

be rather tempting for use at dressing stations, but he thought that for shocked patients these were contraindicated. For emergency procedures the best anaesthetic for standard use was ether. Gas and oxygen was best for all serious operation cases, but the supply of cylinders might be a difficulty if it was required in every case.

In the course of discussion Colonel E. M. COWELL described some experiences in Barcelona, and highly praised the surgical service in Republican Spain. He exhibited some Spanish literature which he had collected, including an illustrated pamphlet by Dr. José Raspall on the treatment of fractures in war. Gangrene would be a very great danger in the air raid cases in Barcelona were the surgery less careful and efficient. Dressing stations in Barcelona had been abandoned, and about fifty motor ambulances were used to convey the wounded immediately to the hospitals. The two great hospitals, one of them with 1,800 beds and 22 theatres, and the other with 2,000 beds and 27 theatres, were outside the danger zone. An excellent blood transfusion service had been developed; only the universal type of blood was used. With regard to anaesthetics, gas and oxygen could not be procured, and ether was used. Dr. EVANS, who had also recently visited Barcelona, spoke more particularly from the aspect of nutrition. He mentioned with admiration the ambulance trains, which were in fact converted *wagon-lits*. The motor lorry ambulance had been abandoned, presumably owing to the damaged roads.

Mr. MCADAM ECCLES raised the question of the function of the large London hospitals in time of war. They were all agreed that if they could evacuate the serious casualties from an area which might be re-bombed so much the better. A great deal could be learned from military experience, but air raids on city populations raised new and not easily imagined possibilities. The thirty-one air raids on London during the last war were no criterion of what might be expected in some future war. At that time the hospitals carried on, operations actually taking place during air raids, in one of which 1,200 panes of glass at St. Bartholomew's were smashed. He suggested that it would be a very good thing to have a standard organization of anaesthetists available to be mobilized immediately on emergency.

In the ensuing discussion, which was of a private nature, Dr. D. H. GEFFEN, M.O.H., Guildford, Dr. D. E. OATES, M.O.H., Paddington, and two members of the A.R.P. staff of the Ministry of Health discussed A.R.P. generally, and Dr. H. A. NATHAN and Dr. G. DE SWIET spoke more particularly of local provision in Kensington and Paddington.

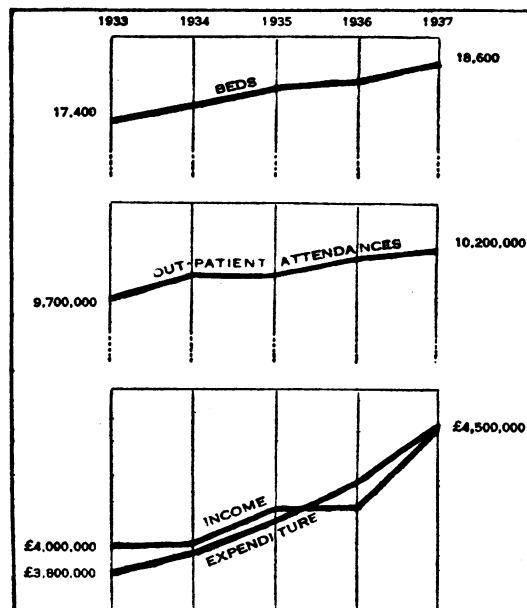
At the meeting of the Physical Society on January 13 at the Imperial College, South Kensington, Sir Ambrose Fleming, D.Sc., F.R.S., gave an address on "Physics and Physicists of the Eighteen-seventies." Sir Ambrose Fleming and Sir Oliver Lodge are the only two surviving original members of the Physical Society of London, which was founded by Professor Frederick Guthrie in 1874. On March 21 of that year Mr. J. A. Fleming, a young man in his early twenties, read the very first paper at the inaugural meeting of the society at Guthrie's invitation. That the same individual should address the same society after an interval of nearly sixty-five years must be unique in the history of scientific societies. The decade forming the subject of the address was marked by a very rapid growth of the practical applications of physical knowledge, one example among many being the pioneer work of Sir William Thomson (afterwards Lord Kelvin) on sensitive electrical instruments in connexion with the first two transatlantic cables for telegraphic communication between this country and the U.S.A. The work for which Sir Ambrose Fleming himself is best known—namely, his pioneer work on the thermionic valve used in wireless telegraphy—belongs, of course, to a later period.

