

whether or no anthracite was present. Apart from anthraco-silicosis, so-called miner's asthma, occurring in miners—for example, in the Welsh coalfields in the hard headings, where free silica dust was present and where in consequence tuberculous complication was common—there was no evidence that ordinary coal dust itself rendered the miner particularly liable to pulmonary tuberculosis.

In the early diagnosis of pulmonary tuberculosis Dr. Ellman felt that the value of a technically satisfactory radiograph far outweighed that of the stethoscope. If tuberculosis were commoner in trades where there was some volume of dust—apart from silica and asbestos—it was more probably due to lower social and economic conditions, and also to the less robust type of worker, who might frequently be attracted to such trades. As a preventive measure all large factories should have on their staff a medical officer with adequate facilities, including an x-ray apparatus.

In the discussion which followed Professor E. L. COLLIS said that he had himself investigated two troubles due to inorganic dust. One occurred in epidemic form among cotton weavers; it was almost certainly a mycosis and closely resembled open and early cases of tuberculosis with pyrexia; but all cases cleared up in a month or so. The other was the chronic asthma of cotton strippers, due to dust from raw cotton; it developed after years of work, and incapacitated the men, but it did not predispose to tuberculosis. New knowledge on the chemistry of silica was throwing much light on the occurrence of silicosis and giving hope for its prevention. Freshly fractured dust was more harmful than old dust. Some other dusts—for example, that of aluminium—inhibited the solubility of silica in an alkaline medium, such as that of the pulmonary tissues, and so prevented it from setting up fibrosis. Every dust and every mixture of dusts must be studied separately. Meanwhile the key to tuberculosis in industry was that the disease was infectious; hence some industries, like families, might become infected.

Local News

SCOTLAND

Honorary Consultant Advisers

Mr. John Colville, Secretary of State for Scotland, has appointed four honorary consultant advisers on the organization of hospitals in war-time. Each will advise him on matters connected with the subject in which he specializes. The appointments are: *Surgery*: Sir John Fraser, K.C.V.O., M.D., F.R.C.S.Ed., regius professor of clinical surgery in the University of Edinburgh. *Medicine*: Dr. L. S. P. Davidson, F.R.C.P.Ed., professor of medicine in the University of Edinburgh. *Maternity Services*: Dr. R. W. Johnstone, C.B.E., M.D., F.R.C.S.Ed., F.R.C.O.G., professor of midwifery and diseases of women in the University of Edinburgh. *Nervous Disorders*: Dr. James H. MacDonald, F.R.F.P.S., medical superintendent, Hawkhead Mental Hospital, Glasgow.

Stirling District Mental Hospital

The annual report of the Joint Committee for Stirling District Mental Hospital shows that at the beginning of last year there were 1,033 certified patients on the register, including 574 males and 459 females. During the year 223 certified patients were admitted, 102 were discharged, and 113 died, leaving on the register at the close of the year 1,041 certified patients. It is pointed out that owing to the large number of chronic and senile cases the discharge rate could not keep pace with the admission rate,

and the position was also complicated by the number of adult mental defectives in residence. A certain number of the latter had psychotic symptoms and were suitable inmates of a mental hospital, but a considerable number were purely defective and should be in an institution for certified defectives.

Ayr County Hospital

The question of a joint hospital for the county was raised at the recent annual meeting of subscribers to Ayr County Hospital. The total ordinary income of the hospital was £13,388, while the ordinary expenditure was £15,163. The Department of Health has recommended the Hospital Board not to spend any further money on the present site but to co-operate with Kilmarnock Infirmary. A site has been offered at Doonside, near Alloway, suitable for the erection of a modern hospital, and it is estimated that a hospital of sufficient size to meet present-day needs would cost approximately £200,000. The chairman stated at the meeting that it was the duty of the boards of the two hospitals to consider this proposal carefully before coming to a final decision, and it was proposed to inquire what financial assistance might be expected from the Treasury towards the capital cost and future maintenance of a joint hospital for the county.

Lanarkshire Joint Hospitals Scheme

A joint committee of the Lanark County Council and of the Burgh Councils of Hamilton, Rutherglen, and Coatbridge has submitted to the Department of Health and the Commissioner for Special Areas in Scotland a scheme for the erection of a joint hospital at a cost of about £1,260,000. The scheme includes a general hospital of 332 beds, a maternity hospital of 135 beds, and an infectious diseases hospital of 500 beds. The cost per bed is expected to work out at £1,260 for the general hospital, £1,360 for the maternity hospital, and £985 for the infectious diseases hospital. Towards the general cost the Commissioner for Special Areas has agreed to give a grant of 55 per cent. The general and maternity hospitals are to be erected in the neighbourhood of Bellshill and the infectious diseases hospital at Muirburn.

