

Local News

ENGLAND AND WALES

Empire Rheumatism Council

Lord Horder, chairman of the Empire Rheumatism Council, gave an informal luncheon on May 26 for the purpose of wishing success to the first three Research Fellows appointed by the Council—namely, Dr. C. B. Dyson, Dr. H. J. Taylor, and Dr. W. S. Tegner. In introducing the guests Lord Horder said that the gathering was intended to bring together three groups of persons interested in the problem of rheumatism research and treatment: first of all, the three Research Fellows, who represented the immediate spearhead of the movement; then a number of benefactors whose munificence had made the appointments possible; and, finally, the officers and members of the Council itself. The first of the Research Fellows, Dr. Dyson, had been for the past seventeen years engaged in research work in the pathological department of St. Mary's Hospital. He would carry on his work for the Council at the Alexander Maclean Laboratory, Hospital of St. John and St. Elizabeth, London, at the British Red Cross Clinic for Rheumatism, London, and at St. Mary's. Dr. Taylor, who since 1928 had been engaged in research work at the St. John Clinic, Pimlico, would also work at the Alexander Maclean Laboratory, and at the St. John Clinic and at St. Stephen's Hospital. Dr. Tegner, who had been chief assistant at the British Red Cross Clinic since 1936, would carry out work in a different category from the other two; he was leaving London as holder of the Sir Alexander Walker Travelling Scholarship to study and report on the methods of treatment followed in the chief rheumatism clinics of Europe and North America. The whole purpose of the movement was intensive research in the laboratory and by the bedside into the causative factors of rheumatic disease. Each of the Research Fellows then briefly addressed the company, saying with what expectations they started upon the enterprise. Sir William Willcox, one of the trustees of the Council, proposed the health of the benefactors, mentioning in particular Mr. J. Spedan Lewis, Mr. H. Gordon Selfridge, Sir Benjamin Cohen, Sir Alexander Walker, Colonel Gretton, M.P., Mr. Alexander Maclean, and Sir Joseph Burn. Mr. Maclean and Sir Joseph Burn responded, the latter, who is general manager of the Prudential Assurance Company, remarking upon the loss to industry represented not only by the actual sufferers from rheumatic disease but by those in their family—daughters particularly—who were expected to give up their own work to attend a crippled parent.

The Modern Hospital on Exhibition

An exhibition of photographs and other illustrations of modern hospitals in the United Kingdom and abroad has been arranged by the Royal Institute of British Architects at the Building Centre, New Bond Street, London. The large architectural plans need an expert eye to read them, but the scale models and the excellent photographs are instantly to be appreciated. They certainly bring out the striking contrast between hospitals old and new. The old hospitals were very often built with few ideas as to planning and none at all as to beauty, and with the extensions that have been necessary from time to time they have become amorphous and exasperating constructions in which one loses one's way and is revolted by ugliness at every turn. The modern hospital, on the other hand, has a beauty in its mere plan, without any adornments, of which the architect is properly sparing. The hospitals of which plans are shown include the new Westminster; the new buildings of St. Bartholomew's; South-West Middle-

sex Fever Hospital; the new isolation block of London Fever Hospital; St. Helier's Hospital, Surrey; the Kent and Canterbury Hospital; a model of the Tuberculosis Hospital, Sully, Cardiff, and the design for the reconstruction of Great Ormond Street Hospital for Sick Children. A new Hospital and Medical Section has been added to the Building Centre to provide medical men, architects, and hospital authorities with means for obtaining specialized information on all matters connected with the building and equipment of such institutions. One feature of the section is an up-to-date library of hospital plans, contributed by architects from all parts of the world. These plans are available for consultation by those professionally engaged in any form of hospital work.

