Professor F. J. BROWNE asked whether in order to produce active immunity in a patient it was necessary to give the vaccine before the illness. He had always supposed that during an acute illness such as a streptococcal septicaemia the patient was being vaccinated sufficiently, and that it would not help matters to give a vaccine of the same organism. Mr. ALECK BOURNE, from the chair, said that he could not help feeling a little uncertainty about the giving of serum. He had always understood that anti-streptococcal serum was one of the best of culture mediums, and it surprised him to hear that this serum could really be efficient in assisting the action of the drugs sulphanilamide and 693. He also wondered, with Professor Browne, for what purpose vaccine was given to a patient already heavily infected with the streptococcus or the pneumococcus.

Professor FLEMING said that serum, like 693 or sulphanilamide, did not kill; it damaged the bacteria, and it was the leucocytes in the body which actually killed the organism. Anti-streptococcal serum was perhaps not as efficient as anti-pneumococcal. As to the use of vaccine after an infection had started, the arguments on this point had lasted a considerable time. Almroth Wright believed that persons could be usefully inoculated after they had got the disease, and he thought he had established that principle. He instanced a case of recurring boils; the patient was continually being vaccinated by his own staphylococcus, but had not been able to immunize himself; a vaccine administered from outside had proved effective. Some American work had shown a successful result in pneumonia by vaccinating the patient with a different strain of the pneumococcus. How far this applied in puerperal infections he did not know. As to the choice between 693 and sulphanilamide, the former was far more potent, but he would say nothing of respective toxicity.

Injection of Pituitary Extract after Delivery

Dr. D. WILLIAMS, Mr. R. C. PERCIVAL, and Mr. S. G. CLAYTON presented a short communication on the injection of pituitary extract immediately after delivery and before the third stage of labour. Fifty normal primiparae were taken, with fifty similar cases as controls, and a 5-unit dose of pituitrin posterior lobe extract given intramuscularly directly after the birth of the child. The average duration of the third stage of labour among the treated women was 8.3 minutes, and among the controls 13.5 minutes. Five of the treated cases and two of the controls showed post-partum haemorrhage. The average loss in the third stage of labour, including the cases of post-partum haemorrhage, was 8.7 oz. in the treated cases and 8.3 oz. in the controls; and excluding the cases of post-partum haemorrhage it was 5.5 oz. in the treated cases and 7.5 oz. in the controls. There appeared to be no definite advantage in the giving of pituitrin and there was an increase in the incidence of post-partum haemorrhage, but the series was small.

Elimination of Breech Presentation from Private Practice

Dr. G. F. ABERCROMBIE, in a short communication on this subject, said that a breech presentation was found soon after the twenty-fifth week in more than 20 per cent. of pregnancies in private practice, and was often the cause of unpleasant symptoms. It was very seldom complicated by any other obstetric abnormality. In patients who bore relatively large children and whose muscles had not been stretched by frequent pregnancies, spontaneous version to vertex might be confidently awaited up to, but not beyond, the thirty-second week. External version at this time hardly ever failed and was apparently free from risk; anaesthesia was not required and relapse was uncommon, though constant vigilance was necessary. Later in pregnancy the difficulties of version were increased. Labour after version, spontaneous or otherwise, was normal. It was suggested that all breech presentations should, if possible, be eliminated about the thirty-second week, so that symptoms might be relieved, the risk of premature labour lessened, the head fitted into the brim, foetal mortality diminished, and the number of Caesarean sections performed on primigravidae reduced.

At the tenth general meeting of the Midland Mental Pathological Society, held in the New Medical School, Birmingham University, with the president, Sir Gilbert Barling, in the chair, Dr. E. G. T. Liddell of Oxford gave a lecture on "The Integration of Muscle Posture." He described, with the aid of lantern slides and graphs, the paths taken by tendon and sensory impulses at the various levels of the central nervous system, and the effect upon the plastic tone of the muscles. During the discussion which followed, the relations of his findings to clinical cases of post-encephalitis and Parkinsonism and to various clinical phenomena were the subjects of many questions, to which Dr. Liddell replied.

