an outbreak. When they talked about "isolating" children at a private school they were not isolating them at all, but at the very best only segregating them, and although so far the epidemics had not gone on to three or four groups of cases, that was a possibility. In his experience the parents who were most frightened were medical people rather than lay. It was all very well for school doctors to say that parents should be allowed to remove their children. They had a perfect right to remove their children as quickly as they liked. But the child if removed should be isolated on reaching home. The medical officer of health might be informed, though he had never found notification to be a therapeutic procedure of any great potency. There was one question which should be definitely answered: it would settle the whole matter, and the facts must be within the knowledge of the public health authorities. Many schools had been disbanded on the appearance of epidemic poliomyelitis. What harm had come of it? After all, poliomyelitis was a notifiable disease, and if it was really a dangerous procedure to disband the schools this should be indicated by the figures, which must be known to someone in authority.

The proceedings of the Section were suspended that members might listen to the broadcast by Mr. H. S. Souttar on the report of the Earl of Athlone's Committee on Nursing Services. In some further brief discussion Dr. H. M. RAVEN referred to the Broadstairs epidemic in 1926. He was convinced that the cause of that epidemic was the contamination by flies of fruit exposed for sale in the town. Dr. MAURICE MITMAN discussed age in relation to infection. Poliomyelitis occurred in younger patients and polio-encephalitis in older ones. He thought the possibility should be considered that polio-encephalitis was more likely to follow an inhalation infection and poliomyelitis an ingestion infection. Dr. F. E. CAMPS thought that many of the cases which were described as aborted had meningeal symptoms.

BIOLOGICAL STANDARDIZATION OF THERAPEUTIC SUBSTANCES

At a joint meeting of the Manchester Medical and Pathological Societies on January 11 Dr. P. HARTLEY read a paper on the biological standardization of therapeutic substances.

Dr. Hartley said that there were now available for use in the practice of medicine a large number of therapeutic substances which, though varying widely in their origin and properties, possessed one common feature—their potency and purity could not be adequately determined by chemical means, and therefore biological methods had had to be devised for their standardization and assay. The group comprised antitoxins and antisera, diagnostic agents like tuberculin and Schick test toxin, insulin, pituitary preparations, the arsphenamines, the vitamins, the drugs affecting the heart, and the sex hormones. The great majority of these substances had been introduced in relatively recent times as the result of research, much of it of a co-operative nature in many different fields of scientific activity, and, with the advance of knowledge, new remedies of this class were constantly being added to the group. The need for accurate standardization of therapeutic substances of this class was emphasized. They possessed specific biological properties, and were used for the specific treatment of disease. Some of them were potentially dangerous, and, in many cases, for their safe and effective use they had to be administered by precise dosage. Many of them were given by injection, and the preparations accordingly had to be sterile.

Comparative Assays

In devising methods for the standardization of these therapeutic substances, the specific biological property which each possessed was utilized. Potency could not be determined, however, merely by observing the effects produced on an animal, and examples were given of the fallacies and errors ensuing from attempts to determine potency in terms of animal reactions. The activity of a sample of unknown potency could be estimated and expressed in relation to another sample the potency of which was known. Methods of biological assay were essentially comparative, the problem in each case resolving itself into the determination of the quantity of the sample of unknown potency which produced the same biological effect as a known quantity of a standard preparation under strictly comparable conditions of testing. Sometimes standardization had a relatively limited objective—namely, ensuring that samples provided for use in medicine were of the same potency as the standard preparation. In the majority of cases, however, potency was measured and expressed in units, and the unit was properly defined not in terms of an animal reaction but in terms of the standard preparation. Generally speaking, the unit of activity was defined as the specific biological activity contained in a certain weight of the standard preparation. The question of variation in animal response, and the bearing of this factor on the precision of biological assays, was discussed.

A material requisite for the conduct of a biological assay was a standard preparation in terms of which the potency of other samples of a product could be determined. These standards, and the units defined in terms of them, had been provided for international use as the result of the work of the Permanent Commission on Biological Standardization of the Health Organization of the League of Nations. Up to the present time thirty-two such international biological standards had been provided by the Commission. The procedure followed by the Commission in establishing standards and units was described. The standards were freely available for the use of laboratories, institutes, and research workers in all countries, and the mechanism provided for their supply was outlined; the advantages which have followed the international adoption of a uniform system of standards, units, and notation were pointed out. The manner in which international standards were employed for the determination of potency was illustrated by a description of methods in common use for the biological assay of tuberculin, neoarsphenamine, insulin, extracts of the posterior lobe of the pituitary body, vitamin D, and diphtheria and tetanus antitoxins. A brief account was also given of biological standardization in relation to the Therapeutic Substances Act, 1925, and the *British Pharmacopoeia*, both being especially concerned with the quality, purity, and potency of therapeutic substances provided for use in the United Kingdom and the oversea Dominions.

