caused by anti-diphtheritic immunization properly administered. There were no signs on the body of old tuberculous lesions. The condition would be a possible result of "living tuberculous serum."

Dr. MCCARTHY described the inoculations and the course of the case, and added that all the syringes had been sterilized in an electric sterilizer and sent to the school in a sterilized drum. Every usual precaution had been taken. He had been dealing with no cases of tuberculosis either in hospital or in private, and had no preparation of tuberculous material in his possession. He could not recollect whether this child was the first to be inoculated, but she had been among the first. He had known of no case of tuberculosis in the college during the last few years. The county medical officer had kept the bottles in sealed boxes in his office and Dr. McCarthy had fetched them himself.

A Bacteriologist's Evidence

Dr. J. W. BIGGER, professor of bacteriology, Trinity College, Dublin, said that he had inspected the research laboratories of the Wellcome Foundation, Ltd., of Langley Court, Beckenham, Kent, where the T.A.F. had been manufactured. He had been given every facility for investigation. He had followed the various stages in the preparation of T.A.F. and inspected all the original records dealing with the two batches from which the flasks had come. At every point in the manufacture the freedom from contamination was tested microscopically, culturally, and by animal inoculation. The tests were more complete and more numerous than were required under the Therapeutic Substances Act. He had devoted particular attention to the three departments where cultures of tubercle bacilli were kept, and found them quite separate

from the departments in which T.A.F. was bottled. The staffs were completely distinct and each was unfamiliar with the work of the other department. He was satisfied from his inspection that no addition of tubercle bacilli could have been made to a bottle of T.A.F. He had particularly investigated the possibility of substitution, and had found no sufficient motive to impel anyone to make it. An attempt, moreover, would be faced with unsurmountable difficulty. To make a suspension of tubercle bacilli even remotely resembling T.A.F. would require expert bacteriological knowledge, and even he himself would find it difficult. In addition to expertness in filling, capping, tying, labelling, etc., a detailed knowledge of Langley Court laboratories and of the various cultures and store places would be needed. To effect a substitution the collaboration of at least two persons in quite different departments would be required. Professor Bigger's final conclusion was that neither by accident nor by deliberate design could any preparations issued from the Wellcome laboratories and labelled T.A.F. contain living tubercle bacilli. He had tested samples taken from the batches from which the Ring College bottles had come and had found them sterile. Infection was not possible at the laboratories. He had recently inoculated forty students with the same material.*

Dr. H. J. PARISH, head of the bacteriological department of the Wellcome Laboratory, described the preparation of T.A.F. The first intimation of trouble had been a personal letter sent on February 23, 1937, by Dr. Saunders to the director of the Wellcome Physiological Research Laboratories, saying that about eighteen children had sore arms and that the condition was thought to be tuberculous. After further correspondence Dr. Parish had gone to Ireland and seen Dr. O'Farrell, Dr. McCarthy, and Dr. Saunders. The records of both batches of serum showed that they had passed all tests on repeated occasions and on single bottles after having been filled. The coroner adjourned the further hearing for advice as to his jurisdiction, for he was taking the place of Dr. McCarthy and his deputy, who were both concerned in the case.

Comment on this extraordinary case would therefore not be proper yet. It seems incredible from the medical evidence already summarized (for a report of which we are indebted to the *Cork Examiner* of May 20 and 22) and from the reputation of the manufacturers that this preparation could have been contaminated when it left the laboratory.

Universities and Colleges

UNIVERSITY OF OXFORD

At a Congregation to be held on Tuesday, June 8, the following business will be presented to the House: That any medical student of a university in Great Britain or in Northern Ireland or the British Dominions or Colonies may be admitted to the status and privileges of a senior student, provided that the university shall have been approved by the Hebdomadal Council and that he shall have pursued at that university, or should the Hebdomadal Council in his case so approve, at more than one university, for at least three years a course of study leading to a degree in medicine, and shall have passed all examinations incidental to that portion of the course.

