

RECENT ADVANCES IN RHEUMATISM

At a meeting of the West London Medico-Chirurgical Society on April 8, with Dr. D. G. RICE-OXLEY, the president, in the chair, a discussion took place on recent advances in rheumatism.

Dr. J. F. HALLS-DALLY submitted that rheumatism should be regarded as a series of variable and often interchangeable syndromes. The classification he suggested was: (1) acute or subacute rheumatism; (2) chronic non-specific arthritis, which included (a) rheumatoid arthritis (atrophic) and (b) osteo-arthritis (hypertrophic); and (3) non-articular forms. Acute rheumatism had certain constitutional peculiarities. Untreated, it was a self-limited malady. If treated in the accepted fashion with salicylates, it yielded to these far more readily than did any other condition in the rheumatic group. Moreover, it was not exclusively an affection of the heart, of the joints, or of the nervous system, for at any time it was capable of involving any of these structures. The real explanation of the similarities between acute rheumatism and rheumatoid arthritis might be found in the assumption that the type of reaction of the body tissues to infection depended on the formation in the blood—not in the tissues—of sufficient antibodies. If these were present in adequate numbers rheumatic fever cleared up, but if there had been insufficient antibody formation, transition into a state indistinguishable from rheumatoid arthritis took place. Rheumatic infection and rheumatoid arthritis were thus more related to one another, as representing variations based on a similar aetiology, than to osteo-arthritis, which he placed in a separate category. Though something was known of the basic as well as of the contributory factors in rheumatism, little was known, and nothing definite had been proved, as to the infective factors. The speaker reviewed the position of research in relation to rheumatoid arthritis and osteo-arthritis. A biochemical investigation of the urine in his experience was of great value in dividing all cases of chronic rheumatism into two main metabolic types. The alkaline urinary or metabolic deficiency type was related to rheumatoid arthritis, and the acid or metabolic excess type to osteo-arthritis or arthrosis. He discussed briefly preventive, general, and special treatment.

Methods of Treatment

Dr. W. S. C. COPEMAN showed a cinematograph film illustrating the typical appearances in chronic rheumatism, with some indications of the technique and results of treatment. Discussing modern advances in treatment, Dr. Copeman placed first physical medicine, and after this gold treatment, which in its limited sphere in rheumatoid arthritis was a major advance. Next came the serial plaster treatment of rheumatoid arthritis, originating from Boston, then the postural methods of Goldthwait and Osgood, manipulations, and finally the injection of novocain and saline into the tender areas of fibrositis to which pain was referred. The history of the organization of the treatment of rheumatism, he said, was recent, not really starting until 1930, when the British Red Cross Society opened its clinic in London. Three years later the Minister of Health allowed physical treatment as an additional benefit under the National Health Insurance Act at approved centres, but to-day there were only three such centres—in London, Sheffield, and Aberdeen.

Dr. C. B. DYSON introduced the subject of the serology of acute rheumatism. He described the bacteriology of rheumatoid arthritis as a "complete fog." In about 85 per cent. of all cases of rheumatoid arthritis there were agglutinins to a significant titre for the haemolytic streptococcus, and yet in these cases the streptococcus was not found as a significant infection. But even if the organism was a secondary invader its presence could do much harm and its removal much good to the patient. The complications of measles, to take a parallel example, were not due to the primary virus but to the secondary invaders.

Local News

ENGLAND AND WALES

Hospitals Day, 1938

The combined hospital flag days in London for 1937 produced a grand total of £32,569, representing an increase on the total annual income which the hospitals concerned used to derive from their individual flag days. When the plan was first started, at the suggestion of the Chief Commissioner of Police for the Metropolis, seventy-seven hospitals joined in, and 108 participated during 1937. This year 135 hospitals are combining. While the special hospitals are to collect in October, the other hospitals will make their collection on Tuesday, May 10, in Inner London and on Saturday, May 14, in the outlying areas. Already Lord Luke, chairman of the London Hospitals Street Collections, has received promises of help from local public authorities situated in the Metropolitan Police District, Messrs. W. H. Smith and Sons, many cinema theatres, hotels, business houses, markets, and the main railway companies. All suggestions and offers of service should be sent to Lord Luke at the headquarters of the Central Committee, 36, Kingsway, W.C.2.

