normal lines before their place had been usurped by ineradicable perversions. Photographs were shown of one of several operations which had emerged from these considerations, each designed to produce a particular effect and all specially evolved for treatment in earliest childhood and infancy. Mr. Chavasse said that he did not presume to ask for the acceptance at its first presentation of a novel view of development of the ocular reflexes, let alone for the universal adoption of particular operations by already experienced surgeons. But he did ask for the application by the general practitioner of a principle on which all ophthalmic surgeons were in solid agreement-namely, the immediate investigation of any case in which even the suspicion of an occasional squint had been aroused. Infants might squint from wind as adults did from anger, but as a rule the occasional glide meant that the ancient edifice of binocular vision was already rocking at its foundations.

In the discussion which followed, Dr. C. ALSTON HUGHES contrasted the demands of the new with those of the old methods of operating, and drew attention to the possibility of unpleasant subjective symptoms which might arise from hyperphoria following the more complicated methods, even when the cosmetic result was quite satisfactory. At the same meeting Dr. Donald Owen read a short paper on a case of hyperostosis frontalis interna.

# Local News

# **SCOTLAND**

# Hospitals for Civilian Casualties in Air Raids

As announced in the Journal of January 22 (p. 182), the Government, with a view to making the fullest use in an emergency of existing hospital facilities and arranging for any necessary expansion, has decided that a comprehensive survey of the hospital accommodation of the country should be made. The Department of Health for Scotland, which is undertaking the survey in that country, has announced that Lieutenant-Colonel A. D. Stewart, superintendent of the Royal Infirmary, Edinburgh, and Dr. J. C. Knox, medical superintendent, Aberdeen Royal Infirmary, will assist the medical and other officers of the Department who have been detailed for the work. survey will cover all hospitals and similar institutions, local authority or voluntary, and, so far as time permits, each institution will be surveyed by a medical officer and a lay officer in association. The country has been divided into Special Hospital Districts, and the officers responsible for each of these are: Glasgow and the West: Dr. T. Ferguson and Mr. J. Mason Allan; Edinburgh and the South-East: Lieutenant-Colonel A. D. Stewart and Mr. J. B. B. Brown; Dundee and the East: Dr. E. Watt and Mr. N. W. Graham; Aberdeen and the North-East: Dr. J. C. Knox and Mr. P. P. Kemp. Highland Region: Dr. Shearer and Mr. A. Smail. The General Board of Control for Scotland will be responsible for the survey of mental hospitals and mental deficiency institutions, and the inspecting officers will be the commissioners and deputy commissioners of the Board.

## Canniesburn Hospital for Paying Patients

The auxiliary hospital and Merton convalescent home of the Glasgow Royal Infirmary, situated at Canniesburn on the outskirts of the city, was opened by Sir Iain Colquhoun on January 18. Sir James Macfarlane, who presided, said that in planning the section for paying patients they had borne in mind the possibility of extension, and the administrative block, kitchens, electric department, and heating installation had been devised on

a scale well beyond the present requirements. The accommodation for paying patients comprised forty-six single rooms, two rooms for two beds, and four for four beds. The hospital stands in grounds extending to fifty-five acres, which were purchased and presented by Sir James Macfarlane and his brother, Mr. George W. Macfarlane. The building consists at present of three blocks two stories in height linked by covered corridors. The part for paying patients contains sixty-six beds and the convalescent home has accommodation for eighty beds. The charges to cover both maintenance and nursing will be at the rate of three guineas per week for a bed in a four-bedded ward, four guineas in a two-bedded room, and five guineas for a single room.

# Gifts to Scottish Universities

Edinburgh University Court, at a recent meeting, gratefully accepted the gift of Dr. J. Donald Pollock of the premises formerly used as Bristo Church in the neighbourhood of the New University Buildings, to be available for the secular purposes of the University with special regard to the requirements of the Students Representative Council and of students' associations and societies. The hall is to be known as the Pollock Memorial Hall, in memory of the donor's father and mother. Dr. Pollock also presented a number of steel-framed plate-glass cases for the exhibition of specimens in the forensic medicine department. The Court also accepted the bequest of the late Sir John Thomson-Walker of a collection of 2,500 engraved portraits of medical men and a collection of books dealing with the history of medicine, together with a sum of £500 to provide accommodation for the collection. Aberdeen University benefits to the extent of half of the residue of the estate of the late Sir Ashlev W. Mackintosh, who was Emeritus Professor of Medicine at the University. He left £35,482, and his will, in addition to providing legacies for the Aberdeen Joint Hospitals Fund, Maternity Hospital, and Royal Hospital for Sick Children, directs that the legacy to the University should be used "for the purpose of continuing and furthering the study and teaching of clinical medicine along the old-fashioned lines of Bright, Sydenham, etc.