Local News

ENGLAND AND WALES

New Maternity Unit at Bradford

At the opening on January 26 of the new maternity unit of St. Luke's Hospital, Bradford, Sir Comyns Berkeley, chairman of the Central Midwives Board, said that having inspected leading maternity hospitals and units in this country and in many parts of Europe and America, and having thus some experience of the standard of building and equipment to be found in most up-to-date hospitals, he could congratulate Bradford on having erected a building which entirely filled those desiderata. He was not surprised that the corporation, in pursuance of its high ideals, had erected a maternity unit which must be second to none. In 1915 Bradford was the first local authority to open a maternity hospital; in the following year it was the first to introduce the system of municipal midwives; and about that time it was the first to institute a municipal general hospital. Moreover, not satisfied with such progressive achievements, it decided that every

patient in this hospital should be under the care of a consulting physician or surgeon, and it elected to the medical staff of the hospital members of the honorary medical staff of the Bradford Royal Infirmary. Sir Comyns drew attention to some important features of the new unit and its administration—for example, the separation from the rest of the building, except for a communicating corridor, of the out-patient ante-natal and post-natal department; the decision that each patient after her confinement should be kept in a single-bedded room for one week, thus guarding against the possibility of infection to other patients; and the decision that only those women who had attended the out-patient ante-natal department regularly during pregnancy should be admitted to the unit, a procedure which would result in a further improvement in the ante-natal supervision of the city. Altogether, continued Sir Comyns, there would be 153 maternity beds in St. Luke's Hospital, and emergencies in the case of patients who had had only perfunctory ante-natal supervision would be admitted to the maternity wards of the General Hospital, thus ensuring the safety of the patients in the new maternity unit. He pleaded for the proper recognition of workers in the health services, especially midwives. The foundation of the maternity service in this country, he said, was the midwife, and the efficiency of the midwifery service depended on an adequate supply of midwives. Inevitably the improvements which had been introduced in the midwifery service would cause difficulties to those responsible for organizing and financing maternity hospitals, etc., but he hoped that means would not be adopted which, while perhaps easing such difficulties temporarily, would prove, in the long run, to be retrograde. It would be retrograde if women were encouraged to participate in maternity nursing after receiving a much shorter and less complete training than had hitherto been customary.

Planning for Health

A group of Paddington residents held a Press reception at the Housing Centre, Suffolk Street, on January 26, in order to discuss the decision of the Paddington Borough Council to re-plan and rebuild an area on the north side of the Harrow Road, a scheme estimated to cost over £500,000 and to cover about 14¾ acres. Protest was made against the borough council's decision not to put the scheme in the hands of an architect but to leave it to the borough engineer's department. In a memorandum a group of the residents draw attention to the health aspects of the problem, and state that defects of architectural design may throw a heavy burden on the housewife, such as the position of taps and coppers, which involve unnecessary lifting of buckets. The memorandum states: "When it is remembered, for instance, that scientific planning in a kitchen can result in a saving of 640 lb. of weight-lifting per day and a saving of a third of a mile in walking about the kitchen, it can be understood how important these small details can become." Bad planning, which results in irritation and exhaustion, means ill-health. From the point of view of public health, then, it would appear that the residents' demand for the employment of a first-class architect with a specialist's experience of working-class housing is a reasonable one.

Conference of London Voluntary Hospitals and L.C.C.