Central Midwives Board

At the April meeting of the Central Midwives Board for England and Wales it was announced that Sir Comyns Berkeley, M.D., F.R.C.P., F.R.C.S., had been unanimously re-elected chairman for the year ending March 31, 1939. The vacancy in the membership of the Board has been filled by the appointment of Miss G. A. B. Cameron (public health department, Newcastle-upon-Tyne). The remainder of the Board, all of whom have been re-appointed until March 31, 1939, consists of: Councillor R. W. Brosch, J. G. Buchan, M.D., Miss K. V. B. Conl, W. Allen Daley, M.D., D.P.H., Mr. H. A. de Montmorency, Miss E. E. Greaves, Eardley Holland, M.D., F.R.C.S., F.R.C.P., Miss A. A. I. Pollard, Lady Richmond, Miss K. J. Stephenson, and Arnold Walker, M.B., F.R.C.S. With regard to the question of examination under the new training and examination rules of the Board it was resolved that the first examination under the new rules, which is, to all interests and purposes, the same as the examination under the existing rules, should be conducted by doctors as at present, but that, having regard to the nature and object of the second examination under the new rules, such examination should be conducted jointly by doctors and State certified midwives.

Orthopaedic Clinics for Yorkshire

A meeting was held recently at the General Infirmary at Leeds to forward the work of the Yorkshire Association for the Care of Cripples. Commander Henderson, of the Wingfield-Morris Orthopaedic Hospital, Headington, near Oxford, dwelt on the need for early treatment of all orthopaedic cases, and said that by the establishment of local clinics a large number of patients could receive skilled treatment without necessarily entering a hospital as in-patients or having to make long journeys for out-patient attendance. It was a great advantage to the patient and to the hospital that surgeons and nurses should visit the smaller towns and rural areas instead of the patients all crowding into one building at stated hours for special treatment. The clinics were in effect scattered out-patient departments of the hospital, but, not being concentrated in one building, they could widen the scope of their work. Miss Miller, organizing secretary of the Yorkshire Association for the Care of Cripples, outlined the work it hoped to do in the county by extensions to existing hospitals

and the establishment of associated after-care clinics. The next step would be to build another orthopaedic hospital in the south of the West Riding and to found a training college for the whole of Yorkshire. Dr. J. Johnstone Jervis, medical officer of health for Leeds, said that the enlarged Thorp Arch Orthopaedic Hospital, when completed, would be the hub of a system, the spokes radiating into all parts of the county.

L.C.C. Hospital Expenditure

The estimated expenditure on the hospital services of the London County Council in the year 1938-9 is £6,309,815, and the estimated income £556,625. The proposals which have already been approved for the further development of the consultant and specialist service at the hospitals involve an increase of about £4,000. The total cost of this service is upwards of £40,000 a year. The new domiciliary midwifery service accounts for an increase of about £41,000 in the estimates, and increased charges for tuberculous patients account for £22,000.

Recognition of L.C.C. Hospitals

More than a year ago the Royal College of Surgeons of England agreed to recognize sixteen of the general hospitals of the London County Council for the purpose of qualification for admission to the final examination for the Fellowship of the College. The same hospitals have now been recognized by the Examining Board in England set up by the Royal College of Physicians of London and the Royal College of Surgeons of England for the purpose of the regulations for obtaining the Diploma in Anaesthetics (D.A., R.C.P. and S. Eng.). In addition seven more of the council's general hospitals, making a total of eighteen, have been granted recognition by the British College of Obstetricians and Gynaecologists as establishments at which the medical staff may qualify for candidature for the Diploma or Membership of the College.