Scottish Association for Mental Hygiene

In May, 1938, the Scottish Association for Mental Welfare and the Scottish Child Guidance Council amalgamated under the title of the Scottish Association for Mental Hygiene. The Scottish Association for Mental Welfare was formed in 1922 as the result of a request by the General Board of Control for Scotland for a voluntary body which would supervise the welfare of defectives not in institutions. This work was most successfully carried out by care committees, committees for home visitation, and employment centres throughout the country. In 1929 the work, which was confined to dealing with defectives, was extended to include mental hygiene in the non-defective community as part of a world-wide mental hygiene campaign originated in the United States. The aims of this section were directed chiefly to propaganda to increase public awareness of the problems of neuroses and early psychoses and to foster the use of psychiatric clinics. In addition, public lectures were and are being given in the larger centres by mental experts so as to spread proper information on these topics. The body was recognized by the International Council for Mental Hygiene, and in 1937 sent delegates to the Second International Congress on Mental Hygiene held in Paris. In 1934 the Scottish Child Guidance Council was formed as a separate body, and in 1938 there followed the amalgamation, already referred to, as the result of which all activities concerned with mental defect, mental hygiene, and child guidance are unified under the Scottish Association for Mental Hygiene. Any interested person may join

this association; the annual subscription is five guineas; life membership two guineas; for public bodies one guinea. Further information may be obtained from the secretary, 23, Eglinton Crescent, Edinburgh.

Glasgow University

At a graduation ceremony in the University of Glasgow on April 22 Sir Hector J. Hetherington conferred the degree of M.D. upon nine graduates and those of M.B., Ch.B. upon fifty-eight graduands. In his address to the graduates the principal pointed out that for many years to come they would be passing through a period which would make an exceptional demand on the intelligence, imagination, endurance, and public spirit of the people. They should think boldly, honestly, and selflessly, for a time of change might be full of promise and also a time of opportunity. Respect for truth, justice, duty, and the rights of human personality were sovereign principles of all enduring achievement, both individual and social.

At a meeting of the General Council of Glasgow University on April 26 it was announced that as the result of a private appeal made to friends of the university a sum of £20,000 had been received within the past few months. The principal described the building programme now being carried out by the university, including a new physical training centre for the use of male students. Referring to a period of emergency, he said that the intentions of the Government were that university life and work should continue. Medicine and engineering must proceed in full force, and it was possible that the number of students in these departments would be increased. Students who for any reason were not engaged in national service would be expected to continue at their university studies, and students might be transferred from other centres to Scotland. Attention was drawn to new regulations for graduation in medicine. The University Court proposed to extend the medical curriculum for students beginning their study on and after October 1, 1939, to six years or fifteen terms, together with a vacation course. A new regulation was that students who failed to complete the first professional examination within twenty-four months after beginning medical study might be required to withdraw from the faculty of medicine. The convener of the finance committee said that the total expenditure of the university in the year 1937-8 had been £201,042. It had been necessary to obtain an additional grant of £12,000, and it appeared that the State would have to come more and more to the aid of the universities, as they might expect a dwindling of income from the private sources on which universities and other institutions had depended so much in the past.

Edinburgh Hospital Co-ordination

At a meeting of representatives from the Public Health Committee of Edinburgh Town Council and from Edinburgh Royal Infirmary various matters affecting co-ordination between the voluntary and municipal hospitals of the city were discussed. These subjects included transfer of patients from the infirmary to the municipal hospitals, co-operation regarding cancer patients, training of nurses, and the question of payment for maintenance and treatment of patients. Arrangements were made that the medical officer of health and the superintendent of the Royal Infirmary should prepare a draft scheme whereby the corporation would admit chronic cases from the infirmary to certain municipal hospitals on the understanding that a joint representation would be made to the General Nursing Council that nurses should be required to take a period of training in nursing of chronic cases as part of their curriculum, and that in the event of agreement being reached on this matter training in chronic nursing would be given to infirmary nurses at the municipal hospitals. It was agreed that the question of greater co-operation in the treatment of cancer patients should

remain in abeyance until the Government's proposals in regard to the treatment of cancer were more definitely known. With regard to payment for maintenance and treatment of patients, it was pointed out that the corporation was bound by statute to charge for treatment of patients, and a scheme was suggested by which money received through the League of Subscribers to the infirmary might be made available to the corporation for maintenance and treatment of patients taken from the infirmary's waiting list. It was stated by Dr. W. G. Clark, medical officer of health, that in his opinion the large city hospitals as we knew them would in time probably be reconstructed on much smaller lines and would be utilized for acute cases only, other cases being sent out into the country where convalescent hospitals would be placed.

Royal Victoria Tuberculosis Trust

At the annual meeting of the Royal Victoria Hospital Tuberculosis Trust, held in Edinburgh, Sir Thomas H. Holland, principal of the University of Edinburgh, referred to the world's indebtedness to the late Sir Robert Philip, who first recognized the importance to the public of the discovery that tuberculosis was due to a definite bacillus. Previously tuberculosis had been regarded with fatalism as a result of uncontrollable heredity, but Sir Robert Philip went straight for measures to prevent the spread of the disease, and by getting on at once with popular measures of prevention available to everyone and easily understandable he must have saved thousands of lives. At the same time he had realized the value of bacteriological research with a view to a direct attack upon the tubercle bacillus. In the annual report attention had been drawn to the fall in mortality from 265 per 100,000 among the population of Scotland in 1887 to sixty-eight in 1938. Part of this credit was due to general improvements in standards of living and hygiene, but Sir Robert Philip's special methods had led to the development of these very conditions of life which had reduced the death rate not only from tuberculosis but from other diseases as well. There was continual pressure on the Government to increase measures of protection against colliery accidents, which caused some hundreds of deaths annually, and a still more active agitation to reduce motor accidents with some thousands of deaths annually, but the public should realize that the death rate from tuberculosis was still much greater than either of these, and those who died from this disease were chiefly at the productive age between 20 and 40. Efforts, therefore, must not be relaxed, and the work of the Tuberculosis Trust, which had been so remarkable in the past fifty years, must still be supported. Professor Sydney Smith, dean of the Faculty of Medicine, said that at present about 30,000 persons in Scotland were suffering from tuberculosis, and this showed that there was still a great field of work ahead of the Trust.