Tuberculosis Conference in London

The following are the subjects for the twenty-fourth annual conference of the National Association for the Prevention of Tuberculosis to be held in the Great Hall, British Medical Association House, Tavistock Square, London, W.C.1, on June 30 and July 1 and 2: (1) The development and organization of anti-tuberculosis activities in rural areas. (2) The family and tuberculosis—the discovery and protection of contacts in a tuberculous household. (3) The control of tuberculosis in tropical and sub-tropical regions. (4) The mental aspects of tuberculosis: (a) how tuberculosis affects the mental life of the normal person; (b) how the mentally disturbed patient is affected by tuberculosis. Practitioners interested in any of the above subjects and wishing to attend any part of the conference may obtain an invitation on application to the Secretary-General, N.A.P.T., Tavistock House North, Tavistock Square, London, W.C.1.

Portsmouth Health Congress

The Royal Sanitary Institute, in the preliminary programme of the Health Congress which is to be held at Portsmouth from July 11 to 16, announces that among the subjects to be discussed at this year's congress are the following: the future of the general hospital; the defects found in school entrants and the steps that might be taken to effect their remedy before the beginning of school life; behaviour and nervous disorders in children; clinics for the pre-school child; the food manufacturers' contribution to public health; the Food and Drugs Bill, 1937; meat and food inspection; the Tuberculosis (Attested Herds) Scheme; air raid precautions; propaganda and the hygiene of indigenous races in the Tropics; the health of the worker; and the duration of incapacitating sickness. The congress will have as president the Earl of Bessborough, and already 800 official delegates have been appointed by Government Departments, foreign and Dominion Governments and municipalities, local authorities, etc., in Great Britain. At the Health Exhibition arranged in connexion with the congress the exhibits will include foods, sanitary appliances, and appliances illustrating municipal activities and hygiene in the home.

British Orthopaedic Association

On the first day of the spring meeting of the British Orthopaedic Association a dinner was held at the Langham Hotel, with the president, Mr. Naughton Dunn, in the chair. In proposing the health of the British Orthopaedic Association, Mr. H. S. Souttar said that he shared with them all a great regard and affection for the founder of the association, the late Sir Robert Jones, whom he well remembered meeting in 1918 at Netley. It was to him that they owed the creation of the B.O.A. and the position that orthopaedic surgery held to-day. He was glad to notice that there were present that night representatives of the orthopaedic art from all the northern countries of Europe, and he congratulated the British Orthopaedic Association on securing their attendance. Mr. Souttar then paid a graceful tribute to Mr. Naughton Dunn, and

ended his speech by sustaining his now well-known reputation as a raconteur. In reply, the President recalled the first meeting of the British Orthopaedic Association at Roehampton Hospital, and the late Mr. Muirhead Little, who was their first president. He had, he said, received letters of good will from Professor Osgood and from Dr. Goldthwaite of Boston. In proposing "The Guests," Mr. Harry Platt classified them neatly and according to the usual device of the surgeon into three groups: (1) the personal guests of individual members, (2) the co-workers in the cause of orthopaedic surgery, and (3) guests from over-seas. In according a special welcome to colleagues from Denmark, Norway, and Sweden, Mr. Platt said they all had very pleasant memories of the meetings held last year at Copenhagen and Stockholm, and they had had it in mind to organize the present meeting in honour of their guests on that occasion. The Scandinavians, he remarked, had been here before—as pirates, who in history books were euphemistically described as Vikings. He coupled the toast with the name of Professor Waldenström, who in reply said that the Vikings were here again and this time as friends. He then invited the Scandinavians present to stand up and drink to the welfare of the British Orthopaedic Association, which they did, punctuated with lusty shouts of welcome. After that Professor Maffei of Brussels said a few words in both French and English.

The London Hospital's Needs

In 1940 the London Hospital will celebrate its bicentenary. The chairman, Sir William Goschen, announces that a survey of the hospital's vital requirements has lately been made by the medical and surgical staff, who have recommended as major needs the building and equipping of a modern x-ray department, remodelling of the operating theatres, the establishment of a fracture clinic, extension of the laboratories, ear, nose, and throat wards, adequate accommodation for septic cases, improvements to the children's wards, a new dental department, and an extension of the nurses' home. The cost of carrying out this programme is estimated at £270,000, and to this must be added £60,000 for general funds. At a festival dinner, held at the Mansion House on May 25, a gift by Lord Nuffield of £10,000 was announced, making £46,000 already received for the extensions and improvement scheme. The Duke of Kent said from the chair that Queen Mary had asked him to give a cheque for 200 guineas as a mark of her interest in the appeal as President of the London Hospital. The Archbishop of Canterbury, supporting the toast of "The London Hospital," said that he did so with real personal enthusiasm, having been associated with the hospital during eight hard and happy years as Bishop in the East End.