# ENGLAND AND WALES

# Pathological Research in Leeds University

In their annual report for 1936 on the work of the department of pathology in Leeds University, Professors Matthew J. Stewart and J. W. McLeod indicate the continuous rise in the number of students attending the various systematic courses. The research work in progress includes the accumulation of data relating to the various forms of silicosis and silicatosis, and the question of the relative incidence of bronchial carcinoma in these patients continues to be studied. Some success has been obtained in the use of artificial light for the photochemical production of gold sols. Some patients with renal calculi were shown to have an increase in the blood calcium figure, which has been attributed to hyperparathyroidism. On the other hand, an increase of parathyroid tissue in certain cases of renal disease without calculi has been reported, rendering it possible that the hyperparathyroidism accompanying the appearance of calculi may be secondary to renal disease. This investigation has therefore been extended to include a study of the blood calcium content in various types of renal disease. No evidence has been obtained that the epithelial metaplasia occurring in the cervix uteri in disease, though simulating early carcinoma, is malignant or even pre-cancerous. Gold treatment of chronic arthritis and its effect on capillary endothelium and the blood continued to be investigated. A useful modification of the Weigert-Sheridan method of staining elastic fibres has been devised, and has proved particularly useful for the detection of elastic tissue in the

sputum. It has latterly been recognized that the pneumococcus can produce a haemolysin which is as active as that of the streptococcus, and work on the differentiation of these two haemolysins is proceeding, one possible practical outcome being the production of a more effective streptococcal antitoxin than has yet been available. From the department of experimental pathology and cancer research Professor R. D. Passy reports that it has so far proved impossible to reproduce Fibiger's work on the association of cancer with the parasitic worm. Further support has been obtained for the hypothesis that cancer tends to start in areas in which defective blood circulation has been induced. At least one, and possibly two, hitherto unknown enzymes have been shown to be concerned in glycolysis in muscle extracts. No success was obtained from using colchicine in the treatment of naturally occurring tumours, and no evidence was obtained that the injection of prolactin or progestin could augment the effect of oestrone in the development of breast tumours in mice.

# The New Westminster Hospital Medical School

The fine new quarters for the Westminster Hospital Medical School are now nearing completion. With the new nurses' home they form one large block on the west side of the open space known as St. John's Public Gardens, Horseferry Road, Westminster. The main hospital building is in course of erection on the east side of the large site that has been cleared. The medical school, with its nine stories, provides everything for study and indoor recreation that modern ideas demand. The basement contains a large lecture theatre to seat 250, gymnasium, billiard-room, squash racket courts, shower baths, changing and drying rooms, and a radon room. On the ground floor are the main students' common room, smoking room, and refectory. The library and museum and adjoining demonstration room are on the first floor, with galleries on a mezzanine. On the second floor are the main classroom, small lecture theatre, and administrative offices. The histological laboratories, workshops, etc., are on the third floor; the general pathological laboratory and directors' rooms on the fourth floor; the biochemistry department and post-mortem room on the fifth floor; the physics department and research room and the operative surgery room on the sixth floor; research laboratories, photographic rooms, animal rooms, and roof garden on the seventh floor. On the fifth and sixth floors there are also bedrooms for thirteen resident medical officers, with gasfires and a constant hot-water supply to the washbasins in each, and two bathrooms. All money used for the furnishing and equipment of the students' rooms in the medical school has been specially subscribed for the purpose and has entailed no charge on the hospital's funds. The new nurses' home, admirably laid out and decorated, will be opened by Queen Mary on March 1, and the new medical school by the Earl of Athlone in April.