New Hospital at Fife Joint Asylum

Lord Elgin on April 27 formally opened a new hospital at Fife Joint Asylum, near Cupar, recently erected at a cost of £60,000. The new building is to be known as the Stratheden Hospital, and will accommodate about 100 patients. Lord Elgin said that the opening of such a new hospital marked a great advance, if one looked back to 1866 when the first building forming this asylum was opened. In the interval there had been a great advance in medical knowledge and in the treatment of all kinds of illness. Mental disorder was now regarded as an illness which was capable of treatment and could often be cured, and this was the reason for the opening of such a hospital. It includes an administrative and treatment block with operating theatre, male and female hospital blocks each consisting of a ward of eighteen beds and seven single rooms. On either side of these are wards of eight beds with verandas, self-contained so that in the event of an

epidemic they could be converted into isolation hospitals. At either end of the building are male and female admission blocks. Sheriff Morton, chairman of the General Board of Control for Scotland, said that in comparison with the early days of mental hospitals, in this new hospital the patients would have the elbow room which was very essential in treatment. Dr. A. G. Thomson of the General Board of Control appealed for the opening of more mental clinics to prevent serious disorders of the mind in their early stages. He said that a great mental hospital should be a centre for services to the community. Ordinary mental illnesses were extraordinarily common, and for every patient in a mental hospital there were three or four suffering from minor disturbances who were often more trouble than those actually in such hospitals. There ought to be clinics to which these people could be referred just as a general practitioner referred, for example, a throat case to a throat dispensary.

ENGLAND AND WALES

Freedom of Eastbourne for Dr. Willoughby

At a meeting of the Eastbourne Town Council, held on April 26 in the Large Assembly Room of the Town Hall, a certificate of honorary Freedom of the Borough and a resolution of thanks, engraved on vellum, were presented to Dr. W. G. Willoughby, who is retiring from the post of medical officer of health after many years of very distinguished service. Alderman Miss Hudson, in moving that the highest honour the Council had to offer be conferred on Dr. Willoughby, gave details of his career, both in peace and war, and said that the success of his work was not only what he had achieved but rather what he had prevented; thanks to his vigilance Eastbourne had become one of the foremost health resorts. The Mayor, making a presentation, said that this was a token of their best wishes and affection.

In respect of length of service Dr. Willoughby is the senior medical officer of health for any county or county borough. A student and house-physician at Bart's, he took the M.D.Lond. in 1889 and the M.D. in State Medicine in 1894. The outstanding feature of his career was the Presidency of the British Medical Association in 1931-2, for he is the only full-time medical officer of health who has held that office. Almost equal to that in his own estimation is the goodwill of the medical profession with whom he has worked so long at Eastbourne and which is now culminating in a handsome presentation. Besides being a Past-President of the B.M.A., Dr. Willoughby has been President of the Society of Medical Officers of Health and of the Medical Officers of Schools Association, and he had the distinction of receiving the Fellowship of the Royal Academy of Medicine in Ireland. His war service also stands out conspicuously: after serving in Egypt he became malaria officer in Macedonia, and eventually acting A.D.M.S. Sanitary of the 12th Army Corps. His many friends in all parts of the world will be glad to know that he is in good health and hopes to continue many of his activities and still serve the profession and the community.

Lowest Maternal Mortality Rate on Record

The Minister of Health, Dr. Walter Elliot, in the course of an address at a luncheon of the Industrial Welfare Society on April 28, said that he had just received the provisional maternal mortality figures for 1938 and that they showed a further reduction from 3.13 per 1,000 births in 1937 to 2.97 in 1938. This was the lowest figure ever recorded in this country. Although the Government had now to find abnormally large sums for defence, this, as the Chancellor of the Exchequer had pointed out in

his Budget speech, did not mean any reduction in social services. The Government's contribution to these services and to the cost of police, roads, etc., had grown by £186,000,000 since 1925. In addition to the new low record in maternal mortality we could point, during the period 1927-37, to a fall in the infantile mortality rate from 70 to 58, and a fall in the tuberculosis death rate from 97 to 69. The toll of sickness upon industry remained, however, very great. The gross total expenditure on benefits under national health insurance amounted in 1937 to £28,000,000. Industry had its own part to play in dealing with this problem, and he was glad to know that many hundreds of firms to-day had appointed doctors, nurses, and other experts to watch over the health of their staffs. This preventive work was of the greatest value. Enlightened employers were keen to keep abreast of every development in the scientific and medical field, and he called their attention to a problem of fractures which had been the subject of an inquiry by an Inter-departmental Committee, whose report was shortly expected. Encouraging progress had already been made in the provision of up-to-date facilities for the treatment and after-care of fracture cases.