Leprosy in the British Empire

The annual general meeting of the British Empire Leprosy Relief Association took place at the India Office, with Viscount Halifax in the chair, on April 26. Sir William Peel, chairman of the executive committee, in presenting the annual report for 1937 said that there were to-day at least two million lepers in the British Empire, and in spite of the combined efforts of local governments, missionary bodies, and the Relief Association, which worked in co-operation with Toc H, very little had been achieved in checking the incidence. In some colonies it was believed to be tending to increase. Even in colonies where much was being done to care for and treat the leper, little had been achieved in regard to prevention. Some of the more prosperous colonies, such as Malaya and, with the association's help, Nigeria, were doing a great deal to combat the disease; in Hong Kong progress had been retarded owing to economic conditions. Valuable research work was being carried out at Calcutta in co-operation with the School of Tropical Medicine and the Indian Research Fund Association under the direction of Dr. John Lowe. In Madras alone during the first nine months of last year there were nearly 600,000 attendances for treatment at the various centres. Sir Cuthbert Sprawson, retired Major-General I.M.S., a new member of the executive committee, gave an address in which he enlarged on the necessity for educating the public, including the public of the country whose natives suffered from leprosy. The people in those countries, he said, might be uncultured and ignorant, but they had sufficient natural common sense to understand the nature of the danger when it was explained to them, and to appreciate the good intentions of the association's workers. It was interesting, in the same connexion, to consider why leprosy disappeared from England in Plantagenet and Tudor times. Various factors were concerned, no doubt, but the principal one, he thought, was the great interest

in leprosy which then existed among all sections of the population. This was shown in the establishment of about 300 leper hospitals in an age when hospitals were not common institutions. It was plain that the whole country was aroused and set itself upon a leprosy campaign, attaining a surprising success when the deficient knowledge and lack of personal hygiene were considered. It was important now to arouse an interest of this nature throughout the affected parts of the Empire and the mother country. Sir Cuthbert described his experiences in conducting a leprosy campaign in the Madras Presidency and the need for the enlistment of enthusiastic social workers, some of them perhaps recovered patients, who were able to demonstrate to the affected people that someone was taking an interest in them, and so encourage them to co-operate in the necessary measures for their own good and the good of the community. Leprosy had raged in some places for so long that there already existed a tribal tradition and an understanding, though imperfect, as to what should be done. In the Laccadive Islands and in the Island of Minicoy the lepers were by a voluntary segregation sent to one end of the island on a peninsula, where they lived happily in their industrial occupations. It was necessary to foster such native public opinion in all infected countries and to organize it on proper lines. It was not within the power of the association to do it directly among large bodies of people, but by approaching the governments it should be possible to secure that the desired propaganda was conveyed to all natives.

SCOTLAND

Edinburgh Orthopaedic Clinic

At the annual meeting on April 4 of the Edinburgh Orthopaedic Clinic Mr. Robert I. Stirling said that this clinic started in 1926 and was formally constituted in 1931 for the benefit of people with limited incomes who required massage, ultra-violet ray treatment, and other forms of physiotherapy, but who were unwilling to avail themselves of free service in hospitals. The clinic was first started especially for the benefit of such persons who were capable of continuing their employment if treatment could be given after working hours. Some of the patients suffered from "rheumatics," some came to the clinic after domestic or industrial accidents or after operations; many came with early static or postural irregularities for which successful preventive measures were of great economic importance. In some instances where the patient could not attend the clinic treatment was carried out in his home. The report showed that during the past year 605 patients had started treatment and 10,296 treatments had been given. Forty-eight patients had been visited during the year, entailing 917 visits. After-care, involving 1,222 treatments, had been given to thirty-six patients from the Princess Margaret Rose Hospital for Crippled Children. The clinic's existing premises were proving too small for the steady increase in the number of patients, and the committee was at present considering the acquisition of new and larger accommodation.