Local News

ENGLAND AND WALES

Emergency Hospitals Scheme for London: Group Officers

The list of group officers included in the information from the Ministry of Health on the emergency hospitals scheme for London published in the *Journal* of March 25 (p. 634) was inaccurately set out. The following is a correct list:

Sectors I and II: Mr. Russell Howard (London Hospital); *Sector III:* Sir Girling Ball (St. Bartholomew's Hospital), Mr. C. A. Joll (Royal Free); *Sector IV:* Mr. Norman Lake (Charing Cross), Dr. Wilfred Pearson (University College); *Sector V:* Dr. H. E. A. Boldero (Middlesex); *Sector VI:* Sir Charles Wilson (St. Mary's); *Sector VII:* Mr. E. Rock Carling (Westminster), Mr. C. H. S. Frankau (St. George's); *Sector VIII:* Mr. C. Max Page (St. Thomas's); *Sector IX:* Mr. John B. Hunter (King's); *Sector X:* Professor T. B. Johnston (Guy's)

The Society of Radiographers

The eighteenth annual dinner of the Society of Radiographers was held in London on March 25 under the chairmanship of its president, Dr. G. W. C. Kaye, F.R.S. The president welcomed a number of guests, including Dr. T. Carnwath of the Ministry of Health, Mr. W. E. Schall, president of the British Institute of Radiology, Dr. Angus Macrae, assistant secretary of the British Medical Association, Dr. H. W. Bruce, principal medical officer of the General Hospitals Division of the L.C.C., Mr. E. L. G. McManus, registrar of the National Register of Medical Auxiliaries, and representatives of the Manchester, Liverpool, and Midland Radiographic Societies, the Scottish Radiographic Society, eastern and western sections, and the Scottish and South-West England branches of the Society of Radiographers. Dr. Carnwath, in proposing the health of the hosts, said that he was glad of the opportunity of meeting his colleagues in one of the ancillary professions who were doing work of ever-increasing importance. Not very long ago medicine was more an art than a science, and manners were probably esteemed more than methods. Those days were gone, and medicine had now extended its frontiers until it had established contact with practically every important branch of knowledge, including not only physics and chemistry but even mathematics. It was recognized that almost every science had something to contribute to medicine, and that the best way to obtain that contribution was to allow those who could make it to carry on in their own way, while ensuring that in the final synthesis each contribution had its proper place. The effect of the forthcoming legislation with regard to cancer might well furnish new opportunities to this branch of

medical auxiliary service. Mr. W. E. Schall paid a special tribute to the president of the society, Dr. Kaye, who had worked for nearly thirty years in the interests of radiology and the improvement of its status. He had been president of the old Röntgen Society and of the British Institute of Radiology, in the creation of which he had taken a leading part. He congratulated him on his recent election to the Fellowship of the Royal Society. Dr. Kaye, in response, mentioned that the membership of the Society of Radiographers now stood at 1,193, and its diploma was accepted everywhere as a sign of merit. During the year new articles of association had been drafted, whereby the council sought powers to take out on behalf of the members policies of insurance against third party risks encountered in the exercise of their profession. The work of members was likely to be extended when the Cancer Bill became law, but they would never forget that the first duty of the radiographer was loyal and efficient service to the radiologist.

Notification of Puerperal Pyrexia

The ambiguous term "puerperal fever" having now been discarded, the Minister of Health has issued new regulations applicable to England and Wales excluding London, which rescind the Regulations of 1926, excepting for London. These "Puerperal Pyrexia Regulations (1939)" come into force on April 1, and are intended to secure adequate treatment in the early stages of puerperal infection. The duties of local authorities are unchanged, but the obligation of notification rests in the first place on the medical practitioner in attendance on the case. The expression "puerperal pyrexia" is defined as meaning "any febrile condition occurring in a woman within twenty-one days after childbirth or miscarriage in which a temperature of 100.4° F. (38° C.) or more has been reached during a period of twenty-four hours, or has recurred during that period." Unless the notifying medical practitioner holds a commission in His Majesty's Forces the local authority shall pay to him for the certificate a fee of one shilling, whether the case occurs in his private practice or not. Upon the receipt of such a certificate under Section 144 of the Public Health Act (1936) the medical officer of health must, within twenty-four hours, forward a copy of it to the county medical officer of health. All the facilities for swift bacteriological diagnosis are thus made available, and the investigation of individual cases can be followed by intensive study of the causation and course of outbreaks of infection in domiciliary or institutional practice. The welfare authorities are notified of cases for which adequate treatment cannot be provided by the patient's unaided resources. The newer methods of treatment include chemotherapy, which is of particular advantage when the correct typing of the infecting streptococci has been effected, if necessary by the pathological laboratories of the Ministry of Health. It should be remembered that welfare authorities are empowered to provide for the special treatment of women suffering from puerperal pyrexia, for consultation with obstetrical specialists, for skilled nursing, and for institutional treatment.

