

attempts; in each case the surgeon in charge was busy with the formation of a new oesophagus. Surely, one could scarcely imagine that such a wholesale resort to this procedure must be necessary, and he could not but feel that more and more effort should be exercised in an attempt to restore the natural path rather than to by-pass it by means of a surgical exploit of such magnitude with its attendant risks.

At the close of the address, which was illustrated with lantern slides, Mr. SAMPSON HANDLEY proposed a vote of thanks to Professor Grey Turner for a communication which had embodied an extraordinary number of interesting clinical facts. The President, he said, had won many triumphs in a field where the difficulties were enormous and where only great knowledge and great determination could bring successful results.

At a meeting of the Devon and Exeter Medico-Chirurgical Society on April 28, with Dr. ROBERT SCOTT, the president, in the chair, Dr. W. A. ROBB read a brief paper on the necropsies carried out in two cases of sudden death; death was due in one case to pleural shock and in the other to rupture of an aortic aneurysm. Dr. CHARLES SEWARD described a case of profound anaemia which seemed to be nutritional in origin.

## Local News

### ENGLAND AND WALES

#### Financial Position of Guy's

Two years ago Guy's Hospital made an appeal for half a million for rebuilding and essential re-equipment. So far about £200,000 has been received. This has enabled the dispensary to be reconstructed, a children's ward to be erected, the nurses' home to be enlarged, and the debt to be reduced by some £82,000. A new appeal is now being made for the balance of the half-million, and Lord Nuffield, the treasurer of the hospital, has offered to give £80,000 for a new nurses' home if this balance—actually £316,000—is subscribed by the public. This large sum is needed mainly for the purpose of rebuilding or replacing some of the eighteenth century parts of the hospital, the state of which has become perilous. Guy's is one of the most picturesque of the London hospitals, but the age of the building in parts is very apparent. What is now the surgical block is really the old hospital building, not much altered since its erection in 1725. Rebuilding has been deferred again and again, but the time has come when the question cannot longer be shelved. The hospital architect reports that the outer walls are beginning to sink, and the whole of the surgical work is threatened with serious curtailment, if not complete cessation, for a while. The whole of this block will have to be pulled down, though it is hoped to keep the original façade. At a luncheon in support of the appeal, held in the board room, attention was called to the cracks across the ceiling painting—a florid composition which represents Thomas Guy being wafted up to heaven on a cloud—which are due to the subsidence of the walls. It was stated to be not a question whether the hospital could continue to compete with changing conditions but whether its fabric could remain standing with safety for those who work or lie in it.

The £316,000 for which the appeal is now made is required principally for the rebuilding of the surgical block to provide 300 beds, but additional accommodation for ward maids is necessary, and it is also hoped to complete the reduction of the debt by setting aside a

further £83,000. The present maintenance cost of Guy's is about £221,000 annually, the assured income is £69,000, and the balance of £152,000 has to be obtained from voluntary sources but has not in recent years been fully forthcoming, with the result that a debt of serious proportions has accumulated. The appeal, signed by Lord Goschen, president of the hospital, Lord Nuffield, treasurer, Sir Alfred Beit and Lord Ebbisham, chairman and vice-chairman of the Extension Fund Appeal Committee, and Captain Eric Waley, chairman of the Standing Appeal Committee, points out that although Guy's is a London hospital, it does not confine its work to the metropolis. The records show that over 42 per cent. of its patients come from the rest of the British Isles. The doctors, dentists, and nurses from its school serve in every part of the Empire. Lord Nuffield, in commending the appeal, states that during his lengthening association with Guy's he has been deeply impressed with the skilful way in which the hospital has been run on an economic basis, while ensuring the maximum of care and attention for its patients. "It is this fact which has influenced me so greatly in my decision to make a promise of £80,000 contingent on the balance of the amount appealed for being raised. This statement is made in no spirit of self-advertisement, but purely as an assurance of my knowledge of, and implicit faith in, Guy's. 'I therefore feel that I can, with a clear conscience, ask others to give, and look forward with confidence to the Governors being in a position to call upon me for this amount.'"

