

months on thyroid, began with a more complete examination of the tubes, using lipiodol, which was much more reliable than insufflation. In a certain proportion of cases the lipiodol injection was followed by patency of the hitherto blocked tubes. The third stage of treatment was by means of hormones. In the large proportion of cases in which there was genital hypoplasia considerable doses of the follicular hormone might be given.

Correlation of Factors

Mr. KENNETH WALKER dealt with conditions in the male. He asserted that if it were possible to correlate all the factors in childless marriage it would generally be found that they were multiple, and that there were adverse factors on the side both of the male and of the female. He thought that the importance of such conditions as infection of the genital tract had been over-stressed in the past. Gonorrhoea, it was true, could produce absolute sterility, but in the usual cases of childlessness what was found was not absolute sterility but impaired fertility. Ten years ago in such a discussion he would have laid chief emphasis on local conditions; to-day he would lay chief emphasis on constitutional troubles. Endocrinology offered some hope, though he did not mean that every case was due to dysfunction of the endocrine glands.

Mr. V. B. GREEN-ARMYTAGE suggested that it was important that medical officers and matrons of girls' schools should carefully observe the time of onset and type of menstruation. Hypoplasia did not begin at the age of 25 when the woman came to the gynaecologist, but it began in early youth, and if care were taken at that period as to diet, exercise, and the giving of oestrogenic substances when necessary subsequent infertility might be lessened. Mr. Green-Armytage was convinced that contraceptive measures in the early days of marriage were inimical to pregnancy at a later date. He showed lantern slides of lipiodograms taken in various types of cases. Salpingography was carried out as a routine on the Continent, and if general practitioners realized its ease and painlessness more of these cases would be investigated. It had the advantage over insufflation in that it gave information as to whether both tubes were patent or only one, and whether there was any abnormality in the uterus.

Dr. F. J. McCANN referred to the importance of preventing certain childish ailments, which left a far more important imprint than was generally realized. Many of the exanthemata and other acute diseases of early life caused vulvo-vaginitis, forming adhesions, but they also left their mark on the ductless glands, and the result was seen only after puberty. Irregularity of menstruation in the young girl should be looked upon as a serious condition demanding treatment, the treatment being first diet, secondly exercise, and thirdly appropriate medication. Dr. McCann added his strong belief that contraceptive measures did delay fertility for a considerable time, and might cause sterility.

Others who participated briefly in the discussion were Dr. MALCOLM DONALDSON, Mr. G. J. SOPHIAN, and Dr. VAUGHAN PENDRED.

From recent reports in the Press supplied by Reuter it appears that Sister Elizabeth Kenny, whose methods of treating anterior poliomyelitis form the subject of an article by Dr. F. H. Mills at p. 168 of this issue and are commented on at p. 178, has been asked to supervise a test of her treatment which is to be carried out by the Government of Victoria. In the epidemic of poliomyelitis which is at present causing concern in Victoria, 1,600 cases and eighty-seven deaths have been notified up to the end of December. Twenty-two hospital beds have been placed at the disposal of Sister Kenny, and the results of her treatment will be watched by a medical panel which is to be set up by the Victorian Branch of the British Medical Association.

Local News

ENGLAND AND WALES

The Tuberculosis Problem in Wales

The Government inquiry into the new scheme of the Welsh National Memorial Association for combating tuberculosis in Wales opened at Cardiff this week, when Cardiff Corporation and several of the Welsh county councils raised objections to the estimates of the Association on the ground that they would cause an unjustifiable increase in expenditure during the next five years. The Memorial Association proposes a capital and extraordinary outlay of nearly £400,000 on hospitals, clinics, and sanatoria. The Cardiff City Council objects that items are introduced involving financial principles to which it declines to contribute. In its opinion the new hospital at Swansea, which the Memorial Association proposes should be built at a cost of £200,000, is not justified by the circumstances. It also takes exception to the basis of contribution, and argues that during recent years the increase in expenditure to combat tuberculosis in Wales has been out of all proportion to that of other health services. A statement prepared by Lord Davies, president of the Memorial Association, was read to the Committee of Inquiry before evidence was taken. The whole of the first day's session was given up to an examination of a long memorandum setting out the history and achievements of the Association and its recommendations.

