

poisoning, mentioning in particular the delayed action that had caused so many fatalities in mine disasters. He showed how vitally important it was to use oxygen and carbon dioxide to expel the residual gas from the body, and urged the use of such apparatus not only in gassing cases but also in any injury where serious shock had occurred.

Dr. A. J. AMOR (Mond Nickel Company Ltd.) gave a practical demonstration of the value of radiology in the diagnosis and prognosis of silicosis. The problem under discussion, he said, was one of very great social significance. Disability for work had caused some of the most tragic conditions in the miner's home. The eventual disablement as a result of disease or injury produced repercussions on the whole economic structure of the community and the country as a whole. Dr. Amor devoted the main part of his remarks to a critical survey of the relationship between radiology and the problem at issue.

Dr. C. L. SUTHERLAND (Silicosis Board), Dr. A. MEIKLEJOHN (Silicosis Board), and Dr. E. R. A. MEREWETHER (H.M. Medical Inspector of Factories) also showed x-rays of the thorax, with reference mainly to the difficulties of differential diagnosis and of determining degrees of pathology from radiological examination of workers exposed to silicate dust. Captain HAY (Mines Department) was present by invitation, and demonstrated modern mechanical methods of dust prevention in mines, illustrating his remarks by a series of lantern slides.

TOWN-DWELLER'S LUNG

At a meeting of the Pathological Society of Manchester on February 9, with the vice-president, Dr. L. SAVATARD, in the chair, Dr. J. DAVSON read a paper on town-dweller's lung.

Dr. Davson said that anthracosis in town dwellers was due to the inhalation of siliceous dust along with carbon, and a study of ninety-four lungs which were free from gross pulmonary disease showed, by the technique of micro-incineration, that carbon and silica existed together throughout the tissue. Siliceous dust accumulation was most marked in the apical region and in elderly subjects. Histological examination of apical pleural scars showed that the majority contained no evidence of past tuberculosis, but appeared to be secondary to the accumulation of siliceous dusts at the apex. In some cases the intensity of siliceous dust accumulation in apical scars was quite comparable to that seen in cases of true silicosis, yet the subjects had not been especially exposed to the inhalation of silica dust. In a number of these cases actual silicotic nodule formation was observed at the sites of the most intense accumulation of silica. If so many of these apical scars were not tuberculous, the truth of the view that the majority of adults develop and recover from apical tuberculosis could be questioned; more stress should be laid on the factor of infection and less on the factor of individual immunity in the pathogenesis of pulmonary tuberculosis. This view should stimulate the efforts of public health workers towards the attainment of the complete and permanent segregation of the patient with "open" pulmonary tuberculosis. Siliceous dusts were known to encourage the growth of tubercle bacilli in the tissues; therefore the inhalation of such dusts from the atmosphere of towns must have a deleterious effect on the patient with pulmonary tuberculosis. For that reason he urged that no patient known to have pulmonary tuberculosis should ever be allowed to return to town life.

At a meeting of the London Association of the Medical Women's Federation on January 27 Dr. A. MEAVE KENNY read a paper on the use of sulphanilamide in obstetrics, discussing its application from the preventive and from the therapeutic points of view.

Local News

SCOTLAND

Scottish Lunacy Law

The Secretary of State for Scotland has appointed a Departmental Committee to inquire into the law of Scotland in relation to the treatment of mental disease. The reference to this committee includes the certification and supervision of persons of unsound mind, the release of such persons, arrangements for those suffering from mental illness but not certified, the procedure followed in the case of dangerous lunatics and in the case of mental defectives accused of criminal offences, the definition of mental deficiency, and the arrangements for dealing with mental defectives. The committee is to consist of Lord Russell of the Court of Justice in Scotland (chairman); the Hon. Mrs. J. E. Hamilton; Professor D. K. Henderson, Professor of Psychiatry in Edinburgh University; Sir James C. Irvine, Principal of St. Andrews University; Mr. William Leonard, M.P.; Major Basil Neven-Spence, M.P.; Mr. William D. Patrick, K.C.; Lord Provost John Phin, Dundee; Bailie Violet Robertson, Glasgow; Professor Thomas M. Taylor, Aberdeen University; and Dr. Aidan G. W. Thomson of the General Board of Control for Scotland. The secretary of the committee is Mr. J. A. W. Stone, secretary of the General Board of Control, and communications regarding the inquiry should be addressed to him at the offices of the Board, 25, Palmerston Place, Edinburgh, 12.