A conference was held at the Ministry of Health on January 27, under the chairmanship of Sir George Chrystal, to consider certain questions affecting the voluntary hospitals in London. It had been arranged at the suggestion of the King Edward Hospital Fund and the Voluntary Hospitals Committee for the County of London, and the following were present: Sir George Chrystal, Permanent Secretary to the Ministry of Health (in the chair); Lord Dawson, Lord Luke, Sir Harold Wernher, Sir Ernest Pooley, Mr. Maynard (King Edward's Hospital Fund); Mr. Chadwyck Healey, Mr. Ives, Dr. A. M. H. Gray (Voluntary Hospitals Committee); Mr. Herbert Morrison, Dr. Somerville Hastings, Dame Barrie Lambert, Sir Harold Webbe, Sir George Gater, Sir Frederick Menzies, Miss Rickards, Mr. Douglas, Mr. Wood (London County Council); and Mr. H. L. Eason (London University). A general discussion took place, at the conclusion of which the representatives present undertook to report back to their constituent bodies, and to give further consideration to the various matters which had been raised, in the light of the proceedings at the conference.

IRELAND

Northern Ireland Factories Act

The new Factories Act, which was passed in the last session of the Northern Ireland Parliament, makes provision for better lighting conditions for the employed—a matter on which the United Kingdom has lagged behind many other countries which have enforced minimum standards of illumination for some years. Safety laws will be more stringent in an endeavour to reduce the number of fatal factory accidents. It is provided that the manufacturers or sellers of machinery must have adequate protection of dangerous parts before handing the machinery over to the purchaser. The hours of workers also receive consideration, as it is felt that they have an important effect upon the health and efficiency of the employed. Women and young people must not be employed for more than forty-eight hours a week; the daily limit is fixed at nine hours, and the period within which employment is permissible is to be eleven hours between 7 a.m. and 6 p.m. for those under 16 and 8 p.m. for others. As against this regulation, however, the employer is allowed more latitude in making provision for the convenience of his business and the interest of the workpeople.

Belfast Tuberculosis Scheme

The rebuilding of the Belfast municipal sanatorium has occupied the interest and attention of the Belfast corporation for several months past. It has been decided to build a new sanatorium on a site elsewhere than the existing one at Whiteabbey, beginning with a children's hospital at a cost of £200,000. Many sites have been under the consideration of the Tuberculosis Committee without a final decision having been arrived at. One aspect of the question has not, however, received the consideration to which it is entitled. The report on local services presented by the Departmental Commission presided over by the late Sir Robert Johnstone advised a co-ordinated scheme for the treatment of tuberculosis in Northern Ireland as a whole, instead of by the individual efforts of county and county borough councils. This view is supported by the medical profession, as proved by representative statements from the various Divisions of the British Medical Association in Northern Ireland, as ascertained recently. Consequently a letter was addressed to the Minister of Home Affairs by the Northern Ireland Branch pointing out that the opinion of the medical profession was that this was an opportunity to achieve one of the recommendations of the Departmental Commission. There was unanimity, the Minister was informed, in favour of a comprehensive scheme which would co-ordinate the services that might be made available to patients suffering from all forms of tuberculosis, and there was a very strong feeling that a large sanatorium should be established within easy reach of Belfast which would be equipped in accordance with modern ideas and would serve the whole of Northern Ireland. Unfortunately, in spite of a well-known existing offer on the part of the Branch to co-operate with local authorities in matters of medical interest, no approach was made by the Belfast corporation to ascertain the views of the profession as represented by the British Medical Association. Hence it became necessary for the Branch to express its opinion

to the Minister directly, since when a letter has been received by the Tuberculosis Committee suggesting that a wider scheme should be considered and that a conference with county councils should be held. The series of articles which appeared in the *Belfast Telegraph* recently on medical subjects (which were sponsored by the Northern Ireland Branch of the Association) indicated to the public the many unsatisfactory features of local health services. It is to be hoped that the present difficulty will be solved in a manner reflecting the considered opinion of the medical profession and in keeping with the wider aspects of the problem of tuberculosis.

Vice-Chancellor, Queen's University, Belfast

The Senate of Queen's University has appointed Mr. David Lindsay Keir, M.A., to be President and Vice-Chancellor in succession to Mr. F. W. Ogilvie, now Director-General of the B.B.C. Mr. Keir is a graduate of Glasgow and of New College, Oxford, and has held the position of Dean and Estates Bursar of University College, Oxford, and University Lecturer in English Constitutional History. It is hoped that Mr. Keir will take up his new post in Belfast after Easter.

Correspondence

Otitis Media in Schools

SIR,—The term which has recently begun is the one in which each year the numerous types of haemolytic streptococci and pneumococci find their happy hunting ground in boarding schools, and especially in those of the preparatory type, for either boys or girls. Epidemics of various kinds become rife, and even those which seem relatively trivial may bring in their train such serious complications as pneumonia and otitis media.