#### The Tavistock Clinic

The annual report of the Tavistock Clinic (formerly known as the Institute of Medical Psychology) states that much of the nation's problem of mental ill-health could be solved if only there were more doctors trained to deal with such cases. Hence the Council has come to regard educational work among medical men and women as its most important national contribution, though the resources of the clinic are so small that only twelve a year can be trained. Some time ago the Council acquired a large site on which to erect an adequate medical school, besides a hospital and out-patient department. Lack of funds has held up the work; and meanwhile mentally sick people in all parts of the British Isles are drifting nearer to the "borderline" because there is no one to help them. During the year 1937, in the clinic's restricted premises in Malet Place, Bloomsbury, more than 23,000 hours were spent by the medical staff on giving individual treatment to specially urgent cases. The Tavistock Clinic was founded in 1920, and has grown from very modest beginnings to its present position in the medical world, owing to the enormous demand for treatment of a type of illness by psychological methods for which no out-patient facilities existed in this country before that date. Its work aims at the study, alleviation, cure, and prevention of those disorders of mind which are not classed as insanity or mental deficiency, but which nevertheless cause profound and widespread suffering and economic disability in the community. These comprise hysteria, morbid fears and obsessions, sexual abnormalities, as well as behaviour disorders in children, such as lying, stealing, truancy, and the like. Those of modest means who are in need of such treatment receive as part of their preliminary consultation a thorough physical examination, and both then and during treatment are seen by appointment just as if they were attending a specialist in private. In addition to the work of regular treatment, the medical staff give consultations to numerous patients whose doctors seek specialist advice.

#### Community Centres and Public Health

On May 5, at the London School of Hygiene, Professor Ernest Barker gave a Chadwick Public Lecture on Community Centres in Relation to Public Health. He said that such centres and the associations behind them had

arisen primarily on new municipal housing estates; but they were spreading to private housing estates, and even to the old and established quarters of our towns. Their aim was physical and general recreation, and they included juveniles as well as adults. They were a new and important development of the general English system of voluntary association; they were also a new and important development in the history of the promotion of public health. Their activities included gardening and various forms of physical recreation; they marked a general attempt to build a good and healthy life, by common effort, in harmony with the environment. They formed a natural "purchase" which the State could use in its efforts to encourage positive physical fitness. There were three ways in which the community centre might contribute to the cause of public health. In the first place, the local authority might establish there some of its statutory medical services—for example, for maternity care and for infant welfare. Secondly, the National Fitness Council might provide the community centre, from the funds at its disposal, with equipment (such as gymnasia and swimming baths) enabling its members to carry their aim of physical recreation to greater lengths and to develop health and happiness more successfully. Thirdly, it was possible (as had already been attempted at the Peckham Pioneer Health Centre) that a community centre might include some form of regular medical overhaul and health supervision among its activities. The Peckham Centre was indeed *sui generis*: medicine and a body of doctors there came first, and a community developed on that basis. With the community centre proper the reverse would be the case; the community would come first, organized as an association, and it might then arrange with the public health medical officers, or by other means, for some system of overhaul and supervision. In any case this development lay in the future: the Peckham Centre, as yet, was on the whole unique, though at least one other centre had arranged for the provision of some medical facilities. Generally, Professor Barker concluded, the community centre, apart from these specific methods, rendered a general service to the cause of public health by being a voluntary organization whose members were fully occupied with activities (mental as well as physical) which used and developed body and mind simultaneously.

## SCOTLAND

### Insanity in Scotland

The report for 1937 of the General Board of Control for Scotland shows that on January 1 last there were 19,687 insane persons known to the Board, exclusive of insane persons maintained at home. The number of certified patients admitted to institutions during 1937 was 2,735, or 171 more than in the previous year, and the number of patients discharged included 879 recovered and 289 unrecovered; 1,449 patients died. Referring to the results of treatment of general paralysis by the induction of malaria the report states that in many patients the disease had been arrested and some were able to return to their occupations, while the mortality in Scottish asylums from this and other syphilitic affections of the brain had decreased from 201 deaths in 1921 to 67 in 1936. The administration of this treatment in general hospitals in the early stages of disease had further diminished the number of beds required for general paralytics in lunatic asylums. Treatment of dementia praecox by injections of insulin or cardiazol had been tried, but although results were encouraging, it was too early to arrive at definite conclusions. The report also mentions the increasing difficulty that had been encountered in obtaining female nurses for asylum nursing, and states that in six institutions a forty-eight-hour week is already in operation, while it had been

decided to introduce these shorter hours in another six institutions. The number of patients boarded out under private care at January 1, 1938, was 2,940, of whom 1,144 were lunatics and 1,510 mental defectives. Reference is also made to the continued insufficiency of institutional accommodation for mental defectives and the dangers resulting from lack of regular and systematized training for juvenile defectives. It is false economy, the report states, on the part of local authorities to allow children under 16 years to go without training in habits and occupation, for untrained and poorly supervised defectives, especially those living under city conditions, run a grave risk of getting into trouble. The cost of rate-aided lunatics for the year was £971,311 and of rate-aided mental defectives £302,288. The total cost to local and imperial funds amounted, therefore, to £1,273,599, of which £56,948 was recovered from private sources.