Carnegie Trust

At the annual meeting of the Carnegie Trust Lord Normand stated that the market value of the investments of the Trust, which had begun its operations thirty-six years ago with a capital of £2,000,000, now stood at £3,700,000, while out of the annual income a total of £4,000,000 had been distributed in grants. Mr. Andrew Carnegie had expected that beneficiaries would restore to the Trust a part of what they had received, and the sums repaid by beneficiaries had varied from year to year within narrow limits; the amount repaid in the thirty-six years had been about £40,000. A cheque for £200 in recognition of assistance amounting to £50 received nearly thirty years ago was recently received from a beneficiary, while a lady doctor had repaid not only sums granted to her but also those to her two brothers who had left the University in 1914 and had been killed in the war. Lord Macmillan said that thirty-seven beneficiaries had made repayments in the past year, of whom twenty were men and seventeen women; it was noteworthy that the women beneficiaries were rather less than one in three of the total. The report showed that for the seventh quinquennial distribution, covering the period 1935-40, an aggregate sum of £257,300 was allocated to universities and extramural institutions: St. Andrews £43,400, Glasgow £69,000, Aberdeen £46,000, and Edinburgh £68,900, with £30,000 to extramural institutions. The objects for which these sums were granted were: for libraries £38,750, for buildings and equipment £177,550, and for teaching and general purposes £41,000. The number of beneficiaries in 1936-7 had been 3,534, and the sums granted totalled £51,797.

Glasgow Royal Infirmary

At the annual meeting on February 14 of subscribers to Glasgow Royal Infirmary Sir James Macfarlane, who presided, said that during the year 18,155 patients had been treated in the institution. The daily average was 871 (22 more per day than in 1936), although the infirmary was designed to accommodate 650 patients. The report

of the Departmental Committee on Health Services had recommended closer co-operation among local hospitals, but there had been no comprehensive legislation based on this, and the case for co-ordination of hospital services was stronger to-day than when the committee reported. Voluntary hospitals in Scotland now proposed to make representations to the Government to speed up a decision on the Departmental Committee's recommendations. The report of the Infirmary showed that the ordinary revenue of the hospital had fallen short of ordinary expenditure by £29,344, the ordinary expenditure having been £127,431. Subscriptions from wage-earners generally amounted to £30,290, and legacies and donations, out of which the deficit on ordinary revenue had been paid, to £45,637. The Blind Asylum buildings adjoining the Infirmary are being reconstructed to provide a new out-patient department.

IRELAND

Medical Research Council's First Report

The Medical Research Council, which was incorporated on January 26, 1937, has issued its first annual report. The members of the council were: Professor R. P. Farnan (chairman), and Professors J. W. Bigger, J. F. Donegan, W. J. E. Jessop, H. F. Moore, T. G. Moorhead, John McGrath, J. M. O'Connor, and J. M. O'Donovan. The report states that a sum of £10,000 was allocated to the council by the Minister for Local Government and Public Health out of the hospitals' share of sweepstake funds, and that the council's thanks are due especially to the Minister for the sympathy shown during the long period of negotiations, to Hospitals Trust Ltd. for financial assistance during this period, and "to all those who have worked so unremittingly during the past few years in order that a research council for the Irish Free State might become a reality." During the year the council held nine meetings, the first on February 16, 1937. Twenty-eight applications for grants were received, of which fifteen were sanctioned for one year, eleven were refused, and two were withdrawn by the applicants. Information concerning the training, whole-time, and part-time grants was published in these columns on November 6, 1937 (p. 934). In addition grants-in-aid have been awarded to Professor E. J. Conway, Dr. Ninian Falkiner, and Professors Fearon and Ditchburn. Dr. J. C. Shee has been given a grant to enable him to undergo six months' training in goitre research at a centre abroad, to be followed by six months' research into the goitre problem in Ireland. The grant holders, with the exception of Drs. Patrick FitzGerald and J. C. Shee and Professors Fearon and Ditchburn, began work before the end of December. Dr. de Valéra started on November 1; since the end of the year he has found himself unable to continue to hold the grant and has refunded to the council all payments made to him. Further applications for grants will be considered by the council three times each year, in February, June, and November, and it is hoped that before very long workers will be engaged on most of the vital medical problems which exist to-day. The offices of the council have been established at 85, Merrion Square, Dublin.

Curriculum at the National University

The National University of Ireland has adopted recommendations of the General Medical Council, and is to substitute at the beginning of the next academic year a pre-medical examination for the existing pre-registration examination. Under regulations now in force a student may sit for the pre-registration examination in elementary physics and chemistry at the age of 17. In future he may not sit for the new pre-medical examination, which will require a period of study of at least twelve months, until he is 18. He will thus have

reached the age of 23 before qualifying instead of 22 as now. The present first medical examination—in applied chemistry, applied physics, and general and applied biology—is to be replaced by a first medical examination in anatomy and physiology. The second medical examination will be in more advanced anatomy and physiology, while the third and final examinations will be as before.