Local News

ENGLAND AND WALES

London Voluntary Hospitals: A Five-year Survey

A pamphlet issued by the Council of King Edward's Hospital Fund for London (10, Old Jewry, E.C.2) gives a survey of five years' progress in the voluntary hospitals within a radius of eleven miles of St. Paul's Cathedral. The period reviewed is 1933-7, and the institutions are those to which grants are made from the King's Fund. The number of in-patients treated during the five years rose from 262,000 to 287,000, and the number of beds



Five years of London voluntary hospital progress.

from 17,400 to 18,600. The total maintenance expenditure of the hospitals helped by the Fund rose from £3,790,000 to £4,554,000, while in the same period the income of these hospitals rose from £4,023,000 to £4,562,000. The chart reproduced in this column shows the upward trend in total number of beds, out-patient attendances, income, and expenditure. The largest item in the income of the hospitals is voluntary gifts, comprising subscriptions and donations £1,080,470, central funds £314,604, and legacies £575,836. Contributions received from patients in return for their treatment amounted to £1,538,333. Much of this total came through contributory organizations, such as the Hospital Saving Association. The total payments received from public authorities for work done under special schemes for medical treatment of school children, tuberculosis patients, etc., amounted to £299,180. A survey of the accommodation provided by the London voluntary hospitals, carried out by the London Voluntary Hospitals Committee in 1931, showed that 37 per cent. of the patients in hospitals within the County of London came from outside the county area.

Royal Sheffield Infirmary and Hospital

As already announced in these columns the Act of Parliament amalgamating the Royal Infirmary, Sheffield, and the Sheffield Royal Hospital came into operation on January 1, 1939. The new governing body—Court of Management—at its first meeting elected Sir Ronald W. Matthews chairman, Mr. Fred M. Osborn deputy chairman, and Mr. W. H. Booth secretary. The Royal

Infirmiry, founded in 1797, has 476 available beds, and the Royal Hospital, founded in 1832, 392 and thirty "paying" beds—a total of 898. Two Boards were appointed—one to manage each institution—and a finance committee. The amalgamated hospitals will be known as the Royal Sheffield Infirmiry and Hospital. An appeal for £1,000,000 was launched in July last by H.R.H. the Duchess of Gloucester on behalf of the four Sheffield voluntary hospitals—namely, the two now constituting the amalgamated body described above, together with the Jessop Hospital for Women and the Children's Hospital. The fund will be used to finance important extensions at the Jessop and Children's Hospitals and also to purchase a site near the University and build thereon a new general hospital of some 800 beds. Hopes are entertained, after the approval of the general plans, of an early start on the new site with the erection of a cancer and radium centre and a dental hospital. The whole group, together with the Medical School of the University, will form the Hospital Centre which will serve not only the City of Sheffield but the large area surrounding it.

National Eye Service Exhibition

The National Eye Service has dealt with more than 700,000 cases since its establishment in 1929. In addition it has endeavoured to educate the public on the importance of examination by fully qualified medical men in any case of disorder of vision or disease of the eye. At noon on January 20 Sir Francis Fremantle opened at Charing Cross underground station an exhibition especially designed to give the public some idea of the benefits to be derived from such examination and to indicate how it may be obtained by anyone eligible for treatment under the National Eye Service scheme. One of the main features of the display, which will continue for the next two or three weeks, will be a showing of films that have been made by the National Ophthalmic Treatment Board. Two optical craftsmen, with well-equipped workbenches, are actually engaged at the exhibition in the making of spectacle frames and in glazing them. There is, too, a model consulting room with explanatory notices outlining the use of various instruments. Photomurals form an effective background, and there are in attendance assistants who will give any information to doctors or other visitors. The exhibition, which remains open until about 7.30 p.m. each evening, is well worth a visit.