Otitis media is dreaded by school medical officers, and, indeed, can be regarded as in itself an infectious disease which may assume an epidemic form.

"It has been known to spread all down one side of a ward of a school sanatorium filled with boys convalescent from measles. An attack rate of otitis media of 15 per cent. of all the boys in a large preparatory school has been observed during a measles epidemic, and two instances, one in a public and one in a preparatory school, are known where, in the absence of measles or scarlet fever, 9 per cent. of all the boys in the school were attacked in a single term. A patient with otorrhoea may originate an epidemic of streptococcal infection such as scarlet fever."

This quotation is from the recently issued report of the Board of Education Committee, *Children with Defective Hearing* (Chapter II).

The dangerous nature of the complications of acute otitis media is so familiar as to need no description, but what is perhaps far less generally realized is the leading part played by acute and chronic otitis media in the production of deafness of all degrees in later life. Thus, in a study of 3,040 cases of *acquired* deafness serious enough to demand education in special schools, McLeod Yearsley (1906–21) found that 73 per cent. were due to otitis media, and Kerridge in 1934 found that of 456 cases of the same nature in the L.C.C. special schools the figure was 62 per cent. As to the frequency of deafness in ordinary schools, Dr. Kerridge in a personal communication says that of 5,000 elementary school children examined by her in average industrial areas 10 per cent. showed signs of slight to moderate middle-ear deafness. The figure, she says, is lower in private schools for the children of the middle and upper classes, but may reach 20 per cent. in elementary schools in depressed areas.

A striking fact in the aetiology of acute otitis media in children which should be more widely known is that *about two-thirds of the cases are due to the haemolytic streptococcus and one-third to the pneumococcus.* In fact these two organisms are almost entirely responsible for the disease.

Sulphonamide preparations have doubtless been widely used in its treatment and with benefit, but since Whitby published his paper (*Lancet,* May 28, 1938) on the new compound 2(*p*-amino-benzenesulphonamide)-pyridine, more usually known as M & B 693, it has become obvious that the chemists have put into our hands a weapon, equally potent against both of these causative organisms, which should therefore give us the power if not to abolish the disease entirely at least greatly to reduce its incidence. The drug is the more effective the earlier it is used, and it is clearly unnecessary to wait for a bacteriological examination before deciding to give it. Probably the most suitable moment would be *at the onset of an earache,* and certainly it should not be withheld after the tympanic membrane shows the slightest sign of redness in any part. The teaching and nursing staff should be on the alert for any complaint of earache from any source and the school medical officer informed at once. The drug should never be given without a clear order from him and without the usual precautions for sulphonamide compounds. To avoid loss of valuable time a stock of the tablets should be available for his immediate use.

If these measures are carried out they may save the rising generation from much present and future trouble and perhaps rob the Lent term of some of its terrors for parents, masters, and school doctors. Furthermore, if the number of schools in which it is systematically used is large the results, if properly recorded, should be of great help in assessing the new drug at its true clinical value.

Medical officers who can find time to make brief notes on their cases can contribute very materially to this result if they will send them at the end of term to the Honorary Director of Research, Ferens Institute of Otology, Middlesex Hospital, London, W.1, for correlation with those from other schools.—I am, etc.,

London, W.1, Jan. 24. F. J. CLEMINSON.

*** An annotation on this subject appears at page 223. —ED., *B.M.J.*

Blood Transfusion in Obstetrics

SIR,—I have read Mr. John Stallworthy's plea for the freer use of blood transfusion in obstetrics (*Journal,* January 28, p. 153) and note his criticism of Dr. Bethel Solomons's warning against the immediate resort to transfusion in conditions of extreme shock, such as ruptured ectopic pregnancy. After an experience now running to 14,000 confinements in which I have held responsibility for management or the making of ultimate decisions, I would make the following unequivocal statement.

I would prefer the availability of submammary or rectal saline for my cases of shock to any method of intravenous therapy, whether by saline or blood transfusion. If a woman has a moderate loss of blood—1 to 1½ pints—she will respond quickly to removal of the placenta alone. This recovery may be hastened by replacement of fluid per rectum and the exhibition of ephedrine grain ½. If a woman has a major loss of blood in excess of 2 pints the replacement of the blood prior to removal of the placenta is a highly dangerous procedure and likely to hasten death. Following the removal of the placenta,

Dr. D. G. Leys's letter is a gem—Scotland enthusiastically advocating *immigration* and distributing pamphlets free in support thereof is fit for *Punch*. Dr. Edward Lampard's children would be spared his workhouse paradise, Dr. Noah Pines's painful surprise and Dr. Nathan Oster's amazement would all be forgotten if every Division could be induced *really* to support our charities.