Prevention of Blindness

The W. H. Ross Foundation for the Study of the Prevention of Blindness was opened on April 20 at 20 Lauriston Place, Edinburgh, by Mr. W. S. Douglas, Secretary to the Department of Health for Scotland. Mr. Ross, who has suffered from total blindness since 1933—his eyesight began to fail following an accident in 1929—has endowed this research foundation at a cost of £40,000. In 1935 he deposited this sum with trustees, the income of which, as well as the income from any other donations, was to be applied to the furtherance of investigations into the causes of blindness. Dr. A. H. H. Sinclair, chair-

man of the trustees, said that they would not only investigate the prevention of actual blindness, but would study all forms of deterioration of sight and the enhancement of the visual function. Investigations were already in progress which had entailed the examination of 700 coal miners and 200 shale miners, and work was proceeding with reference to glaucoma. The work was dependent on collaboration of the practitioners of Edinburgh and the good will of ophthalmologists throughout Scotland, and valuable help had been obtained from the staff of the eye department of the Royal Infirmary. It was hoped that Glasgow and other leading ophthalmic centres would eventually give practical help to this cause. The Department of Health for Scotland was also helping in regard to statistics of the causes of blindness. Professor A. J. Ballantyne, Glasgow, said that individual effort could not solve ophthalmological problems, which offered a very wide field for organized research, and the Ross Foundation would find its greatest sphere of usefulness in team work.

Aberdeen Medical Curriculum

The General Council of the University of Aberdeen, at a meeting on April 16, gave general approval to a proposal by the Senatus to add two terms to the present curriculum, thus extending it to seventeen terms. The draft of the new curriculum, which still remains to be adjusted in details, assumes that all students will start medical study at the beginning of the winter term, and in the final year certain special classes will extend over the summer vacation. Dr. Thomas Fraser, in moving general approval of the draft scheme, expressed the hope that the important question of extra-mural teaching would be considered, and he appealed for more attention to child welfare. He also considered that three and a half months' holiday in the summer vacation was too long, and that some of this time might be spent in hospital under supervision. Professor Campbell referred to arrangements that had been made for having a students' residence in the hospital centre at Forresterhill so that the students might take full advantage of clinical instruction in the various hospitals which had been erected there under the joint hospitals scheme.

Fife Medical Officer of Health

The staffing committee of the Fife County Council has appointed Dr. George Matthew Fyfe as medical officer for the county to succeed Dr. Pratt Yule, who is retiring. Dr. Fyfe graduated M.B., Ch.B. at Aberdeen University in 1920, and took the D.P.H. in 1925. For some three years he acted as a Carnegie research assistant in the physiology department of the University, and as assistant medical officer in the clinic to the Ministry of Pensions at Aberdeen. In 1923 he was appointed assistant medical officer of health for Aberdeen, and organized a clinic at the City Fever Hospital. Three years later he became medical officer of health for St. Andrews and bacteriologist to the James Mackenzie Institute for Clinical Research. Following changes under the Local Government (Scotland) Act, 1929, he became in 1930 a deputy medical officer of health for the county of Fife, a post which he still holds.

"Neo-Hippocratism"

Dr. P. K. M'Cowan, physician-superintendent of the Crichton Royal Institution, Dumfries, states in his annual report that the doctrine of neo-hippocratism, or constitutional medicine, has been permeating medical practice during the last twenty or thirty years, and is a return to the basic principles laid down by Hippocrates, with his emphasis on the constitution of the individual patient, including his mental and physical make-up. Neo-hippocratism asserted that we could no longer regard the cells, tissues, and organs of the body as separate units, the real biological unit being the individual. Physiology, with its chemical integration through the endocrines and its