### Glasgow University

At the annual meeting on April 27 of Glasgow University General Council, Sir Hector J. W. Hetherington, the Principal, spoke on the needs of the university. In the last three years the university had accumulated a debt on running expenditure of about £24,000 for which there were no reserves, although some relief might be forthcoming from the Scottish Education Fund. A commission appointed by the Secretary of State for Scotland had been investigating the financial position of the four Scottish universities, although its report had not yet been issued. The university was also in urgent need of capital—for example, a great new chemistry laboratory was being erected in University Avenue at a cost of £165,000, and of that money they had in hand £135,000, so that a further £30,000 was necessary. The Government was paying £3 to the university's £1 for the cost of a new reading-room which would be the central feature in the development of the Hillhead house site at a cost of £20,000, but the university was £5,000 short on this scheme. An offer of £10,000 on a 50 per cent. basis had also been received from the Physical Training Grants Committee towards the cost of quarters for the physical welfare of the men students on the site of the present gymnasium; the university's contribution for this had still to be raised.

### Health of Glasgow Children

The report for 1936-7 on the medical inspection and treatment of school children, issued by the education health service of the Public Health Department of Glasgow, records a general improvement in the health of children in that city. It is stated that the average heights and weights are the highest since these reports were first instituted twenty-eight years ago. Gross and serious pulmonary conditions, which were frequently encountered during the early years of medical inspection, are now rapidly disappearing. Many children, however, receive treatment for pulmonary affections of a minor nature, and this may be attributed to the growing appreciation on the part of parents that early treatment is followed by more complete and more rapid restoration to a normal state of health. The report states that there has been considerable development in the provision of new open-air schools, and of open-air classrooms attached to existing schools. Whereas in 1930 there were thirty open-air schools, and nine old buildings with open-air classrooms as extensions, the respective numbers for the year under review were fifty-two and twenty-four. It is estimated that more than 25 per cent. of the school population is now housed in open-air schools and classrooms. The daily milk ration, inaugurated early in 1935, is another factor contributing to the improved health of the children. Bottles containing one-third of a pint of high-grade pasteurized milk are supplied to necessitous children free of cost, and to others at a charge of a halfpenny per bottle. More than twenty million bottles of milk were distributed during the year.

ever, the cattle have been regularly tested without reaction the chances of infection to an extent to endanger the milk supply, at this stage, are so rare as to be almost negligible. It would be as reasonable to suggest that travellers on buses or tube trains should insist that the vehicle should be disinfected every time a passenger left or a new passenger entered. Will Dr. Kirkland suggest that there is no destruction of the enzymes, or that he knows the full function of these in metabolism? I can only quote the case of a child suffering from bovine infection of the intestine, who, on pasteurized milk, made no progress but rather went back. I was asked by his doctor to supply a reliable raw milk from my own farm, and within three months that child was well on the way to complete recovery.

In view of the doubts which still exist in many minds, both medical and lay, are we entitled to insist that such a far-reaching step should be taken as to prevent the public from obtaining the milk supply which they believe to be best for themselves and for their children? I personally am convinced that much further investigation is required—whether by a Royal Commission or otherwise—so that some unanimity may be obtained and a decision may not be come to on short-term tests with contradictory results, whereas the full effects of diet may not show till the lapse of several generations.—I am, etc.,

Rowallan, Kilmarnock, May 9.

ROWALLAN.

\*.\* This correspondence has now run its course, and rhetorical questions can be answered elsewhere.—ED., *B.M.J.*

### Actinomycosis

SIR,—Will you permit me to point out that the reviewer of the monograph on *Actinomycosis* (May 7, p. 1006) thinks of me more highly than he ought to think when he suspects that the coloured drawings in the book are from the "author's own hand." Much as I would like it to be true, the compliment is undeserved. Most of the coloured illustrations were done by Mr. Thornton Shiells, but the drawings of microscopic sections were from the hand of Miss Nicholson. I would like to take this opportunity of thanking them for their skilful work.