This Division (Portsmouth) sends about £200 each year to the Charities Fund, and if every other Division would send a proportionate amount according to its members, or even if every medical man and woman contributed one guinea a year, I think Dr. Robinson and his committee would have little anxiety and there would be more for other deserving appeals. Let every one of us who has not done so fill up and post a banker's order for the B.M.A. Charities Fund *now*.—I am, etc.,

Southsea, Jan. 30. E. COWPER TAMPLIN.

SIR,—Dr. Henry Robinson would not hold his present position if he had not a sympathetic disposition, but he has also a forthright manner which some may not understand and a knowledge of what is practicable. He is right to put in the first place the plight and need of our own folk, for he knows that the help now given will be still more meagre if it be shared by others from abroad. Is it right that practitioners who have spent their lives among us and often failed in health through unselfish work for their patients should be put under still further stress in efforts to aid newcomers? The refugees have indeed no moral claim on the funds of existing medical charities and should be supported from fresh sources of income.—I am, etc.,

Ilford, Jan. 30. VICTOR J. BATTESON.

A History of Anaesthesia

SIR,—You will perhaps allow the translators a word or two about slight charges of "unprofessional" inaccuracies at the close of a gracious review of Fülöp-Miller's *Triumph Over Pain* (January 14, p. 68). One of the translators was in professional harness for a quarter of a century, and throughout the work of translation bore such possibilities in mind.

(1) "Death is not necessarily or usually painful." Of course death under anaesthetics is not painful; and persons recovered from drowning by artificial respiration declare that the minute or two of suffocation was not unpleasurable. One may doubt the accuracy of the memory! Often, beyond question, death is abominably painful—as upon the cross, or from angina pectoris. Though most of us may hope to die less painfully than from crucifixion or impalement, we think your reviewer is a little over-sanguine about the pain of dying, or of operation in pre-anaesthetic days.

(2) "It is doubtful whether Cornelius Celsus was a practising doctor; he was certainly never physician to Tiberius." Very little is known about Celsus beyond that he wrote, *inter alia*, a medical encyclopaedia which for long was regarded as authoritative. This would have been unlikely had the author been without medical experience. Sigerist, one of the most distinguished living authorities on the history of medicine, writes categorically of "Celsus the Physician" (*Great Doctors*, p. 27).

"Dr. William Hunter . . . was not a surgeon." The line between medical, surgical, and obstetric practice was not so sharply drawn in the eighteenth century as it is in the twentieth. The *Encyclopaedia Britannica* writes: "By degrees Hunter renounced surgical practice for obstetric." Fülöp-Miller, quoting William Hunter's aphorism that a surgeon was "a savage armed with a knife," had reason for emphasizing that the utterance was that of one who had himself practised the chirurgical art.

We cannot hope that there are no errors in this monumental work, but we do not plead guilty to those pilloried by your courteous and experienced reviewer.—We are, etc.,

Le Tignet, France, Jan. 24. EDEN and CEDAR PAUL.

Universities and Colleges

UNIVERSITY OF OXFORD

On January 24 in convocation the appointment by the Board of the Faculty of Medicine of Dr. B. G. Maegraith as Dean of the Medical School for four years from January 1, 1939, was approved. Dr. Maegraith is a Fellow of Exeter and University Lecturer in Pathology; he succeeds Dr. K. H. Franklin as Dean of the Medical School. The degree of M.A. was conferred by decree on A. H. T. Robb-Smith, M.D.Lond., Nuffield Reader in Pathology.

In Congregation on the same day, the Vice-Chancellor presiding, the annual report of the Nuffield Committee for the Advancement of Medicine, together with the report of the Nuffield Trustees, was presented.

The Rockefeller Foundation has offered to the University £600 for the year 1939 to provide apparatus and equipment in the Department of Pharmacology and a fund for current expenses on research.

UNIVERSITY OF LONDON

At a meeting of the Senate held on January 25, John McMichael, M.D., Ch.B.Ed., M.R.C.P.Ed., F.R.S.Ed., was appointed to the University Readership in Medicine tenable at the British Postgraduate Medical School.