nervous integration through the vegetative and central nervous system, had already shown that any smaller unit was an abstraction. Even in the most apparently local disease there was a disturbance through the whole individual, with biochemical changes in the fluids, changes in the nervous system, and psychical changes. These were not merely evidence of disease, but represented the result of a struggle in which the patient mobilized all his resources. The mere diagnosis of disease was therefore not sufficient, but a thorough knowledge of the body-mind of the patient was a necessary preliminary to treatment. To be consistent, treatment should agree with the constitutional principle, aiming at helping the patient's constitution in its struggle. In psychiatry the methods available to help the physical or mental resources of the patient included psychotherapy, physical medicine, heliotherapy, diet, occupation and recreation, endocrinology, and the judicious use of sedative drugs and of drugs acting on the sympathetic nervous system. All these methods of treatment would repay further research. Throughout the history of medicine two principles of treatment were found to crop up in connexion with little-understood diseases—the nihilistic and the chircastic. The former favoured a negative policy, leaving everything to nature, and was very popular in the mid-nineteenth century, on the basis that curable diseases, if left to run their course, were likely to improve in the absence of needless meddling. The chircastic principle—called after Chirac, a French physician of the eighteenth century—consisted of excessive intervention, which took the form of repeated bleeding, excessive purgation, and the use of strong drugs; it was the very antithesis of modern constitutional medicine. They must be careful not to transgress the constitutional principle in psychiatric practice, and unless such forms of treatment as hypoglycaemic shock and fits induced by cardiazol in the treatment of schizophrenia were ultimately shown to be in accordance with this principle, their present popularity was likely to be short-lived. It had been found that kindness and individual attention were preferable to fear in the education of the young, and this psychological lesson was equally important in psychiatry.

Edinburgh Postgraduate Courses

The syllabus of the postgraduate courses in medicine to be held in Edinburgh during the summer contains particulars of the instruction obtainable in July, August, and September. From July 11 to 29 there will be a course in obstetrics and gynaecology at the Royal Maternity Hospital and the gynaecological wards of the Royal Infirmary: fee £10 10s. A general practitioners' course will be held from August 15 to September 10: fee £10 10s. for four weeks or £6 6s. for two weeks. A general surgical course will be held concurrently at the same fees. An eight-weeks course on internal medicine will be held from October 17 to December 10: fee £15 15s. This course will be conducted by the honorary staffs of the Royal Infirmary and various special hospitals, and graduates will be attached in groups of four to the charges of the honorary physicians for individual practical and clinical work. In addition to these courses special instruction in individual subjects, such as diseases of the blood and of the nervous system, urology, anaesthesia, neurological surgery, etc., may be taken by graduates specially interested. Graduates may obtain the syllabus from the secretary of postgraduate courses in medicine, University New Buildings, Edinburgh.

On the occasion of the eleventh congress of the German Society for Investigation of the Circulation, recently held at Bad Nauheim, Professor Hess of Zürich was awarded the Carl Ludwig medal, and Professors Spalteholz of Zürich, Jaksch of Prague, Geheimrat Aschoff of Freiburg, and Professor Hering of Kiel were nominated honorary members of the Society.

medical officer at the Royal Waterloo Hospital for Children and Women. He was a member of the City Division of the British Medical Association, and had practised for some years at Stoke Newington Common, holding the posts of assistant school medical officer under the L.C.C., divisional medical officer for the British Home and Hospital for Incurables, and medical officer in charge of the Leytonstone Children's Homes. Dr. Stark's untimely death at the post of duty has caused grief to all his patients.

Mr. CHARLES EDWIN TRUMAN, M.R.C.S., L.D.S., for more than thirty years surgeon-dentist to the King's Household, died at Upton, Slough, on April 14, aged 88. His early education was at Geneva. From Eton he went to Caius College, Cambridge, to study medicine, and thence to St. Thomas's Hospital. He graduated B.A. in 1871, proceeded M.A. in 1874, and took the M.R.C.S. diploma in 1875; he then studied dentistry at the Dental Hospital in Leicester Square, becoming L.D.S. in 1881, and soon afterwards was appointed to the staff of that institution. Mr. Truman was also for many years surgeon-dentist to St. Thomas's, and on his retirement was elected to the consulting staff and made a governor of the hospital.

Dr. EDWARD ERNEST NORTH SURRIDGE, who practised for many years at Knutsford, Cheshire, died on Easter Sunday at Saffron Walden, aged 73. In recent years his sight had failed, so that he could not read or write. Dr. Surridge graduated B.A. at Cambridge in the Natural Sciences Tripos in 1886, and after further medical study at St. Bartholomew's Hospital took the M.B. and Ch.B. degrees in 1891. Before settling in general practice he was house-physician at Bart's and assistant house-surgeon to the Norfolk and Norwich Hospital. At Knutsford he had been medical officer to the Post Office and a member of the medical staff of the War Memorial Cottage Hospital. He joined the British Medical Association in 1892, and only gave up membership a few months ago.