It is hoped to make an election to a lectureship in physiology at Brasenose College on the foundation of William Hulme towards the end of the present year. The lectureship will be tenable in the first instance for three years and at the end of that period may be renewed for a further period of two years. The initial stipend will be £350 per annum, with annual increments of £25, and the lecturer will be entitled to partake of the common college dinner without charge and will be given the privileges of common room. The duties of the lecturer will be to undertake research in some branch of medical science and to exercise general supervision over

members of the college studying medicine for the honour school of physiology and the First B.M., and to give them instruction in physiology. The lectureship may be held concurrently with a demonstratorship in one of the university laboratories, but the lecturer will not be allowed to undertake other teaching work without the consent of the college. The lecturer will be expected to enter on his duties at the beginning of next Michaelmas term. Preference will be given to candidates who hold a medical qualification and to graduates of Oxford University. The choice of the electors will not necessarily be confined to those who apply. Applications, accompanied by references and not more than three testimonials, should reach the Principal of Brasenose by June 26.

UNIVERSITY OF CAMBRIDGE

At a congregation held on May 29 the following medical degrees were conferred:

M.D.—J. B. Harman.
M.B., B.CHIR.—W. J. E. Phillips, J. W. Hannay, G. F. Wright, T. E. S. Lloyd, J. W. Crofton.
M.B.—*F. R. Berridge, *F. Braithwaite, K. O. Black, T. C. Gipson, T. L. H. Shore, A. R. Kelsall, F. G. Booker, L. J. Panting, J. Woodrow, A. C. L. Houlton, C. R. McLaughlin, R. H. A. Swain, W. F. Walton.
B. CHIR.—*T. M. Daniel.

* By proxy.

UNIVERSITY OF LONDON

At a meeting of the Senate, held on May 19, the Ph.D. in Medical Vital Statistics (non-clinical) was awarded to E. Lewis-Fanning (London School of Hygiene and Tropical Medicine).

UNIVERSITY OF DURHAM

At a special convocation in connexion with the centenary of Durham University, to be held on July 1 and 2, the degree of D.C.L. will be conferred on Sir Cuthbert Wallace, Bt., K.C.M.G., President of the Royal College of Surgeons of England.

UNIVERSITY OF LEEDS

The University Court has resolved to confer on July 5 the honorary degree of LL.D. upon Professor John Kay Jamieson, M.B., C.M., professor of human anatomy and embryology in Trinity College, Dublin, and formerly dean of the faculty of medicine and professor of anatomy in the University of Leeds.

UNIVERSITY OF MANCHESTER

Dr. J. G. Woolham has been appointed honorary assistant lecturer in physiology.

Medical Notes in Parliament

In the House of Lords on June 1 the Exportation of Horses Bill, the Marriage Bill, and the Statutory Salaries Bill were brought up from the Commons and read a first time.

Tributes to Sir Stanley Baldwin on his retirement from the Premiership were spoken in the House of Commons on May 31 and in the House of Lords on June 1. In the Commons allusion was also made to the retirement of Mr. Ramsay MacDonald from the Government and to the fact that he remains a Member for the Scottish Universities.

Mr. Neville Chamberlain, the new Prime Minister, spoke in the House of Commons on the Finance Bill on June 1. He announced that the National Defence Contribution would not be proceeded with and that the Chancellor of the Exchequer, Sir John Simon, would substitute proposals for a simpler tax on the profits of industry.

In the Ministerial changes which followed the acceptance of the Premiership by Mr. Chamberlain, Mr. R. H. Bernays succeeded Mr. P. S. Hudson as Parliamentary Secretary to the Ministry of Health. Sir Kingsley Wood remains Minister of that Department.

In the House of Commons on June 1 the Hydrogen Cyanide (Fumigation) Bill, which had passed the House of Lords, was read a first time. The Civil List Bill was read in the House a third time.

Factories Bill in Committee

The Factories Bill was further discussed by a Standing Committee of the House of Commons on May 25. On Clause 144 (Interpretation of expression factory) Colonel SANDEMAN ALLEN moved to exempt from the Bill a shop as defined by the Shops Act. Mr. RHYS DAVIES said that a great number of large shops had premises inside which were to all intents and purposes factories. Mr. GEOFFREY LLOYD agreed that there were attached to some shops veritable small factories, it might be dressmaking establishments or in butcher shops where sausage-making machinery operated. It would be unwise to withdraw the protection of the safety provisions of the Bill from those who operated power-driven sewing machines or sausage-making machines. The amendment was withdrawn.