# Fees for Anaesthetists at L.C.C. Mental Hospitals

The Mental Hospitals Committee of the London County Council, in submitting certain proposals relating to the medical staff at Maudsley Hospital, states that one of these proposals—regarding fees for anaesthetists—has a wider bearing on the mental services as a whole. It is proposed that the fee of one guinea a session hitherto paid to anaesthetists in connexion with minor operations at Maudsley shall be increased to accord with the fees payable in the hospitals service—namely, two guineas for visits of less than three hours' duration, three guineas for visits of three hours or more but less than four hours, and four guineas for visits of four hours or more. It is also proposed that this scale shall be applied generally in the mental hospital services with effect from January 1. Other proposals relating to Maudsley only are that the part-time medical officers for out-patient diagnostic work

shall be employed for three sessions a week and paid at the sessional rate as fixed for part-time consultants in the general hospital service—namely, £275 a year. Two parttime medical officers are to be employed for the treatment of in-patients by psychotherapy, each for five sessions a week at a salary of £300 a year. A further proposal relates to members of the Maudsley Hospital staff who are granted leave to go abroad to study special problems of psychiatric treatment with the aid of grants from the Rockefeller Foundation or some similar source. On their return they are to be relieved of part of the routine clinical duty which ordinarily would absorb the whole of their time at Maudsley, in order that, in the mental hospital service generally, with its great wealth of clinical material, they may be enabled to follow up special lines of research and inaugurate methods of treatment based on their studies.

### Central Midwives Board

At the January meeting of the Central Midwives Board for England and Wales approval as lecturers was granted to A. L. Gunn, M.D., F.R.C.S., Albert Davies, M.D., F.R.C.S., and Thomas Emmett Lennon, M.D. Approval for the purpose of providing instruction in the essentials of obstetric analgesia and in the use of a recognized apparatus was granted to the Leeds Maternity Hospital and the Leicester and Leicestershire Maternity Hospital. To a letter from the supervisor of midwives of a local authority, asking for a ruling on points submitted, the Board replied:

- (1) That if a midwife having booked a case calls in medical aid on account of an abnormality during pregnancy and the doctor decides that it is advisable that he should attend at the confinement, it is in order for the doctor, with the consent of the midwife, to take over the case forthwith and for the midwife to act thenceforth in the case as a maternity nurse.
- (2) That a midwife is not entitled under any conditions to issue a medical aid form in a case in which a doctor has already been summoned by the patient or her relatives or her friends.

In response to an inquiry from a local supervising authority the Board decided to inform the authority:

- (1) That the Board has always held that a midwife, as in the case of a doctor, has the right to refuse to book a case which, on any grounds reasonable or unreasonable, she does not desire to attend; but that this view does not extend to patients on whom attendance may be demanded on humanitarian grounds or a case in respect of which the midwife, as regards attendance, owes a duty to some other body, person, or authority responsible for the provision of an adequate midwifery service.
- (2) That the rules of the Board provide that if a midwife is summoned to a case of miscarriage she should not deal with such a case otherwise than as the assistant of a medical practitioner, except in an emergency when a doctor cannot attend.

# Birth Control Report

The seventh annual report for 1937 of the National Birth Control Association (president, Lord Horder), with which is incorporated the Birth Control Investigation Committee (chairman, Sir Humphry Rolleston), records the visit of a joint deputation on February 2 to the Minister of Health asking him to use his powers and influence towards the establishment by local health authorities of gynaecological clinics to deal with the medical care of married women, at which advice on contraception would be available to those women to whom further pregnancy would be detrimental to health. In May the Minister issued to maternity and child welfare authorities a circular (No. 1622) on maternal mortality. In this he stressed the importance of post-natal services, stated that post-natal sessions should be held at every ante-natal clinic, and mentioned the possibility of giving contraceptive advice at post-natal and gynaecological clinics. Following the issue of Circular 1622 a letter was sent by the National Birth Control Association to all maternity

and child welfare authorities which have not yet taken action under previous memoranda of the Ministry of Health. Out of 423 such authorities, ninety-five now have post-natal, gynaecological, or birth control clinics; eighty-six refer cases to voluntary clinics, private doctors, or hospitals; thirty-four give grants and/or lend premises to voluntary clinics; some do more than one of these things. In addition, forty-five stated that they give advice, but have no clinics or special arrangements; and 169 authorities do nothing. The report is issued from 26, Eccleston Street, London, S.W.1, and gives brief details of the year's activities and finance.

# **NEW ZEALAND**

[FROM OUR CORRESPONDENT IN WELLINGTON]

### Maoris and Tuberculosis

Tuberculosis in the Maori race presents a difficult problem. It is impossible to enforce the Health Act in small Maori settlements where housing and sanitation are primitive. Hutments now being supplied by the Government as an experiment represent a middle course between communal life, with its risks of infection by chance contact, and complete segregation of cases of active tuberculosis, which is objected to by the Maori people. The huts are not unlike those supplied to railway construction camps. Each has two windows and a fireplace. Except in the case of indigent natives the infected persons or their relatives are expected to provide suitable furnishing. The hutments will be under the control of the medical officers of health, and special nurses will make periodical visits to advise on any problems and watch the progress of the cases. Hitherto the tendency has been for patients who improve under hospital or sanatorium treatment to suffer a relapse on return to the native settlements. In spite of the tuberculosis menace the Maori population is increasing.