Newcastle Conference on Child Nutrition

On May 14 the Children's Minimum Council held in Newcastle-upon-Tyne the second of its provincial conferences on child nutrition. Over six hundred people, including delegates from 214 organizations of all kinds in Northumberland and Durham, enthusiastically supported resolutions calling on the Government to ensure better food standards for mothers and children. All the political parties were represented, and delegates came from twenty-three local authorities, from trade unions, religious, social, and educational bodies, women's guilds and institutes, teachers and medical people. The Lord Mayor of Newcastle opened the conference and presided over the first session. The principal speakers were Professor V. H. Mottram, on "Food as the Foundation of Fitness," and Miss Eleanor Rathbone, M.P., on "The Beginnings of a Nutrition Policy." Professor Mottram paid a tribute to the research work done by Newcastle scientists. "It is the mothers and children who suffer most. By the time the children come under the care of the education authorities they are already damaged goods. If we could only feed the children and the expectant mothers we should do

much to produce a decent nation." Miss Rathbone, chairman of the Children's Minimum Council, explained that the Council was a non-party, co-ordinating body working to improve standards of child nutrition. She urged free milk for all school children, cheap milk for mothers and young children, and school meals to be regarded as a part of the school routine. She pointed out that the number of children receiving dinners had remained practically the same as in 1911. She reminded the delegates of the promise of the Parliamentary Secretary to the Ministry of Agriculture, made during his election campaign in 1935: "I hope soon to be able to announce a policy under which the cheap milk scheme for school children will be extended to expectant mothers and children under 5. It is our policy to divert surplus food into the stomachs of those who live in our back streets and who are sorely in need." She urged the formation of a local committee to continue the pressure on the Government through all Northumberland and Durham organizations. Many delegates joined in the discussions in each session, several pointing out that increased incomes were the key to better nutrition and another mentioning the difficulties of "scholarship children," and suggesting that they should all be provided with food and clothes. Dr. David Burns, professor of physiology at King's College, Durham University, presided over the evening session.

SCOTLAND

Lord High Commissioner's Visit to Hospitals

The usual round of visits to Edinburgh hospitals was paid last week by the Lord High Commissioner, Sir John Gilmour, representing the King at the General Assembly of the Church of Scotland. At the Royal Infirmary on May 25 Sir John and Lady Gilmour presented prizes to the nurses. In a short address Sir John said that the problem of accommodation was one which caused great anxiety to the governors of hospitals, both on account of difficulty in providing for an increasing number of persons who sought admission, and in finding accommodation for the greater number of nurses who were now required. Conditions of service of nursing staffs were being much improved, and those who knew the self-sacrificing nature of a nurse's work agreed that this improvement was welcome. The following day a visit was paid to the Deaconess Hospital, where the Rev. Dr. Fiddes, vice-chairman of the Hospital Board, said that at its opening in 1894 this institution had had twenty-two beds; to-day it was a modern hospital with eighty-eight beds. It was the only hospital in this country founded and entirely supported by the Protestant Church, but it was not in any way a sectarian or even a local hospital. On May 27 Sir John Gilmour addressed the annual meeting of the Edinburgh Foot Clinic, at which Lord Elphinstone, who presided, said that the annual number of treatments at the clinic was now some 22,000.