Coroners' Inquests in London

During 1938 coroners in London held inquests on 3,063 cases out of 8,907 deaths reported to them. There were 594 cases of suicide, fourteen of them in persons under 21 years of age, but well over half of them in persons over 50. Post-mortem examinations were made in 86.2 per cent. of the inquest cases, and in 66.6 per cent. of those in which it was decided that no public inquiry was necessary. The number of people who met their deaths by accident was 1,593; thirty-nine deaths resulted from injury, and fifty-five from drowning. Inquests on newly born children numbered thirty-three, and of this number twenty-four deaths were found to be due to want of attention at birth. Excessive drinking was the cause of seventy-nine deaths.

Correspondence

Protection of Aid Posts and Casualty Clearing Stations

SIR,—It has been shown by the official Hailey report that the universal construction of bomb-proof shelters to resist a direct hit is an impossibility owing to the great financial outlay, and also the time factor involved. The average building, however, can be protected against the effect of splinter and blast even in target regions. I am anxious to ascertain what precautions have been taken in London and other large cities for the protection of the patients and staff in the smaller hospitals which are to be used as casualty clearing stations, and in the first-aid posts where the immediate treatment of the wounded is to be carried out.

It is quite possible that casualties may have to remain in these centres for a much longer time than is contemplated owing to the difficulties and delay in procuring transport, or to the blocking of the roadways by falling masonry and debris. In the extensive bombardment of a city the blocking of streets and the difficulties of access to the casualty posts require very serious consideration on the part of those responsible for the care of wounded civilians. This matter does not seem to have received universal consideration, however, as a number of the smaller hospitals have little or no protection and yet have been listed as casualty clearing stations. I know

Universities and Colleges

UNIVERSITY OF OXFORD

At a Congregation held on April 27 the following medical degrees were conferred:

D.M.—R. Pakenham Walsh, J. G. Johnstone.

UNIVERSITY OF CAMBRIDGE

At a Congregation held on April 29 the following medical degrees were conferred:

M.D.—*A. C. E. Cole, *C. G. Pantin, W. H. G. Jessop, E. J. M. Bowlby.

M.CHIR.—D. L. Lewis, W. G. Gill.

M.B.—*J. Hale, H. A. Hamilton.

* By proxy.

Walker and Foster Studentships

Applications for a John Lucas Walker Studentship are invited, and should be sent before July 10 to Professor Dean, at the Department of Pathology, to whom requests for further information regarding the studentship may be addressed. The studentship will be tenable for such period, and will be of such annual value not exceeding £300, as the Professor of Pathology with the approval of the Managers may determine.

Candidates for the Michael Foster Studentship in Physiology should send their applications, with a statement of the course of research they propose to undertake, to Professor Adrian, Physiological Laboratory, by July 7. The student receives the annual value of the fund (about £100), and may be re-elected for a second year.

Marmaduke Sheild Scholarship

The Professor of Anatomy gives notice that applications for the Marmaduke Sheild Scholarship in Human Anatomy (emoluments £100 a year) must be sent to the Registry by May 20. The award will be made towards the end of June.

Persons eligible to the scholarship are such undergraduates of not more than three years' standing from matriculation, and such Bachelors of Arts of not more than four years' standing from matriculation, as have passed Part II of the Second M.B., or done the equivalent of so passing and have also obtained honours in Part I of the Natural Sciences Tripos with anatomy as one of their subjects. Women also are eligible. The awarders will take into consideration not only the candidates' performance in examinations in anatomy but also reports by the staff of the Department of Anatomy on their general ability and performance as students of anatomy as well in practical as in theoretical work. The scholarship is normally tenable for a year from the date of the award, but a scholar may be re-elected for a second year, whether he satisfies the rules of standing for a first election or not.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

POSTGRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE.—(With *Special Knowledge of Mental Diseases*): F. R. C. Casson, R. W. Crockett, G. Diggle, J. J. M. Jacobs, R. Macdonald, W. Telfer, D. J. Watterson. *Part A*: D. W. Abse, W. E. Audley, Sophie Bookhalter, J. D. Uytman.

UNIVERSITY OF WALES

The following candidates have satisfied the examiners in the examination indicated:

D.P.H.—*Part I*: H. L. Ackerman, J. Paterson, I. Pugh, R. W. Thomas.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the Royal College of Physicians of London on April 27, with the President, Dr. Robert Hutchison, in the chair, Professor Harvey Cushing was elected an Honorary Fellow.

Sir Charles Bickerton Blackburn, President, and Dr. S. V. Sewell, President-Elect, of the Royal Australasian College of Physicians, and Dr. N. Gerald Horner, Editor of the *British Medical Journal*, were elected Fellows under By-law XXXVIII (b).

The following Members were elected Fellows:

Hildred Carlill, M.D.Camb. (London); Walter Henry Grace, M.D.Lond. (Chester); Alan Filmer Rook, Group Captain R.A.F.M.S. (London); Isaac Jones, M.D.Melb. (London); Loswel Israel B. Braun, M.D.Lond (Johannesburg); Frederick Martin Brice Allen, M.D.Belf. (Belfast); Louis Forman, M.D.Lond. (London); Ronald Epey Lane, M.B.Lond. (Manchester); Trevor Owen, M.B.Toronto (Toronto); N. Bruce Williamson, M.D.Ed.

