

Stacey how he delivered his "B.B.A.S." Mr. JEFFCOATE (Liverpool) and Mr. C. H. WALSH (Liverpool) supported the speaker's contention that the syndrome was common, as also did Mr. HERD (Liverpool), who said he had found the administration of oestrin of definite value if it was given for a few weeks before delivery. Mr. MALPAS (Liverpool) said that the syndrome described by Mr. Williams presented many of the complications met with in labour in treated diabetics, and he thought the problem might be closely bound up with the more general problem of the results of disordered carbohydrate metabolism. Some instances of abortion sequences of unknown cause certainly occurred in patients of this type.

At the same meeting Mr. C. H. WALSH showed a coloured film illustrating his method of treating foetal hydrocephalus by transparietal tapping of the foetal skull. Dr. J. W. BURNS showed a specimen of a mixed-celled sarcoma of the uterus. The tumour could only be removed partially, but had since been kept in check by deep x-ray therapy. A short discussion was held on the treatment of carcinoma vulvae: Mr. J. E. STACEY discussed the relative results of radium therapy and vulvectomy; Dr. M. DATNOW (Liverpool) showed a film of the radical vulvectomy operation; and Mr. MALPAS (Liverpool) discussed the factors limiting the scope of radium therapy.

TUMOURS OF THE SKULL

At a meeting of the Pathological Society of Manchester on February 8 Mr. G. F. ROWBOTHAM gave an address on the pathology of tumours of the skull.

Mr. Rowbotham said that the osteomas might be grouped as (a) those of the vault of the skull, which might be ivory or spongy; and (b) those which were paranasal and which might appear with or without complications. The ivory osteoma was slow-growing, and since it rarely projected inwards towards the brain was of little neurological importance. It was composed of compact bone, difficult to saw and difficult to decalcify. Histologically it was indistinguishable from normal bone save for occasional thin layers of membrane bone. The spongy or soft osteomas were diffuse, poorly circumscribed tumours, causing neuralgic pains in the head and encroaching on the intracranial cavity or orbit to compress the brain or to displace the eyeball. They had periods of slow and of rapid growth. Radiologically they threw shadows without details or architectural pattern. Their histological picture was that of bone developing in membrane showing all its phases—some of the pictures very closely resembled that of osteitis fibrosa. No spongy osteoma had ever been observed to develop into an ivory osteoma. This was to be expected, as it was very unusual for a relatively undifferentiated neoplasm to change to a tissue of more adult type—the change was usually the other way.

The paranasal osteomas owed their importance largely to their position. They might grow upwards to compress the brain or to cause the development of an aerocele—a good example of which was demonstrated—or they might grow into the orbit and displace or destroy the eyeball. Structurally they were often made up of an outer coat of hard, dense bone enclosing a core of cancellous bone.

The hyperostoses were discussed in relation to the meningiomas in some detail and were grouped into diffuse tumorous hyperostoses of the vault and base; massive erosions; nodal enostoses; and diffuse non-tumorous hyperostoses of the base—tumorous implying that the bone was invaded by meningioma cells and not that the bone itself was intrinsically tumorous. The root of entrance of the meningioma cells and the reasons for the architectural differences in the bone reaction were also discussed.

At the same meeting Dr. I. A. B. CATHIE read a paper on the sensitivity of malignant tumours to irradiation.