L.C.C. Mental Health Services

Vol. VI of the Annual Report of the London County Council for 1936¹ deals with the administration of the Council's mental health services during the year ended March 31, 1937. On the last day of 1936 the total number of patients for whom the Mental Hospitals Committee was responsible was 38,282. The average annual increase in the number of mental patients for whom institutional care has been provided since 1920 was 584. The need for accommodation for persons who are mentally disordered is approximately in the ratio of 3 male beds to 4 female beds. The number of cases of mental disorder receiving institutional treatment shows a ratio of 6.62 per thousand of the population of the County of London. Nearly 70 per cent. of the direct admissions during 1936 were first attack cases, and prolonged mental stress was deemed to be the principal cause of mental breakdown in 520 of the 3,437 cases admitted directly. The total number of patients readmitted during 1936, after having been previously under treatment as certified, voluntary, or temporary patients, was 753, representing 21.2 per cent. of the total number of admissions. At the London County mental hospitals 11.27 per cent. of the certified patients were allowed parole in the hospital grounds, and 3.45 per cent. were permitted to be on parole outside the grounds; 11.90 per cent. were granted short periods of leave up to four days. An experiment is being made at one hospital to provide a few suitable voluntary patients, after recovery, with special training at educational institutions in trades for which they appear to have taste or aptitude in preference to some uncongenial form of prior employment, so that they may be able to take their place in the outside world again with a better chance of success and with less risk of a further mental breakdown. Some interesting figures are given relating to general paralysis of the insane before and after the commencement of the treatment by induced malaria. During the six years 1908-13, of the total number of such cases under care only 1.49 per cent. were discharged and 79.92 per cent. died, whereas during the six years 1930-5, 19.8 per cent. were discharged and only

¹ P. S. King and Sons, Ltd., 14, Great Smith Street, S.W.1. (Is., post free 1s. 2d.)

40.8 per cent. died. During 1936 at the Maudsley Hospital (where none but voluntary patients are treated) 959 persons suffering from early mental or nervous disorder were treated as in-patients and 3,811 as out-patients. A further 1,468 persons were treated as out-patients at psychiatric clinics established in association with the Maudsley at three of the Council's general hospitals north of the Thames. The total number of living mental defectives known to the Council at December 31, 1936, was 17,207, of whom 10,937 were under active care—a ratio of 4.16 per thousand of the population of the County of London.

Research on Mental Defect

On January 7 the board of directors of the Royal Eastern Counties Institution for the Mentally Defective, Colchester, entertained the members of the Darwin Trust to lunch at the informal opening of the research laboratories attached to the institution. Among those present were Sir Hubert Bond, Miss Darwin, Professor Adrian, Dr. Landsborough Thomson, and Dr. E. O. Lewis. Towards the cost of the building the Hon. Alexandrina Peckover contributed £2,200, the Hon. Lady Darwin £500, and it is hoped that other contributions will be received. The Rockefeller Foundation has given £700 and the Darwin Trustees £50 towards the cost of equipment, and the Rockefeller Foundation is making an annual grant of £600 for five years to provide additional research workers. Dr. L. S. Penrose, who is a member of the external scientific staff of the Medical Research Council, is directing the work. The permanent workers in the department are a social investigator, two laboratory technicians, and a biochemist. Attached to the department are Dr. Munro (Beit Fellow) and Mr. J. C. Raven (Medical Research Council grant). The building is single-storied, 77 ft. long by 40 ft. broad, on a site adjacent to Turner Village. It contains one laboratory suitable for biochemical and pathological investigations, another for microscopical work, a clinical room, dark-room for photography, three offices, testing-room, workroom, and lavatories. The heating and hot-water supply are provided by an automatic gas-fired boiler. Among the items of equipment is an electric calculating machine. A Medical Research Council special report, entitled "A Clinical and Genetic Study of 1,280 Cases of Mental Defect," which will give the results of the work of the last seven years, is to be published early this year.