The William Julius Mickle Fellowship for 1939 was awarded to Professor G. Selby Wilson, M.D., B.S., F.R.C.P., D.P.H.

Mr. Philip Geoffrey Scott, B.Chir., F.R.C.S., has been reappointed to the Geoffrey E. Duveen Travelling Studentship in Oto-Rhino-Laryngology for a third year (1939).

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the College held on January 26, with the President, Dr. Robert Hutchison, in the chair, the following were elected representatives of the College:

Sir Arthur Hall on the Court of Governors, Sheffield University; Dr. H. C. Cameron as a Member of the Child Guidance Council; and Dr. F. G. Chandler and Dr. Geoffrey Marshall on the Consultants Board of the British Medical Association.

The President announced that a joint committee of the College and the Royal Society of Arts had awarded the Swiney Prize for 1939 to Professor John Glaister, M.D., and Professor J. C. Brash, M.D., for their work *Medico-Legal Aspects of the Ruxton Case*.

Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Hassan Radwan Ahmed Abu-Khatwa, M.D.Cairo, Beryl Emily Barsby, M.B.Lond., Geoffrey Walter Boden, L.R.C.P., John Hilary Cobb, M.B.Lond., John Wenman Crofton, M.B.Camb., Mrs. Helen Easdale Dimsdale, M.B.Camb., Hassan Moustfa Seif El Nasr, M.B. Cairo, John Duncan Hay, M.D.Liverp., John Morley Holford, L.R.C.P., Surgeon Lieutenant R.N., William Murray Honeyman, M.B.St.And., Richard Francis Jarrett, M.B.Camb., Adrian Charles Kanaar, M.B.Lond., Albert Weinfield Lapin, M.D.McGill, Arthur Leese, L.R.C.P., Khalil Dorry Loutfy, M.B.Cairo, Neil Baird McGillivray, M.D.Toronto, Kelman Jacob Mann, M.B.Lond., Nicholas Henry Martin, M.B.Oxf., Harry Kirby Meller, M.B.Camb., Jeremiah Noah Morris, L.R.C.P., Basil Gerald Parsons-Smith, L.R.C.P., Richard Basil Perkins, M.B.Sydney, Edward Gregson Grant Rhind, M.B.Aberd., Elizabeth Joan Rooke, M.B.Lond., Douglas Ronald Seaton, M.B.Camb., Omond McKillop Solandt, M.D.Toronto, Wilfred James Stokes, M.D.Lond., Waman Dattatraya Sulâkhé, M.B.Bombay, Carmichael Aretas Young, M.B.Lond.

Licences and Diplomas

Licences to practise physic were conferred upon the following 205 candidates (including twenty-five women) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