SCOTLAND

Edinburgh Royal Infirmiry

At the annual meeting on January 4 of the Court of Contributors of the Royal Infirmiry of Edinburgh Mr. John R. Little, chairman of the Board of Managers, who presided, said that 22,000 patients were treated in the wards during the year, constituting a record, and in all the special departments there had been a very considerable increase in the work done. For example, in the radiological department the number of treatments was 15,718, as compared with 907 five years ago. The financial position was a serious one, especially in view of the opening at an early date of the large new maternity hospital and the new nurses' home to accommodate 300 nurses. For the maternity department, especially, additional sources of revenue must be found; in the speaker's opinion maternity care should be materially assisted from State funds. The managers, he continued, had repeatedly considered a contributory scheme on the lines of those that had been so successful in many large English towns, but there was some doubt whether the Infirmiry would be better off financially; it already received a substantial income from the League of Subscribers and from contributions from other workpeople, more particularly in the mining areas, from which last year £12,000 was

received. It was important that there should be co-ordination between the voluntary and the municipal hospitals, and with this end in view the Infirmiry managers were in a short time to meet in conference with representatives of the corporation. With regard to the question of nursing, a general shortening of nurses' hours in an institution so large as the Royal Infirmiry made a serious addition to costs, and it should be a matter for consideration whether the cost of training nurses, which conferred material benefits upon the community, should continue to be borne by voluntary hospitals without a contribution by some form of State grant. He considered that the limit of expenditure had now been reached. The voluntary system had for generations been an example to the world, and Government commissions and other representative bodies had all reported in favour of its continuance. It was to be hoped, therefore, that a united effort of all concerned would enable the present difficulties to be overcome.

The annual report of the Infirmiry shows that during the last five years the ordinary income has increased by £23,000, but the expenditure during the same period has increased by £37,659. The average annual cost per occupied bed was £188, and the average cost per patient treated to a conclusion was £8 11s. 3d., while the average cost per day was 10s. 3d. Of the 21,883 patients admitted to the wards, 12,044 came from outside Edinburgh and 9,839 from the city. Not only were patients received from practically every county in Scotland, but they were also admitted from twenty counties in England and Wales and in considerable numbers from over-seas. The average number of patients on the waiting list throughout the year was 3,235; the number of beds has been materially increased during the past few years, but a growing number of people present themselves for admission. It is suggested that the solution of this difficulty lies in co-operation with the municipal authorities. The total ordinary income for the year was £140,882, and the total ordinary expenditure £187,859. An appeal was launched in 1937 for £200,000 to meet the cost of the extension scheme, but at the end of 1938 only £107,000 had been received.

Glasgow Samaritan Hospital

The Medical Report for 1937 of the Royal Samaritan Hospital for Women, Glasgow, deals with 3,191 in-patients discharged during the year. The number of operations performed was 2,790. A brief summary is given of each of twenty-three fatal cases. These include four deaths due to pulmonary embolism, following plastic operation for uterine prolapse (two cases), radium therapy in carcinoma of cervix, and anterior colporrhaphy and colpo-perineorrhaphy for cystocele and deficient perineum. All four patients were aged between 60 and 70. The date of occurrence of the pulmonary embolism varied from the sixth to the fourteenth day after operation. In the radiological department an increased volume of work is recorded: 128 patients were treated with deep x-ray therapy, as against ninety-eight during the previous year, while x-ray diagnostic cases increased from 157 to 205. The statistics of the pathological department include 1,377 histological and 447 bacteriological examinations of specimens, and forty tests for pregnancy. Sixteen specimens were mounted for the museum, and the catalogue was brought up to date in the course of the year under review.