The Welfare of Cripples

In its origin the word "cripple" meant "one who creeps," or perhaps, in the Scottish phrase, is "cruppen up," and the 1611 version of the Bible renders the phrase in the Acts of the Apostles "a creeple from his mother's womb." A revolution has taken place in crippleddom during the last generation, partly due to new orthopaedic treatment, and partly to a new care for the cripple from the social, educational, and vocational points of view. Special services for cripples are almost entirely a growth of the present century. It is true that a few institutions for cripples were established in the nineteenth century, and the first hospital reserved exclusively for orthopaedic cases, now the Royal Cripples Hospital at Birmingham, was founded as far back as 1817. But the first of the modern type of orthopaedic hospital was built in Cheshire in 1899 by the Royal Liverpool Children's Hospital to carry out the methods recommended by Sir Robert Jones, the pioneer of the new movement, and in the following year Dame Agnes Hunt founded the home at Baschurch which is now the orthopaedic hospital at Oswestry. All this and much more is described in the handbook issued by the Central Council for the Care of Cripples.¹ There are chapters on the discovery of the

cripple, by which is meant the search for those who are in need of orthopaedic treatment to prevent later crippling, the treatment of cripples when discovered, and their training and rehabilitation. The chapter on treatment is written for the layman, and is intended to give only a general idea of the treatment applied to orthopaedic cases, so that he may appreciate the reason why it is lengthy and the need for after-care. The considerable powers and duties of public authorities are clearly set out; extensive as these are, there is plenty of work remaining to be done by voluntary associations, and this is also described. The handbook gives some useful directions for the lay-out of an orthopaedic hospital, including the out-patient department and fracture clinic. The conditions which a rehabilitation centre should fulfil are noted. At present, while the treatment of injuries, restoration of function, and vocational training are provided to some extent at centres in different parts of England, there is still no provision for reconditioning, except for the small centre established by the L.M.S. Railway at Crewe. It is hoped that before long one such centre may be established on a large scale by way of experiment.

SCOTLAND

St. Andrews Institute for Clinical Research

The annual report of the James Mackenzie Institute for Clinical Research states that the institute has now accumulated a large number of records which promise to yield information of much value, and that the work of record-taking still goes on. During the year ended July, 1937, forty-eight new cases were taken and 806 notes were added to the existing cases. The annual classification of the records showed that 50 per cent. were complete, 22 per cent. required to be brought up to date, and 28 per cent. were incomplete, chiefly because patients had left the district. Periodic examination of children continued. Most of them had been under observation since birth, and in many instances the child's family and environment had been observed for a much longer time. Children were recalled to the institute for routine examination two or three times each year, while houses were visited and conditions correlated with those of the children. Early in 1937 a survey of congenital heart cases was started, and it was decided for control comparison to tabulate the case histories of some hundreds of children who had been observed from birth to about 10 years of age. This statistical survey is regarded as unique and capable of yielding valuable information. Since the foundation of the institute in 1919 the family doctors of St. Andrews have worked in full co-operation with the public health department in all activities affecting the well-being of the people, and the report considers that legislation shows a gradual trend "towards the creation of a system of public health administration similar to that which has arisen out of Mackenzie's teaching." In the laboratory of the institute during the past year 693 investigations were carried out, and in the x-ray department 308 examinations. Various donations for research are recorded. The expenditure for the year amounted to £1,407, and the income to £1,039, but the funds still amounted to £14,870.