(London); Eric Benjamin Strauss, M.D.Oxf. (London); Edward Selby Phipson, M.D.Lond., Colonel I.M.S. (Assam); Geoffrey Lawrence Samuel Konstam, M.D.Lond. (London); Ronald Edward Smith, M.B.Camb. (Rugby); Albert Victor Neale, M.D.Birm. (Birmingham); Hugh Gregory Garland, M.D.Leeds (Leeds); Cuthbert Leslie Cope, M.D.Oxf. (Oxford); John Callis Hawksley, M.D.Lond. (London); John Smith, M.D.Aberd. (Aberdeen); Hugh Crichton-Miller, M.D.Ed. (London); Rupert Samuel Bruce Pearson, M.D.Oxf. (London); Frank Patrick Lee Lander, M.D.Lond. (London); Richard W. B. Ellis, M.D.Camb. (London); William Donald Wykeham Brooks, M.D.Oxf. (London); Janet M. Vaughan, M.D.Oxf. (London); Robert Pierret, M.D.Lyons (Paris); William Allen Daley, M.D.Lond. (London); Naguib Mahfouz Pacha, M.B.Cairo (Cairo); Sir Henry Howarth Bashford, M.D.Lond. (London); William Fletcher Shaw, M.D.Manch. (Manchester); Henry Francis Moore, M.D.Dublin (Dublin).

The following were admitted Members of the College:

Alice Josephine Mary Taylor Barnes, M.B.Oxf., Amiya Kumar Basu, M.B.Calcutta, Richard Maxwell Biggins, M.B.Melb., Manindral Biswas, M.B.Calcutta, John Henderson Bolton, M.D.Melb., Josiah Mark Bonnin, M.B.Adelaide, James Eric Clarke, M.D.Melb., William Paton Cleland, M.B.Adelaide, William Richard Shaboe Doll, M.B.Lond., William Henry de Barge Hubert, L.R.C.P., Ralph Kauntze, M.B.Camb., George Marcus Komrower, M.B.Manch, Eliot Digby Mackworth, M.B.Aberd., Ram Prakash Malhotra, M.B.Punjab, Emanuel Miller, L.R.C.P., Robert Mowbray, M.D.Durh., Frank Haddow Scadding, M.B.Lond., John Dalrymple Willis, M.B.New Zealand.

Professor J. W. McNee was re-elected a representative of the College on the Executive Committee of the Imperial Cancer Research Fund, and Dr. Reginald Hilton representative on the Scientific Advisory Committee of the Radium Institute and Mount Vernon Hospital.

Professor W. W. D. Thomson was appointed delegate of the College to the twenty-fifth Annual Conference of the National Association for the Prevention of Tuberculosis at Belfast, June 29 to July 1.

Dr. H. Morley Fletcher reported on his recent visit to the inauguration ceremony of the Royal Australasian College of Physicians at Sydney.

Licences and Diplomas

Licences to practise physic were conferred upon the following 220 candidates (including sixteen women) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

G. Ahmad, A. C. Anderson, S. C. Appleton, G. N. Arthurs, D. W. R. Ashby, J. Aspin, H. Auger, D. M. Baker, G. C. Barron, T. H. Bassett, L. S. Beizer, R. C. S. Benson, W. C. Berriman, E. B. Berry, A. C. Bingold, F. T. Birkinshaw, P. H. Birks, St. J. M. C. Birt, M. K. Blair, R. A. Blair, P. J. Blaxland, J. A. Bowen-Jones, E. S. Brawn, W. E. Bryan, M. M. Bull, N. F. E. Burrows, J. R. Caldwell, K. P. S. Caldwell, J. A. Campbell, J. Carter, P. J. R. Chalton, J. H. O. Chance, P. T. Chopping, Nancy G. Clegg, P. U. Colyer, C. A. G. Cook, E. Cook, E. L. Corsi, J. M. Couchman, H. H. Crabb, J. D. Craig, J. V. Crawford, G. R. Crawshaw, J. J. Crehan, J. L. S. Cresswell, A. P. Curtin, D. O. Davies, Dilys Ll. Davies, I. M. Davies, P. H. Davies, R. M. Davies, N. Dembovitz, R. G. Denniss, R. de Senneville, H. E. de Wardener, N. J. Dhondy, B. Djanogly, W. Donkin, J. A. Duncan, R. G. Elgar, F. H. Edwards, W. G. C. Edwards, T. K. Elliott, E. M. Elmhirst-Baxter, J. F. Erskine, R. H. Evans, G. R. Fearnley, C. M. Fletcher, R. Fletcher, K. H. P. Flew, Mita Frost, J. W. Garraway, M. O. J. Gibson, J. C. Gillett, Barbara Girling, H. E. Gleave, F. S. Gorrill, R. W. G. Grindlay, L. B. Gunn, J. T. A. Hackett, R. H. V. Hafner, R. Hanbury-Webber, J. Harders, E. Y. Haroun, K. L. Hart, M. F. Hart, G. G. Hartill, C. F. Hawkins, F. A. Henley, J. Herbert-Burns, J. B. Heycock, P. F. J. Hickinbotham, A. C. S. Hobson, T. P. Hopkins, W. J. T. Howard, C. Huddleston, C. W. A. Hughes, J. F. Hughes, J. P. Irwin, I. M. Jackson, Beryl C. James, B. A. E. Johns, Dorothy H. Johnston, R. D. C. Johnstone, A. K. Jones, Eleanor M. Jones, W. A. Jones, F. P. Kay, R. McC. Kennedy, J. B. Kershaw, R. Kershaw, R. A. King, M. H. Kinmonth, W. H. Kirkaldy-Willis, A. H. Knight, Dorothy M. S. Knott, D. B. Kulkarni, H. C. Lanchester, D. Lawrence, Mary Laws, Joyce Leach, G. Levy, J. S. Lillicrap, J. J. H. Lowe, J. N. Macdonald, G. C. Mackay, A. R. C. Margetts, R. E. D. Markillie, I. H. Marrable, G. R. Marshall, D. R. B. Mathias, R. Mawson, D. E. Meredith, A. E. W. Miles, M. D. Milne, S. Misra, J. B. Mitchell, Mary L. Mittell, S. V. Mody, N. C. Mond, Margaret J. Morgan, E. P. Morley, D. Munro-Ashman, J. Murray, J. C. H. Nicolas, F. Noronha, M. B. Oakden, A. M. Ogilvie, S. P. S. Oswald, K. Page, K. R. Pallot, L. M. Pearce, Sylvia Pearson, W. H. Peek, J. Ll. Penistan, E. A. Penn, J. H. Penrose, P. E. Perceval, Freda M. Pescatore, C. P. Petch, A. K. Pittman, M. J. Pleydell, B. Pomerantz, H. I. H. Porcher, F. Post, F. L. Potter, R. W. K. Purser, P. R. Rainford, G. J. F. Rees, I. B. Rees-Roberts, B. W. Richards, D. G. B. Richards, J. R. E. Richardson, Frances M. Roberts, J. D. Rochford, Nancy G. Rogers, E. Rosenbaum, W. H. S. St. John-Brooks, Mary Savory, S. Shaw, W. A. de C. Shearman, M. A. Shellim, V. S. Shuttleworth, M. R. J. Snelling, R. J. O. Speirs, J. R. Squire,