ENGLAND AND WALES

Joint Tuberculosis Council

The winter meeting of the Joint Tuberculosis Council was held in London on February 19, and the members, with some visitors, were afterwards entertained to luncheon by the chairman, Dr. S. Vere Pearson, at the Hotel Russell. The health of the guests was proposed by the chairman, who remarked that the Council had rather tended to leave out the general practitioner, though one of its aims was to foster a good working relationship between tuberculosis officer and G.P., and he therefore welcomed particularly Sir Henry Brackenbury as a distinguished representative of that very large and important section of the profession. The Council was doing good work, but might do better still; that morning it discussed a valuable report on nursing and held a discussion on pneumothorax. Dr. Vere Pearson welcomed also Dr. L. Haden Guest, M.P., and Dr. Stella Churchill, Colonel Caddell, secretary-general of the National Association for the Prevention of Tuberculosis, and the editors of several medical journals. He voiced the feeling of all present in regretting the retirement from the honorary secretaryship of the Council of Dr. Ernest Ward, who, with his initiative and devotion, had been its moving spirit since it was founded seventeen years ago. Sir Henry Brackenbury, in reply, spoke of the importance of the Press and of Parliament in relation to medicine and the field of health. He said that the Joint Tuberculosis Council was now accepted by, and acceptable to, the public and the profession, but, like other specialist services, the tuberculosis service should be aware of the general practitioner's reactions to it. The good general practitioner wanted to be, and to remain, an all-round man, desiring full association with the special branches of medicine; it was not good for him to feel a sense of intrusion or a deprivation of experience and responsibility. The toast of "The Council" was proposed by Dr. Haden Guest, who recalled that the two main functions of the Joint Tuberculosis Council were the giving of scientific and administrative advice; beyond this he thought it might do more to influence public opinion, taking a leaf from the B.M.A.'s book. The medical view was apt to be underestimated by the public and by Parliament, and some pushing forward—even some vulgarization, however repellant to scientific people—must be indulged in nowadays to get points home. Dr. Ernest Ward, in reply, said that he laid down his secretarial work for the Council with regret and thankfulness. The chairman's health was proposed by Dr. Stella Churchill.

Medical Treatment of London School Children

The arrangements made by the London County Council for the medical and dental treatment of school children for the year beginning April 1 include the further extension of the treatment of squint by orthoptists working under the direction of ophthalmic surgeons, a method which has proved very successful during the past three years; an additional audiometric unit to relieve the congestion of children needing testing and treatment for ear defects; the opening of four new centres for the treatment of minor ailments; and an extension of the scheme of nutrition centres. An increase in the number of sessions devoted to dental treatment and additional provision for orthodontic treatment are proposed.

Hunterian Society Dinner

The annual dinner of the Hunterian Society was held at the May Fair Hotel on February 17, the 210th anniversary of the birth of John Hunter. After the loyal toasts, "The Memory of John Hunter" was honoured. Lord Snell, the guest of honour, then proposed the health of the Society. He said that much medical knowledge—for example, about food—was not applied either by local authorities or by individuals in their own homes; in fact, much propaganda was devoted instead to creating an entirely wrong sense of food values. In responding, the president, Dr. D. C. Norris, reviewed the activities of the Society during the past twelve months. The publication of the *Transactions* had been resumed last year. He then formally presented to Dr. John Wilson Reid of Anglesey the gold medal of the Society for an essay on the prognosis and treatment of heart disease in general practice. The toast of "The Guests and Kindred Societies" was proposed by Mr. Alex E. Roche, and on behalf of the guests Judge Earengy, K.C., Sir John Stavridi, and Mr. Hugh Lett (Master of the Apothecaries' Society) responded.

Births and Deaths in London in 1937

The births registered in London during the fifty-two registration weeks of 1937 numbered 63,816, compared with 65,375 in the fifty-three registration weeks of 1936. The crude birth rate per 1,000 of the population in 1937 was 15.6 as against 15.8 for 1936. The corrected rate (which excludes the births of non-Londoners) will be about 13.4. The deaths registered in 1937 numbered 50,081, compared with 51,454 in 1936, when, however, there were fifty-three registration weeks. The crude death rate was 12.2. The infant mortality showed a marked drop in 1937, being 51 per 1,000 registered births, as against 57 in 1936. Deaths from puerperal sepsis and other accidents of childbirth in 1937 numbered 124, or 1.9, per 1,000 registered live births, against 115, or 1.8, in 1936. There were 520 deaths from street accidents in London in 1937, a slightly lower figure than for the two previous years.