Scottish Health Visitors

The annual conference of the Scottish National Health Visitors Association was held at Aberdeen on May 21, delegates from thirty-two local authorities attending. Dr. J. M. Mackintosh, Chief Medical Officer of the Department of Health for Scotland, pointed out that the decline in the infant mortality rate from 130 at the beginning of this century to 80 at the present time related chiefly to infants after the first month of life; about half of the infantile deaths every year occurred during the first month of life. The time for taking a child to the welfare centre depended upon many factors, but as a rule this should be about the end of the first month of life when home routine had been re-established. Dr. James A. Stephen, medical officer for mother and child welfare work in

Aberdeen, drew attention to the changes in the causes of death among infants. The death rate from diseases of the digestive system had fallen from 47 to 17, while that from prematurity had increased from 29 to 31, and that from bronchitis and pneumonia had fallen from 24 to 20. The significant fall in deaths from digestive diseases was due largely to the better education of mothers by health visitors in the homes and at child welfare centres. Lady Leslie Mackenzie, Edinburgh, said that in some places caravans took health visitors to the scattered houses of mothers in country districts; she believed that this was a movement which ought to be encouraged by medical officers of health.

Scottish Housing Conference

At the annual conference of the Scottish National House and Town Planning Council, held in Stonehaven last week, Mr. H. J. Scrymgeour-Wedderburn, Under-Secretary of State for Scotland, addressing some 200 delegates from local authorities, said that a Royal Commission about twenty years ago estimated that Scotland required 250,000 houses to solve her housing problem. Since then over 280,000 working-class houses had been built in this country at an annual cost to the Exchequer of over £2,000,000. These new houses represented in the aggregate a city of about the size of Glasgow, but they had enabled only about one-quarter of the whole population to be re-housed in modern well-equipped dwellings. Present requirements were still estimated at 250,000 new houses, but he believed that when these were built they would be found not to be sufficient. He described the use of timber, which made good permanent houses that were likely, from the experience of Canada and Sweden, to last considerably longer than a house of the same kind built of brick. The Department of Health, he said, was prepared to approve a subsidy at the usual rates for such timber houses, and some twenty-four housing authorities in Scotland were considering the use of wood. The city architect of Edinburgh, discussing alternative methods, stated that Canadian red cedar had until recently been too costly for ordinary use, but as Americans were now using their own timber, Canadian lumber had fallen to a price which afforded a great opportunity for its employment in this country.

FRANCE

[FROM OUR CORRESPONDENT IN PARIS.]

A Windfall for the Academy of Medicine

Thanks to the generosity of Madame Jansen, the Academy of Medicine is the richer by some five million francs. With the franc at eight to a shilling, this gift may not seem very imposing in terms of sterling, but it is most welcome just because of the depreciation of the franc, for the Academy has in its gift many prizes and scholarships whose cash value has become derisory as the franc stands at present. It is therefore probable that this latest windfall will be devoted not only to new prizes but also to infusing new monetary life into old ones.

Hereditary Factor in High Blood Pressures

On April 12 Dr. G. Richard of Royat-les-Bains presented to the Academy of Medicine a study of the influence of heredity on hyperpiesis. After concluding from the literature of this subject that there is a history of hyperpiesis in the ancestry of some 70 per cent. of hyperpietics, he proceeded to record his latest observations of 1,836 cases. He found evidence of hyperpiesis in the ancestry of 79 per cent., and he was able to confirm, up to a certain point, the observation of von Buday, who noted this peculiarity about hyperpiesis—

namely, that the condition is often transmitted to the sons rather than to the daughters if the father is a hyperpietic, and vice versa for the distaff side. It would also seem that the site of a hyperpietic lesion is apt to be identical for the various members of the same family. Dr. Richard has come to the really alarming conclusion that the offspring of parents both of whom are hyperpietics have only sixteen out of a hundred chances to escape hyperpiesis themselves. This chance is forty-three in a hundred when only one parent is a hyperpietic. It may therefore be advisable to discourage the marriage of those whose families have a bad record of hyperpiesis on both sides.

Tuberculosis Campaign Since 1918

The following table will show at a glance how much has been done between 1918 and 1936 to provide the tuberculous with dispensaries, sanatoria, hospitals, nurses, etc.