Local News

ENGLAND AND WALES

Mental Hygiene

The twenty-fourth annual report of the Central Association for Mental Welfare relates to the period 1937-8, and contains a useful summary of mental health work in 1937, which indicates, among other things, the still-existing anomalies in regard to special schools arising out of the lack of adequate accommodation for the special education of mentally defective children, even though it is recognized now that the foundations of mental health must be laid in childhood. In that year, however, one valuable advance was the postgraduate course on the teaching of backward children planned for the summer of 1938 by the Goldsmiths' College; with this may be associated the report issued by the London County Council towards the end of 1937 of a special investigation of the question whether in the interests of such children any changes in the organization of elementary schools should be made. It was recommended that experimental classes should be established in some senior and junior schools, and the special training for teachers proffered by the Goldsmiths' College was put to good use. The organization and methods of these classes were illustrated in a report issued in 1938 by the Leicester Education Committee, and the need for further legislation has been made clear so that notification may be made possible of defective children leaving ordinary elementary schools at the age of 14. Late in 1937 the then Home Secretary announced an impending joint inquiry by the Home Office and Board of Education into the question of the relation of juvenile delinquency and dullness. The annual report of the Central Association reveals the great variety as well as the importance of the work in progress, especially on the educational side, and it is noted that this body has found itself now in a position to inaugurate valuable pioneer activities of an experimental character which cannot be undertaken by statutory bodies. The use of standardized mental tests has been much advanced; a fourth holiday home for patients from mental hospitals has been opened, and yet another is being planned to serve the west and south-west of the country. It is to be noted that patients, including epileptics, can be received at the home in Seaford during the winter months either singly or in small parties. At the end of 1937 there were seven full-time occupation centres in the country, organized by the Middlesex County Council. Reports on the community care of epileptics by the Central Association in 1937 include reference to the original Essex inquiry and the succeeding one in which the governing body of the East Suffolk and Ipswich Hospital and the Ipswich Division of the British Medical Association co-operated to produce the first estimate of the size of the epileptic community in any area. Employment has been proved to be one of the epileptic patient's most urgent needs, and also one of the most difficult problems to solve in this age of community care. The existing facilities, at first negligible, are now steadily improving, thanks to the work of the Central Association for Mental Welfare and the various organizations which have been induced to help. The report may be obtained from the offices, 24, Buckingham Palace Road, London, S.W.1.

The Watch over Food and Drugs

According to the annual return for 1937¹ public analysts in England and Wales reported upon 151,370 samples of food and drugs during the year, an increase

¹ Sale of Food and Drugs. Extracts from the Annual Report of the Ministry of Health for 1937-8 and Abstracts of Reports of Public Analysts for 1937. H.M. Stationery Office. (4d.)

of 4,932 on the number of the previous year. Of these, 5.5 per cent. were found unsatisfactory. One sample of milk was shown to contain six parts per million of formaldehyde. Legal proceedings were instituted and a fine of £15 with £5 costs was imposed. Two samples of cream also contained formaldehyde. Of 561 samples of beer examined, thirty-one were adversely reported upon. Twenty-seven samples (of which nineteen were taken by one local authority) were stated to be contaminated with lead. Lead contamination was also demonstrated in several instances in canned fish, chiefly sardines, while a considerably larger number of samples of canned fish, in addition to canned fruits, vegetables, and soups, received adverse reports on account of tin. Copper was found in one sample each of cider, mincemeat, tomato soup, sweets, celery, sauce, and yeast extract, while arsenic was reported in samples of apples, grape juice, gelatin, and confectionery. With regard to drugs, of 6,695 samples examined 340 were found to be adulterated or not up to standard. Fourteen samples of ammoniated tincture of quinine were deficient in ammonia; ten of camphorated oil were deficient in camphor, and one of these was also stated to contain chiefly petroleum instead of olive oil. A sample of linseed meal was deficient in oil and contained hard woody tissue, paper, and maggots.

Medical Reports on Mental Patients under Matrimonial Causes Act

In view of the fact that in many instances of litigation concerning patients at mental hospitals, particularly in cases under the Matrimonial Causes Act, 1937, medical reports are required and are furnished by the council's medical officers, who are sometimes summoned to attend court as witnesses, the Mental Hospitals Committee of the London County Council proposes that the supply of such reports and the attendances of officers at court shall be subject to conditions and payment of fees as the committee may prescribe.

Chadwick Lectures

The following public lectures have been arranged by the Chadwick Trust (204, Abbey House, Westminster, S.W.): February 28, at 26, Portland Place, W., Professor Major Greenwood, F.R.S., "Occupational and Economic Factors of Mortality"; March 14, at Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., Dr. J. B. Howell, "The Preservation of Child Life"; April 4, at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., Bosson Gift Lecture by Mr. W. R. Davidge, "Evacuation Centres and Holiday Camps—Temporary or Permanent Forms of Construction"; May 16, at the Royal Institute of British Architects, 66, Portland Place, W., Mr. G. H. Henderson, "Comparative Study of the Housing of the Working Classes, with Special Reference to Scotland"; June 15, at the Chelsea Physic Garden, Swan Walk, S.W., Professor R. Ruggles Gates, F.R.S., "Plant Genetics and Human Welfare." All the lectures begin at 5.30 p.m.