Improved Dietary in Casual Wards

An Order issued by the Ministry of Health will have the effect of improving the diet prescribed in casual wards under the previous Order issued in 1931. Hitherto a special dietary has been prescribed for casual wards, even for those attached to resident public assistance institutions. The new Order will make it possible in cases where the casual ward is part of a public assistance institution for those in the casual ward to receive the same midday meal as the resident inmates of the institution, provided the institution meal contains meat or fish. This change, desirable on grounds of efficiency, will also enable those in casual wards to benefit by the great improvements in institution dietaries brought about in recent years. The opportunity has, at the same time, been taken to make the casual ward dietary more palatable and less monotonous. A pint of tea is to be given with dinner; jam, marmalade, or treacle is to be provided at supper; and the midday meal which is handed to the wayfarer on his discharge from the casual ward is, for persons aged 12 years and upwards, to contain meat as well as the bread and cheese previously prescribed. The meal handed on discharge to children from 8 to 12 years of age is to contain cheese as well as bread-and-butter.

IRELAND

MENTAL TREATMENT IN EIRE

At the last meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland Dr. Francis Pilkington, in a paper on "Facilities for Mental Treatment, Past and Present," traced the development of the facilities for the treatment of mental illness in Ireland down to the present century. St. Patrick's Hospital in Dublin, founded by Dean Swift in 1745, was the first modern Irish mental hospital, and was followed by great building activity all over the country during the next 150 years. Accommodation, however, always lagged behind the need, and large numbers of the insane had to be cared for in the workhouses, where conditions were often very bad. Dr. Pilkington then turned to the developments in the present century, emphasizing especially the changes in the law in many countries whereby patients could enter hospital for treatment on a voluntary basis, and the growth of psychiatric clinics as the centres for treatment of early cases and for teaching and research. The different types of clinics were discussed in some detail, examples being taken from European and American cities, and the question of administration and organization was also considered.

Legislative and Other Shortcomings

Dr. J. Dunne said that the real object of this discussion was to try to focus the interest of the medical profession on the treatment of mental disease. There was very little use in Eire trying to compete with other countries such as England, America, and Holland if one could not obtain in Eire the facilities available in those countries for treating mental patients. An attempt to introduce legislation to allow mental patients to be treated on a voluntary basis had met with no success. Since 1898 legislation in Eire had not kept in line with legislation elsewhere. Grangegorman Hospital Committee was waiting for the sanction of rules for the admission of voluntary patients. This was a very necessary thing. Every day he received applications for the admission of patients for treatment without certification. In the hospital there were 4,000 mental patients and a staff of 800; yet in an institution of this size there had not been a pathological department until six months ago, when a pathologist was appointed, even though the appointment had not been sanctioned by the Local Government Department. Eire was very far behind in legislation which was absolutely necessary in order to have the requisite facilities for the treatment of mental patients. One of the greatest anomalies in connexion with mental hospitals was that they contained patients suffering from every class of mental disease and patients of every age. Those suffering from the acute toxic form of mental disease, epileptics sane and insane, and chronic hopelessly insane people were all in the same institution. In such circumstances treatment was very difficult. Dr. Dunne referred to the need for the establishment of child guidance clinics in Eire; at present there was no method of providing for the backward child, the "problem" child, or the "psychotic" child. Doctors were apt to look on mental disease through the eyes of the laity, and to regard it as an affliction beyond remedy. The malarial treatment of G.P.I. was one of the greatest advances in medicine. G.P.I. had been a hopeless and an intangible disease; now this treatment not only stopped the progress of the disease but cured about 30 per cent. of patients. Involutionary cases of mental disease had in recent years responded in a very

remarkable way to treatment by the various endocrine preparations. The so-called "shock" treatment had also produced the most remarkable results. In Dublin there was now in being an After-care Committee, composed of voluntary workers who did a great deal of valuable work. Dr. Dunne added that he was responsible for the teaching of mental diseases in the three medical schools in Dublin. He was of opinion that it was no use showing students advanced mental patients who were interesting because they were funny or unusual. More attention should be given to mental disease in the curriculum. In Grangegorman Hospital bedside clinics were now held twice a week on all recently admitted cases, as well as the usual lectures. Psychologists now recognized that there was no line of demarcation between the neuroses and the psychoses, but all were part of the same illness, in a different degree. A psychiatrist was merely a doctor who was specially concerned with the psychological side of the question; really the least important side, the important side being the physiological. Psychiatry for children was even more important than for adults.