Rehabilitation Clinic at Glasgow

At the annual meeting on January 2 of Glasgow Royal Infirmiry Sir James Macfarlane, chairman of the Governors, intimated that the contributions from workpeople during the year had reached the sum of £34,591, which exceeded any annual sum previously obtained from this source by £3,652. Patients admitted to the Infirmiry numbered 17,185. It had been decided to erect a new Rehabilitation Clinic in the buildings taken over from the Blind Asylum adjoining the Infirmiry, towards the cost of which Messrs. Colville had contributed £10,000.

That clinic would be utilized mainly for cases of fracture and other injuries, and would contain a large suite of rooms with theatre, gymnasium, x-ray room, plaster room, etc. Sir James believed that the time had come when the Government must lend a hand to the voluntary hospitals. A first-class nursing service was vital to the State, and this was chiefly provided by voluntary hospitals. Hospital expenses continued to mount, and the State should now step in to share expenditure which had previously been met by voluntary contributions.

Correspondence

Air Raid Precautions

SIR,—The circular letter which appeared in the lay press on January 13 signed by a number of the leading physicians and surgeons in the teaching hospitals of London and the provinces deserves the earnest attention of all members of our profession, for it draws attention to a point which is apt to be forgotten in the battle between the advocates of the surface and the underground schools of A.R.P. defence.

The point is that it is quite useless providing skilled personnel and adequate accommodation for severe casualties if these are to be handled in unprotected operating theatres and nursed in unprotected wards. The hospitals ought to be provided with deep bomb-proof operating theatres and a certain number of wards if they are to be any use at all. Everyone knows that doctors and nurses will carry on in unprotected quarters if ordered to do so; but is it either wise from the patients' standpoint or fair from that of the personnel to ask them? Anyone who has seen the after-results of a bomb dropped in the middle of an operating theatre, as I have, will never want to see the same thing happen again.

No one wants to embarrass the Government in its efforts to improve passive defence, but each of us must know people of influence, either in Parliament or in the administrative services, and if this point were put plainly before them much valuable time might be gained. Our hospitals ought to be adequately protected, and it is our duty as doctors to draw repeated attention to the fact.—I am, etc.,

J. JOHNSTON ABRAHAM,
C.B.E., D.S.O., F.R.C.S.

London, W.1, Jan. 13.

Manipulation of the Spine

SIR,—I have read with great interest Mr. George Perkins's article on manipulative surgery in your issue of December 10, 1938 (p. 1214), and Dr. W. Hargrave Wilson's comment thereupon in your issue of December 31, 1938 (p. 1394). Like the latter author I cannot agree with Mr. Perkins that minor displacements of bone do not exist and that only major ones are possible. If a bone is capable of being moved pathologically into a position of major displacement or dislocation, it must during the commencement of such movement occupy a position which constitutes a minor displacement, and will persist as such were its onward progress towards becoming a major displacement suddenly arrested at this point. I have practised spinal manipulation for over twenty-five years, during which time I have diagnosed and replaced many thousands of minor displacements of the vertebrae, ilia, and ribs, and have obtained results when other methods had previously signally failed.

I would also like to endorse Dr. Hargrave Wilson's opinion that the profession should recognize the existence of the spinal lesion (which is so frequently associated

with minor displacements) and should acquire the technique of spinal manipulation. With reference to the latter, however, I would like once again to express my disapproval of a method which is fairly common at the present day—namely, of manipulating the spinal column in every direction during general anaesthesia in the hope that something will move somewhere. I have frequently seen this method, which is haphazard and unscientific, lead to disastrous results.—I am, etc.,

London, W.1, Jan. 10.

EDGAR CYRIAX, M.D.

Compulsory Immunization against Diphtheria?

SIR,—In case of national emergency many districts will have to take into their areas very large numbers of persons the majority of whom will be children, a proceeding which will be accompanied by the danger of the spread of epidemic diseases. I suggest, therefore, since diphtheria is one of the most deadly of them while at the same time it is the most preventable, that either no children should be allowed to be evacuated from danger zones until they have had an adequate dose of diphtheria prophylactic, or, better still, that diphtheria immunization should be compulsory for all children between 9 months and the school-leaving age.—I am, etc.,

Glossop, Jan. 16.