D. J. A. Alban-Jones, Edith M. M. Alexander, F. I. C. Apted, N. H. Ashton, N. B. Atkin, Ailsa Bannerman, Diana E. Barbour, J. D. M. Barton, J. R. Belcher, H. E. Bentley, Anna M. Berry, T. P. Blanshard, T. M. Brand, A. E. Brewer, D. J. Brewer, M. P. Browne, H. R. Calderwood, D. H. Campbell, Diana M. M. Carr, R. N. Cates, F. E. de W. Cayley, Anna W. Chacko, R. G. Chapman, T. H. W. Clarke, A. G. H. Clay, M. J. Cole, H. J. Cornelius, E. R. T. Crabb, N. Ll. Crabtree, G. P. Crean, B. C. Curwood, P. J. Cutler, M. A. Dave, I. R. Davies, E. M. E. Decottignies, J. E. Dickson, D. Dunbar, J. R. Dunn, E. S. Elliott, R. G. Evans, B. Fairburn, T. Faulkner, D. A. Ferguson, P. Firstenberg, L. R. Flowers, J. C. Ford, P. Forgacs, E. L. Frankel, A. Freedman, B. Freedman, J. M. French, B. A. Furniss, O. Garrod, H. Glatston, H.-M. Goldberg, J. A. S. Green, H. Greenburgh, W. E. Greenwood, T. B. Griffiths, F. W. Gunz, Phoebe H. Guy, G. L. Haine, Joan M. E. Hannaford, Kathleen M. Harding, A. Hargreaves, W. R. L. Harrison, A. B. Hassan, E. A. Heaslett, Joan F. Heffernan, W. M. R. Henderson, B. L. Heydon, T. L. Hilliard, P. N. Holmes, R. E. Horton, A. C. C. Hughes, P. W. Hunt, T. B. Hutton, W. H. Hylton, J. D. H. Iles, Y. Ivenitzki, C. A. Jackson, W. H. James, D. G. Jarman, M. A. K. Javid, E. M. K. Jellicoe, D. A. H. Johnson, R. G. H. Jones, C. Joseph, D. N. Kelsey, J. A. Kennedy, J. J. Kennedy, P. J. M. Kent, C. W. Kesson, P. D. C. Kinmont, H. Kopelman, H. Kyng, H. Le Vay, O. G. Lane, Joan V. Laughlin, R. F. Lawrence, R. S. Lawrie, H. A. Lee, H. W. Lees, M. M. Leigh, W. S. Lewin, D. C. Light, R. G. Linton, P. Lewis, Joan E. Mackworth, K. S. MacLean, N. L. McNeil, L. M. Magurk, G. S. Mansell, M. L. Mason, J. B. L. Mathur, E. B. Meyrick, U. Mohan Rao, B. Moore, R. T. Moore, Rosie Morris, K. D. Moynagh, R. S. Murley, P. W. Nathan, C. D. Needham, Jean C. Nelson, C. M. Norman, A. W. N. Oatway, S. Oram, D. J. Paddison, G. J. Parfitt, R. F. Parfitt, F. R. Park, Dorothy K. Paterson, J. H. Paterson, J. W. Perrott, W. D. B. Pettigrew, Catherine F. Pimm, F. W. Pote, G. J. Potts, T. M. Ll. Price, C. J. F. Pulley, C. E. Quin, C. P. F. Quinnell, V. L. Redman, P. E. Rees-Davies, C. H. J. Rey, A. L. Reynard, D. Rice, R. W. Riddle, Gladys M. Robertson, G. E. S. Robinson, R. G. Robinson, N. C. Rogers, C. J. Rooke, J. Rubie, A. F. Russell, Ethne N. M. B. Ryan, J. K. Salmon, R. S. Savidge, Eva G. Seaton, Barbara J. Shorting, I. F. Smith, N. D. Smith, W. E. Smithson, E. P. S. Snell, G. F. A. Somerset, T. D. Spencer, W. E. Spring, D. Stafford-Clark, B. E. C. Stanley, W. M. Stephens, G. E. Stoker, Margaret M. Strange, R. Sudhakar Rao, P. D. Swinstead, L. R. Taylor, Norah G. Taylor, W. N. Taylor, Margaret D. Thomas, W. O. Thomas, J. R. O. Thompson, P. G. Todd, M. A. Tombuk, R. D. Tonkin, Susan M. Tracy, F. G. Tucker, H. J. Voss, A. F. Wallace, J. F. H. Walton, P. M. Ward, R. D. Ward, W. O. Whittaker, E. B. Wild, A. E. Wilkinson, C. G. Williams, C. P. Williams, Edgeworth H. Williams, Edward H. Williams, A. E. Wilson, B. D. R. Wilson, Elsie N. K. Wilson, E. R. Winkleman, H. Wolfsohn, Winifred Wynne, N. A. F. Young.

Diplomas in Psychological Medicine and Laryngology and Otology were conferred jointly with the Royal College of Surgeons of England. The names of the successful candidates were printed in the report of the meeting of the Council of the Royal College of Surgeons published in our issue of January 21 (p. 143).

Diplomas in Public Health were granted, jointly with the Royal College of Surgeons, to:

Minnie Atkin, G. O. A. Briggs, E. H. Capel, Annys M. Cusack, P. M. Davies, J. A. C. Franklin, J. W. K. Harper, E. A. Hoare, R. R. Leaning, J. J. Linehan, T. B. Mirchandani, H. G. G. Robertson, J. B. L. Tombleson, D. H. Waldron, M. K. Wasti.

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Surgeons, to M. G. Hyder, I. MacKay, S. Mukherjee.