Urgent Needs of To-day

Dr. H. Lee Parker said that the essential difficulty in Eire was the lack of method for taking care of psychoneurotic and border-line mental cases. In a properly constituted system the first place to which the patient should go would be the general hospital. There he could be examined very carefully from the physical standpoint, and only when no evidence of physical disease was discovered and when the patient was found to be suffering from a nervous disorder, a suitable place for reference should be established. This should be under control of a State mental hospital and carried on by the State. Nevertheless, because of the extreme prejudice in that country against mental disease, such a clinic should be, geographically at least, separate from the main buildings of a mental hospital. It should have an appropriate name conveying no idea of mental disease—for example, "clinic for nervous disorders." In this institution examination and treatment could be carried out, and should the patient turn out to be certifiable he or she could then be disposed of further along to the mental hospital. All patients should be distinctly voluntary and referred there by the examining physicians in the general hospitals. If possible a few beds should be supplied for cases that required more intensive treatment. Since there was no distinct dividing line between sanity and insanity, scientifically speaking, an institute of the type mentioned would be a much-needed and valuable transitional stage in the care of patients who were nervously unfit but not certifiable. It was a crime that in mental hospitals and under one roof there were housed the insane, the epileptic, and the feeble-minded. These should be segregated, and he was looking forward to the time when Eire would have epileptic colonies and schools for feeble-minded. Dr. W. R. F. Collis suggested that children who required psychological treatment might be divided into four classes: (1) Mentally defective children—such as mongols. (2) Difficult children—where the condition was usually due to environment; for them a child guidance clinic was an urgent necessity. (3) The actual psychotic children; these were sometimes seen at puberty. (4) The epileptic child; these cases were the curse of the out-patient department in all children's hospitals, and as they got older they became more and more difficult at home. Accommodation for all these different types was needed, and it would be an economy to the State were such accommodation provided. Dr. H. J. Eustace referred to mental treatment in Oslo, and said that there alcoholic cases underwent treatment for a year. In Eire one was lucky if one could persuade such patients to stay in hospital for six weeks. One fact which should be borne in on medical men was the necessity for treating alcoholics for a year; real cure could not be hoped for after treatment for any shorter time. At present in Eire a review was being made of the mental defectives in the country, and it was hoped that before long there would be more adequate provision for them, and also schools for mentally defective children. Dr. R. E. Steen said that there were an enormous number of cases of mild nervous disorders in childhood, and he felt that these cases were not recognized and treated in the right way, especially in Eire. The majority of these disorders could be dealt with by parents if they were sufficiently educated; but 1 per cent. were so complicated as to require treatment by a psychologist. For these cases child guidance clinics were essential.

The Student's Training in Psychiatry

Mr. J. C. Flood said that for the next half-century in Eire anything in the nature of mental disease would carry a stigma. Psychology clinics should be separate from the ordinary mental hospitals and should be quite separate from any institutions which housed insane patients. A great deal was being done at present in Eire with regard to mental disease. In the early stage of the medical student's career he had to receive introductory instruction in the possibilities of medical psychology, and it was expected that in his three years' clinical practice he would be taught to assess patients who were suffering from disease and not merely to assess the disease itself. At one time in the recent past the physician had become too much of a laboratory man, and regarded patients too much as a vehicle of disease, but this had now passed. Physicians now regarded patients as an entity, body and mind. In this relation the passing of the old family doctor had been a great loss. As a medical student was nearing the end of his medical course he received instruction in cases which were definitely regarded as cases of mental disease. It was intended by this means to enable the student to recognize the ordinary mental diseases, more particularly those with which he would have to deal by means of certification. Every student at qualification should be capable of recognizing a case of certifiable disease and of determining when the certification should be carried out. This was so at the present time, and therefore he thought that the present teaching in mental diseases was adequate.

INDIA

All-India Institute of Hygiene

In the research sections of the last annual report of the All-India Institute of Hygiene and Public Health a prominent feature is the work on cholera. Statistical inquiries have given no clue to the reason why one district should differ from another in its epidemiological features, taking into account the meteorological factors and the population densities, but definite statistical evidence emerged showing that infection was spreading from infected persons to their contacts, though not to the general population. Case-to-case infection appears thus to play a more important part than infection through environmental channels, irrespective of the density of population, which also did not appreciably affect the mortality rate. An investigation in Calcutta of the value of Rogers's method of cholera forecasting threw doubt on the validity of the critical humidity level. A new method of forecasting which depends on working out the regression equations connecting the mortality in certain weeks of the year with the total mortality for the succeeding year was applied to Calcutta experience, and appeared to be efficient for endemic areas. The epidemic dropsy inquiry at the Institute has led to the conclusion that this disease is caused by some deleterious substance introduced through mustard oil, which is almost universally used as cooking oil in North-Eastern India. References to this work have been published in the *British Medical Journal* as well as elsewhere. This toxic element seems not to be allylisothiocyanate. The poison may be derived from the seed which has deteriorated on account of faulty storage and fungus growth. The existence of a specific disease of mustard seed would explain why epidemic dropsy, as known in India, is confined to consumers of this oil. The toxic substance may, alternatively, be derived from some other seed or oils added to mustard oil in the course of preparation or sale, unwittingly or