CEYLON

The Anti-malaria Campaign

The campaign against malaria in Ceylon continues with increasingly good results. In his administrative report for 1937 Dr. S. T. Guneskara, the director of medical and sanitary services for the island, stated that in that year the number of admissions to hospital was 57,190 as against 73,192 in the previous year and 161,313 in 1935. The number of cases treated in dispensaries fell concurrently, and there is a steady fall in the death rate from this cause. Malaria is still, however, the most prevalent disease in the island. The campaign against it, which

began in the latter part of 1936, was extended during 1937 to include the whole of the north-western province, the Matale and Kandy districts of the central province, and several other areas. There is now a closer control of protected water supplies and of soil pollution generally. The construction of wells in rural districts remains a serious problem. It has been found that when village committees dig wells with the aid of their own funds they prefer to allocate them for bathing rather than for drinking purposes. Until an adequate supply of wells for drinking purposes shall have been provided the inhabitants are being taught to boil all drinking water. In the course of the year under review 5,545,525 5-grain tablets and 19,091 lb. of quinine were issued free of charge for curative and prophylactic purposes. The special anti-malaria measures being prosecuted in various parts of the island are described in detail by Dr. Guneskara. They include the cleansing and refilling of known breeding places, and the routine oiling of all such places other than the drinking-water supplies and paddy fields. Attention is being given to drainage and the removal of weeds and debris from pools and stagnant water generally. The supply of "millions"—the mosquito-devouring fish—has proved effective in various places, while quinine prophylaxis is systematically employed for school children and general labourers. Spleen and parasite surveys have been conducted in many places. The total rainfall in 1937 was 63.66 inches in Chilaw, which was heavier than in any of the four previous years, rendering the problem of mosquito control more difficult. Herbage packing of six borrow-pits was tried as an experiment to prevent anopheline breeding, and was successful, but culicines continued to breed rapidly nevertheless, and the cost of this measure prevented its continuance. Lectures were given to field medical officers at Colombo on malaria epidemiology and control, and periodical conferences were held. At the central office and laboratory in Colombo the life-history study of malarial parasites in the human blood is being continued with a view to determining the seasonal prevalence of the human plasmodia in different parts of Ceylon; the proportional distribution of the three species as a whole in regard to the zones of inquiry and by months in the island; the increase (if any) in parasite infestation during the non-transmission season; determination of the time best suited for quinine distribution in schools; and the correlation of spleen sizes to parasite findings and fever histories. Another investigation has been started to define the percentage error in the clinical diagnosis of malaria at out-patient departments. The spleen rate for the whole island in 1937 was 28.3 compared with 30.6 in 1936.

The invitation of the President of the United States to participate in the tenth International Congress of Military Medicine and Pharmacy, to be held in Washington from May 7 to 15, 1939, has been accepted by thirty-five countries. Nearly one hundred medical officers of high military rank have been indicated through diplomatic channels as official delegates from their countries. Registration is open only to medical and pharmaceutical officers, active or retired, of the armed forces and related branches. Official delegates must be accredited by their Governments. The New York office of the congress will be located in the Waldorf-Astoria Hotel, and delegates and members arriving in New York will be met by a reception committee which will afford them every possible aid, such as clearing the Customs at the port, interpreting when necessary, arranging visits to the World's Fair, etc., and securing hotel reservations and transportation to Washington. Detailed information will be furnished upon request by the Secretary-General, Tenth International Congress of Military Medicine and Pharmacy, Army Medical Library, Washington, D.C. The American Express Company, travel representatives of the congress, will furnish data on the passport requirements, steamship and railroad rates, etc., through its branch offices.