Scottish Universities By election

A writ for the combined Scottish Universities Parliamentary by-election caused by the death of Mr. Ramsay MacDonald is being issued this week. It will be a four-cornered contest. The candidates are the Right Hon. Sir John Anderson, lately Governor of Bengal, who is supporting the National Government as nominee of the Unionist Association of the Scottish Universities; Miss Frances Helen Melville, LL.D., late Mistress of Queen

¹ *Handbook on the Welfare of Cripples*. Published by the Central Council for the Care of Cripples, 34, Eccleston Square, S.W.1. (1s.)

Margaret College, University of Glasgow, who is standing as an Independent; Professor A. Dewar Gibb, who holds the regius chair of law in the University of Glasgow and is standing as representative of the Scottish Nationalist Party; and Sir Peter Chalmers Mitchell, LL.D., D.Sc., F.R.S., who was adopted as Independent Progressive candidate at a meeting of Scottish graduates held in London last week. Sir Peter retired from the secretaryship of the Zoological Society of London in May, 1935; in earlier life he was for some ten years lecturer in biology and examiner in zoology at London University and the Royal College of Physicians. At his nomination meeting he declared himself an advanced left-wing progressive, a democrat who believed that any stable structure of society must be based on the will of the people expressed in complete freedom of religious and political opinion with equality of sex and race.

Training in Psychiatry

Dr. I. M. Sclare, consulting psychiatrist to the Public Health Department of Glasgow, recently addressed the Scottish Association for Mental Welfare on the subject of "Psychological Illness." He said that psychological disorders were evidenced by various disturbances of function, and might affect any organ of the body, even when the patient did not suffer from a specific bodily condition. Many thousands of people suffered from functional illness without any mental disorder, and some of these had a great dread of insanity. Psychological illness, moreover, should not be regarded as a halfway house between physical and mental disturbances, for functional illnesses often occurred in people of superior mental and physical attributes. The prevalence of this type of illness had been variously estimated to be the fundamental factor in from one-third to three-fourths of all sickness. The serious aspect was that the patient was deprived of his potential value to the community, and his illness might be unconsciously imitated by his children in later life, impairing them emotionally or intellectually. Crime, delinquency, and political extremism might be the ultimate result of such a condition. Medical students, he held, should be taught in a course of psychiatry to detect the psychological factors in all illness, and to recognize the need for specialist treatment when confronted by difficult problems. Doctors would then have a better understanding of their patients, and hospitals would be considerably less congested, while psychiatric clinics would spring up where functionally sick persons would willingly go for treatment.

The Nursing Problem

At the annual meeting of subscribers to Stirling Royal Infirmary an address was given by Miss F. N. Udell, organizer for Scotland of the College of Nursing, in which she said that they were faced with an acute problem in the grave shortage of suitable candidates for the nursing profession. It was sometimes stated that this was because conditions were bad, hours of work long, and nurses were treated like slaves; but nurses themselves did not think that these were the reasons. It was not proved that there was any decrease at the present time in the number of candidates coming forward; the shortage was really due to the tremendous extension of nursing services throughout the country. Figures recently collected showed that during the last ten years, in four of the large hospitals of Scotland alone, 300 additional nurses were required each year. In pre-war days, if a girl wanted to take up professional work she had practically to choose either nursing or teaching; to-day there was virtually no profession that a woman might not enter, so that nursing was now in competition with all the other professions open to women. With regard to nurses' hours, this question could not be dealt with by rigid legislation; there were emergencies which, every nurse of experience would admit, might make it necessary to work longer hours. The work

of the nursing profession was not going to be served in the best way if it was reorganized by outside bodies knowing nothing of the rather peculiar difficulties that the profession had to meet. The speaker appealed to the public to recognize as much as they could the difference between a trained nurse and other persons who called themselves nurses. They wanted to educate the public and the medical profession to the fact that nurses were now State-registered, and that untrained women were not serving the best interests of the profession. Dr. P. F. McFarlan said it was admitted that nurses had long hours, but these hours were shorter than they used to be. Complaints were sometimes made that discipline in hospitals was too severe, but discipline was necessary if nurses were to be properly trained for their duties in life, and hardship in the nursing profession was not overwhelming during training. The superannuation scheme which had lately been started by the College of Nursing ought to be made universal and interchangeable between all hospitals. It was, he thought, little short of a catastrophe that a regulation of the profession of nursing should tell a probationer on the threshold of her career that she should not work more than forty-eight hours in a week.