	1918	1936
Dispensaries	70	843
Chest sanatoria	1,183 beds	23,544 beds
Hospital sanatoria	—	3,744 „
Surgical sanatoria	1,955 beds	13,464 „
Preventoria	—	21,320 „
Heliotherapy institutions	—	740 „
Re-education schools	—	257 „
Hospital isolation services	—	7,900 „
Transfer of children from tuberculous to healthy homes (the Grancher system)	600	8,000
Schools of visiting nurses	—	26
Social hygiene workers for tuberculosis and childhood	76	3,669, of whom 2,000 for tuberculosis

In the period under review the number of sanatoria for pulmonary tuberculosis has risen from nine to 158, the number of hospital sanatoria from none to twenty-one, surgical sanatoria from five to fifty-five, and preventoria from none to 225. One of the most remarkable achievements is the foundation of as many as twenty-six schools of visiting nurses; there was nothing of the sort in 1918. The Grancher system of taking children from tuberculous homes and putting them in healthy homes with foster-parents has, it will be seen, grown greatly in favour since 1918.

Medical Examination of Motor Drivers

In an earlier letter (*Journal*, April 16, p. 869) reference was made to a resolution recently adopted by the Academy of Medicine in favour of medical examination of all motor drivers in the hope that it would do something towards reducing the number of motor accidents. This resolution has not enjoyed a very good press. Though the Latin temperament is said to be as hostile to compromise as the Anglo-Saxon temperament is addicted to it, there is a chance of the suggestion being adopted that the medical examination should be reserved for the drivers involved in road accidents which invoke the arm of the law. If all such drivers had to undergo a medical examination, which included mental tests conducted by a psychiatrist, might not the very prospect of this ordeal infuse some caution even into the most rash? To emerge from it branded as a high-grade mental defective or with some even more opprobrious term recently invented by the psychiatrists would be to suffer an indignity far greater than any deferred sentence or even term of imprisonment. Apart from this prophylactic action of the psychiatric examination, there would, presumably, be a good prospect of the recklessly inconsiderate driver having his licence cancelled on the strength of the psychiatrist's report.

Dr. THOMAS LONGMORE ASHFORTH died on May 27 at his home in Woodlands, near Doncaster. After qualifying in medicine at the University of Glasgow he took the Scottish triple qualification in 1902. He was the first medical practitioner at the Woodlands colliery village, which was built for the workmen at Brodsworth Main Colliery some thirty years ago. He took the D.P.H. of Sheffield University in 1922 and had been assistant M.O.H. for Hamilton and visiting physician to the Hamilton Fever Hospital. During the war he served as captain R.A.M.C. with the 66th and 33rd Divisions, and was adjutant to No. 40 Stationary Hospital at Havre. For many years Dr. Ashforth was lecturer for the West Riding under the Central Midwives Board, and corps surgeon for the colliery ambulance brigade.

Dr. ARTHUR TANNER COOPER died of pneumonia on May 24 at his home in Leicester, where he had practised for the last twenty years. Born at Heston, Middlesex, on May 23, 1869, he was educated privately and at University College, London, qualifying M.R.C.S., L.R.C.P. in 1892. He then served as house-physician to the National Hospital for Diseases of the Heart, house-surgeon to the Hospital for Women in Soho Square and to the Royal National Orthopaedic Hospital, and during the war he held a temporary commission as captain R.A.M.C. Dr. Cooper joined the British Medical Association in 1909, and since the war had been a member of the Leicester and Rutland Division.

The following well-known foreign medical men have recently died: Dr. GEORGE MARINESCO, professor of clinical neurology in the Bucarest faculty of medicine, member of the Bucarest Academy of Medicine, corresponding foreign member of the Académie de Médecine, and honorary foreign fellow of the Royal Society of Medicine; Lieutenant-Colonel JULIEN RABAUT, director of the services of hygiene in the French concession at Shanghai; Dr. LORENZO BARO, formerly physician to King Alphonso XIII of Spain; Dr. ALFRED HERMSTEIN, extraordinary professor of gynaecology at Breslau, aged 46; Dr. PAUL PETZOLDT, a Dresden hygienist, aged 79; Dr. JOHANNES JOHANSSON, formerly professor of physiology at Stockholm University, president of the permanent committee of international physiology congresses, and for many years president of the medical section of the Nobel Prize awards; Professor GUSTAV BAYER, head of the institute of experimental pathology at Innsbruck; Dr. BROR GADELIUS, professor of psychiatry at the Carolinska Institute of Stockholm, aged 43; Dr. ALFRED ZUBER, a prominent Paris paediatrician, aged 73; and Dr. ALFONSO DI VESTEA, emeritus professor of hygiene at Pisa, aged 83.