Medico-Legal

A MISSING SWAB: NEW TRIAL ORDERED

Surgeons and others were deeply interested and not a little concerned at the result of the recent action, *Mahon v. Osborne*, heard by Mr. Justice Atkinson and a special jury at Manchester Assizes last April.¹ By some mischance a large swab was left in the body of a patient after Mr. Osborne had operated on him for a perforated duodenal ulcer. The jury found that the surgeon did not make a reasonably sufficient search for the swab, and that if he had the search would have disclosed the missing swab. They awarded £616 damages. The surgeon appealed, and Mr. John Morris, K.C., argued for him that the hospital had an elaborate system of counting swabs; a miscount was made at some time but the surgeon had done nothing wrong; if he had searched all round the abdomen for swabs he would have prolonged the operation and endangered the patient's life. He had no reason to suppose that a swab had been left in. Lord Justice Scott, in giving the judgment of the court, said that the case for the widow of the patient had been wrongly presented as one of *res ipsa loquitur*. This phrase refers to a class of cases in which the circumstances of the injury raise a presumption that the defendant was negligent: "the accident speaks for itself," and negligence will be presumed unless the defendant can put forward an innocent explanation. The maxim will apply when it is so improbable that the accident would have happened without negligence that a reasonable jury could find without further evidence that it was so caused.² The accident must be one which in the ordinary course of things does not happen if those who have the management use proper care.³ Scott, L.J., found it difficult to see how the principle of *res ipsa loquitur* could apply generally to swab cases. The very essence of the rule, he said, is that on the mere fact of the event happening there arise two presumptions: that the event was caused by somebody's negligence, and that the defendant was that somebody. The presumption of fact only arises because it is an inference which the reasonable man would naturally draw. The nature of abdominal operations, he pointed out, varies widely and many considerations enter in. In the present case a state of things was presented of which the ordinary experience of mankind knows nothing, and it was unsafe to beg the question of proof. Lord Justice Goddard disagreed, saying that he thought the evidence might warrant the jury in finding that the surgeon did not make a sufficiently careful search for swabs. Lord Justice MacKinnon, however, agreed with Lord Justice Scott, and the Court by a majority allowed the appeal and ordered a new trial. They gave leave to the widow, however, to appeal to the House of Lords against their decision, and so the new trial will perhaps not be held until their Lordships have reviewed the case.

An interesting feature of the appeal was that counsel cited at considerable length the unreported case of *James v. Dunlop*⁴ from a verbatim report of the judgment. In that case Lord Justice Scrutton is reported to have said that the doctor who put the swabs in ought to take them out, but the majority of the present Court indicated that they would prefer to look at the facts of every case and not formulate a general rule of law. The medical view of these cases is well known: that the principle of teamwork ought to be recognized. The legal view is still very vague. The House of Lords may perhaps say something to clarify it if the case comes before them.

¹ *British Medical Journal*, 1938, 1, 1073.

² *Salmond on Torts*, 8th ed., p. 467.

³ *Scott v. London and St. Katherine's Docks Co.*, 1865, 3 H. & C., p. 596.

⁴ *British Medical Journal*, 1931, 1, 730.

The Services

ROYAL VISIT TO CANADA

The names of the members of the suite to accompany the King and Queen on their visit to Canada next May were announced from Buckingham Palace last week. Surgeon Captain H. E. Y. White, C.V.O., M.D., F.R.C.S.Ed., R.N., Honorary Surgeon to the King, will be in attendance as medical officer. Surgeon Captain White has served in the Royal yacht *Victoria and Albert* since 1927; he accompanied the Prince of Wales on his Empire tours in H.M.S. *Renown* and H.M.S. *Repulse*, and also their present Majesties on the visit to New Zealand and Australia in 1927. The battle cruiser *Repulse*, carrying the King and Queen and their suite, sails from Portsmouth for Canada on May 8 and is due back at the same port on June 22.

R.A.M.C. SUPPLEMENTARY RESERVE

The War Office draws attention to the fact that medical practitioners up to 32 years of age, who would have a preference in times of national emergency for army work, can, with practically no inconvenience to themselves, place their services with the Regular Army by joining the Royal Army Medical Corps, Supplementary Reserve of Officers. Many members of this reserve are commissioned in the rank of lieutenant, and are eligible for promotion to the rank of captain after one year's service. Their obligations are to be available for service with the regular forces in any part of the world when the Army Reserve is called out by proclamation.