May I also correct an error which appears in the review where it is stated that "about sixty cases in man occur in the United Kingdom annually"? The fact is that about sixty persons a year die from the disease in England and Wales. This number would be from among several hundred attacked by actinomycosis.—I am, etc.,

London, W.1, May 8.

V. ZACHARY COPE.

## The Services

The War Office announces that Dr. I. W. Magill has been appointed honorary consultant in anaesthetics to the Queen Alexandra Military Hospital, Millbank.

### NAVAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 22, with Surgeon Rear-Admiral S. F. Dudley, O.B.E., Deputy Medical Director-General of the Navy, in the chair, the sum of £214 was distributed among the several applicants.

## Medico-Legal

### A FATAL SWAB CASE

A surgeon and a theatre nurse were sued for negligence at Manchester Assizes on April 25, before Mr. Justice Atkinson and a jury, by Mrs. Elizabeth Mahon, the mother of Thomas Mahon, aged 25, who had died as a result of toxæmia due to a swab being left in his abdomen after an operation on March 4, 1937.

Mr. R. P. Osborne, the resident surgeon who performed the operation at the Davyhulme Park Hospital, near Stretford, said he had done between six hundred and seven hundred abdominal operations. The patient had a perforated duodenal ulcer, and an immediate operation was necessary. Nurse E. M. Ashburner, the second defendant, was his theatre sister. During the operation a note of the number of swabs being used was kept on a blackboard in the theatre. The swabs were brought in bundles of five, and were checked by the theatre nurse or staff nurse before use. He had no doubt that death was due to the swab, and said that there had probably been a miscount, as he had been told the number of swabs was correct. It was a packing-off swab, 10 inches by 8 inches, and his theory was that the forceps must have slipped off the tape at some time during the operation. The only other explanation was that two swabs had been given him rolled up together, one with forceps on and the other without. In cross-examination he agreed that it was his duty to place swabs in and take them out. He had known forceps to slip off a tape during an operation. He could not explain why he had not seen the swab; it must have been hidden from immediate view. He demonstrated the operation to the jury on a plaster model.

Miss E. M. Ashburner said she counted the swabs, placed them on the operating trolley, and wrote the number on the blackboard. By the time they reached the table they had been checked three times. She had checked the swabs after this operation and found them correct. Mr. A. Graham Bryce, visiting surgeon to the hospital, who said that Mr. Osborne was a first-class surgeon with experience, sound judgment, and judicious caution, liked the system of checking swabs better than any other he had used or seen. Professor John Morley said that he had once been saved from leaving a swab in the patient by the theatre sister, who told him just before he closed the abdomen that she had miscounted. A surgeon had to balance in his judgment the harm he might do by an extensive search against the harm he might do by leaving the swab behind. In order to avoid unnecessary searching the surgeon relied on the nurse's count. An extensive and prolonged search might make the difference between life and death. The system in use was carefully thought out. If the surgeon had been told the swabs were correct, and had no reason in his own mind to think they were not correct, it would be wrong to make a search.

The learned judge, in summing up, remarked that Mr. Osborne, whose evidence commanded belief, said he had taken out all the swabs he could see and was aware of, but did not suggest that he felt round for any others. The jury found that Mr. Osborne did not make a reasonably sufficient search for the swabs, and that if he had the search would have disclosed the missing swab. They assessed damages at £600 and £16 funeral expenses, but added a rider that Mr. Osborne was working under difficult circumstances. They found that Miss Ashburner had not been negligent.

In view of the possibility of an appeal, comment on this interesting case must be postponed. Nurse Ashburner had actually had judgment signed against her before the trial, as she had not entered an appearance—that is, she had not formally acknowledged the writ of summons—owing to a misunderstanding. The judgment against her, however, was set aside by consent.

## Universities and Colleges

### UNIVERSITY OF LONDON

The following appointments to the Senate for the period 1938-42 are announced: Faculty of Medicine, Mr. W. Girling Ball, F.R.C.S., and Dr. A. M. H. Gray (reappointed); General Medical Schools, Professor L. S. Dudgeon (reappointed).

A course of three lectures on "Variation in the Response of Animals to Drugs" will be given at the Wellcome Institute for Medical Research, Euston Road, N.W., by Dr. J. W. Trevan, on May 23, 24, and 25 at 5.30 p.m. At the first lecture the chair will be taken by Sir Henry Dale, F.R.S.