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Freak Deaths

Several correspondents have lately exchanged experiences in that admirable fortnightly journal *Le Siècle Médical* with regard to freakish and often disconcerting deaths among their patients. The best story of the bunch is that told by Dr. Parrique, who in any but a highly respectable medical journal would be suspected by his readers of romancing. Some years ago he was called to a patient suffering from a bulky pleural effusion on the left side. The heart was displaced, dyspnoea was severe, and the patient was cyanosed. Aspiration seemed urgently indicated, so he thrust an artificial pneumothorax needle into the chest. Before he could withdraw the stylet and proceed to aspiration the patient collapsed and died within a second of the puncture, which was made in the customary position at the back of the chest. Three hours later he was called to a very similar case, and the patient's death at the moment of introducing a needle into his chest was as prompt and spectacular as in the first case. In the evening of the same day the really rather unfortunate Dr. Parrique was summoned to a third patient suffering from heart disease and a large bilateral hydrothorax. It is easy to understand the hesitation to which he confesses. But after all puncture seemed to be the only rational method to relieve the patient's distress, and Dr. Parrique had just steelled himself to do his duty and defy fate when the patient suddenly died before even his skin had been pricked—*Lex coincidentiae!*

Massive Hospitalization of Children

The comparatively young and still potentially fertile national sickness insurance in France has resulted in a prodigious crop of hospitals, convalescent homes, "preventoriums" *et hoc omne genus* for children. What has been lacking in quality has been more than made good—or bad—by quantity and, above all, by variety. The owners or tenants of buildings ranging from mansions to bungalows and huts have obeyed the call of profitable altruism and have turned them overnight into nursing homes, convalescent homes, etc. In catering for children it is apparently quite easy to turn a drawing-room into a modern nursery by plastering the walls with childish pictures and spraying the floor with toys. The other rooms of a house having been "converted" on the same

principle to meet the supposed needs of their prospective juvenile occupants, and the domestic staff having been promoted wholesale by the simple device of putting them into nurses' uniforms, nothing remains save to advertise widely and wisely. The former Minister of Public Health, M. Sellier, was so impressed by what he learnt of the activities of these mushroom institutions that he issued a circular on the subject in April, 1937. According to this circular "preventoriums" should be classified according as they belong to one or other of three well-defined groups. To belong to the first a children's "preventorium" has to be provided, among other things, with a resident medical officer, x-ray apparatus, a laboratory, and hospital beds; third-group institutions must provide sufficient material comfort, proper surroundings, and plenty of good food. At the present time the prefects throughout France are completing a survey of the children's "preventoriums" within their jurisdiction, and when their findings are available it is to be hoped that the selection of temporary homes for delicate, sick, or convalescent children will be made with more discrimination than has hitherto been possible.

Professor René Leriche

It will be remembered that the last occupant of the chair of medicine of the Collège de France was the late Professor Charles Nicolle. The Academy of Sciences, whose duty it is to recommend candidates for this vacancy, has headed its list with Professor René Leriche of Strasbourg. His work on the sympathetic nervous system, not to mention several other activities, earned him an international reputation many years ago, and his treatment of recent sprains by the prompt injection of local anaesthetics has attracted considerable attention. To epitomize the guiding principle of his career one might say he has made surgery the efficient servant of physiology.