Reunion of Radiographers

The annual dinner of the Society of Radiographers, held in London on February 19, brought together over 200 members, the largest gathering in the seventeen years' history of the society. Dr. G. W. C. Kaye, the president, welcomed the guests, who included Mr. C. Thurstan Holland, the "grand old man of radiology," Dr. Russell J. Reynolds, president of the British Institute of Radiology, with which the society has a working alliance, Dr. R. E. Roberts, president of the Section of Radiology of the Royal Society of Medicine, and representatives of affiliated societies of radiographers in Manchester, Liverpool, and the Midlands. Mr. Thurstan Holland, in responding for the guests, took his audience back to the earliest days of x-ray work in 1896, and declared that he had as good a claim to call himself a radiographer as any of those present, because in those early years, until 1904, he had to do everything in his department, including the repair of apparatus, the development of plates, and the making of prints and lantern slides. He had also occasionally to offer an opinion to senior physicians and surgeons, among whom in those days the "x-ray man" was not very popular. In 1904 at the Royal Infirmary, Liverpool, he was given the services of a lay assistant, and to that first assistant and all his successors he paid a tribute. Never once had he been let down by an assistant. Mr. Cuthbert Andrews, in proposing the health of the Society of Radiographers, reminded his listeners of what they had gained in status, recognition, and salary scale under its auspices, and Dr. Kaye, in responding, said that the membership of the society was over 1,100, and was increasing at the rate of about 100 a year. It was recognized by the Board of Medical Auxiliaries, and it had four

branches—in Scotland, in South-West England, and in Australia and South Africa. The aim of the members was to serve the medical profession to the utmost of their ability. During the evening the Sir Archibald Reid memorial medal was presented to Miss A. M. V. Ash of the Western Infirmary, Glasgow, for a prize essay, and the Stanley Melville memorial medal to Mr. H. T. Ferrier for the best lecture of the session. A cheque was also presented, with many expressions of appreciation, to Mr. F. Melville, who has been honorary secretary of the society since 1927.

Ambulances in Air Raids

The report of the Home Service Ambulance Committee of the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society for the quarter ended September 30, 1937, points out the importance of ambulance transport in air raid precautionary schemes. In the event of war a great deficiency in the number of ambulances available is foreseen, and the creation of improvised transport from trade vans and other vehicles is envisaged. For the manning of these ambulances a large increase in the numbers of trained personnel would be necessary. The staffing of first-aid posts for treatment and decontamination, and of first-aid parties to search for and rescue the wounded in streets and houses, together with the provision of skilled helpers to assist overburdened hospital staffs, would also demand a large number of trained men. The report therefore maintains that recruiting must be pursued with the greatest energy, and that the time for this is *now*. Alluding to recent trials carried out in various parts of the country, the report draws a vivid picture of the difficulties likely to be encountered, especially during air raids at night.

"With all lights extinguished or obscured, with vision further hampered to a considerable extent by respirators, driving perhaps through clouds of gas, and having to keep a constant watch to avoid craters in the road caused by high explosives, and floods due to burst water-mains, they would have to grope their way to places where casualties have occurred; to assist the first-aid parties in carrying out such first-aid work as is immediately essential; to make every effort to avoid the contamination of themselves and their patients by mustard gas; and to get their patients as quickly and safely as may be to their appropriate destination, whether hospital or first-aid post."

The report states that many consultations have taken place between representatives of the Air Raid Precautions Department of the Home Office and those of the Order and the Society concerning the preparation of schemes for adequate ambulance service. It is pointed out that if ever the occasion for action arises it will come suddenly, and it is therefore of prime importance that plans to secure, adapt, equip, and man the necessary vehicles should be completed beforehand.

Royal Berkshire Hospital Centenary

The story of the Royal Berkshire Hospital¹ is told with the laudable intention of helping the hospital's centenary appeal fund. Every good wish, therefore, attends its publication. The approbation of Queen Mary, to whom the volume is dedicated, has already been obtained, and her signature is reproduced in each copy. The book is a cento rather than a reasoned history, for the eleven chapters are contributed by ten writers. But it is a readable patchwork, contains much that is interesting, and details the growth of the hospital from small beginnings to its present position amongst the greater provincial hospitals. It secured the patronage of William IV at a very early period of its existence. His death caused the postponement and final abandonment of the opening ceremonies until the number of accidents attending the

¹ *The Story of the Royal Berkshire Hospital 1837-1937*. Edited by Ernest W. Dormer. Reading: Poynder Press, Gun Street. (6s., or 6s. 6d. post free.)