## Medical Research

The Government has established a Medical Research Council under the provisions of the Health Act. A statutory function of the Health Department is to promote or carry out researches and investigations in matters concerning the public health and the prevention or treatment of disease. The members of the council are all medical except the Director-General of Scientific and Industrial Research. The council will act solely in an advisory capacity to the Minister of Health and will not control expenditure. Ad hoc committees will be appointed as part of the organization to supervise each investigation, and adequate funds will be provided by the Government. Preliminary work of investigation has already been done by way of research under the auspices of the Department of Health. Subjects for present and future investigation include nutrition, tuberculosis, goitre, dental caries, hydatid disease, cancer, and undulant fever. It is not intended by the council to provide funds for buildings, but, if approved, full costs of investigation will be allowed, including the salary of the research worker and the cost of equipment. From 1924 to the present time the Government provided only £13,239 for medical research in New Zealand, and the payments were intermittent. Now it is certain that medical research will be on a more definite and liberal plan and co-ordinated with similar research in England and in Australia.

## The Pharmacy Industry .

The Minister of Industries and Commerce in the Labour Government has provided a plan for the reorganization and control of pharmacies in accordance with the advice of the Bureau of Industry. This plan has been submitted to the principals of more than six hundred

pharmacies in New Zealand, who must vote on the question. The basic points have been outlined as follows: ensuring the dispensing of standard quality drugs at reasonable prices by, or under the immediate supervision of, qualified pharmacists; retaining individual ownership and operation of pharmacies without preventing the properly controlled operation of company pharmacies with branch shops; the exclusion of wholesale druggists, manufacturing chemists, and oversea representatives whose industries may be the subject of separate plans. The Minister stated that "the plan does not propose to introduce at the present stage an official drug tariff and a standard dispensing fee and to require their compulsory observance, but it is recognized that when practicable those steps should be taken." It is also proposed to appoint employees as members of the Pharmacy Board. The Pharmacy Plan Industrial Committee is to have three members nominated by the Government, two by the Pharmacy Board, one from friendly societies dispensaries, and one from employees of pharmacists. The Director of Pharmacy is to be appointed subject to the approval of the Bureau of Industry. Certain immediate advantages which pharmacists may gain by way of protection against competition may induce a majority to vote for this form of control of their business by the "socialization" of the means of production, distribution, and exchange. If the pharmacists take the Government into their businesses they will not easily get rid of Government control if they so desire at a later period. What is good for the pharmacists may be considered good for medical practitioners, so that the medical profession cannot remain unconcerned about these novel and apparently drastic 'plans.'

# Hydatid Disease

The number of cases of hydatid disease in public hospitals in New Zealand last year was 133; the number of patients in their own homes and in nursing homes is not known precisely, although the disease is notifiable. The mortality rate is 16 per cent. The Royal Australasian College of Surgeons has established a register of fully recorded cases, which now number over a thousand in the register. New legislation has just been passed in New Zealand amending the Dog Registration Act with the object of checking the spread of hydatid disease. The Minister of Health explained to Parliament that the cycle of the disease from the sheep to the dog and from the dog to man was well known. The only certain remedy, he said, was for people to give up feeding raw livers and lights to dogs. Compulsion in this matter was not possible, but education of the public might be gradually effective. The education of the public might be gradually effective. The amendment to the Act, however, provided the next best thing, and ordered a form of treatment which had proved useful in the Argentine, Nicaragua, and Iceland. In future, when dogs are registered the owners will be compelled to purchase arecoline hydrobromide and give this to the dogs at regular intervals as a vermicide. At the Royal Agricultural Show the Governor-General, Viscount Galway, called attention to the menace of hydatid disease, and made a special appeal to the farmers. There is no reason why, with proper supervision and the imposition, if necessary, of penalties, this disease cannot be completely eliminated from the country.

The following awards have been made to medical men from the fund placed at the disposal of the Secretary of State for the Colonies by the Trustees of the Carnegie Corporation for the purpose of enabling selected officers of the Colonial Service to undertake special courses of study: Dr. C. J. Austin (medical superintendent, Central Leper Station, Makongai, Fiji), for the study of leprosy in Egypt, India, Malaya, and the Philippine Islands: Dr. W. B. R. Jones (medical officer, Nevis, Leeward Islands), for a course in general surgery at the University of Edinburgh; Dr. A. H. Lowther (Malayan Medical Service), for studies in ophthalmology in Europe, India, and Egypt.