H. N. D. Stephens, P. S. Steptoe, A. M. Stevens, I. MacD. G. Stewart, J. E. T. Strickland, W. E. Swanston, G. Tabuteau, J. A. Taylor, E. L. Tee, J. E. Tees, J. L. Temple, A. S. Thenuwara, K. B. Thomas, D. H. Thompson, J. I. Timothy, B. Tongbai, E. H. Travers, D. Tumrasvin, E. W. Turner, L. H. Turner, R. S. Turner, F. H. Tyrer, H. G. Vyse, L. D. Walker, R. J. S. Walker, K. H. Walter, M. Ware, C. K. Warrick, P. Watts, J. W. S. Welbon, R. G. S. Whitfield, H. W. Whittingham, R. Wilson, P. B. Woodyatt.

The following diplomas were conferred, jointly with the Royal College of Surgeons of England, upon the following candidates:

TROPICAL MEDICINE AND HYGIENE.—A. C. E. Cole, W. G. Davidson, S. M. Desai, A. M. Dimyan, W. R. M. Drew, A. Gomez, M. Grais, H. P. Gunetilleka, A. J. Haddow, G. McN. Hargreaves, J. K. Hunter, J. S. B. Kumarakulasinghe, J. H. McDonald, Sosa Matthew, S. K. Mufarrij, K. P. G. Nayar, Hirabai B. Patil, E. P. Rigby, P. A. Shah, D. G. Snell, W. A. Thomas, S. C. Thurai-Rajah, C. M. Vanniasagaram, D. P. Viljoen, C. C. Warnesuriye, O. G. Weerasinghe, S. C. Wright.

ANAESTHETICS.—C. G. Bryan, G. Kaye, H. R. Youngman.

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

W. Anderson, G. L. Basak, S. S. Basta, C. H. Boyd, W. Briggs, A. A. Brown, Caroline M. Brown, Gertrude M. Brown, H. Chartock, C. N. Dhlamini, Fa Lun Fung, W. F. H. Gibson, L. N. Gitzelter, Phoebe T. Goggin, N. Goodman, M. F. H. Griffith, E. J. Guller, H. L. Hart, M. Kandasamy, M. Langman, F. G. Lassalle, J. Loudon, R. W. McClements, G. W. R. MacGregor, Mary P. Maclean, G. R. P. MacLeish, S. S. Molema, J. Morkan, S. G. Paletz, J. A. Perpoli, P. A. McL. Robertson, W. S. Schram, S. Siegel, H. S. V. Smith, A. Tawfic, A. Unger, B. N. Young.

The following graduates of recognized universities, having passed the requisite examinations, were also admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

P. Baer, S. F. Berndt, W. Elkan, R. Freudenberg, Gerda Friedmann, A. A. Malik, W. Mayer-Gross, R. P. M. Regnault.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—D. H. Dracup, R. S. Holtan, J. A. L. Leeming, E. C. G. Miller, J. A. V. Shone.

MEDICINE.—N. F. Bishay, D. Macpherson, F. D. P. Palmer.

FORENSIC MEDICINE.—D. Macpherson, F. D. P. Palmer.

MIDWIFERY.—J. J. Brenner, D. Specter, W. N. Vallacott.

The diploma of the Society has been granted to J. A. L. Leeming, F. D. P. Palmer, and J. A. V. Shone.