E. H. M. MILLIGAN,
Medical Officer of Health.

Mechanical Respirators

SIR,—The suggestion by Sir Frederick Menzies of a "flying squad" to meet the threats of outbreaks of poliomyelitis (*Journal*, January 14, p. 85) becomes of increasing importance with the coming of the mechanical respirator, for one can foresee various unfortunate results for a time from inexperience or too late application. This country has escaped the disease remarkably, but the recent publication of maps in the *Journal* (December 31, 1938, p. 1400) shows existing risks. What an outbreak might become can be seen by examination of serial spot maps of the recent outbreak in Melbourne, although these do not indicate the crippling results of later years. An almost unnoticed outbreak at Plymouth in 1911 was only made evident when ten years later the *Report of the Central Cripples Committee* (1922) gave lists at various ages of crippled children, analysis of which placed eighty-eight children as probably crippled by the 1911 outbreak. Since then voluntary efforts have been made, and local authorities have provided orthopaedic clinics and cripple schools; but too often they still await the onset of the maximum damage before attempting to repair it. Fourteen years ago the story was summed up:

"Neglect of infant palsy in this country is grievous. The greater part of the paralysis could be prevented by early care, which at present is beyond attainment by few except the richest members of the community. It is worth spending very considerable sums on a rapid and effective provision for any outbreak by dispatching units from the central authority to any part of the country to undertake care of even a few cases, till the danger is past. Such a unit would include doctors, nurses, and other workers with the outfit." (*Fundamentals of School Health*, p. 182.)

This provision is almost beyond the duty of local authorities; it is a national or regional requirement. Lord Nuffield has set a noble example by doing what is within his reach. Our ideas should have been so advanced that it will be possible for the Ministry of Health to take powers to organize observation and care at the earliest appearance of this crippling disease, and the complete utilization of the machinery for rescuing the most serious cases, otherwise doomed to early death.—I am, etc.,

Edinburgh, Jan. 14.

JAMES KERR.

to juniors if it was taught on less conventional and more scientific lines. I wish I could believe what you say about my teaching capacity, because I have always taught and believed that a really great teacher is the greatest gift of God."

I speak not only for myself but for old students of his whom I have met in various parts of the world when I say that Morison was the greatest gift the Newcastle School of Medicine ever had.

[The photograph reproduced is by Elliott and Fry, Ltd.]

ROBERT REID, L.R.C.P. AND S., J.P.

Dr. Robert Reid died at his residence in Whiteabbey, Belfast, on December 22, 1938, at the age of 71. The district in which he spent so much of his lifetime has thereby lost one of its outstanding figures and the inhabitants have lost a sincere friend. Robert Reid was educated at the Belfast Royal Academy, studied medicine at the Queen's College, Belfast, and qualified L.R.C.P. and S. at Edinburgh in 1891. For two years he was an assistant in London, and in 1893 returned to the district of his birth, where he began practice for himself. A man of sound judgment and with more than the average medical skill he soon attracted a wide and valuable practice. To one and all he was more than the healing doctor; his wisdom and guidance were available in many capacities to those whom he numbered among his patients and to a wide social circle. He acted as physician to the Throne Convalescent Hospitals besides being assistant coroner (and from 1931 coroner) for the Belfast District of County Antrim. He took an active part in the administrative work of local authorities and was a useful member of the Belfast Rural District Council and of the Lisburn and Belfast Rural Regional Education Committee. For a time, too, he was a Poor Law guardian. He was one of the oldest Fellows of the Ulster Medical Society and had always been an interested member of the British Medical Association, which he joined in 1895. He was president of the Ulster Branch of the Association in 1922, and he served on the Irish Committee from 1926 to 1928. Church affairs also attracted his interest, and he held various offices during his busy lifetime.