News has been received in England of the death on March 28 in Cape Town, after a short illness, of Dr. HENRY BRYAN DENSHAM of Stockton-on-Tees, where he had practised for many years before retirement and was consulting surgeon to the Stockton-on-Tees Hospital. Dr. Densham was born in 1863, and received his medical education at Bristol and Edinburgh, graduating M.B., C.M.Ed. in 1887. He joined the British Medical Association in 1892, and had long been a member of the Stockton Division. When the Association held its Annual Meeting in Newcastle-upon-Tyne in 1921 he was vice-president of the Section of Proctology.

We regret to announce the death at Quinta do Val, Madeira, of Dr. MICHAEL GRABHAM, who was president of the Jamaica Branch of the British Medical Association in 1926-7, and had been a member for forty-seven years. He was the elder of the two sons of Michael Comport Grabham, M.D., F.R.C.P., the patriarch of Madeira, who died three years ago at the age of 95, and his mother was Mary Blandy, a member of the well-known family in that island. He studied medicine at Cambridge and St. Thomas's Hospital, graduating M.B., B.Ch. in 1891, and taking the English Conjoint diplomas in the same year. Dr. Grabham practised for many years in Jamaica before returning to Madeira.

The annual malaria control course for laymen (engineers, planters, etc.) will be held at the Ross Institute of Tropical Hygiene (Keppel Street, W.C.1), beginning Monday, June 27, at 10 a.m. It will be under Sir Malcolm Watson, director of the Institute, and will last five days. The course is free, and applications to attend should be sent in as early as possible to the organizing secretary at the above address.

Medico-Legal

IRREGULAR RESTRAINT OF DEFECTIVE

The certification of mental defectives does not often raise legal questions of the same magnitude as the certification of persons of unsound mind, but the liberty of the subject is safeguarded with equal strictness. The Mental Deficiency Act, 1913, provides that when a defective is certified the order under which he is sent to an institution or placed under guardianship shall expire at the end of one year from its date, unless it is continued in the way which is laid down. At the end of the year the Board of Control considers the medical reports on the case and may make an order which will be valid for another year. After that a succession of orders may be made, each covering five years. A recent decision by the Court of Appeal¹ lays down that these periods must be construed strictly, and that if an order is not renewed within the period of its operation the renewal is invalid.

A mental defective was certified on June 11, 1929. On June 23, 1930, a continuance order was made, and in 1931 another continuance order was made on June 29, which purported to continue the order till June 24, 1936. Another order was made on July 6, 1936.

He applied to the Divisional Court of the King's Bench Division for a writ of *habeas corpus*, alleging that he had been unlawfully restrained since June 24, 1931, because on that date the order under which he was restrained expired, and the continuance order made on June 29 could not have any effect. The Divisional Court would not grant the writ, but the Court of Appeal decided that it should be granted. Lord Justice Slesser, in giving the judgment of the court, said that the Act seemed unambiguous in its terms. The language was not such as to permit any consideration of the convenience or inconvenience which might be felt in operating the Act by the Board of Control. The Act gave no power to make an order for more than a year. The right time for the continuance order to be made would have been June 23, 1931. For the five or six days afterwards, if the detained man had walked out of the institution no one could have pointed to any authority under which he could properly have been detained. It was impossible to say that he was validly detained, because no order had been made in 1931 within the period laid down by the Act. Another reason for allowing the appeal was that the Commissioner who under the Act had to satisfy himself that the appellant was mentally defective did not come to his final decision until July 7, 1931. Lord Justice Clauson and Mr. Justice Goddard agreed. The Attorney-General, who had appeared for the Board of Control, said that Mr. Winterflood had been released on licence, and was not therefore now being detained.