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. The Secretary of State for India, the Marquess of Zetland, G.C.S.I., G.C.I.E., will be present as a guest.

HONORARY PHYSICIAN TO THE KING

Surgeon Rear Admiral L. Warren, O.B.E., R.N., has been appointed Honorary Physician to the King.

DEATHS IN THE SERVICES

Colonel VIVIAN BOASE BENNETT, Bombay Medical Service (ret.), died at Castletown, Isle of Man, on May 21, aged 71. He was born on April 20, 1867, the son of the late Rev.

Matthias John Boase Bennett of Leeds, and was educated at Liverpool and St. Bartholomew's Hospital. He graduated M.B.Lond. in 1891 and B.S. in 1893, and became an F.R.C.S. in 1906. He entered the Indian Medical Service as surgeon lieutenant on July 28, 1894, attained the rank of colonel on October 20, 1921, and retired on April 20, 1924. His first ten years' service were spent in military employ, during which he served on the North-West Frontier of India in the Tirah campaign of 1897-8, receiving the medal with two clasps. In April, 1905, he was appointed a civil surgeon in the Bombay Presidency; in February, 1909, he was posted as civil surgeon and superintendent of the medical school and lunatic asylum at Haiderabad, Sind; and in 1910-11 he served as senior surgeon of the Jamsetji Jijibhai Hospital, Bombay, and professor of surgery in the Grant Medical College, Bombay. During the war he was recalled to military duty from 1916 to 1919. In May, 1919, he was appointed civil surgeon of Poona, and, on promotion to administrative rank in October, 1921, became A.D.M.S. at Poona, and held that post until he retired. He had been a member of the British Medical Association since 1898.

Lieutenant-Colonel VIVIAN HEATHCOTE ROBERTS, I.M.S. (ret.), died in St. Mary's Hospital on May 22, aged 63. He was born on July 20, 1874, and was educated at the Grant Medical College, Bombay, where he obtained the diploma of L.M.S. in 1896. After filling the posts of Mayo demonstrator and tutor in physiology and histology at the Grant Medical College he went to Europe and took the Scottish triple qualification in 1898 and subsequently obtained the F.R.C.S.Ed. in 1909. He entered the Indian Medical Service as lieutenant on January 28, 1899, became lieutenant-colonel on July 28, 1918, and retired on July 20, 1929. He served in the China War of 1900 (medal); in the war of 1914-18, when he was in Iraq from September, 1914, to December, 1916; and in Afghanistan in 1919. He had been a member of the British Medical Association since 1905.

Lieutenant-Colonel CHARLES DUER, Bengal Medical Service (ret.), died on November 20, 1937, aged 73. He was born on December 10, 1864, the son of Mr. S. Duer, a civil engineer of London, and was educated at University College, London. He took the M.R.C.S., L.R.C.P. in 1888, the M.B.Lond. in 1889, and the F.R.C.S. in 1891. He entered the Indian Medical Service as surgeon on July 28, 1891, became lieutenant-colonel after twenty years' service, and retired on November 29, 1913. After four years' military service he was posted to civil employ in Burma in February, 1896, at first as resident medical officer of the Rangoon General Hospital, then as junior civil surgeon, Rangoon, in March, 1899, and as senior civil surgeon, Rangoon, in November, 1907. In August, 1910, he was transferred to the Punjab as civil surgeon of Simla. After retirement he rejoined for service in the war of 1914-18, on October 19, 1914, and served to May 13, 1919, at first in the York Place Hospital for Indian Troops at Brighton till the end of 1915, and subsequently at Malta. He had been a member of the British Medical Association for thirty-three years, and in 1905-6 was a member of the Central Council of the Association.