deliberately for purposes of adulteration, and this possibility is being investigated. It was found that the surface sterilization of certain types of rice, and particularly of the kind known as "balam," could not be effected by the formalin method which has been advocated by some workers. A statistical analysis showed that there was evidence of a decline in infant mortality in India, but that as compared with Great Britain it was less marked and much more variable. Investigation of the Indian diet revealed a marked increase in the fat intake with the rise in the economic scale, but the diet of the Assam coolies was shown to be poor in total calories and total proteins, in fat, in calcium, in carotene, and to a lesser degree in vitamin C and iron; most of the families took no milk. The heights and weights of the Assam children were much below those of the well-to-do group in Calcutta. While the annual absolute gain in weight was somewhat greater in the Calcutta children, growth expressed as a percentage increase in body weight per year was actually greater in the coolie class in Assam. Much of this annual report is devoted to the steadily progressing research work in all directions, but the training side has not been allowed to slow down, as is shown by the fact that in the year under review the fourth batch of diplomates in public health emerged, thus increasing the number of general practitioners who have public health qualifications, though most of the successful candidates have been absorbed by the State services. There seem to be relatively few openings for laboratory workers, however, and it is suggested that some of the time devoted to laboratory training might be used with advantage for study of public health subjects. A revised syllabus has been prepared accordingly, and certain changes have been suggested in the course for the diploma in maternity and child welfare.

The Pasteur Institute, Coonoor

The thirty-first annual report of the Central Committee of the Association of the Pasteur Institute, Coonoor, Southern India, covers the twelve months ending March 31, 1938. The acting director of this institute, Lieutenant-Colonel K. R. K. Iyengar, I.M.S., supplies a tabulated statement of the mortality from hydrophobia in the Madras Presidency from 1913 to 1937 inclusive, indicating the value of anti-rabic treatment in saving life. The lines on which research work should now proceed are stated as being the obtaining of concentrated rabies virus by cataphoresis methods, and the effect of the administration of vitamins to infected animals; the investigation by culture methods of the nature and identity of the rabies virus is to be pushed more intensively, and a whole-time technician has been appointed, while a special research officer recently took up duties. New subsidiary treatment centres are being opened in the Madras Presidency, and the prophylactic treatment of animals is being intensified. During the fifteen-year period 1923–37 anti-rabic treatment has been given to 3,630 animals, with eighty-eight deaths, a mortality of 2.42 per cent. During the thirty-one years 1907–37 the total number of human patients treated at the Pasteur Institute was 37,030, of whom 392 subsequently died from rabies, a mortality rate of 1.06 per cent. An increased supply of anti-rabic vaccine was issued in 1937 to the subsidiary centres; the mortality was 0.15 per cent. The mortality in 11,307 fully treated cases was 0.12 per cent., and in 2,095 incompletely treated cases 0.33. Of the twenty-one fatal cases reported from the subsidiary centres, twenty patients were Asiatics and one a European. Death followed dog-bite in nineteen cases, while one death was due to fox-bite and one to jackal-bite. The shortest incubation period recorded in 1937 was sixteen days in a dog-bite case, and the longest one was 169 days in a jackal-bite case. Paris-fixed virus was used exclusively in the preparation of the vaccine; it was in its 994th passage at the close of the year. The vaccine employed was Semple's 5 per cent. carbolized sheep-brain suspension.

Correspondence

Sulphonamides in Obstetric Practice

SIR,—In the *Journal* of March 12, 1938 (p. 562), you were kind enough to publish a short account of our experience in the Royal Maternity and Simpson Memorial Hospital, Edinburgh, of the prophylactic administration of sulphonamide. The method was the rough-and-ready one of giving the drug to every patient in the early days of her puerperium for one year and comparing the year's results with those of the three preceding years. The comparison was slightly in favour of the prophylactic medication. But when the experimental period ended and we were faced with having to purchase the drugs (provided gratis by the manufacturers for the experimental year) the formidable expense gave us reason to pause, and we decided to revert during 1938 to the practice of using sulphonamide for therapeutic purposes only. This promised the further advantage of throwing into greater relief any benefits derived from the prophylaxis. I would therefore ask the courtesy of your columns to reproduce the relevant tables with the addition of the corresponding figures for 1938.

1. *Local Uterine Infection*—that is, cases with one or more of the following symptoms: offensive lochia, uterine tenderness, delayed involution, and no other recognizable cause of temperature if pyrexia was present.

1934	1935	1936	1937	1938
165 cases out of 1,991 = 8.2%	193 cases out of 2,016 = 9.5%	150 cases out of 2,188 = 6.7%	139 cases out of 2,241 = 6.2%	130 cases out of 2,186 = 5.94%

2. *Morbid Puerperia* (B.M.A. standard) due to uterine infection.