building of the Great Western Railway led to the scheme being pushed on to completion. The opening celebrations on May 27, 1839, ended with a dinner costing 5s. a head (wine not included). The meal began at 3 o'clock and the company dispersed at 8.15, after listening to twenty-nine toasts, many with musical honours. A gallery was provided for 100 ladies, who were "regaled not with viands off the table but with the more refined luxuries of music and eloquence." The ladies appear to have become restless after the twenty-third toast, but were persuaded to remain until the twenty-fourth, when the reporter states that "they made their escape." The various chapters deal with different phases of the hospital's activities, the dental section alone appearing to have been omitted. X rays were soon used by the hospital, but not on a very large scale, as the running expenses of the department for the year 1900 were £7 12s. 11d. In 1903 Dr. Gordon Paterson exhibited to his colleagues a patch of dermatitis on his own skin, the result, he said, of carrying a small tube of radium in his waistcoat pocket. Dr. Logan Dahne gives an excellent account of the recent grant of Arms to the hospital, and illustrates it with a double-page plate in colours. The very useful appendices contain lists of the various officials attached to the hospital, with the dates of their appointment and termination of service. There is also a satisfactory index. The fifteen illustrations are well reproduced.

Remuneration in L.C.C. Mental Hospitals

Changes in the grading and remuneration of medical officers at certain institutions under the Mental Hospitals Committee of the London County Council are proposed. When the institutions of the old Metropolitan Asylums Board for mental patients were transferred in 1931 the medical needs of those institutions were not thought to require a large staff of medical assistants, and consequently there appeared to be a smaller degree of medical responsibility than at the large original institutions of the Council. Lower rates of pay were therefore fixed for the higher medical staff, though subsequently at two institutions special allowances were made. Since the transference there has been a considerable alteration in the conditions under which medical work is done, the standard of medical care has been raised, and the scope of treatment expanded in every direction. It is therefore felt that the grading and remuneration of the higher medical staff should now be the same at all the large transferred institutions as at the large county mental hospitals. This means that the medical superintendent, instead of £1,250 plus a house, will receive £1,450 plus a house; the remuneration of the deputy medical superintendent of a large institution will be £850-£50-£950, being an increase of £50, and that of the first assistant medical officer will be £750-£25-£850, instead of £625-£25-£750.

Medical Staffing of L.C.C. Mental Observation Units

The existing arrangements for the medical staffing of mental observation units at the hospitals of the London County Council provide for the seconding to those units for periods of not less than one year or more than two years of selected assistant medical officers in the mental services. Experience has shown that there is little likelihood of there ever being a sufficient number of officers of this rank in the mental services with the necessary qualifications and experience to maintain the steady sequence of volunteers needed for this duty. In fact, the four units at St. Pancras, St. Clements, St. Francis's, and St. Alfege's hospitals are, or very shortly will be, without suitable medical staff. It is therefore proposed to recruit the specialist staff required from the ranks of second assistant medical officers in the mental services, a grade higher than that from which volunteers for the duty are at present sought. This will necessitate an increase in the fixed medical staff of the mental services of the L.C.C. by four positions of second assistant medical officer, so as to permit of four officers of the grade always being seconded

to the observation units. It is also proposed that it should be a condition of promotion from the rank of assistant medical officer to that of second assistant medical officer that the officer promoted will be ready to undertake service, without option and in rotation, in an observation unit, and that a year should be taken as the normal period of seconding, though exceptional circumstances might make it necessary in some cases to extend the period to not more than two years. The scale of salary of the second assistant medical officers to be appointed will be £625-£25-£700; that of the assistant medical officers seconded under the original scheme was £470-£25-£570, with a special allowance of £50 a year to a holder of a diploma or degree in psychological medicine.

INDIA

All India Obstetric and Gynaecological Congress

The second All India Obstetric and Gynaecological Congress will be held at Bombay from April 13 to 16 next under the presidency of Dr. B. D. Mukherji of the Carmichael College, Calcutta. A medical exhibition is also arranged as part of the programme. The subjects chosen for official discussions are toxæmias of pregnancy and carcinoma of the cervix. The congress will be inaugurated by the Prime Minister of the Government of Bombay, and the medical exhibition will be declared open by the Minister of Health. An invitation is extended to all obstetricians and gynaecologists to attend the congress. Further information can be obtained from the organizing secretary, Raj Bhuvan, Sandhurst Road, Bombay, 4.