Mr. SHORT moved to include premises where switching operations were performed. Mr. LLOYD said switching stations in certain circumstances might be as dangerous as converter, transformer, and generating stations, but the number of accidents in switching stations was not large. The Electricity Commissioners lately issued a new code of regulations, which included an additional regulation for the safety of employees engaged on operations which did not come within the scope of the Home Office Electricity Regulations. If that regulation did not meet the point raised by Mr. Short the Home Office would consult the Electricity Commissioners to see whether further provision could be made. Mr. Short withdrew his amendment. An amendment was made on a motion by Mr. LLOYD leaving the courts to decide the line of demarcation between the Factory Acts and the Safety in Mines and Quarries Acts in the case of surface works connected with mines and quarries. Clause 144 as amended was then approved.

On Clause 145 (General interpretation) Mr. BANFIELD moved an amendment to make the definition of confectionery more clear and to cover the baking of tea-bread and scones. He said it was undesirable that foodstuffs should be made at places where no supervision was possible. Mr. LLOYD said this matter depended on the result of the inquiry in progress into night baking. He could not say when the report of that inquiry would be published. Mr. Banfield withdrew his amendment.

Sir JOHN SIMON moved amendments affecting the definition of "young person." He said that although the Bill spoke of persons who had attained the age of 14, the attainment of that age was not to the point unless the young person was one in whose case the new Education Act permitted that he should be released before the age of 15 for beneficial work. It was not true that every child of 14 could be legally employed in a factory. The amendments proposed by Sir John were accepted, as also was a similar one in respect of Scotland.

The title of the Bill was approved, and the Committee adjourned.

WORKING HOURS OF JUVENILES

Consideration of the Bill was completed on May 27, when new clauses were taken. In fulfilment of a pledge given at an earlier sitting, Sir JOHN SIMON moved the new clause entitled "Reduction of weekly hours of work of young persons under 16," which provides as follows:

"Subject to the provisions of this section, as from the expiration of a period of two years after the commencement of this Act, the foregoing provision of this part of this Act limiting the hours worked in any week, exclusive of intervals allowed for meals and rest, shall have effect, in the case of young persons who have not attained the age of 16, as if for the reference to forty-eight hours there were substituted a reference to forty-four hours."

Sir John explained that at an earlier sitting of the Committee the application of the forty-eight-hour week to

posals submitted by the local supervising authorities in Wales under the Midwives Act, 1936, was not complete, but in the case of the majority of the authorities their proposals might be considered generally adequate. In some cases further information was awaited and in others points, varying in different areas, were the subject of communication with the local supervising authority. If in any case he was advised that the proposals submitted were inadequate he would make the necessary representations to the authority concerned.

Duke-Fingard Inhalation Treatment

Mr. ROWSON, on May 27, asked whether the Minister of Health would set up a committee of inquiry, consisting of an equal number of medical men and laymen, to inquire into the efficacy and genuineness of the Duke-Fingard inhalation treatment for diseases of the respiratory organs, such as chronic catarrh, bronchitis, bronchiectasis, asthma, and tuberculosis; and take steps to have this treatment made available for panel patients under the Health Insurance Acts who suffered from chest complaints.

Sir KINGSLEY WOOD replied that he would not take such action. He was not aware of any sufficient reason for instituting a special inquiry into this treatment. An insurance practitioner was free to give such treatment as in his judgement was appropriate for his patients.

Mr. ROWSON: Will the Minister put this treatment on the list of those which may be used by the medical profession for the diseases mentioned in the question?

Sir K. WOOD: The hon. member had better give me notice of that question.

Mr. JAGGER: Is the Minister aware that personal friends of mine and numbers of my constituents who had been given up as incurable have been cured by this treatment?

Safety-glass.—On May 26 Mr. HORE-BELISHA announced the results of his investigations into the question whether certain forms of safety-glass used in motor cars turned opaque when cracked or broken. He said it was found that on the rare occasions when glass of this type cracked without collapsing the obscuration was not complete, and the cracked glass could be pushed out. He saw no reason for prohibiting its use.

Coalowners and Silicosis Compensation.—On May 31 Mr. J. GRIFFITHS asked the Home Secretary if he was aware that the South Wales Coalowners Indemnity Society was refusing to pay compensation to men certified by the medical board to be disabled by silicosis; that the reason given for this refusal was that the society proposed to institute proceedings for the purpose of seeking a declaration that the Silicosis Orders were *ultra vires*; that meantime these men were compelled to seek public assistance; and what action he proposed to take in the matter. Sir SAMUEL HOARE said he had no information to the effect suggested, and had no power to interfere with any legal proceedings. Mr. GRIFFITHS asked if Sir Samuel Hoare would give an assurance, if the courts held that this Order was *ultra vires*, that these men would not be penalized, and that the Government would bring in a new Order to give them compensation to which they were entitled. Sir SAMUEL HOARE agreed that this was a matter of great importance, but said he would rather not express an opinion until he had further facts.