MILITARY CROSS

Captain A. F. H. Keatinge, R.A.M.C., has been awarded the Military Cross for gallant and distinguished services in Palestine.

DEATHS IN THE SERVICES

MAJOR-GENERAL H. E. M. DOUGLAS, V.C.

Major-General Henry Edward Manning Douglas, V.C., C.M.G., D.S.O., late R.A.M.C., died at Droitwich on February 14, aged 67. He was born on July 11, 1871, the son of Mr. George Alexander Douglas of Kingston, Jamaica, educated at Edinburgh, and took the Scottish triple qualification in 1898. Entering the R.A.M.C. on July 27, 1899, he became lieutenant-colonel in the long war promotion list of March 1, 1915, brevet colonel on January 1, 1918, colonel on March 27, 1926, major-general on October 12, 1929, and retired on October 13, 1933. He had a long, brilliant, and successful career in the R.A.M.C., during which he saw much war service. It was at Magersfontein, where General Wauchope was killed, that he gained the Victoria Cross while still a lieutenant. Though wounded himself early in the engagement, he went out under heavy fire to help the wounded, dressing the wounds of Captain Gordon of the Gordon Highlanders, of Major Robinson, and of several wounded soldiers, and brought them out to safety under a heavy fire. His war services comprise the South African War, where he took part in the advance on Kimberley, including the action at Magersfontein, where he was wounded, and in operations in the Orange River Colony and in Cape Colony, was mentioned in dispatches in the *London Gazette* of March 16, 1900, and received the Queen's medal with five clasps, the V.C., and the D.S.O.; East Africa, 1904, operations in Somaliland, including the action at Jidballi, receiving the medal with two clasps; the Balkan campaign of 1913, as British Red Cross Commissioner with the Greek forces; and the war of 1914-18, when he served for over four years in France, most of the time as A.D.M.S. of the 29th Division, then as A.D.M.S. at Archangel of the British troops in Russia, and finally for a short time in Iraq, was mentioned in dispatches in the *London Gazette* of January 12, 1916, and of December 21, 1917, and received a brevet as colonel and the C.M.G. In addition to the V.C., C.M.G., and D.S.O., General Douglas had received several foreign decorations—three Serbian (the Red Cross, Samaritan, and St. Sava), and the French Croix de Guerre with palms. On attaining administrative rank in 1926 he was appointed D.D.M.S. of the Scottish Command

in Edinburgh, and in September, 1926, succeeded Colonel Mainprize as Commandant of the Royal Army Medical College at Millbank, where he was a successful and popular head. On promotion to major-general he went to India, where he served for four years as D.D.M.S. of the Southern Command, with headquarters at Poona. On the expiration of his four years' tenure of that post his long and successful service came to an end.

Lieutenant-Colonel JOHN RIORDAN, R.A.M.C. (ret.), died on October 19, 1938, aged 82. He was born on March 2, 1856, was educated in Ireland, and graduated M.B., M.Ch. in the Royal University of Ireland in 1882. Entering the Army as surgeon on August 4, 1883, he became lieutenant-colonel after twenty years' service, and retired on December 12, 1903. After retirement he was employed at Clonmel from 1904 to 1916. He served in the Burmese campaign of 1885-6, and received the Indian frontier medal with a clasp.

Lieutenant-Colonel HARVIE SCOTT, R.A.M.C. (ret.), died at Ipswich on December 5, 1938, shortly before his ninetieth birthday. He was born at Dublin on December 27, 1848, and was educated at Trinity College, Dublin, where he graduated M.B. in 1871, also taking the L.R.C.S.I. in the same year. Entering the Army as surgeon on September 20, 1874, he became surgeon lieutenant-colonel after twenty years' service, and retired on January 22, 1896. He served in the first Boer War of 1881 in the Transvaal. He was employed when on the retired list at Halifax, 1896-8; at Great Yarmouth, 1898-1905; in London as a recruiting medical officer from 1905 to 1910; at Landguard, 1910; and during the war of 1914-18 at Colchester in command of the military hospital there. After the war he was employed as deputy commissioner of national medical services at Ipswich.