Women Patients in the Punjab

The report on the working of hospitals and dispensaries in the Punjab (1936) records a remarkable increase in the number of women patients. Unfortunately, however, continued financial stringency has precluded appreciable progress in the scheme for expansion of female medical relief. Although the number of women and children attending hospitals during the year under review exceeded that of the men, the available accommodation is stated to be totally inadequate. The deficiency is especially marked in the smaller centres. Only a few district headquarters have separate women's hospitals; in most cases the hospital includes a female section under the charge of a woman subassistant surgeon. At one district headquarters, Jhelum, there are no facilities, except at a mission hospital, for the treatment of women by doctors of their own sex. The report also emphasizes the need for special women's dispensaries in small towns and villages. A tribute is paid to the work of the mission hospitals, the pioneers of medical relief for women in the province. Many of these are finely equipped and are staffed by fully qualified lady doctors assisted by competent nursing staff. With regard to facilities for the medical education of women in the province the report states that the need for the establishment of the proposed Medical School for Women at Lahore becomes more pressing every year. The accommodation available at the Punjab Medical School for Women, Ludhiana, and at the Amritsar Medical School, where the system of co-education is in force, is far from sufficient, and many applicants for admission have to be refused. Dispensing appears to be less popular as a career for women, and it is a matter of difficulty to induce students to train for this important work.

Assam in 1936

From the annual public health report of the Province of Assam it appears that 1936 was a comparatively healthy year, without major epidemics; the death rate fell, as also did the birth rate. The registration of vital statistics is still regarded as being far from satisfactory, and officials of the public health department have been urged by the

Governor to acquaint themselves more closely with the conditions of the villages in the interior, and to track out and subdue those diseases to combat which the department was created. Malarial fevers constitute the chief scourge of this Province, but there was a fall in the incidence of them in the year under review as compared with 1935. Quinine-reinforced cinchona febrifuge was used as a general preventive and curative agent, and its supply to the population has been promoted by lowering its cost. The Assam Medical Research Society has been concentrating its activities on malaria control with promising results, especially as regards the campaign against *Anopheles minimus*. There was a slight rise in the incidence of small-pox, but a fall in that of cholera. Vaccination against the former disease is not compulsory in rural areas in Assam, but the people are encouraged to be vaccinated; in some areas there is much opposition to overcome. The kala-azar incidence and mortality rate fell. The intravenous injection of urea-stibamine is the method of diagnosis and treatment, and a great deal of survey work is undertaken with a view to prevent a recrudescence of this disease. Rice is the staple diet. It is reported that adulteration of food is increasing and that the Assam Pure Food Act is not working very satisfactorily, local boards showing little interest in this matter, though the record of municipalities in this respect is somewhat better. Consideration has been given to the problem of reorganizing the public health department so as to create a more intimate spirit of co-operation between the villagers and officials of the department.

Madras Hospitals and Dispensaries

Major-General Sir Frank Connor, I.M.S., surgeon-general with the Government of Madras, reports a net increase of one in the number of civil hospitals and dispensaries in that Presidency in 1936 compared with the previous year. There were 1,235,295 cases of diseases of the respiratory system other than pneumonia and tuberculosis, and 1,192,351 of diseases of the digestive system; 614,079 operations were performed, with a death rate of 0.25 per cent., compared with 0.27 in the previous year. There was a decrease in the number of maternity cases conducted in these institutions, due to the opening of more maternity and child welfare centres, the appointment of separate midwives by municipalities and district boards for domiciliary work, and the consequent prohibition of hospital and dispensary midwives from conducting labour cases outside their institutions. A considerable fall occurred in the tuberculosis death rate. As a further step in anti-tuberculosis work in Madras City a tuberculosis clinic on up-to-date lines has been started for the examination of contacts as an adjunct to the Tuberculosis Institute, and the Government has taken over Dr. Muthu's sanatorium at Tambaram with the view of providing more accommodation for such cases. Sir Frank Connor states that there is need of some thousands more beds for tuberculosis cases in hospitals, sanatoria, and clinics. Radiological work grows apace in the Presidency; two new departments were opened in 1936, and more are being established, while several of the older ones are being brought up to date by the addition of new equipment. At the end of 1936 there were 445 leprosy clinics actively functioning; with a grant-in-aid from the Silver Jubilee Fund special clinics for the study of leprosy and its epidemiology are being established in five places and increased bed accommodation is being arranged in eight leper hospitals. Special investigation units are being established for intensive study of the disease, particularly in children. The Government General Hospital in Madras has been remodelled, and new hospitals have been completed at Madura and Cocanada. There was an increase in the number of medical students in the Vizagapatam and Madras medical colleges; a revised curriculum was approved in 1936 suitable to the extended course of five years.