# Medical Notes in Parliament

Both Houses of Parliament resumed on February 1.

The Parliamentary Medical Committee will meet on February 8. An open meeting of M.P.s is arranged under its auspices on February 17, at which Lord Horder will speak about the Empire Rheumatism Council.

The Blind Persons Bill passed through committee in the House of Commons on February 1.

## Population (Statistics) Bill

In the House of Commons on February 1 the Population (Statistics) Bill was considered in committee. The object of the Bill is to extend the scope of the particulars which can at present be asked for on the registration of a birth, stillbirth, death, or marriage, and so to provide the statistical evidence needed for practical consideration of the problems of the future population of Great Britain to which the decline in the birth rate has given rise.

Sir Kingsley Wood moved a number of amendments which had been put down in the light of a previous discussion on the Bill. He said that instead of the ordinary census procedure, to which objection had been taken, it had been decided to substitute a limited number of defined but simple matters of which particulars might be required. The person who would supply the particulars would be required to give only the facts within his or her knowledge. If such person had not the knowledge a statement to that effect would relieve that person from any obligations in the matter. Such particulars were to be furnished as from July 1 next.

One amendment would ensure that the information given would be secret and privileged. The particulars to be asked for would supply information about the degree of fertility of a mother, childless wives, and matters requisite for statistical purposes. He understood that there was no objection among members of the House to these particulars being asked for. Certain supplementary lines of investigation could also be made on the information obtained. Particulars furnished of a mother's issue, living or dead or stillborn, would help in the further investigation of the high rate of infantile mortality. Cancer in women had been studied from the point of view of married and unmarried women, and the investigation could now be carried further from the aspect of childless wives and those who had produced children.

He was prepared to accept an amendment to fix the period of operation of the measure at ten years. It might be that during the next few years experience would show how far these matters sufficed, and whether any alteration or modification of the scheme was desirable. Also, before the end of ten years they might have sufficient information on which the whole matter would have to be considered in its larger aspects.

Sir Francis Fremantle said that the question was whether the Bill had not been cut down too much. The House had decided to restrict inquiries to the smallest limits. If it was found that there was too much restriction an amending Bill would have to be prepared. The real seriousness of the depopulation question was not understood by the House. They would be running the risk of losing precious years if they did not get the vital statistics which were required.

The amendments moved by Sir Kingsley Wood were agreed to. It was also agreed that registration officers, who were paid on a fee basis, should, after payment of 2s. 6d. an entry for the first twenty entries, be paid at the rate of 1s. 5d. per entry, whether of a birth or a death, instead of 1s. for a birth and 1s. 3d. for a death, as at present.

Mr. O. Lewis also moved an amendment providing that the Bill should continue in force until June 30, 1948, and no longer, unless Parliament otherwise determined. Sir Francis Fremantle said that this was a most astonishing amendment. They might as well abolish the whole registration scheme of the country in ten years' time. This was a very valuable

measure, and it was childish to bring it to an end after ten years.

Sir Kingsley Wood accepted the amendment. He said that following the experience of other countries it might be necessary before the end of ten years to examine the larger questions which would be involved in regard to population.

The amendment was agreed to and the committee stage was concluded.

### Deaths and Disablement from Silicosis

On February 1 Sir Samuel Hoare, in reply to Mr. J. Griffiths, said that in 1937 there were 643 applicants to the Medical Board for certificates of disablement or suspension under the Various Industries (Silicosis) Scheme from coal miners in Great Britain; 286 certificates were granted. In 1936 there were 674 applications, and 319 certificates were granted. From anthracite mines there were 230 applications in 1937, 132 certificates being granted; and in 1936 the figures were 319 and 182. In 1937 seventy-two deaths were certified as due to the disease, against seventy-seven in 1936. In anthracite mines there were thirty-five deaths in 1937 and thirty-nine in 1936.

## Notes in Brief

Sir Kingsley Wood has received reports of water shortage of varying degree from four boroughs, four urban districts, and parts of sixteen rural districts. In seven of these, additional supplies have been provided, and in the remainder the Minister is in communication with the local authorities on the remedial measures required.

Mr. W. S. Morrison stated on February 1 that the technical report of the Committee on Poultry Diseases would be generally available in the course of a week.