Diplomas in Anaesthetics were granted, jointly with the Royal College of Surgeons, to:

J. Adams, Hazel R. B. Allison, D. H. Belfrage, J. H. T. Challis, A. P. Ll. Cogswell, W. L. Colquhoun, Joan Cooper, E. A. Critien, C. Cunningham, F. De Netto, Hilda M. Denton, Ruth Dovey, P. J. Drury Byrne, J. R. Duerden, E. C. Faraker, G. L. Feneley, M. Fisher, F. W. Fullerton, V. F. Hall, K. McK. Heard, J. W. Heney, J. A. Hill, W. I. T. Hotten, J. S. Hudson, G. L. Jepson, B. R. M. Johnson, J. Johnston, H. A. Kelly, A. D. Lamphee, W. A. Low, K. E. Madan, G. G. Marshall, W. T. D. Mart, E. Moir, R. H. Moore, E. B. Murrell, B. L. S. Murtagh, F. L. Napier, Annie F. P. Pillans, D. G. Renton, J. F. Ryan, E. A. Scott, V. E. Vessell, E. H. Watts, J. H. Way, Marion K. B. Whyte, J. D. Young, and to the seventeen candidates whose names were published in the report of the meeting of the Council of the Royal College of Surgeons in our issue of December 17, 1938 (p. 1293).

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A quarterly meeting of the Council was held in the College House, 58, Queen Anne Street, W., on January 28, with the President, Professor W. Fletcher Shaw, in the chair.

Membership

The following were elected to the Membership of the College:

Paul Cowell Barkla (Edinburgh), Anthony Charles (London), Stanley George Clayton (London), Stanley George Cumming (New Zealand), Jackson Cooper Cuthbert (Sunderland), David Alfred Davies (London), Molly Devenish-Meares (London), Alice Eleanora Dickie (London), James Edmett Giesen (London), Charles McTaggart Hopkins (Australia), Norman Kenneth Bernard Kimbell (London), Owen Vaughan Jones (Bangor), Arthur William Lawler (Canada), George Panton Milne (Aberdeen), Margaret Moore-White (London), Angus Johnston Murray (Australia), Edward Lawford Nicolson (Sheffield), Heriot Roland (Australia), Albertus Wynand Louw (South Africa), Thomas Frederick Rose (Australia), Sophie Schiller (South Africa), James Smibert (Australia), James Kenneth Sunderland (Edinburgh), Eileen Mary Whapham (London).

Representatives

The President was appointed to represent the College on the Central Emergency Committee of the British Medical Association; Dr. T. Watts Eden was reappointed representative of the College on the Consultants Board of the British Medical Association; Mr. J. P. Hedley was appointed as the representative of the College on the Council of the British Health Resorts Association. Mr. Aleck Bourne was appointed Honorary Curator of the College Museum.

EPIDEMIOLOGICAL NOTES

Influenza

The epidemic of influenza in England and Wales appears to be on the wane, as also in Scotland, Eire, and Northern Ireland, but in every one of these countries a considerable increase in deaths ascribed to influenza has been reported. Scotland fared the worst, the deaths from influenza having risen from 35 to 60, compared with 26 in the County of London. In Scotland also a slight increase in the notifications of primary pneumonia was reported, and the number stands at 436, which is a quarter more than in the corresponding week of last year. The increase in the deaths from influenza in Scotland is reflected in the general death rate, which rose from 19.3 to 19.8 per thousand population in the sixteen principal towns. Of the 60 deaths, 43 were in Glasgow, 6 in Paisley, and 2 each in Dundee, Motherwell, and Wishart, Hamilton, and Perth. Among the 126 great towns of England and Wales the highest number of deaths from influenza occurred in London 26, Liverpool 24 (death rate 20.1), Manchester 15 (death rate 19.0), Salford 10. Despite the increase in the number of deaths from influenza in England and Wales and London the death rate fell during the week from 16.9 to 16.1 in the former and from 16.6 to 16.2 in the latter.

In Germany during the three weeks ended January 3, deaths from influenza in towns of a population over 100,000 rose from 54 to 62 and 95; during the same period the number of deaths ascribed to pneumonia were 373, 531, and 640, while the general death rate rose from 12.9 to 14.9 and 15.1 per thousand population.

In Hungary during the week ended January 21, 279 (78 in Budapest) complicated cases of influenza were notified, compared with 179 in the previous week.

Diphtheria and Scarlet Fever

The seasonal increase in the incidence of diphtheria and scarlet fever was reported from all four countries, the only exception being a small reduction in the notifications of diphtheria in Scotland, where they fell from 232 to 194. In England and Wales deaths from diphtheria rose from 32 to 34, while there were no deaths from scarlet fever and 3 in the previous week.