Two special University lectures in anthropology, entitled "*Sinanthropus Pekinensis* and his Significance for the Problem of Human Evolution," and "*Sinanthropus Pekinensis* in Comparison with Other Fossil Hominids" will be given at University College, Gower Street, W.C., by Dr. F. Weidenreich, Visiting Professor of Anatomy, Peiping Union Medical College, and Director of the Cenozoic Research Laboratory, Peiping, on May 30 and June 1, at 5.15 p.m.

All the above lectures, which will be illustrated with lantern slides, are addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

At the meeting of the College held on April 28 licences to practise physic were conferred upon the following 194 candidates (including sixteen women) who had passed the final examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

J. C. G. Abraham, H. W. Adeney, R. S. Alexander, H. G. A. Almond, H. Alstead, J. Arnott, C. S. Ashwell, P. A. G. M. Assmann, A. H. Bacon, K. P. Ball, J. E. Barker, A. H. Baynes, J. P. Bentley, A. E. Beynon, R. D. Blachford, Janet E. Bottomley, H. W. Bradford, J. T. Brooks, R. W. W. Brown, W. G. Brown, C. N. Burnham-Slipper, F. J. Cahill, K. Chartikavani, A. A. G. Clarke, P. Cohen, R. P. Coldrey, G. B. Collyer, R. Cox, E. Cronin, A. G. Cunningham, A. H. Cutting, J. R. G. Darnell, H. W. D'Arcy, T. T. Davies, C. H. C. Dent, L. J. D'Souza, A. P. Dick, Nancy K. Dick, A. E. Dreosti, W. J. Drummond, D. M. Dunn, D. F. Eastcott, J. E. B. Elliott, E. L. Ellis, G. H. Ellis, Winifred M. Emmet, R. L. Evans, C. G. Fagg, F. E. Falconer, D. B. Feather, D. W. Fell, B. S. Fishman, D. Foskett, G. P. Fox, A. L. Frazer, M. J. G. Furnell, D. Garcés, T. C. N. Gibbens, G. N. L. Godber, W. Goulstone, A. C. Greene, W. S. Hacon, R. B. Halford, A. S. Hall, I. M. Hall, W. G. L. Hall, R. G. Harcourt, J. B. Hargreaves, S. W. G. Hargrove, M. H. Harmer, J. Harris, Violet E. N. Harris, L. T. Harrison, N. W. A. Harvey, J. L. Henderson, Rosa Hertz, C. J. C. G. Hodson, S. J. Hopkins, Mary C. Hopper, E. P. Houghton, G. N. Hunt, Myrtle M. Hutchins, C. W. Iliffe, M. A. Imray, H. H. W. Jackson, K. V. Jackson, H. M. James, Ursula James, J. G. Jamieson, T. H. Jenkins, R. C. Jenkinson, P. H. Jobson, B. M. Joffe, G. B. Jones, G. M. Jones, H. M. R. Knight, H. Knowles, Henny E. Kornerup, C. C. Lack, J. Laughlin, S. C. Lavine, H. W. D. Lawton, G. B. Leyton, M. A. Linell, G. M. Little, B. G. B. Lucas, R. L. McKernan, R. J. H. McMahon, B. Maddison, D. W. Mahon, R. H. C. Manifold, C. W. S. Marris, A. G. Marshall, R. A. Mathews, C. M. Miller, W. G. Mills, Agnes M. D. Milne, L. E. Milton, G. W. Miskin, P. L. Mollison, H. E. Moody, J. Moroney, D. Morris, D. S. Morris, D. D. Muir, G. M. Müller, M. Murray, J. L. Newton, R. T. Norman, J. P. J. O'Keefe, Eileen B. Palmer, G. F. Panton, R. L. Parkinson, S. M. Paw, J. G. Peacock, H. G. Percy, R. Piper, S. S. F. Pooley, A. S. Porter, K. R. D. Porter, Dorothy M. Pritchard, R. H. Roberts, Hilda M. Robertshaw, L. F. W. Salmon, C. R. Savage, I. R. Seal, J. D. Sellars, J. N. Sen Gupta, W. M. H. Shaw, M. Shepherd, J. E. Simpson, M. A. Slee, J. H. Smart, D. J. N. Smith, J. W. Smith, P. M. Smythe, S. G. Solomon, M. S. C. Stephens, C. J. Stewart, F. E. Stock, S. D. Stone, W. P. B. Stonehouse, B. D. Stutter, J. E. Symondson, J. McD. Teasdale, A. M. Thomas, D. C. Tomlins, P. Tomlinson, R. A. R. Topping, Vasant H. Trivedi, P. E. R. B. Unwin, J. R. M. Vance, F. H. Vieyra, O. M. Vyas, A. P. B. Waind, A. C. R. Wakeman, A. J. Walker, Betty Walker, J. O. Walters, A. J. Walton, J. W. Warrick, J. S. F. Watson, B. G. Wells, R. J. Whiting, E. G. Wilbraham, D. R. P. Wilkie, T. G. Williams, D. S. Wilson, G. A. Wilson, M. McC. Wilson, J. W. Wood, Ursula W. Wood, P. J. Wormald, C. F. Wright.