"Perhaps" Surgery and the Forty-hour Week

When Dr. Georges Duhamel, literary star and ex-surgeon, addressed the Academy of Medicine on December 7 on the application of the forty-hour week to the Paris hospitals he created quite a sensation by the picture he drew of the demoralization which he believed had followed the application of this measure. With the operating theatre staff replacing each other at comparatively short intervals, surgeons, he said, would be informed that such and such an instrument just about to be used was "perhaps" sterilized. Much of the rest of his address was in the same strain. It quickly became a political issue in the lay press. On December 21, before the same forum, a vigorous counterblast came from no less a person than M. Mourier, who is at the head of the Paris Assistance Publique, responsible for 42,000 hospital beds. The gist of this counterblast was that if Dr. Duhamel had painted a true picture the new law would be reflected in a rise in the hospital mortality. In 1936, before the introduction of the forty-hour week, there had been 157,930 admissions and 11,879 deaths. In 1937, after the introduction of the forty-hour week, there had been 158,610 admissions and only 11,763 deaths. In other words, during the first seven months of the new law the hospital death rate had gone down, not up. Another of M. Mourier's points was that an inquiry instituted in most of the Paris hospitals since December 7 had shown that the patients received just as good treatment in the operation theatres as before. He added that no surgeon had reported to him any fatal lapse due to the new law. To which Dr. Duhamel retorted on the same occasion that the problem was not yet one of mortalities but of moralities. He added that the correspondence he had received from hospital physicians and surgeons in Paris and the provinces constituted a dossier whose cumulative effect was undeniable. Who is telling the truth? Both, surely, but slightly divergent aspects of it.

Correspondence

Pasteurization of Milk

SIR,—Dr. Norman Macfadyen's letter in your issue of January 15 (p. 148), coming from one who is not only a member of a local authority but a medical man, may be expected to carry some convincing weight. It is therefore to be assumed that in considering the matter in both capacities he has weighed every relevant factor before expressing himself so definitely in print. He makes no mention, however, of the effectiveness or otherwise of correct pasteurization in minimizing the risk of the organism of tuberculosis reaching the consumer. He has not said, in defence of "T.T." milk, what it could have done to prevent a communal tragedy such as occurred in this district in 1936; or others of the hundred or more outbreaks of infectious illness, streptococcal and otherwise, which have been recorded since 1912 in this country attributable to infection from raw milk, and which were in so many instances effectively checked by pasteurization.

May I refer Dr. Macfadyen to the most recent summary of available knowledge on milk generally in "The Milk Problem" (*Bulletin of the Health Organization of the League of Nations*, vol. vi, No. 3, June, 1937), and draw his and other troubled spirits' attention in particular to such references as on page 49—"Great Britain: *Brucella abortus*: milk from tuberculin-tested herds affords no exception, and as many as 74 per cent. of samples have been found infected"; on page 75, "So far from there being antagonism between pasteurization and clean milk production, there should be a very close association," and, "It is now abundantly clear . . . that milk treated by holder pasteurization . . . in properly designed and efficiently operated plants is free from living tubercle or *abortus* bacilli"; on page 79, "The provision of a safe milk supply to the human population is essentially a public health problem and can be solved satisfactorily only by compulsory pasteurization."

It is perfectly true that extracts apart from the whole context may put fallacies in the path of argument. I would, however, assure Dr. Macfadyen that my concern has been, first, to conserve the space of the *Journal*, and, secondly, to stimulate Dr. Macfadyen's enthusiasm to the extent of reading the whole illuminating and critical study to which I refer above.—I am, etc.,

R. J. MAULE HORNE.

Public Health Department, Poole, Jan. 15.

SIR,—Dr. Norman Macfadyen may be justified in his claim that "our certified T.T. milk" at Letchworth has produced better results than its local rivals. He must, however, be well aware that a supply of T.T. milk anything like adequate to meet the needs of the community is impossible, for the very sufficient reason that the herds to produce it do not exist, and, at the best, cannot exist for many years. Hence even if his prescription for the admitted ills of the milk supply is allowed to be theoretically effective, it is none the less useless as a practical measure.