Robert Reid (writes a colleague) was one who held the medical profession in high regard, and its ethical principles were one of the ideals to which he adhered strongly throughout his life in every phase of his activity; the health interest of his patients was always his main concern, be they poor or rich, and to all he gave of the best of his professional knowledge. He was a wise counsellor, and many of his colleagues looked to him for advice and guidance. A man of definite views, he was never narrow-minded, but gave to every problem sound consideration before forming his judgment. To all he was a valuable friend, and many will miss him. His wife was his happy companion and always his friend, and to her and her two daughters (one of whom is the wife of Dr. Lawrence Ross) our deepest sympathy goes out.

Dr. GEORGE EDWARD FISHER, who died at his home at Skipton, Yorks, on January 8 at the age of 81, had practised in that neighbourhood for well over fifty years. A native of Portlinton, Ireland, he was the son of a doctor, and numbered the late Lord Carson among his schoolfellows. He studied medicine at the Ledwich School, Dublin, and qualified in 1879 as L.R.C.P. and S.I., and L.M. of the Coombe Hospital. After holding the post of senior resident at the Meath Hospital he travelled as a ship surgeon, and then worked as assistant to a doctor in Skipton; after a short time at Rotherham he returned to Skipton, and remained there for the rest of his life. Dr. Fisher was the senior member of the honorary medical

staff of Skipton and District Hospital, medical officer to Skipton Girls' High School since its foundation, and held other local appointments. During the whole of his residence in the town he was associated with Skipton Parish Church, which he served as warden and sidesman, and he was for many years president of the local cricket club. He was a good shot, a keen angler, and played lawn tennis until the age of 70. He was a member of the British Medical Association for fifty-four years.

Dr. ALFRED O. LEE, who combined the chairs of Modern Languages and of the History of Medicine at the University of Michigan, Ann Arbor, died on December 25, 1938, aged 65.

The following well-known foreign medical men have recently died: Dr. PIERRE PARISOT, honorary professor at the Nancy Faculty of Medicine and officer of the Legion of Honour; Dr. ETIENNE LEENHARDT, professor of children's diseases at the Montpellier Faculty of Medicine; Dr. RAOUL BENSANDE, honorary physician to the Paris hospitals and officer of the Legion of Honour; Professor CARL MENSE of Cassel, an eminent tropical hygienist, founder of the *Archiv für Schiffs- und Tropenhygiene*, and editor of a handbook on tropical diseases, aged 78; Geheimrat FERDINAND HUEPPE, eminent alike as bacteriologist, hygienist, biologist, and authority on physical exercise, and former professor of hygiene in the German University of Prague, aged 86; Dr. HANS NEUMAYER, emeritus professor of oto-rhino-laryngology at Munich, aged 74; Dr. JUAN MANDINAVITA of Madrid, an authority on diseases of the stomach and intestines; Dr. SAHACHIRO HATA, professor of microbiology at the University of Keio, a former collaborator of Ehrlich, aged 61; Dr. POL N. CORYLLOS, an eminent thoracic surgeon of Cornell University, New York; Dr. E. B. MCKINLEY, dean and professor of bacteriology at the George Washington University School of Medicine, Washington, D.C., and author of *Filterable Virus Rickettsia Diseases* (1929) and *A Geography of Disease* (1935); and Lieutenant-Colonel ALPHONSE LEMMERS, O.B.E., of Ostend, editor of the *Courrier Médico-pharmaceutique*.

Corrigendum.—In the obituary notice of the late Mr. E. B. Waggett in our issue of January 14 (page 91, first column, line 3) it should have been stated that he first experienced painful leg symptoms in *Salonika*, not, as printed, during the Gallipoli campaign.

The Services

DEATHS IN THE SERVICES

Lieutenant-Colonel JOHN VALENTINE MACDONALD, M.C., I.M.S. (ret.), died at Aberdeen on December 24, 1938, aged 53. He was born on February 14, 1885, and was educated at Edinburgh University, where he graduated M.B., Ch.B. in 1908. He entered the Indian Medical Service as lieutenant on January 29, 1910, became lieutenant-colonel after twenty years' service, and retired on account of ill-health on July 9, 1931. He served in the great war, when he was thrice mentioned in dispatches in the *London Gazette* of February 8, 1917, February 13, 1917, and January 20, 1920. He received the Military Cross on February 15, 1917, and a brevet majority on June 3, 1919.