Correspondence

Co-operation

SIR.—The report by Mr. Harold Murphy on the outbreak of typhoid fever at Croydon will be closely studied by medical officers of health in order that they may find out if there are any ways in which their customary procedure in dealing with outbreaks of infectious disease may be varied or improved on, and it may be assumed that both the Society of Medical Officers of Health and the British Medical Association, between which there exist the most cordial relations, will during the coming months give the matter their close consideration.

There is one important section of the report which unfortunately is not quite clear. I refer to the functions of the suggested committee of local practitioners to consult with the medical officer of health. It is true that Mr. Murphy does not actually suggest that "the more ready communication between the medical officer of health and the general body of practitioners" should take the form of a committee representative of local general practitioners, but it is evidently the view of Lord Dawson and other prominent medical men that it should take this form. Now the universal practice of medical officers of health when confronted with a possible epidemic of a dangerous disease is to establish immediate contact, either by telephone or by letter, or by both, with *all* the local medical men practising in the area at risk, informing them of the danger, in order that they may get in touch with him at once if they have any patients with symptoms arousing suspicions of the disease in question. It is also the universal practice for the local medical men to co-operate fully with the medical officer of health and to refer to him without delay either definite or suspected cases of the disease. They expect and receive without question and without delay the fullest help which the public health department can offer them, usually in the form of personal consultation with the medical officer of health at the bedside of the patient. The medical officer of health can do no more; he dare do no less.

What, then, would be the function of the committee, which would necessarily consist of only a small proportion of the practitioners of the area? What information could be given to or by the committee which should not be given to *all* the practitioners in the area? The medical officer of health cannot delegate any part of his responsibility in dealing with an epidemic to any committee; he must personally be responsible for all information reaching all the practitioners direct. And when the practitioners have information of value to the medical officer of health, why should they not, in a situation where no time may safely be lost, transmit this information directly to the medical officer as in the past? In the face of recent legislation, especially the Local Government Act of 1929, which transferred all the old Poor Law beds to the local authority, no one will question the advantage to both the medical officer of health and the local profession of a standing committee through which both sections may consult and co-operate, but in the presence of an actual epidemic of infectious disease it is not clear what useful purpose meetings of this committee would serve.—I am, etc.,

HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health.

Smethwick, Feb. 16.

house-surgeon to the Adelaide Hospital, Dublin, and later he served as surgical clinical assistant at the London Hospital. At Littlehampton he built up a successful practice and held the appointments of surgeon to the Littlehampton Hospital, Arundel Hospital, and the West Sussex County Mental Hospital. He had been visiting surgeon to the Graylingwell War Hospital and medical officer in charge of Slindon House Red Cross Hospital, and was latterly consultant surgeon to the Arundel Hospital. He had been a member of the British Medical Association since 1891.

Rear-Admiral CARY T. GRAYSON, M.D., chairman of the American Red Cross and of the International League of Red Cross Societies, died in Washington on February 15 at the age of 59. The son of a Virginian doctor, he had a most distinguished career in the service of the U.S.A. Government until his retirement from the Navy ten years ago. He had been the medical attendant and intimate friend of three Presidents of the United States—Theodore Roosevelt, William Howard Taft, and Woodrow Wilson.

The death is announced, at the age of 86, at Pau, of Dr. DOLERIS, who in 1924 was President of the French Academy of Medicine. His interests were wide; he made his mark in medicine as a gynaecologist, but he also played a distinguished part in scientific agriculture, and he represented his constituency in the French Parliament between 1921 and 1924. The late Dr. LE TELLIER was at one time President of the Ligue Française Homéopathique, and in 1933 he was the President of the International Homoeopathic League.

The following well-known foreign medical men have recently died: Dr. RICHARD HERMANN JAFFE, an eminent pathologist and bacteriologist of Vienna, aged 50; Geh. San. Rat Dr. STODER, for many years leader of the Bavarian medical profession; Dr. OTTO KREN, a distinguished Viennese dermatologist; Dr. M. BOGDUNOVIC, professor of gynaecology at Belgrade; Dr. LÉON BELLIN, the Paris oto-rhino-laryngologist, aged 64; Dr. RAYMOND SABOURAUD, the eminent Paris dermatologist and great authority on parasitic diseases of the skin, especially ringworm, aged 73; and Professor WERNER KÖRTE, permanent secretary of the German Society of Surgery and an authority on the surgery of the pancreas and bile ducts.

Mr. HARTLAND S. WRIGHT, who died on February 16 in his ninetieth year, was actively associated with the business of John Wright and Sons Ltd., the Bristol printers and publishers, for over seventy years, and had been chairman since the incorporation of the company.