Surgeon Captain LLEWELLYN LINDOP, R.N. (ret.), died at Kersal, Manchester, on February 16. He was educated at St. Mary's Hospital, and took the M.R.C.S., L.R.C.P. in 1900. Entering the Navy soon after qualifying, he became surgeon commander on August 2, 1914, and retired with an honorary step in rank on April 8, 1925. He served in the war of 1914-18, and received the medals. For over twelve years past he had been medical superintendent of the East Lancashire Home for Disabled Sailors and Soldiers at Kersal, Manchester. He had been a member of the British Medical Association for thirty-five years.

Universities and Colleges

UNIVERSITY OF OXFORD

REPORT ON THE NUFFIELD SCHEME

A report by the Nuffield Committee for the Advancement of Medicine for the year ending July 31, 1938, appears as a supplement to No. 2238 of the *Oxford University Gazette*. The report, which covers the work of the second year, or first full year, of the scheme is made to the trustees appointed under the deed of covenant, who record their appreciation of the expedition and thoroughness with which this complicated problem has been attacked. Two important financial arrangements are noted by the trustees. One is for a division of expenditure between the Nuffield Trust and the Radcliffe Infirmary, the effect of which is not to improve the standard of the infirmary at the expense of the medical school, but to share the cost of the rising standard between the two in the proportion in which they are both concerned. The other is an allocation of money for "fluid" research funds, not to be earmarked for either clinical or preclinical work. Whichever branch of research predominates from time to time will be automatically reflected in the calls made upon these funds.

All the several departments are at work, and many of them can be described as in full swing. Early difficulties of co-operation between the committee and the associated hospitals have been resolved, and such co-operation is now fully assured. The committee hopes that the next year or so will provide a breathing-space in which the clinical departments will get firmly established and begin to carry out original work. Future developments will depend not only on the trend of their special interests but also on the changes occurring in the hospital system and the nursing profession in this country, and the consequent demands which may be made on Oxford as a regional medical centre.

The department of clinical medicine reports the equipment of a new laboratory where biochemistry and medicine "exist in such a harmonious parabiosis that it is difficult to say where one ends and the other begins." Preparations are being made for complete metabolic balance experiments on alimentary haemorrhage, not only for the intrinsic value of the problem but also as a means of training staff in the wards and in the laboratory in this important research technique. In the department of surgery the new ward unit and operating theatre is established, the patients in twenty beds comprising selected cases—for the most part surgical—of diseases of the nervous system. Already there have been several contributions from the department to literature, and the same is true of the departments of obstetrics and gynaecology and of anaesthetics. Professor J. Chassar Moir has visited the United States in order to study at first hand various new methods of x-ray pelvimetry, and since his return has introduced certain of these into the work at Oxford. He also visited McGill to study certain research in clinical endocrinology, a specialty which it is thought it might be desirable for many reasons to establish at Oxford in the near future. In the spring of 1938 practitioners in Oxford and neighbourhood were notified of the start of the new Nuffield gynaecological departments, and large numbers of patients now attend the two clinics held weekly, and a waiting list has had to be formed. The pressure of clinical work in the department of obstetrics and gynaecology has left little time for research, but a start has been made in an investigation by radiological means of pelvic variations and the influence of such variations on the course of labour. In the department of orthopaedic surgery the outstanding event of the year under review was the erection of the new medical block at the Wingfield-Morris Hospital; it comprises clinical examination and demonstration rooms for the professor and his staff, research office, pathological laboratory, medical museum, and library.

In the Nuffield Institute for Medical Research the main work undertaken during the period has been an investigation of the pharmacological actions of a series of new compounds related to adrenaline. From the therapeutic point of view the aim has been to discover a drug superior to ephedrine for raising blood pressure, and one has been found promising enough to warrant clinical trial. Some of the compounds are related to benzedrine, and one of them seems to be a more powerful stimulant of the central nervous system than benzedrine itself. The report also embodies short accounts of the work in the various departments in the University Museum. The personnel working under the scheme on July 31 last included six professors, two readers, and nearly sixty other staff.