THE FACULTY OF RADIOLOGISTS

The Faculty of Radiologists, which was formed by the amalgamation of the British Association of Radiologists and the Society of Radiotherapists, has established a Fellowship to meet the need for a higher radiological qualification; it is obtainable by examination and submission of a thesis. Fellows (who automatically include former Fellows of the British Association of Radiologists) may use the initials F.F.R. after their names. Candidates must be eligible for membership of the Faculty—that is, have practised radiology exclusively for three years—registered medical practitioners of five years' standing, and radiological diplomates of two years' standing. In 1941 and subsequently a year's general clinical work at approved hospitals will also be compulsory. They must pass an examination in radiodiagnosis and/or radiotherapy equivalent to the standard of higher academic qualifications, and an examination on a pass standard in general medicine, general surgery, and pathology, with special reference to diseases in which radiology is concerned. Candidates who have passed examinations for higher medical or surgical qualifications may be exempted wholly or partly from the latter subjects. The examination is held annually in London at the beginning of December. A thesis on some special subdivision of the candidate's radiological subject is also required, and may be presented at any time after the expiration of two years from the taking of a radiological diploma. Candidates need not necessarily be Members of the Faculty in order to sit for the Fellowship examination, but a successful candidate who is not a Member must be elected as such before he can be admitted a Fellow. The offices are at 32, Welbeck Street, London, W.1.

Medical Notes in Parliament

The Royal Assent was given on April 28 to the Army and Air Force (Annual) Bill and the Local Government Superannuation Bill, 1939.

Defective Crew Accommodation: Port Medical Officer's Duties

Dr. ELLIOT on April 27 told Mr. Ben Smith that records of nuisances and defects in crews' accommodation which were not remedied at the port of detection were kept by port health authorities. There was no general requirement as to the notification of unremedied nuisances and defects to subsequent ports of call, but where such notification was given it would usually be the practice for the medical officer of health of the subsequent port to notify the port of detection of the action taken by him and of its result. Particulars of unremedied nuisances and defects were not reported to the Ministry of Health or to any other authority except that of a subsequent port of call.

Mr. SMITH asked if the Minister would ask or instruct the medical officers to report these ships at the various ports of call, so that the proper remedies might be made effective. Dr. ELLIOT said he would consider this question in the review of the matter which the Ministry was holding.

Dr. Elliot also told Mr. Smith that the annual reports of the medical officers of health of port health districts (which included the particulars supplied by sanitary inspectors) were examined by officers of his Department. Summaries were made of some of the information contained in the reports, and notes of any exceptional information or suggestions were taken with a view to appropriate action, which might include in some cases a visit to the port by a medical officer of his Department.

Mr. SMITH asked what conditions had to be fulfilled before a port medical officer of health could record that a notice to remedy a nuisance or defect in the accommodation for the crew by a vessel had been complied with.

Dr. ELLIOT said that this was a matter primarily for the judgment of the medical officer of health, but the ordinary practice was to verify by inspection that the nuisance or defect had been remedied.

Mr. SMITH asked if the best course would not be to give powers of supervision to medical officers of health; but Dr. ELLIOT replied that these were responsible officers, and we must leave something to their judgment. Mr. SMITH: Surely there must be some overriding authority for any officer of a Department? Dr. ELLIOT: It would be greatly to the advantage of the subject which Mr. Smith and I both have at heart if he would have confidence in my Department.

Administration of "Gland Extracts"

On April 27 Mr. LYONS asked the Minister of Health whether he was aware that gland extracts from animals were being administered to football players, and particularly to the teams who were to take part in the 1939 Cup Final; and whether he would order an investigation into this practice with a view to ascertaining its effect and repercussions on national health. Dr. ELLIOT said he had no first-hand information on this matter, but the gland extracts concerned were included in the medical pharmacopoeia, and if, as he had reason to believe, they were administered under medical supervision he did not think any special investigation was necessary. If there was any specific point which Mr. Lyons wished to bring to his attention he would look into it.

Mr. LYONS: Does the Ministry of Health endorse or approve of this form of treatment? Dr. ELLIOT: Treatment administered under the supervision of a medical man is not a matter for approval or disapproval by my Department. Mr. MANDER asked if the Minister was aware that this treatment was entirely innocuous, that it had been widely administered with beneficial results as regard resistance to disease, and that the clubs con-

cerned would welcome any inquiry it was thought fit to make. No reply was given to this question.

Discussions of the Parliamentary Medical Committee

At a meeting of the Parliamentary Medical Committee on May 1, Sir FRANCIS FREMANTLE presiding, matters connected with evacuation in time of emergency, the distribution of medical personnel, and regional organization were discussed. It was decided to ask one of the regional medical organizers to meet the committee at an early date. The subject of conscription was considered, and it was agreed that the six months' training in the twenty-first year would prove most valuable for the health of the country, but that as some opposition to the measure was based on the fear that it would lead to permanent and general conscription it would be best not to say too much about the health-giving conditions which, it must be recognized, would be proved by experience. It was agreed that the question of postponing conscription when necessary for the sake of university and medical examinations would require attention. Questions arising out of the Budget which were discussed included the possible exemption of doctors' motor cars from the increased horse-power tax, and the possible exemption of photographic films for medical and scientific purposes. Consideration was also given to the surprising abolition of the tax on patent medicines, with the apparent effect that it would also do away with the incentive for publication of the contents of the medicines on the labels, which had enabled most of the better-known patent medicines to secure relief from the tax. It is hoped to raise these matters in the debates on the Finance Bill in due course.