Major HENRY ALFRED CUMMINS, C.M.G., R.A.M.C. (ret.), died at Chelsea on December 31, 1938, aged 74. He was born at Cork on March 8, 1864, and was educated at Queen's College, Cork, graduating M.D., M.Ch., M.A.O. in the Royal University of Ireland in 1885, and as D.Sc. in 1887. He entered the Army as surgeon on July 12, 1886, became major after twelve years' service, and retired on July 28, 1906. He served in the Sikkim campaign on the North-East Frontier of India in 1888, receiving the frontier medal with a clasp; in the Ashanti expedition of 1895-6, receiving the star; and in the South African War in 1900-1, when he took part in the advance on Kimberley, in operations in the Orange Free State, including the Battle of Paardeberg, and

in the Transvaal, was mentioned in dispatches in the *London Gazette* of April 16, 1901, and received the Queen's medal with three clasps and the C.M.G. He was recalled from the reserve of officers to the active list on August 6, 1914, and served in the war of 1914-18. After his retirement from the Army in 1906 he was appointed professor of botany and agriculture at Queen's College, Cork, and held that post for many years. He was a Fellow of the Royal Linnean Society and made many contributions on his special subject, botany, to various scientific journals and proceedings. He married Ethel Percy, daughter of Robert Hall of Cork, and leaves a son and four daughters.

Universities and Colleges

UNIVERSITY OF LONDON

A course of lectures and clinical instruction on mental deficiency and allied conditions, arranged by the University Extension and Tutorial Classes Council in co-operation with the Central Association for Mental Welfare, will be given from Monday, March 20, to Saturday, April 1. It will be based on the requirements for the University of London Post-graduate Diploma in Psychological Medicine, and is intended for medical practitioners, more especially those who are engaged as school medical officers, certifying officers to local authorities under the Mental Deficiency Acts, or as medical officers of institutions, or who are otherwise definitely concerned with the care of subnormal or abnormal persons. Part II of the course, devoted to the problems connected with the retarded and difficult child, formerly held immediately after Part I, will be held in the autumn. All lectures will be delivered at the Senate House of the University, W.C., unless otherwise stated on the students' time-tables, and will be given from 10 to 12.30 each morning. The clinical work will be arranged for each afternoon, except Saturday. Detailed time-tables will be sent to each person proposing to attend the course not later than March 11, and forms of application should be filled in and returned as soon as possible. The University will grant certificates of attendance to those students who attend regularly taking both theoretical and practical work. The registration fee, to be paid at the time of application, is 10s. 6d., and the fee for Part I of the course is £5 15s. 6d. All communications should be addressed to Miss Evelyn Fox, C.B.E., c/o University Extension Department, Senate House, University of London, W.C.1.

UNIVERSITY OF GLASGOW

The Secretary of State for Scotland announces that the office of Regius Professor of Surgery in the University of Glasgow becomes vacant on October 1 on the expiry of office of Professor Archibald Young. Applications for the Chair should reach the Private Secretary, Scottish Office, Whitehall, S.W.1, by March 15.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council was held on January 12, with the president, Mr. Hugh Lett, in the chair.

It was reported that at the recent Primary Examination for the Fellowship held in Lahore 6 out of 31 candidates were approved, and that at the examination held in London 83 out of 236 candidates were approved.

The Hallett Prize, granted in connexion with the Primary Examination for the Fellowship, was awarded to Alfred McKee Large of the University of Toronto.

Professor Graham Simpson was appointed as the Bradshaw Lecturer for 1939. Professor R. E. Kelly was reappointed as the representative of the College on the Court of the University of Liverpool. Dr. Gilbert Orme was appointed to represent the College on the Council of the Queen's Institute of District Nursing.

The Council accepted with very grateful thanks the gift by Sir Buckston Browne of a clock, clock case, and two vases (Derbyshire Spar and Ormolu Garniture).