The Services

INDIAN MEDICAL SERVICE DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Tuesday, June 14, at 7.15 p.m., when Major-General E. W. C. Bradfield, C.I.E., O.B.E., the Director-General, I.M.S., will preside. Tickets may be obtained from the honorary secretary, Major Sir Thomas Carey Evans, Hammersmith Hospital, Ducane Road, W.12.

ARMY MEDICAL SERVICES

Colonel O. W. McSheehy, D.S.O., O.B.E., late R.A.M.C., has been appointed Deputy Director-General, Army Medical Services, War Office, vice Colonel F. Casement, D.S.O., late R.A.M.C., who has been promoted to Major-General.

¹ R. v. Board of Control, ex parte Winterflood. *Times*, April 9, 1938.

Universities and Colleges

UNIVERSITY OF OXFORD

The following notice was published in the *Oxford University Gazette* of April 20.

FIRST EXAMINATION FOR THE DEGREE OF B.M.

The Board of the Faculty of Medicine gives notice of the following changes in the regulations for human anatomy:

(1) (*Examination Statutes*, 1937, p. 318) for "Every candidate for the Examination in Human Anatomy . . . whole body once" substitute "Every candidate for the Examination in Human Anatomy must produce a certificate, signed by Dr. Lee's Professor of Anatomy or by his deputy, showing that he has dissected the whole body once, and that he has attended a course of embryological histology."

(2) For the present form of Certificate I (p. 321) substitute

"i. PRACTICAL HUMAN ANATOMY.

I certify thathas dissected the whole body once, and that he has attended a course of embryological histology atfrom.....to.....

Signature*: Name:

Qualification:

Address:

Official Position:

Date:

* This Certificate must be signed by Dr. Lee's Professor of Anatomy or by his deputy."

The above changes will come into operation on October 1, 1938, except that, until the end of December, 1939, the Board will be prepared to exempt from the requirement of having attended a course of embryological histology any candidate for whom it is satisfied that the requirement constitutes a hardship.

UNIVERSITY OF LONDON

A public lecture, on "Some Aspects of the Heart Sounds in Normal and Pathological Conditions," will be given by Dr. E. Braun-Menendez, director of circulatory investigations, Institute of Physiology in the Faculty of Medical Sciences, Buenos Aires, in the department of physiology, pharmacology, and biochemistry of University College, Gower Street, W.C., on Tuesday, May 3, at 5 p.m. The chair will be taken by Professor C. Lovatt Evans, F.R.S. The lecture is open, without fee or ticket, to students of the University and others interested in the subject.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The eighth John Mallet Purser Lecture will be delivered by Sir Henry Dale, F.R.S., Director, National Institute for Medical Research, Hampstead, London, on Wednesday, May 4, at 5 p.m. in the physiology theatre. The subject of the lecture will be "Chemical Agents Transmitting Nervous Excitations." The Provost of Trinity College will take the chair.

UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 23, when the following degrees, among others, were conferred:

M.D.—*J. C. Dick, *T. J. Jones, *W. T. W. Paxton, †H. Gillies, †Margaret B. MacLean, †F. E. Crawley, †W. Morton, †R. H. Wiseman, W. W. Ballardie, J. A. Carson, Alice E. Dickie, S. Dunn, Mary G. Gorrie, J. E. Rankine, L. G. Scoular, W. Thomson (*in absentia*).

M.B., CH.B.—†J. F. B. Wyper, †J. Green, †H. Brash, †P. McKenzie, J. Alcorn, D. J. S. Armstrong, R. B. Bell, R. A. Blair, W. K. N. Brown, D. R. G. Buchanan, Etheldreda Cadas, Charlotte B. Clark, Rhoda M. E. Clark, C. Cohen, W. C. Colville, J. Conner, R. W. Davidson, S. L. Davidson, Barbara S. Dawson, Muriel J. W. Dobbin, R. B. Dobson, J. W. N. Duerden, Constance I. Dunbar, A. M. Gardner, J. M. W. Gibson, T. A. Goodwillie, J. S. Gordon, Margaret T. Graham, A. F. Granger, J. Hammerton, M. B. Hay, A. G. Hegarty, S. B. Hendry, Alice M. Insh, W. M. Jamieson, W. Johnston, Mrs. Margaret Lavery, I. G. Lennox, S. B. Levy, D. C. Lillie, J. C. P. Logan, J. M. MacCormack, I. S. McCormick, D. MacInnes, Margaret McKay, F. Y.