# Universities and Colleges

## UNIVERSITY OF CAMBRIDGE

The Chancellor has received from the Rockefeller Foundation a letter stating that action has been taken to provide to the University of Cambridge up to £8,000 towards support of research in its Department of Experimental Medicine for the five-year period January 1, 1938, to December 31, 1942, the amount available in any one year of the grant not to exceed £1,600. It is intended that these funds shall be used for the salaries of a pathologist and a psychiatrist, and for supplementing the amount which the radiologist receives from Addenbrooke's Hospital.

The Board of Management of the Frank Edward Elmore Fund will shortly award a studentship for research in medicine. These studentships are open to male graduates of any university who were born in any country within the British Empire other than Scotland. The student appointed will work in the Department of Medicine under the direction of the Regius Professor of Physic. The commencing salary will be £300 a year, and the appointment will be for two years in the first instance. Further information may be obtained from the Regius Professor of Physic, Department of Medicine, University of Cambridge, to whom applications, together with three testimonials, a statement of previous appointments, and copies of published papers should be sent not later than February 28.

On Monday, February 14, at 5.15 p.m., Professor J. H. Hutton will give an inaugural lecture on "Anthropology as an Imperial Study" in the theatre of the Arts School.

## UNIVERSITY OF LONDON

At a meeting of the Senate, held on January 26, with the Vice-Chancellor in the chair, it was reported that Mr. P. H. Mitchiner, M.D., M.S., F.R.C.S., had been appointed by Convocation, on the election of the graduates in medicine, to be their representative on the Senate for the remainder of the period 1937-41, in place of Dr. W. G. Spencer, resigned.

The William Julius Mickle Fellowship for 1938 was awarded to Dr. Leonard Colebrook.

# UNIVERSITY OF BIRMINGHAM

Three William Withering Lectures on chemical transmission of the effects of nerve impulses will be given in the large theatre

of the Medical Faculty Buildings, Edmund Street, on February 17 and 24 and March 3, at 4 p.m. The first two lectures will be delivered by Sir Henry Dale, C.B.E., M.D., F.R.S., F.R.C.P., director of the National Institute for Medical Research, on February 17 and 24, and the third by Professor Francis R. Fraser, M.D., F.R.C.P., professor of medicine in the University of London and director of the Department of Medicine of the British Postgraduate Medical School, on March 3. Members of the medical profession and students of medicine are invited to attend.

# ROYAL COLLEGE OF PHYSICIANS OF LONDON

A Comitia of the Royal College of Physicians was held on January 27, with the President, Viscount Dawson of Penn, in the chair.

The following were elected representatives of the College: Dr. A. S. Barnes on the Court of Governors of the University of Birmingham; Dr. J. A. Nixon on the Court of the University of Bristol; Dr. A. Feiling on the Council of the Queen's Institute for District Nursing.

The following were appointed delegates: Dr. G. F. Buchan to the Congress of the Royal Sanitary Institute at Portsmouth, July 11 to 16; Dr. A. Ramsbottom to the Congress of the Royal Institute of Public Health at Blackpool, May 31 to June 4; Professor Roy S. Dobbin to the International Congress of Leprosy at Cairo, March 31; and Dr. J. D. Rolleston to the eleventh International Congress of the History of Medicine to be held at Zagreb, Belgrade, Sarajevo, and Ragusa, September 3 to 11.

## Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Allan William Abramson, M.B.Camb., Cécile Helen Denise Asher, M.D.Lond., Harry Baker, M.B.Manch., Richard Erskine Bonham-Carter, M.B.Camb., Edward Aloysius Joseph Byrne, M.D.Belf., John Houghton Colebatch, M.D.Melb., Seymour Donald Mayneord Court, M.B.Birm., Samuel Barnet Dimson, M.D.Lond., James Findlay Dow, M.B.Camb., William Robert Macfarlane Drew, M.B.Sydney, Captain R.A.M.C., Tom Foulds, L.R.C.P., Thomas Bones Hamilton Haslett, M.D.Belf., James Holmes Hutchison, M.B.Glasg., Martin Cyril Gordon Israëls, M.D.Manch., Byron Arnold Ryland Disraeli Josef, L.M.S.Ceylon, Robert Bews Kerr, M.D.Toronto, Abdel Hamid Mustapha Kersha, M.B.Cairo, Hah Liong Lee, M.B. Hong Kong, Robert George Mallory Longridge, L.R.C.P., John Joseph McCann, M.B.Lond., Edward Rowland Alworth Merewether, M.D.Durh., Henry Francis Moore, M.D.Dubl., Noah Morris, Joseph McCann, M.B.Lond., Edward Rowland Alworth Merewether, M.D.Dubl., Henry Francis Moore, M.D.Dubl., Noah Morris, M.D.Glasg., Alexander Jeremiah Orenstein, C.M.G., M.D.Jefferson Coll., Andrew Robertson, M.B.Ed., James Charles Shee, M.B., N.U.I., Horace Minton Shelley, F.R.F.P.S., Reginald Norman Tattersall, M.B.Lond., Prem Nath Wahi, M.D.Lucknow, Hugh John Wallace, L.R.C.P., Margaret Isabel Williams, M.B.Manch.