Meanwhile, raw milk as distributed to the community contains in some 5 to 10 per cent. of the specimens examined living tubercle bacilli, and is, as recent events have illustrated, an agent in the distribution of epidemics of certain acute infectious fevers, while efficient pasteurization prevents these mischiefs and leaves the nutritive qualities of the milk practically unimpaired.

Prussia, aged 84; Professor OTTO KRON, senior physician to the department for cutaneous and sexual disease of the Municipal Hospital, Vienna, aged 61; Dr. MANUEL A. SANTAS, formerly professor of paediatrics at the Buenos Aires Faculty of Medicine; Professor JOSEF LANGE, an eminent paediatrician of the German University of Prague; Professor ARTHUR THOST of Hamburg, a pioneer in otology and laryngology, aged 83; Dr. PAUL ERNST, formerly professor of morbid anatomy at Heidelberg; and Geh. Sanitätsrat Dr. ALFONS STANDER, for many years co-editor of the *Münchener medizinische Wochenschrift*.

EMMET RIXFORD, former president of the American Surgical Association, died in the Peter Bent Brigham Hospital, Boston, on January 2, aged 72. An enthusiastic hiker, one of the peaks of the Sierra range in California is named Mount Rixford in his honour.

Universities and Colleges

UNIVERSITY OF LONDON

A course of lectures and clinical instruction on mental deficiency and allied conditions, arranged by the University Extension and Tutorial Classes Council in co-operation with the Central Association for Mental Welfare, will be given from Monday, March 28, to Saturday, April 9. It will be based on the requirements for the University of London Postgraduate Diploma in Psychological Medicine, and is intended for medical practitioners, more especially those who are engaged as school medical officers, certifying officers to local authorities under the Mental Deficiency Acts, or as medical officers of institutions, or who are otherwise definitely concerned with the care of subnormal or abnormal persons. The course has been re-organized and Part I has been extended to a fortnight in order that considerable time may be given to practice in mental testing under the supervision of a psychologist. Part II of the course, devoted to the problems connected with the retarded and difficult child, formerly held immediately after Part I, will this year be held in the autumn. All lectures will be delivered at the Senate House of the University, W.C., unless otherwise stated on the students' time-tables, and will be given from 10 to 12.30 each morning, with some late afternoon lectures from 5 to 6. The clinical work will be arranged for each afternoon, except Saturday, approximately from 2 to 4 (later in the case of visits to homes and institutions). Detailed time-tables will be sent to each person proposing to attend the course not later than March 21, and forms of application should be filled in and returned by March 7. The University will grant certificates of attendance to those students who attend regularly taking both theoretical and practical work. The registration fee, to be paid at the time of application, is 10s. 6d., and the fee for Part I of the course is £5 15s. 6d. All communications should be addressed to Miss Evelyn Fox, C.B.E., c/o University Extension Department, Senate House, University of London, W.C.1.

Mr. Philip Geoffrey Scott, B.Chir., F.R.C.S., chief assistant in the aural department of St. Bartholomew's Hospital, has been reappointed to the Geoffrey E. Duveen Travelling Studentship in Oto-rhino-laryngology for a further year (1938).

The following candidates have been approved:

M.D.—*Branch I (Medicine)*: J. Apley, C. G. Baker, Jean M. Cass, Lynette Dowsett, E. A. Hardy, G. W. Hearn, C. A. Lillicrap, W. N. Mann, S. K. Squires, R. J. Vakil. *Branch II (Pathology)*: D. G. ff. Edward. *Branch IV (Midwifery and Diseases of Women)*: T. L. S. Baynes, P. I. Boyd (University Medal), Anne A. Craig. *Branch V (Hygiene)*: M. Sendak (University Medal).