McKendrick, J. M. McKillop, F. C. McLaren, M. McLeaie, J. G. McMenemy, Adaline N. Miller, J. P. Monie, A. S. Morrison, C. G. Nairn, D. Neville, J. A. O'Connor, H. Paterson, J. St. C. Polson, R. S. Rankin, W. M. Robinson, A. Roy, R. N. Rutherford, Agnes L. Scott, T. Semple, Chang-Yui Shu, R. N. Sinclair, Marion C. Steven, J. M. Sword, Winifred J. Symington, A. L. Taylor, A. McL. Thomson, D. A. Thomson, L. Tobias, M. Urie, H. G. J. van Bavel, D. L. Waddell, J. C. Walker, J. Weir, J. White, M. D. Winning, D. W. Zahn.

* With honours.

† With high commendation.

‡ With commendation.

The following prizes, among others, were awarded:

UNIVERSITY PRIZES.—Bellahouston Gold Medals: E. D. Cooper, D. P. Cuthbertson. Captain H. S. Ranken, V.C., Memorial Prize: W. P. Weir and D. G. Wright (equal).

SPECIAL CLASS PRIZES.—Surgery—MacLeod Gold Medal: J. W. Chambers.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting on April 4, with Dr. John Henderson, president, in the chair, Santosh Lal Robert, M.R.C.S., L.R.C.P., D.T.M., India, was admitted a Fellow of Faculty.

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

H. K. Abbas, L. Ballon, B. G. Barlow, J. Brimberg, G. Buchanan, F. G. Chung, Ruth F. Conway, J. Cross, Else A. d'Amian, D. Engel, Hildegart Fischer, W. D. Gilmour, Margot Goldschmidt, H. W. Gray, W. Grobin, Margaret Heller, R. L. Hill, H. Jacks, J. Johnston, R. St. J. R. Johnston, R. Kahane, S. J. Kopet, I. Kotzin, I. D. M. B. MacLurkin, M. MacLean, S. Mayer, T. R. W. Millar, P. Nathan, H. Nelson, D. Neville, Else Paneth, Else Perls, S. L. Pollock, E. L. Rees, A. S. T. Said, C. A. Smith, H. H. Teitelbaum, L. Toporoff, J. L. Trainer, M. Urie, G. C. Wainwright, J. C. Young.

Medical Notes in Parliament

In the House of Commons on April 26 the Chancellor of the Exchequer, in opening the Budget, briefly referred to the medicine stamp duty. He said that a committee of the House which considered this subject made a valuable report last year, but it had not yet been possible to arrive at conclusions on all the complex issues involved. It was his intention that a decision should be reached before next year's Finance Bill.

Sir John Simon proposed that the general rate of income tax should be increased by 6d. to 5s. 6d. in the £, the rate on the first £135 remaining at the present level of 1s. 8d. He also proposed an increase to 9d. a gallon in the petrol tax on light hydrocarbon oils and on power alcohol and also on heavy oils used in road transport. The tea duty was increased by 2d. a pound. Resolutions giving temporary authority for these imposts were carried by the House the same night.

London Hospitals and A.R.P.

On April 26 Colonel NATHAN asked the Home Secretary what directions had been given, or were contemplated, for the information of the general and special hospitals in London as to the measures they should take for dealing with patients and the functions they were desired to fulfil in the event of air raids. Mr. GEOFFREY LLOYD replied that instruction in the methods of dealing with gas casualties were being given to the medical and nursing staffs of London hospitals as part of the Home Office scheme of medical anti-gas instructions. A handbook on the structural protection that could be arranged in hospitals for the additional safety of staff and patients would shortly be issued. As regards the last part of