## Licences and Diplomas

Licences to practise physic were conferred upon the following 159 candidates (including thirteen women) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

of the Conjoint Board, and have complied with the necessary by-laws:

H. Acton, C. L. Angell, M. G. Baker, W. H. J. Baker, R. E. Ball, A. D. Barnett, H. C. Barry, C. F. Barwell, A. D. Bateman, C. A. Bathfield, K. M. Bhansali, D. L. Bennett, J. R. Bignall, Joan M. Boissard, V. H. Bowles, W. E. W. Bridger, B. A. M. Brown, C. N. Brown, B. Brownscombe, J. H. Bulleid, Jacqueline V. Burch, G. A. Burfield, P. E. G. Burnett, B. Burns, Elizabeth M. Cadbury, D. M. Carding, J. A. Chamberlin, I. C. Chopra, E. Clifford-Jones, S. Cohen, H. Cooper, T. A. Cox, R. V. Coxon, A. Crook, Dorothy L. Crossley, Eveline M. Cumming, S. S. Davidson, E. B. Davies, D. R. Davis, J. J. Davis, M. Dean, J. de Swiet, J. H. Dobree, A. S. Dods, E. G. Dolton, I. G. B. Drybrough-Smith, Avis M. Dyer, P. S. Edgecombe, A. M. Edwards, T. A. W. Edwards, P. G. Epps, C. C. Evill, A. C. Ferguson, J. O. Fielding, W. Fine, E. S. Foote, A. B. Fountain, J. E. Francis, B. J. Frankenberg, A. S. Garrett, P. F. B. Gillett, L. J. Grant, S. I. Green, P. R. B. Grimaldi, S. Grossmark, R. W. Gunderson, M. Halberstaedter, J. W. Hallam, R. N. Herson, J. H. Hill, A. M. Hutton, Stella M. Instone, L. A. Ives, S. Jackson, E. L. James, P. H. Jayes, S. M. Jenner, E. C. Jones, James M. Jones, John M. Jones, R. C. Jones, B. A. R. D. Josef, M. Kaufman, J. W. L. Kemp, W. M. Kirkby, H. G. Langley, R. W. Lass, J. D. O'D. Lavertine, R. P. Lawson, A. S. Lee, J. B. Longmore, R. Lyons, I. Mackenzie, F. T. Madge, O. T. Mansfield, K. A. Marandi, Elizabeth C. Marshall, Mary O. Masters, S. W. Maxwell, O. Meerapfel, A. D. Messent, D. H. R. Montgomery, W. E. D. Moore, D. N. B. Morgan, J. N. Morrison, D. V. Morse, B. B.-G. Nehaul, R. G. W. Ollerenshaw, P. J. O'Meara, T. Parkinson, J. N. M. Parry, C. Phillips, A. B. Pollard, K. W. Powell, D. W. Pugh, M. W. Radzan, L. Ray, M. T. Read, R. Rhydwen, K. S. Richard, H. J. Richards, D. A. Richmond, J. W. Richmond, A. T. M. Roberts, C. A. Roberts, Mary A. Rogerson, E. Rosenberg, R. W. N. L. Ross, T. R. Savage, T. T. Schofield, J. W. Shannon, N. P. Shie

G. L. B. A. Silva, G. H. A. Simmons, J. R. Sinton, F. M. Smith, H. D. Smith, K. Smith, H. W. Starkey, D. C. Sturdy, A. W. Taylor, K. H. Tayor, R. L. Thomson, A. H. Thomson, K. B. Thornton, A. G. G. Toomey, Ivy M. Tuck, Audrey V. Turner, W. M. L. Turner, N. Vere-Hodge, H. P. Watts, J. M. Wedderspoon, H. F. Whalley, T. E. Whitby, D. J. Wigginton, E. D. Williams, A. R. Wood, Jean R. Young, W. B. Young.