#### Diplomas

The following diplomas were granted, jointly with the Royal College of Surgeons of England, to the following candidates:

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—W. J. Alkan, L. G. Backhurst, N. D. Bakhash, E. A. Beet, J. Bennet, R. S.

Bunny, M. S. David, P. L. Deshmukh, E. P. N. M. Early, R. N. Fowler, V. A. Gupte, W. E. Hadden, R. F. Hand, I. M. Hill, F. Abd-ul-Karim Kandalla, E. N. C. McAmmond, I. W. MacKichan, J. G. Mar, J. S. Minett, S. K. Mukherjee, V. R. Naidu, Sharda S. Naidu, L. Nandkeolyar, A. R. Pons, S. Ram, V. D. Seevaretnam, D. K. Shah, H. B. Shookhoff, W. M. Toone.

DIPLOMA OF ANAESTHETICS.—G. M. Benton, H. Berelowitz, R. J. Clausen, A. A. Dewar, E. N. H. Gandavia, Florence M. Hughes, S. Hutchinson, A. G. Macleod, H. H. Markham, O. L. C. Sibley, J. Stirling.

Diplomas in Child Health were granted, jointly with the Royal College of Surgeons of England, to the twenty-three candidates whose names were printed in the report of the meeting of the Council of the Royal College of Surgeons of England in the *Journal* of April 23 (p. 929).

## Medical Notes in Parliament

The House of Commons this week discussed the Air Estimates and the increase of British air armaments. Progress was made with the Housing (Rural Workers) Amendment Bill, the Administration of Justice (Miscellaneous Provisions) Bill, and other measures.

### Progress of Bills

In the House of Lords on May 10 the Prevention and Treatment of Blindness (Scotland) Bill and the Hire Purchase Bill were brought from the Commons and read a first time. The Increase of Rent and Mortgage Interest (Restrictions) Bill passed through committee.

The Earl of Onslow presided at a meeting of the Joint Committee of both Houses of Parliament on the Food and Drugs Bill in the House of Lords on May 10. Among the clauses considered were those dealing with the sale of unsound food and the control and licensing of slaughterhouses. The Committee adjourned until May 11. Sir Francis Fremantle is a member of this Joint Committee.

The Bakehouses Bill was reported with amendments from a Standing Committee of the House of Commons on May 5. Its title has been changed to the Baking Industry (Hours of Work) Bill.

The Hire Purchase Bill was read a third time in the House of Commons on May 6.

The Eire (Confirmation of Agreements) Bill was read a second time in the House of Commons on May 5.

In the House of Commons on May 10 Mr. Foot presented the Local Authorities and Local Government Officers (Joint Councils) Bill, which makes provision for the constitution of joint councils of representatives of local authorities and officers and servants of such authorities.

### Cost of School Health Services

On May 2 Mr. T. MORRIS asked the Parliamentary Secretary to the Board of Education the total of the grants paid by the Board to local education authorities and voluntary institutions in respect of health services for school children. Mr. KENNETH LINDSAY said the special services for elementary school children included medical inspection and treatment, special schools, organization of physical training, play centres, nursery schools, and provision of meals. On the basis of the provisional figures for 1936-7 forwarded by local education authorities the grant payable to these for that year—50 per cent. of their expenditure—was approximately £2,668,000 in respect of these special services. Grants to voluntary bodies for special schools, play centres, and nursery schools in 1936-7 amounted to £55,136.

### Extension of Medical Benefits

On May 3 Mr. D. ADAMS asked whether the Government was considering measures, financial or administrative, to extend the scope of medical benefits to include consultant, specialist, and pathological services so that a more fundamental attack on health problems might be made. Mr. BERNAYS said that important matters of finance and administration were involved,