1934	1935	1936	1937	1938
77 = 3.8%	74 = 3.6%	67 = 3.06%	44 = 1.9%	56 = 2.01%

Further, in 1937 forty-seven patients were transferred to the City Fever Hospital as being frankly infected, of whom two died. In 1938 thirty patients were similarly transferred, of whom three died. This further comparison, therefore, seems on the whole to indicate that no very appreciable advantage was derived from the prophylactic administration of prontosil and proseptasine, which were the drugs used in the experimental year.—I am, etc.,

Edinburgh, March 23. R. W. JOHNSTONE.

Photodynamic Action of Sulphonamide Drugs

SIR,—During the past year I have carried out research regarding the photodynamic action of the sulphonamide compounds. I hope that this work will be published shortly. I have given sulphanilamide tablets to patients who attended the St. John Clinic and Institute of Physical Medicine, Pimlico. In addition, these patients were receiving general ultra-violet irradiation from either a quartz mercury-vapour lamp, a carbon-arc lamp, a tungsten-arc lamp, or my daylight lamp. I have completely failed to find any signs of dermatitis or any other skin lesion in twenty-two patients under observation. Their reactions to the luminous and ultra-violet rays were quite normal.

accomplishment, but outstanding on account of his character, his care and conscientiousness, and his beautifully balanced judgment. He was never distracted by false values. He was the truest and most modest of men. I have known him as his colleague, as his grateful patient, and, I am thankful to say, as his friend for twenty years. He was always the same, a charming companion, and the best friend a man could have.

MERCIER GAMBLE, M.D.

Medical Superintendent, Withington Hospital, Manchester

We announce with regret the death on March 14 of Dr. Mercier Gamble, M.B.E. He was the son of Samuel Gamble, a steel manufacturer of Sheffield, who provided several attractive scholarships in the University of Manchester for women students of medicine. Mercier Gamble was a student at Owens College, and graduated with honours in 1901. He then held resident posts in the Royal Infirmary, the Salford Royal Hospital, and the Southern Hospital for Women and Children. This was before the amalgamation of the Southern Hospital with the much older St. Mary's Hospital. In 1905 he received a gold medal for his thesis for the M.D., his subject being the clinical estimation of the alkalinity of the blood. The work for this thesis was carried out at the University and at the Manchester Royal Infirmary, partly under the observation of his former chief at Salford Royal Hospital, Professor Dixon Mann, and in 1906 it was published in the *Journal of Pathology and Bacteriology*. Some time was next spent as a surgeon in ships of the Blue Funnel Line on their eastern voyages. Medical missionary work attracted him then; as a preparation for it he took the course in tropical diseases at the London School of Tropical Medicine and Hygiene, and received the certificate of the School for this subject in 1907. From 1907 to 1913 with intervals of leave he was a voluntary medical officer at the Baptist Missionary Society's hospital at San Salvador in the Portuguese section of the Lower Congo Basin, a district ninety miles from Matadi, the port of the Belgian Congo. There he had a dispensary attendance of 30,000 per annum, but in addition to this work his early entomological interests led him to make a collection of the blood-sucking arthropods of the district, a list of which he published with a vocabulary of native terms in the *Journal of Tropical Medicine and Hygiene* in 1914. This collection was passed through the Imperial Bureau of Entomology and is now in London. He also sent a collection of fleas to Lord Rothschild. He published a paper on sleeping sickness in the Portuguese Congo, in which he recorded his experience of treating the disease with atoxyl.

When he was at home on leave for six months the war broke out and he joined the R.A.M.C., and was appointed to take charge of the large military hospital in the Poor Law hospital at Withington, Manchester. After the armistice he became one of the physicians to the hospital, and later succeeded to the post of medical superintendent, continuing in the office after it became a municipal hospital. Dr. Gamble had been a member of the British Medical Association for thirty-five years. He was also an honorary lieutenant-colonel in the R.A.M.C., a vice-president of the Manchester Medical Society, and a vice-president of the Manchester Geographical Society.

WILLIAM JOHN DODDS, M.D., D.Sc., died at Prestwick, Ayrshire, on February 14, aged 84 (writes F. C.), and I have not seen any note of appreciation for the magnificent service he rendered to mental medicine while he was Commissioner of Lunacy and superintendent of Valkenberg Asylum for years in Cape Colony. I knew him for more than fifty years, first in Montrose Asylum, where he was my senior on the staff, and later while we were both in the medical service of the Cape Government, where he was the pioneer of all modern legislation for the insane. Modesty prevented him earning the reward he deserved. A few years ago I dined with the Lord Chief Justice in Port Elizabeth and told him how remiss I thought the authorities had been to allow Dr. Dodds to retire with no public recognition of his outstanding public services. The Lord Chief Justice seemed to recognize the pity of it at once, and all the excuse he offered was that "Dr. Dodds was such a modest man and had never emphasized his own importance." He was a good husband, a good father, and a good friend. To him I owe much of the happiness I have had in life from my early association with him, and the width of vision which has been of such satisfaction to me all these fifty-odd years is due entirely to his interest when I was a young graduate. Perhaps he has outlived his generation, and we forget the prophets. But as a profession we would be neglecting to give the honour that is due if we failed to put on record our appreciation of a man who did so much in a colony where he brought the care of the insane up to the standards of the best in the mother country. He had been a member of the British Medical Association for forty-eight years.