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I*: H. N. Bhatt, R. B. Boal, J. P. Bostock, A. H. Brockbank, F. M. Crawshaw, J. A. G. Hair, *W. G. S. Harden, C. Harris, *T. M. Henneby, E. C. Hicks, C. W. Horncastle, K. A.-K. Kassem, C. F. MacGuire, S. A. Maddocks, H. M. Marks, R. T. Marshall, M. P. G. O'Brien, *G. F. Rees-Jones, Zoe C. Rutherford, E. Samuel, Ida B. S. Scudder, K. V. Shetty, J. L. Treneman, *A. C. R. Wakeman, A. B. Wayte.

* Awarded distinction.

UNIVERSITY OF LONDON

Appointment

Sir William W. Jameson, M.D., F.R.C.P., has been appointed representative of the University at the Health Congress of the Royal Sanitary Institute at Scarborough, July 3 to 8.

Lectures

A lecture on "The Present Position of the Cancer Problem" will be given by Dr. W. E. Gye, F.R.S., Director of the Imperial Cancer Research Fund, at St. Thomas's Hospital Medical School, Albert Embankment, S.E., on Monday, March 20, at 5 p.m. The chair will be taken by Sir Cuthbert Wallace.

Dr. W. Schulemann, professor of pharmacology in the University of Bonn, will give a course of three lectures on "Chemotherapy" at the Wellcome Research Institution, 183, Euston Road, N.W., on Tuesday, Wednesday, and Thursday, March 7, 8, and 9, at 5.30 p.m.

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

Amendment of Regulations

The regulations for the second examination for medical degrees for internal and external students in and after 1940 have been amended by the substitution for the words "shall occupy one-half of the students' time for five terms" in the third line of the syllabuses in human anatomy and physiology (*Red Book*, 1938-9, p. 285; *Blue Book*, September, 1938, p. 830) of the words "shall extend over five terms."

The regulations relating to exemptions at the second examination for medical degrees for internal students (*Red Book*, 1938-9, p. 266) have been amended as follows:

(1) By the addition of the following at the end of paragraph 3 (ii):

In and after 1940 students who have passed the examinations referred to above may apply for exemption from attendance at part of the course of study for the second examination for medical degrees.

(2) By the addition of the following at the end of paragraph 3 (v):

In and after 1940 students who have passed the examinations referred to above will be exempted from the course of study and examination in physiology but will be required to attend the prescribed courses in pharmacology and organic chemistry and will be examined in those subjects.

The regulations for external students (*Blue Book*, September, 1938, pp. 809-10) have been similarly amended.

The regulations for the M.S. examination for internal students (*Red Book*, 1938-9) have been amended by the addition of the following after the second paragraph on p. 306:

A candidate who has passed or presented himself for the M.S. examination in one branch may present himself for examination in another branch at a subsequent examination.

A candidate who has passed the M.S. examination, Branch 1, will be exempted from the paper on the principles of surgery if he presents himself in Branches III or IV.

The regulations for external students (*Blue Book*, September, 1938, p. 851) have been similarly amended.

UNIVERSITY OF BIRMINGHAM

Forthcoming Lectures

Four William Withering Lectures on present aspects of the cancer problem will be given by Dr. Peyton Rous of the Rockefeller Institute, New York, in the anatomy theatre of the Medical School, Hospitals Centre, Birmingham, on March 9, 16, 21, and 23, at 4 p.m. Two Ingleby Lectures on "Infantile Diarrhoea" will be delivered by Dr. James M. Smellie on March 28 and April 4, at 4 p.m. Members of the medical profession and medical students are invited to attend the lectures.

UNIVERSITY OF LEEDS

The Council of the University has recently instituted a Lectureship in Medical Ethics and Conditions of General Practice. A short course of lectures will be given to students during their final year, and it is felt that this will be of great practical value and supply a long-felt need. The Council have appointed to the lectureship Dr. W. S. Macdonald, M.C., D.P.H., J.P., a general practitioner of standing and experience and the chairman of the Leeds Division of the British Medical Association.