Information was given to the committee of the composition of the subcommittee appointed by the Minister of Health to advise him on the administration of the Cancer Act, and as to the action promised by the Minister at the end of the recent debate on the nursing services. Mention was made also of the Criminal Justice Bill, now considerably improved in committee; and of the London Government Bill with regard to the disqualification of certain medical officers from membership of a metropolitan borough council. It was decided to take appropriate action on each of these matters.

Patent Medicine Duty

On May 2 Lieutenant-Commander FLETCHER asked the Chancellor of the Exchequer if he could give an assurance that the benefits of the abolition of the duty on patent medicines would be passed on to the public by reduction in the prices of the articles concerned, and that the concession would not be solely utilized to increase the profits of the proprietary medicine manufacturers. Sir JOHN SIMON replied that in evidence before the Select Committee which reported in 1937 on the Medicine Stamp Duties, one important body stated that if the duty were removed the consumer would receive the whole of the benefit. He relied on the good will of other manufacturers and vendors to follow this excellent example.

Lieutenant-Commander FLETCHER: Is it not very desirable that the repeal of this archaic tax should not result in certain individuals making larger profits than they do at present out of deceiving and gulling the public?

Sir JOHN SIMON: I am not prepared to accept the suggestion that all remedies deserve epithets of that sort, but it is certainly desirable that when a duty is abolished or reduced, so far as possible the benefit should be passed on to the public, just as is often the case when a tax is increased.

Lieutenant-Commander FLETCHER: I would point out that I referred to "certain individuals."

Fracture Clinics

Dr. ELLIOT states that seven local authorities in the United Kingdom and seventy voluntary hospitals have established fracture clinics substantially on the lines advocated in the Interim Report of the Committee on the Rehabilitation of Injured Persons.

Milk Legislation

On May 1 Sir REGINALD DORMAN-SMITH informed Mr. Price that as existing legislative provisions with respect to the milk

industry expired on September 30 he hoped to introduce a further measure of milk legislation this summer. He could not yet indicate the lines of the new legislation.

Primary Vaccination during Adolescence.—On April 25 Mr. BERNAYS informed Squadron Leader Hulbert that the Ministry of Health had drawn attention to the undesirability of primary vaccination during school age or adolescence, both in annual reports and in a circular issued on August 19, 1929. The Minister of Health was considering giving further guidance in the matter, but it was difficult to see how legislation would help.

Tuberculosis as a Scheduled Disease.—On April 27 Captain PLUGGE asked the Home Secretary whether, as tuberculosis was not a scheduled disease under the Workmen's Compensation Act, and nurses who contracted this malady in the course of their duties obtained no compensation, he would consider introducing legislation to deal with the matter. Mr. PEAKE replied that the question of extending the Workmen's Compensation Act to cover tuberculosis and other diseases not specific to employment to permit of their being scheduled under the Act raised great difficulties. The matter would no doubt be raised in evidence before the Royal Commission, and the Home Secretary would not feel justified in attempting to deal with it in advance of the Commission's report.

Report on Rehabilitation after Accidents.—The Delevingne Committee on Rehabilitation of Persons injured by Industrial Accidents is considering its draft report and hopes to present it at an early date. It is not possible to say how much of the information obtained by the committee will be published.

Notes in Brief

During the year ended March 31 the factory inspectorate was increased by twenty-six, including three medical inspectors.

Eight hundred and forty-six boroughs and urban district councils have submitted air raid fire-precautions schemes; 812 have been examined and the great majority settled in principle.

Asked on April 27 whether the seamen now serving on vessels coasting round Britain had been supplied with gas masks, Sir John Anderson said that some 2,300 ships had now been supplied with these masks.

The Services

HONORARY PHYSICIAN TO THE KING

Major-General R. W. D. Leslie, O.B.E., late R.A.M.C., has been appointed Honorary Physician to the King, in succession to Major-General G. A. D. Harvey, C.B., C.M.G., late R.A.M.C., who has retired.

HONORARY SURGEONS TO THE KING

Major-General A. D. Fraser, D.S.O., M.C., late R.A.M.C., has been appointed Honorary Surgeon to the King, in succession to Major-General H. H. A. Emerson, D.S.O., late R.A.M.C., who has retired.

Colonel W. E. R. Williams, O.B.E., I.M.S., has been appointed Honorary Surgeon to the King in succession to Colonel W. J. Powell, C.I.E., I.M.S., who has retired.

DEATHS IN THE SERVICES

Major GERALD JAMES MCGORTY, M.C., R.A.M.C., died at Warrington Barracks on March 30. He was educated at Glasgow University, where he graduated M.B., Ch.B. in 1915, after which he took a temporary commission as lieutenant in the Royal Army Medical Corps, and after a year's service became captain. At the end of the war he took a permanent commission in the R.A.M.C., and became major on April 19, 1928. He served in the war of 1914-18, was mentioned in dispatches in the *London Gazette* of November 25, 1916, and received the Military Cross. He joined the British Medical Association in 1925. He leaves a widow.