Universities and Colleges

UNIVERSITY OF OXFORD

On the recommendation of the examiners the Master and Fellows of University College have awarded the Radcliffe Prize to F. Hawking, D.M., of University College.

UNIVERSITY OF LONDON

At a meeting of the Senate held on March 22, G. A. D. Haslewood, Ph.D., M.Sc., was appointed to the University Readership in Biochemistry tenable at Guy's Hospital Medical School as from May 1.

The degree of D.Sc. was conferred on Mrs. M. F. Lucas Keene, M.B., B.S., professor of anatomy at the London (Royal Free Hospital) School of Medicine for Women.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following postgraduate scholarships will be awarded for the session 1939–40: (*a*) A. M. Bird Scholarship. £200 for one year to enable a medical graduate to obtain general experience in pathology. (*b*) Mabel Webb and A. M. Bird Research Scholarship. £200 a year for assistance in carrying on research. Further particulars and forms of application can be obtained from the warden and secretary of the Medical School. Applications must be received by May 20.

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—‡T. Simpson, D. M. Leiberman, N. Lissimore, K. O. Milner.

FINAL M.B., CH.B.—*Part II:* *J. M. Fitton, *C. Pickard, *P. E. R. Tattersall, †C. E. Astley, †P. D. Bedford, †Patricia M. Dobinson, †J. Hirst, †F. Jennings, †S. A. Swanson, †R. P. Warin, †K. D. Wood, A. N. T. Aikman, A. Colbert, J. B. Coltman, E. Cope, F. Debney, R. G. Denniss, Ruth Edmonds, M. Goldberg, F. Gouldsborough, A. Green, H. J. M. Holland, J. Jackson, Adelaide J. G. James, R. E. Johnson, H. Levine, D. E. Mitchell, I. G. W. Pickering, J. D. Pickup, T. B. Purdy, G. N. Reed, J. V. Schofield, Helen M. Secker, F. N. Shuttleworth, Ida M. Shuttleworth, S. A. Smith, E. S. Tan, A. L. Taylor, P. J. Waddington, I. Young.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Janet F. Henderson, Joyce E. Marshall, M. W. Robinson.

* With first-class honours. † With second-class honours. ‡ With distinction.

The following scholarships and prizes have been awarded:

Infirmary Scholarship: H. Gray and G. M. Williamson (divided). *Littlewood Prize in Anatomy:* Kathleen M. Harrison. *Hardwick*

Prize in Clinical Medicine and McGill Prize in Clinical Surgery: J. M. Fitton. *Prize in Anatomy and Physiology in Relation to Obstetrics and Gynaecology and Edward Ward Memorial Prize in Surgical Anatomy:* C. Pickard. *Hillman Prize in Clinical Medicine:* J. K. Drucquer.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part A:* J. H. Fairweather, B. M. Maxwell.

DIPLOMA IN PUBLIC HEALTH.—Part I: J. C. Birchall, C. Coleiro, E. C. R. Couper, J. N. Das, Beryl Edgecombe, Ivy F. Fallon, Elsie O. Hughes, J. Leiper, F. T. Madge, E. H. Moore, Moira Murray.

DIPLOMA IN TROPICAL MEDICINE.—J. J. Barton, B. S. Baswani, T. G. Burnett, J. M. Caldwell, G. N. Dholabhai, L. G. Eddey, *A. H. T. F. Fullerton, W. Hunter, S. D. Khalil, V. N. Khanna, J. Koniszewski, E. Kowalsky, W. H. R. Lumsden, K. Nadarajah, H. Nelson, *T. E. Ooi, T. S. Outerbridge, W. A. de Pay, R. Singh, A. Sundrampillai, L. Teeluck.

DIPLOMA IN TROPICAL HYGIENE.—A. S. Affara, L. J. Charles, H. N. Lee, H. R. R. E. Ramesar, A. H. D. S. de Silva.

* Recommended for Milne Medals.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Parts II and III:* *E. F. Edson (distinction in surgery), † D. Bradbury, Ailsa B. Atkinson, P. Baker, Una M. Campbell, H. Cohen, L. Debovitch, H. R. W. Hawson, J. H. Hazeldene, W. F. Mindham, B. Ravitz, F. R. Zadik.

* With first-class honours. † With second-class honours.