Professor J. J. Jervis has been appointed representative of the University at the Health Congress of the Royal Sanitary Institute at Scarborough, July 3 to 8.

W. G. France, M.B., Ch.B., has been appointed Demonstrator in Anatomy; E. A. Horne, M.B., Ch.B., Demonstrator in Pathology and Bacteriology; and H. S. Shucksmith, F.R.C.S., Surgical Tutor.

UNIVERSITY OF MANCHESTER

Robert Newton, M.D., M.C.O.G., has been appointed Assistant Lecturer in Obstetrics and Gynaecology.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College, held on February 7, with the president, Dr. Alexander Goodall, in the chair, Dr. E. C. Fahmy (Edinburgh), Dr. I. D. Easton (Edinburgh), and Dr. J. C. M. Hamilton (Edinburgh) were introduced and took their seats as Fellows of the College.

Dr. J. G. Kininmonth (Edinburgh) and Dr. A. C. P. Campbell (Edinburgh) were elected Fellows of the College.

Dr. Henry Yellowlees was appointed the Morison Lecturer for 1939.

Medical Notes in Parliament

The House of Commons this week agreed to increase the Government's borrowing powers for the Defence Loan to £800,000,000. Supplementary Estimates were also down for consideration. Several Bills were advanced in the House of Lords.

The Parliamentary Medical Committee met at the House of Commons on February 21, Sir Francis Fremantle in the chair. The meeting was addressed by Sir Arthur Hurst, senior physician, Guy's Hospital, by Dr. Hebb of the Ministry of Health, and by Mr. Orde, secretary of the British Hospitals Association. Dr. Hebb surveyed the scheme for organizing into ten "sectors" the hospital services for the London area under A.R.P., details of which were expected to be published in a memorandum by the Ministry of Health later in the week. Mr. Orde raised questions of the application of the scheme to provincial hospitals. Sir Arthur Hurst put forward the alternative scheme proposed by the Guy's Hospital staff for keeping the staff of each medical school as intact as possible with its students, nurses, and possibilities of continued medical education in each of the sectors which were proposed in Dr. Hebb's scheme. In subsequent discussion it was stated that the authorities of the universities appeared to have convinced the Ministry of Health that such continued medical education as was possible in war-time should be carried on at university centres outside London. The working of the "sector" scheme appeared to the meeting to depend on the allocation of medical personnel, which remained to be determined by the Central and Local Emergency Committees under the British Medical Association. It was contended that in Outer London areas fixed aid posts would be of little value compared with mobile aid posts.

Criminal Justice Bill

The Select Committee of the House of Commons which is examining the Criminal Justice Bill resumed consideration on February 9 of an amendment to Clause 5, proposed by Mr. Benson, that persons placed on probation should not be ordered to pay expenses of mental treatment. Mr. MESSER said that if a court placed a person on probation with the condition that treatment was afforded, this admitted that the case was not for punishment but pathological, and should be treated accordingly.

Sir ARCHIBALD SOUTHBY opposed the amendment. He had dealt lately with the case of a medical man who suffered from dipsomania and had been charged with driving a car while drunk. It would have been wrong if the man had gone to the medical home to which the magistrates sent him and the whole cost of the treatment had to be met by the taxpayers and the ratepayers. Mr. EDE said no one could defend the treatment of rich kleptomaniacs being paid for by the community as a whole.

Mr. GEOFFREY LLOYD said that with regard to the class of people whose mental recovery required medical or surgical treatment the arguments advanced for the amendment did not arise at all. The scheme of the clause was that the richer people might be asked to contribute towards their treatment. These richer persons were not all dipsomaniacs or kleptomaniacs. There were also revolting sexual cases, not confined to London. It was wrong to deprive the courts of the power to secure a contribution from well-to-do persons.

Mr. Benson withdrew his amendment.

On Clause 7 (Contributions by local authorities towards provision of homes and hostels) Mr. TURTON moved an amendment to extend the application of the clause. He said the National Council of Mental Hygiene and the Institute for the Scientific Treatment of Delinquency feared the clause as it stood would omit many valuable clinics and hostels.