The Services

INDIAN MEDICAL SERVICE

SPECIAL CORONATION DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Wednesday, June 16, at 7.15 p.m., when Brevet Colonel Sir Rickard Christophers, C.I.E., O.B.E., F.R.S., will preside. Officers can arrange to sit near their friends, and separate tables to seat eight will be provided. Tickets may be obtained from the joint honorary secretary, Major Sir Thomas Carey Evans, Hammersmith Hospital, Ducane Road, London, W.12.

Medical News

The president and council of the Harveian Society of London have issued invitations to the Buckston Browne annual banquet, to be held at the Connaught Rooms, Great Queen Street, W.C., on Thursday, June 10, at 7.30 for 8 p.m.

The first International Congress of Neo-Hippocratic Medicine will be held in Paris from July 1 to 5, under the presidency of Dr. Laignel-Lavastine, professor of the history of medicine in the Paris Faculty of Medicine. Further information can be obtained from the secretary of the congress, Hôpital Leopold-Bellan, 7, Rue du Texel, Paris, XIVe.

The twelfth annual Macalister Lecture will be given at the National Temperance Hospital, Hampstead Road, N.W., on Thursday, June 24, at 9 p.m., by Sir Arthur MacNalty, whose subject is "The Doctor in Politics and Diplomacy." All medical practitioners are invited to be present and may bring friends (ladies or gentlemen). Smoking is allowed and tea and coffee will be served.

A Chadwick Public Lecture on "Plants in Health and Disease" will be delivered by Mr. H. Gilbert-Carter at the Chelsea Physic Garden, Swan Walk, S.W., on Thursday, June 10, at 5 p.m., with Sir William Collins in the chair.

The third annual general meeting of the British Association of Radiologists will be held at the British Institute of Radiology, 32, Welbeck Street, on Friday and Saturday, June 11 and 12.

The summer meeting of the Association of Clinical Pathologists will be held at the Royal East Sussex Hospital, Hastings, on Saturday, June 12, at 9.30 a.m., when the subject for discussion will be "Blood Transfusion and Saline Injections" to be opened by Professor A. E. Boycott, F.R.S. Subsequent speakers will be Dr. H. F. Brewer, "The Organization and Medical Administration of a Voluntary Blood Transfusion Service"; Dr. S. C. Dyke, "The Organization of a Blood Transfusion Service"; Dr. J. Boycott, "Grouping of Donors and Recipients"; Dr. H. L. Marriott and Dr. A. Kekwick, "Continuous Drip Blood Transfusion"; Dr. R. J. V. Pulvertaft, "Abnormal Reaction following Blood Transfusion"; Dr. P. Lazarus-Barlow, "Direct Blood Transfusion"; Dr. F. A. Knott, "Transfusion in Aplastic Anaemia and Agranulocytosis"; Dr. Norah H. Schuster, "The Storage of Blood"; Dr. N. Hamilton Fairley, "Intravenous Haemolysis, with Special Reference to Pseudo-Methaemoglobin Production"; Dr. R. Officer, "Post-operative Saline Treatment." After the meeting members of the Association will be entertained to an official luncheon to be given by the Corporation of Hastings. At the afternoon session Dr. Janet Vaughan will show specimens from a case of osteosclerosis with leuco-erythroblastic anaemia, and Dr. Lazarus-Barlow will give a demonstration of a new method of filtering agar culture media. There will be a business meeting at 5 p.m.

The King Edward's Hospital Fund for London has made arrangements for a second series of Coronation tours of historical buildings famous throughout the Empire. These privileged visits will take place on June 9, 16, and 25; July 7, 14, 16, and 21. Tickets are 10s. each visit (Tilbury Docks £1) or £3 for the series, and the entire proceeds are devoted to the Fund. Communications should be addressed to the secretary, King Edward's Hospital Fund for London, 10, Old Jewry, E.C.2.

The issue of *Paris Médical* for May 15, which is mainly devoted to diseases of the liver and pancreas, shows the distribution of the medical staff in Paris hospitals.

The Belgian Red Cross has sent four motor ambulances to Spain, two for the Government forces and two for the insurgents.