Lieutenant-Colonel HERBERT JAMES WALTON, Bengal Medical Service (ret.), died at Godalming on May 4, aged 69. He was born on January 19, 1869, the son of J. S. Walton, and was educated at St. Bartholomew's Hospital, taking the M.R.C.S., L.R.C.P. in 1893. Subsequently he took the F.R.C.S. in 1895, the M.B.Lond. (with honours) in 1895, the D.T.M. and H. (with distinction) of Cambridge in 1910, and proceeded M.D. (gold medal) in the same year. After filling the posts of house-surgeon at St. Bartholomew's Hospital and of assistant house-surgeon at the Royal Salop Infirmary, Shrewsbury, he entered the Indian Medical Service as surgeon lieutenant on July 29, 1896, passing in first. At Netley he gained the Montefiore Prize in Military Surgery and the Martin Memorial Medal in Military Medicine. He became lieutenant-colonel on January 29, 1916, and retired on September 1, 1921. He served on the North-West Frontier of India in the Tirah campaign of 1897-8 (medal with clasp); the China War of 1900: relief of Peking, actions of Peitsang and Yangtsung (medal with clasp); and in Tibet in 1903-4: operations round Gyantse, march to Lhasa (medal with clasp). In May, 1905, he was posted to civil employ in the United Provinces, and was professor of pathology at King George's Medical College, Lucknow, from September, 1913, to October, 1914, when he reverted to military duty and remained serving in the Army till March, 1919. He had been a member of the British Medical Association for twenty-eight years.

Lieutenant-Colonel JOHN ANDERSON, C.I.E., Bengal Medical Service (ret.), died on May 22 in London, aged 82. He was born at Inch, Co. Donegal, on August 4, 1855, and was educated at Edinburgh University, where he graduated M.B., C.M. in 1878. He entered the Indian Medical Service as surgeon on September 30, 1878, became lieutenant-colonel after twenty years' service, and retired, with an extra compensation pension, on April 1, 1910. He served in the Afghan War of 1878-80, was present in the action at Jagdalak, and received the medal. Most of his service was spent in civil employ in the North-West Provinces, now the United Provinces of Agra and Oudh, where for many years he had the reputation of being the leading civil surgeon in the Province, owing to his successful operative work in surgery, and held the important civil surgeoncies of Agra and Lucknow successively. He also served for two years as civil surgeon of Simla. After his retirement he served as a member of the Medical Board of the India Office from February 28, 1913, to August 4, 1920, and received the C.I.E. on June 4, 1917. He was twice married, first to Mary, daughter of the late Mr. J. B. N. Hennessy, C.I.E., F.R.S.; she died in 1924; and, secondly, in 1931, to Tryphena Esther, widow of the late Surgeon-General J. Cleghorn, C.S.I., and a daughter of the late Major-General de S. Barrow, who survives him. He had been a member of the British Medical Association for thirty-three years.

Lieutenant FRANCIS JOHN SHEARSMITH BAKER, R.A.M.C., died in the military hospital at Jhansi on May 4 from injuries received when a cycle which he was riding came into collision with a tonga. He took the M.R.C.S., L.R.C.P. in 1936, and joined the Royal Army Medical Corps as lieutenant on probation on April 23, 1937, so had only a year's service.

Universities and Colleges

UNIVERSITY OF OXFORD

Dr. A. G. Gibson has been appointed Litchfield Lecturer in Medicine until June 30, 1940.

The Electors of the May Readership have reappointed Dr. Alexander Macdougall Cooke as May Fellow and Reader in Medicine to hold office for a further period of three years from October 1.

UNIVERSITY OF CAMBRIDGE

Acting on a resolution by the Faculty Board of Medicine, the General Board recommends that a Readership in Medicine be established for one tenure only, and that authority be given to appoint Dr. R. A. McCance from August 1, 1938. This post would be established in place of the Assistant Directorship of Research recently vacated by Dr. J. F. Brock on taking over the chair of medicine at the University of Cape-town. Dr. McCance is at present assistant physician in charge of the Biochemical Department, King's College Hospital, London. The General Board recommends that the regulations be amended to provide that the Reader in Medicine shall not be tutor, assistant tutor, bursar, or assistant bursar of a college, he shall not give instruction on behalf of a college for more than six hours a week, and he shall not engage in private medical practice. Part of his duties will be to give such lectures as the Faculty Board of Medicine directs.