The posts at the following hospitals were recognized under paragraphs 21 and 23 of the regulations for the Fellowship: Victoria Hospital, Blackpool (Surgical Unit No. 1); Lancaster Royal Infirmary (first and second house-surgeons, recognition confirmed); Prince of Wales Hospital, Plymouth, Devonport Section (senior house-surgeon, to July 31, 1942).

Diplomas

Diplomas of Fellowship were granted to John Keith Cunningham of Otago and Mohamed Fatin of Cairo.

A Diploma of Membership was granted to Peter Duncan Swinstead of St. Bartholomew's Hospital.

Diplomas in Psychological Medicine were granted, jointly with the Royal College of Physicians of London, to the following candidates:

J. T. D. Clark, H. N. Davy, N. De, A. K. Deb, P. F. Fletcher, A. R. Garner, R. Gibson, Y. H. Guinena, Daisy G. Iliff, N. Langdon-Down, J. MacW. MacGregor, R. D. Newton, C. Ponnambalam, J. J. Ryan, W. T. H. Wales.

Diplomas in Laryngology and Otolaryngology were granted, jointly with the Royal College of Physicians of London, to the following candidates:

K. H. Bazirgan, A. H. R. Champion, H. G. Earnshaw, O. Fawzy, J. R. Hutcheon, D. T. Martin, N. M. Mody, G. A. Moulden, T. R. Pahwa, H. V. Suryanarayan Rao.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on January 9, with Dr. John Henderson, president, in the chair, Mohamed Emara, M.B., Ch.B., was admitted a Fellow of the Faculty.

Medical News

Professor J. D. Bernal, F.R.S., will deliver an address on "The Structure of Proteins" at the Royal Institution, 21, Albemarle Street, W., on Friday, January 27, at 9 p.m.

A clinical meeting of the Society of Radiotherapists of Great Britain and Ireland will be held at the Medical Society of London, 11, Chandos Street, W., to-day (Friday, January 20) at 5 p.m., when the subject for discussion will be "Carcinoma of the Larynx, Lesions in the Arytenoids, Aryepiglottic Folds, and Pyriform Fossa." Professor Pilcher, Mr. Stebbing, Dr. Dobbie, Mr. Phillips, and Mr. Green will speak.

A meeting of the Association of Industrial Medical Officers will be held at the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., on Friday, January 27. At 5.30 p.m. there will be a business meeting, followed, at 6 p.m., by a discussion on "The Eyes of the Industrial Worker," to be opened by Mr. Frederick Ridley and Dr. F. H. C. Beards. A film on the prevention of industrial eye injuries will be shown by Mr. J. Minton. On Saturday, January 28, at 10 a.m., a visit will be paid to the Albert Dock Hospital, Customs House, E., when Mr. H. E. Griffiths will demonstrate.

The annual meeting of the Association of Public Vaccinators will be held at the office of the Medical Defence Union, 49, Bedford Square, W.C.1, on January 27, at 3.30 p.m. It is important for as many public vaccinators as possible to attend, because Mr. F. A. Briggs, the organizing secretary, after thirty-seven and a half years' service, finds it necessary to resign. The question of the future of the association is on the agenda for consideration.

The fourth international congress of comparative pathology will be held in Rome in May, 1939, and will consist of three sections devoted respectively to human, veterinary, and plant pathology. The subjects for discussion will be ultra-viruses, heredity in pathology, the function of combined antigens, and retrogressive processes in plants. The proceedings will open with a reception on May 14 at Hotel Ambasciatori, and will end on May 20. The membership subscription of 250 lire covers the cost of all excursions and entertainments during the congress. The Compagnia Italiana Turismo (C.I.T.), 77, Regent Street, London, W.1, have been appointed travel agents, and will supply full information. Special rates for the journey are available. Members' subscriptions (in English money £2 12s. 6d.) should be sent to the honorary secretary of the British National Committee, Dr. Fred Bullock, 9, Red Lion Square, W.C.1, before March 25. Four additional excursions to places of interest in Italy will be provided at the end of the congress at reduced fares.