Diplomas in Psychological Medicine and Laryngology and Otology were conferred jointly with the Royal College of Surgeons of England. The names of the successful candidates were printed in the report of the meeting of the Council of the Royal College of Surgeons published in our issue of January 22 (p. 209).

Diplomas in Public Health were granted, jointly with the Royal College of Surgeons, to W. L. H. L. Bell, V. D'A. Blackburn, R. R. Clipstein, P. N. Gokhale, J. Landon, Caroline A. Meade, Gladys M. G. Spencer, Agnes B. Sutherland, Christina J. Thomson, Patricia S. Warren, J. O. Williams, V. F. F. Winslow.

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Surgeons, to H. Prasad, B. M. Rao, A. C. Seneviratne, D. H. Waldron.

Diplomas in Anaesthetics were granted, jointly with the Royal College of Surgeons, to A. H. L. Baker, A. H. Bruce, Eva G. Byrde, J. C. Buckley, Bessie E. Cook, Ellen B. Cowan, M. H. A. Davison, A. J. S. De Freitas, L. M. De Silvas, S. F. Durrans, Florence Faulkner, W. B. Gough, G. Gray, J. R. G. Harris, J. K. Hasler, Ursula Y. Im Thurn, Freda C. Kelly, J. O. Moffat, D. A. Prothero, G. R. Rawlings, W. H. Scriven, Captain R.A.M.C., E. W. O. Skinner, G. C. Steel, O. Walker, and to the six candidates whose names were printed in the report of the meeting of the Council of the Royal College of Surgeons published in our issue of January 22 (p. 209).

## Lectures

The following lectures will be delivered at the College, Pall

The following lectures will be delivered at the Conege, ran Mall East, S.W., all at 5 p.m.

The Milroy Lectures on "The Public Health Aspect of Heart Disease in Childhood" by Dr. B. E. Schlesinger on February 24 and March 1; the Goulstonian Lectures on "Some Deficiencies of Nutrition and their Relation to Disease" by Dr. C. C. Ungley on March 3, 8, and 10; the Lumleian Lectures on "Pain of Central Origin" by Dr. George Riddoch on March 15 and 17; and the Oliver-Sharpey George Riddoch on March 15 and 17; and the Oliver-Sharpey Lectures on "Recent Observations on the Morphology of the Neuron, and on the Changes which it Undergoes in Disease,' by Dr. J. G. Greenfield on March 22 and 24.

# ROYAL COLLEGE OF SURGEONS OF ENGLAND Special Lectures

A special lecture on "The Prehistoric People of Mount Carmel" will be delivered by Sir Arthur Keith, M.D., F.R.S., F.R.C.S., Master of the Buckston Browne Farm, in the theatre

F.R.C.S., Master of the Buckston Browne Farm, in the theatre of the College, Lincoln's Inn Fields, W.C., on Monday, February 14, at 5 p.m.

Dr. W. E. Gye, Director of the Imperial Cancer Research Fund, will deliver a special lecture on "Some Recent Work in Experimental Cancer Research" in the theatre of the College on Wednesday, February 16, at 5 p.m.

Fellows and Members of the College are invited to attend the lectures. Students and others who are not Fellows on Members of the College will be admitted on precenting their

Members of the College will be admitted on presenting their private visiting cards. Tea will be served before the lecture.

The lecture by Professor P. B. Ascroft on an experimental study of the surgical treatment of arterial hypertension, arranged to be given at the College on February 11, has been postponed.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated: SURGERY.-N. D. Cousins, T. C. Hallinan, B. M. Hulse, C. K. Westropp.

Westropp.

Medicine.—P. H. Beamish, A. W. Frankland, D. H. Fowler, T. C. Hallinan, B. T. Jones, G. E. King-Turner, C. K. Westropp.

Forensic Medicine.—P. H. Beamish, A. W. Frankland, D. H. Fowler, T. C. Hallinan, C. K. Westropp.

Midwifery.—A. N. Boyle, G. H. L. Bullmore, A. W. Frankland, A. J. Patenall, M. Tombuk, T. G. Viljoen, C. K. Westropp.

The diploma of the Society has been granted to D. H. Fowler, B. T. Jones, and C. K. Westropp.

The Court of the Society has awarded the Gillson Scholarship in Pathology for 1938 to Dr. R. H. S. Thompson of the University of Oxford and Guy's Hospital, who is at present working in the Rockefeller Institute Hospital (corrected announcement).