UNIVERSITY OF LONDON

Professor C. H. Best, F.R.S., of the University of Toronto, will give a lecture on "Heparin and Thrombosis" at University College, Gower Street, W.C., on Tuesday, June 14, at 5 p.m., when Professor C. Lovatt Evans, F.R.S., will be in the chair. The lecture is open without fee or ticket to students of the University and others interested in the subject.

UNIVERSITY OF EDINBURGH

Professor C. Heymans of the University of Ghent will deliver a lecture on "Some Aspects of Blood Pressure Regulation and Experimental Arterial Hypertension" in the anatomy lecture theatre, University New Buildings, Teviot Place, Edinburgh, on Friday, June 10, at 5 p.m.

The Cameron Lecture on "Results of Recent Studies on Anterior Pituitary Hormones" will be delivered by Professor

J. B. Collip, F.R.S., of McGill University, Montreal, in the anatomy lecture theatre, University New Buildings, Teviot Place, Edinburgh, on Thursday, June 16, at 5 p.m.

All students and graduates are invited to attend the above lectures.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—A. Blackman, F. E. Buckler, R. M. Corker, P. H. Hay-Hedde, T. E. Ooi, C. L. Summerfield.

MEDICINE.—W. H. Bayley, P. C. Conran, O. H. Galloway, J. C. B. Nesfield, T. E. Ooi, C. Webb.

FORENSIC MEDICINE.—P. C. Conran, O. H. Galloway, J. C. B. Nesfield, T. E. Ooi, C. Webb.

MIDWIFERY.—C. V. Arthur, R. M. Corker, J. C. Gregory, C. R. Morgan, C. L. Summerfield, W. E. Swanston.

The Diploma of the Society has been granted to W. H. Bayley, A. Backman, F. E. Buckler, P. C. Conran, O. H. Galloway, P. H. Hay-Hedde, J. C. B. Nesfield, T. E. Ooi, C. L. Summerfield.

Medical Notes in Parliament

The Parliamentary adjournment for Whitsuntide is till June 14.

The business of the House of Lords in the present week included the Coal Bill, the Housing (Rural Workers) Amendment Bill, and the Prevention and Treatment of Blindness (Scotland) Bill. The House of Commons considered the Vote for Air Raid Precautions and Bills, including the Mental Deficiency Bill. Sir Thomas Inskip made a statement regarding national service in the event of war. He said that in such an event an authority would allocate, according to the age and capacity of each individual, a suitable position for that person to occupy.

Progress of Bills

In the House of Lords on May 30 the Coal Bill passed through Committee. The following day the Street Playgrounds Bill passed through Committee, and the Housing (Rural Workers) Amendment Bill was read a second time.

On May 31 a Standing Committee of the House of Commons considered the Nursing Homes Registration (Scotland) Bill. A clause moved by Sir Douglas Thomson, to exempt from registration nursing homes conducted in accordance with Christian Science principles, was withdrawn after discussion on the understanding that it would be reconsidered before the report stage. The Bill passed through Committee, and was ordered to be reported, with minor amendments, to the House of Commons.

The Scottish Divorce Bill Continued

Consideration of the Divorce and Nullity of Marriage (Scotland) Bill by the Standing Committee of the House of Commons on Scottish Bills was concluded on May 24. On Clause 4 (Grounds for Decree of Nullity) Mr. CHAPMAN had an amendment to omit from the grounds of nullity the plea that at the date of the marriage one party was subject to recurrent fits of epilepsy. He said that he would not move these amendments. The whole clause then was deleted from the Bill by 13 votes to 8. Mr. ERSKINE-HILL said it was based on the recommendation of the Royal Commission but required more consideration than was possible on the present Bill.

On Clause 6 (Interpretation) Miss HORSBROUGH had an amendment to delete the provisions which stated that a defendant in any divorce action should not be held to be incurably insane unless it was proved that he was and had been for a period of five years immediately preceding the raising of