Medical Notes in Parliament

The House of Lords has completed its consideration of the Cancer Bill and returned it to the House of Commons. The business of the House of Commons this week included the Unemployment Insurance Bill, the Camps Bill, the Reorganization of Offices (Scotland) Bill, and the Marriage (Scotland) Bill.

The Royal Assent was given on March 27 to the Mining Industry Welfare Fund Act, the Defence Loans Act, and other Acts.

In the House of Commons on March 28 the Hairdressers (Registration) Bill was read a first time and the Charitable Collections Bill passed through standing committee with amendments.

The Parliamentary Science Committee dinner was held on March 28 at the House of Commons. The Earl of Dudley (president) occupied the chair, and the principal guest was Professor E. V. Appleton, secretary of the Department of Scientific and Industrial Research. Those present included presidents and secretaries of institutions affiliated to the committee.

Cancer Bill

The House of Lords went into committee on March 21 on the Cancer Bill. The Duke of Devonshire accepted for the Government an amendment moved by Lord ELTISLEY on behalf of the County Councils Association. This proposed in Clause 1 (Duty of local authorities) to take away the power of the joint committees to co-opt up to one-third of their personnel independently of the local authorities, and to provide that before co-option was allowed the assent of those responsible for setting up the committees must be obtained.

ADVERTISEMENT OF CANCER "CURES"

On Clause 4 (Prohibition of certain advertisements) Lord BERTIE OF THAME moved to insert a proviso that the prohibition of advertisements should not apply to "reports or accounts of treatments for cancer issued or published, orally or otherwise, by registered or unregistered practitioners, to persons or in publications other than those enumerated in paragraphs (*a*) and (*b*) of subsection (4) of this section." He said registered practitioners had the medical press in which they could express their opinions, but the unregistered practitioner had no such outlet to make known to the public his discoveries, however useful they might be. The Solicitor-General had said he would not initiate prosecutions against nature curers, herbalists, and members of religious bodies, but the time might come when one of the successors of that Minister had started life as a registered practitioner and was consequently prejudiced against all unregistered practitioners.

The DUKE OF DEVONSHIRE said the Government could not accept this amendment, which would leave so little of the clause that it would not be worth while having the clause in the Bill. Fears had been expressed that the clause unamended might make it illegal for Christian Scientists at their meetings to prescribe treatments which had proved successful. He would look into that point before the third reading, but that was not the intention of the Government, which did not wish to prohibit or interfere with the meetings of Christian Scientists or of any other religious body.

Lord MAUGHAM said the House must weigh on the one hand the chance that there might be some person who had discovered something of value, which would not be established for years after his investigations began, and on the other the damage that would be done by people who, for gain, made reckless statements as to the cure which they were in a position to offer the public. The clause was really necessary in the interests of the public. If a person discovered what he thought to be a remedy he could not himself advertise it, but if he produced his evidence before three or four competent people with training in medical and surgical matters he could get these people to investigate the claim. As soon as they had investigated it they would have no difficulty in advertising the matter in one of the registered medical papers referred to in Clause (4) (*b*).

Lord Bertie of Thame withdrew his amendment. Clause 4 and the remaining clauses were then agreed to and the committee stage ended.

The report stage of the Cancer Bill was taken on March 23. The DUKE OF DEVONSHIRE said he was now advised that nothing in the Bill would make it illegal to give testimonies as to the healing of cancer by Christian Science at testimony meetings or to publish them in the textbook or other authorized literature of the Church of Christ Scientist, provided no announcement was made that any practitioner was prepared to treat other cases. There was no risk that publication of a list of Christian Science cases, in conjunction with evidence of testimony, might be taken as advertising a cure.

The report stage then concluded.

The Cancer Bill was read a third time by the House of Lords on March 27 and returned to the House of Commons.

On March 28 the House of Commons, after brief discussion, agreed to the amendment made by the House of Lords in the Cancer Bill.

Health and Nutrition

Nutrition was the subject chosen for discussion when the House of Commons took the third reading of the Consolidated Fund (No. 1) Bill on March 23. Mr. LEES-SMITH said the Labour Party wished to raise the problem of the nutrition of the people, particularly on account of the recent researches on this subject by the medical profession. His party criticized the attitude which Government Departments were taking towards this new science of nutrition. The medical view was that half the people were sent into the world with jerry-built bodies, and that no amount of dosing would give them a sound structure in which to pass the rest of their lives. The Board of Education decided malnutrition by clinical assessment, which meant judging the child's nutrition by looking at it, but doctors said the results were fantastically wrong. They put forward an alternative method of calculating the quantity of proteins, vitamins, and so on required by children at different ages for a full standard nutrition, and then calculated what it cost per week to buy the food which would secure this. The British Medical Association said that nearly 6s. a head a week must be spent on food by a family to obtain a proper standard of nutrition. Nearly 30 per cent. of the