UNIVERSITY OF MANCHESTER

The Council has approved the appointment of Dr. James Davson as assistant lecturer in pathology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly meeting of the Council was held on January 13, with the President, Sir Cuthbert Wallace, Bt., in the chair.

The Hallett Prize, awarded on the result of the Primary Examination for the F.R.C.S., was granted to Bertram Alfred Edward Johns of the University of Birmingham.

It was reported that at the recent Primary F.R.C.S. examination held in New Zealand seven candidates out of fourteen were successful in passing the examination.

Mr. Hugh Lett was appointed the representative of the College on the Council of Queen's Institute of District Nursing. Mr. W. Sampson Handley was appointed Hunterian Orator for 1939; Professor R. E. Kelly, Bradshaw Lecturer for 1938; and Sir Humphry Rolleston, Thomas Vicary Lecturer for 1938. Mr. William Frederick Davis was appointed Assistant Secretary to the College.

Diplomas

A Diploma of Membership was granted to David Allan Richmond of the University of Manchester.

The following diplomas were granted jointly with the Royal College of Physicians:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—T. J. K. Brownlees, D. F. Buckle, J. P. Child, H. B. Craigie, A. G. Crisp, H. Fischgold, W. H. Fraser, Gertrude M. Jefferson, J. Littlewood, K. O. Milner, J. D. Richardson, P. H. Sandifer, M. Singh, Pauline W. M. C. Stirling, F. H. Taylor, J. C. S. Thomas, J. Walsh.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—A. S. de B. Cocks, G. S. Dhillon, G. A. M. Knight, H. P. Lawson, G. Phillips.

Diplomas in Anaesthetics were granted, under the special conditions of the Regulations, jointly with the Royal College of Physicians to the following candidates:

W. E. Brown, A. H. Diamond, H. Hunter, Kathleen M. Lyon, Kathleen L. Oldham, E. S. Rowbotham.

The following hospitals were recognized for the six months' surgical practice required of candidates for the final Fellowship: Royal Hospital, Richmond (resident medical officer and senior house-surgeon); St. John's Hospital, Lewisham (resident surgical officer and house-surgeon).

SOCIETY OF APOTHECARIES OF LONDON

The Court of the Society has awarded the Gillson Scholarship in Pathology for 1938 to Dr. R. H. S. Thompson of the Rockefeller Institute Hospital.

The Services

THE ARMY DENTAL CORPS

The War Office invites applications from dental surgeons for appointment to a limited number of commissions in the Army Dental Corps. Candidates will be selected for these commissions without undergoing competitive examination, but will be required to present themselves in London for interview and physical examination. They must be registered under the Dentists Acts or Medical Acts, and be not over the age of 28 years. Successful candidates will, in the first instance, be given short-service commissions for six years, at the end of which period they will retire with a gratuity of £1,000 unless they have been granted permanent commissions. Full particulars and forms of application may be obtained from the Director, Army Dental Service, the War Office, London, S.W.1.

The third International Congress for Microbiology will be held at the Waldorf-Astoria Hotel, New York City, September 2-9, 1939, under the auspices of the International Association of Microbiologists. It will be composed of the following nine sections: general biology, variation and taxonomy; general biology, microbiological chemistry and physiology; viruses and viral diseases; rickettsiae and rickettsial diseases; protozoology and parasitology; fungi and fungous diseases; medical and veterinary bacteriology; agricultural and industrial microbiology; immunology. The general secretary is Dr. M. H. Dawson, College of Physicians and Surgeons, 620, West 168th Street, New York City. The registration fee is \$5.00, which does not include the cost of a banquet ticket or a copy of the *Proceedings*. A World's Fair will be held in New York City during the summer of 1939, and those who wish to attend the Congress for Microbiology should therefore make plans promptly. The American Express Company has been appointed official travel agency. The honorary secretary of the National Committee for Great Britain and Northern Ireland is Dr. R. St. John-Brooks, Lister Institute, Chelsea Bridge Road, London, S.W.1.