Universities and Colleges

UNIVERSITY OF OXFORD

In Congregation on February 22 the Regius Professor of Medicine, Sir Farquhar Buzzard, proposed that the degree of Doctor of Medicine be conferred by decree of the House upon the following four newly appointed Professors:

H. W. B. Cairns, Fellow of Balliol, Nuffield Professor of Surgery.

R. R. Macintosh, Fellow of Pembroke, Nuffield Professor of Anaesthetics.

J. Chassar Moir, Fellow of Oriel, Nuffield Professor of Obstetrics and Gynaecology.

J. A. Gunn, Fellow of Balliol, Nuffield Professor of Therapeutics.

The House approved the conferment of these degrees.

UNIVERSITY OF CAMBRIDGE

At a congregation held on February 19 the following medical degrees were conferred:

M.B., B.CHIR.—*S. B. Darbishire, *E. B. Hacking, *M. Williams, L. H. Cane, H. G. W. Hoare, J. M. G. Wilson, G. Sheers, R. McK. Miller.

M.B.—*S. A. Probert, *G. L. Foss, R. E. Rodgers.

* By proxy.

The Professor of Physiology announces that a public lecture will be given in the Lecture Theatre of the Physiological Laboratory on Thursday, March 10, at 5 p.m., by Professor A. P. H. A. De Kleijn of the University of Amsterdam. The subject of the lecture is "Some Remarks on Vestibular Physiology."

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE

A special University Lecture in biochemistry on "The Role of Dicarboxylic Acids in Metabolism" will be given at University College, Gower Street, W.C., by Dr. P. E. Verkade, professor of chemistry and chemical technology in the Nederlandsche Handels-Hoogeschool, Rotterdam, on Thursday, March 10, at 5 p.m. The lecture, which will be delivered in English, has been arranged under a scheme for the exchange of lecturers between England and Holland. It is addressed to students of the University and to others interested in the subject, and will be illustrated with lantern slides. Admission is free, without ticket.

UNIVERSITY OF LEEDS

Dr. M. J. McGrath, medical superintendent of the West Riding Mental Hospital, has been appointed lecturer in mental diseases.

UNIVERSITY OF EDINBURGH

The Senatus Academicus, on the recommendation of the Faculty of Medicine, has awarded the Cameron Prize for 1938 to Karl Landsteiner, M.D., member of the Rockefeller Institute for Medical Research, New York; and the Straits Settlements Gold Medal to Thottakat Bhaskara Menon, M.D., M.R.C.P.

The Services

ARMY MEDICAL SERVICES

The War Office announced on February 21 that the King has approved of the following promotion and appointments:

Colonel F. Casement, D.S.O., late R.A.M.C., Deputy Director-General, Army Medical Services, at the War Office, to be promoted to the rank of Major-General and to be appointed Deputy Director-General of Medical Services, Southern Command, with effect from April 15, in succession to Major-General O. Ievers, C.B., D.S.O., K.H.S., late R.A.M.C., who will vacate the appointment on completion of four years' service as Major-General.

Colonel O. W. McSheehy, D.S.O., O.B.E., at present Assistant Director of Medical Services, Home Counties Area (West) at Woolwich, to be Deputy Director-General, Army Medical Services, in succession to Colonel Casement.

DEATHS IN THE SERVICES

Squadron Leader RONALD ELTRINGHAM ALDERSON, R.A.F.M.S., was killed on February 18 near Athlit, south of Haifa, Palestine, when the taxi in which he was travelling was fired on by a party of bandits, a lady travelling in the same car being also dangerously wounded. He was educated at Durham University, where he gained a University scholarship in 1922, the Goyder and Philipson scholarships in 1927, and graduated M.B., B.S. in 1927. After filling the posts of house-surgeon at the Royal Victoria Infirmary, Newcastle-upon-Tyne, and medical officer of the Ministry of Pensions Hospital at Newcastle, he entered the Royal Air Force, and at the time of his death was serving in the R.A.F. General Hospital for Palestine and Transjordan, to which he was posted as squadron leader on March 14, 1927.

Lieutenant-Colonel ALFRED THOMAS IRVINE LILLY, R.A.M.C. (ret.), died at Ealing on February 13, aged 76. He was born at Hingoli in the Deccan, India, on September 8, 1861, was educated at St. George's Hospital, and took the M.R.C.S., L.R.C.P. in 1884. He entered the Army as surgeon on January 31, 1885, became lieutenant-colonel after twenty years' service, and retired on December 28, 1917. He served in the South African War from 1899 to 1902, taking part in the operations in the Orange Free State, the Transvaal, and Cape Colony, including the actions at Belfast and Lydenburg, and received the Queen's medal with three clasps and the King's medal with two clasps. He also served in the war of 1914-18.