

## Local News

### ENGLAND AND WALES

#### Hygiene of Crews' Spaces

In his annual report for 1938 as medical officer of health to the Port Health Authority, Liverpool, Dr. W. M. Frazer continues to devote much careful attention to the question of the hygiene of crews' spaces. No improvement is reported with regard to the problem of vermin in the men's quarters, and emphasis is laid upon the urgent necessity for strong propaganda on personal hygiene for seafaring men. In a summary of insanitary conditions found during the year the figures for British shipping are distressingly high. Of 4,334 British ships inspected 699 showed the defects described as nuisances. The comparable figures for foreign ships were 1,232 and 60. This gives a most unsatisfactory ratio; British ships one in six showing defects, foreign ships one in twenty, taking the nearest round figures. Insanitary conditions are also shown to be more frequent in vessels sailing "foreign" than in those sailing coastwise, the proportion of defects in the former category being nearly double that in the latter. It is stated that a number of vessels are still fitted with the old type of "trough" closet. In every case where these are reported by the port health inspectors the company concerned is advised to substitute closets of the modern wash-down type. As a result at least two companies are systematically removing all trough closets from their respective fleets. Following preliminary investigation during the previous year into the fresh-water supply of foreign-going cargo boats of between 1,500 and 4,000 net tons it was decided to prosecute an inquiry on a larger scale. In the present report an analysis is given covering 250 British and 250 foreign ships, representing in all nineteen different nationalities. From the appropriate data furnished by the sanitary inspectors the following figures were deduced: the average daily consumption per head in gallons; the quantity of water, in tons, used on maximum voyage; and a percentage figure correlating the demand on maximum voyage to the total storage of fresh water. The type of supply to wash places was also investigated, varying from those with hot and cold water laid on to those with no water at all, when hot water must be brought from the galley fire and cold water from amidships. In more than half of both British and foreign ships thus examined the latter primitive arrangement was in force. It is pointed out in a summary of the above investigation that, in the case of new vessels under construction, the initial cost of hot and cold water to crews' quarters is low and the benefits derived are great, and the report expresses the hope that the next generation of ships will render obsolete the present unsatisfactory conditions which prevail in the majority of vessels.

#### Bacteriological Examination of Water

The Ministry of Health in 1934 issued a memorandum on the bacteriological examination of water supplies, describing a standard technique for this purpose and explaining the precautions necessary in obtaining and transmitting samples to the laboratory. It was reprinted three years ago with minor alterations, and has been found useful by bacteriologists, health officers, and water undertakers both at home and abroad. Exhaustion of the 1936 reprinting has given an opportunity for revision of the memorandum in the light of recent advances in water bacteriology. It appears as No. 71 of Reports on Public Health and Medical Subjects (H.M. Stationery Office, 1s.). The changes introduced in this publication are intended to make it still more suitable for study by persons

without special bacteriological knowledge, especially those who are concerned with the administration of water undertakings, to whom the recent memorandum on the safeguards to be adopted in day-to-day administration (Ministry of Health Memorandum No. 221) was addressed. The value of frequent and regular laboratory tests of water as a means of ensuring that the supply is fit for drinking is emphasized.

"No bacteriological examination, however careful, can take the place of a complete knowledge of the conditions at the source of supply and throughout the distribution system. . . . A single laboratory examination of a water supply, however favourable, does not justify the conclusion that all is well and the supply suitable for drinking purposes. The impression of security given by the bacteriological testing of a water supply at longish intervals may, in fact, be quite false. On the other hand, the value of such tests may be greatly enhanced by their frequent and regular application. These, in the course of years, will provide the necessary normal standard for any particular water, lapses from which must at once arouse suspicion."

The report lays it down that it is more important to examine numerous samples by a simple test than occasional samples by a more complicated test or series of tests. The frequency of tests must depend on expert advice given to the individual water undertaker in the light of local conditions. The standards of purity which should be aimed at are again discussed in this issue and new suggestions put forward.

#### Central Pathological Laboratory, Maudsley Hospital

To fill the vacancy caused by the resignation of Dr. F. L. Golla, director of the central pathological laboratory, Maudsley Hospital, which involved also his vacation of the London University chair in the pathology of mental disease, Dr. S. Nevin, assistant physician at the Maida Vale Hospital for Nervous Diseases, has been appointed to the directorship and has been recommended for the university chair. In accordance with university statutes and regulations the two offices were advertised together, and a board of advisers was set up, consisting of the vice-chancellor and principal of the university, three external experts, three members of the Mental Hospitals Committee of the London County Council, and the chief officer of the mental hospitals department, to consider the five applications received. Dr. Nevin was unanimously recommended, and has been appointed by the Council to the directorship, and his recommendation to the university chair has been approved by the Senate. The appointment of director has carried with it for some years past a special allowance of £200 a year, additional to the prescribed annual salary of £1,250, but it is proposed that the allowance shall be discontinued pending further consideration, in the light of experience, of the need for reinstating part or all of it.

#### Emergency Work of the Red Cross Society

A meeting of the Council of the British Red Cross Society was held on May 18 at the headquarters in London, with the Duke of Gloucester in the chair. Sir Arthur Stanley, chairman of the Executive Committee, speaking of reorganization necessary to effect the fullest co-operation with the Government's national defence schemes, said that the society was represented on the central national service committees, and local committees set up by the Ministry of Labour; also on the central emergency committees for the nursing profession and the supply of auxiliary nurses, and on local committees set up by the Ministry of Health. To obtain better co-ordination it had been decided to group the county branches in conformity with the Government's civil defence regions. A regional subcommittee would be set up to secure and maintain understanding between headquarters and the county branches, especially in relation to the services of the very large number of women who

had been released from their immobile obligation to the War Office and were available for service in civilian hospitals, at A.R.P. casualty stations, or in other ways as might be required. The Princess Royal, Commandant-in-Chief, in making her report, stressed the great pressure at which the society was working. Since the last meeting of the Council in November fifty-five men's and 431 women's new detachments had been raised, with a trained personnel of 1,271 men and 9,599 women, while the number of certificates issued for first aid, home nursing, and anti-gas training was 85,321, an indication of what was being done in preparing the public to meet any possible national emergency. In spite of many calls at home the interest in international relief work has not diminished. Sir John Kennedy reported on the administration of the grant entrusted to the society by the Government for relief of Spanish male internees in the French Pyrenees. The situation is still serious and fraught with difficulties, but immediate needs are being met and conditions are improving. The assistance given through the Government's grant, particularly in clothing, of which great quantities have been supplied, and medical stores, is warmly appreciated by the French, who are confronted with an immensely difficult problem. New camps are being constituted on clean sites by the French, who are also taking measures to prevent the spread of infectious disease.

## SCOTLAND

### Edinburgh Postgraduate Courses

The syllabus of the postgraduate courses in medicine to be held in Edinburgh during the summer gives particulars of the instruction obtainable in July, August, and September. From July 10 to 28 there will be a course in obstetrics and gynaecology at the Simpson Memorial Maternity and Gynaecological Pavilions of the Royal Infirmary: fee £10 10s. A general practitioners' course will be held from August 14 to September 9: fee £10 10s. for four weeks or £6 6s. for two weeks. A general surgical course will be held concurrently at the same fees. An eight-weeks intensive course on internal medicine will be held from October 16 to December 9: fee £15 15s. This course will be conducted by the honorary staff of the Royal Infirmary, and graduates will be attached in groups of four to the charges of the honorary physicians for individual practical and clinical work. In addition to these courses special instruction in individual subjects, such as the interpretation and significance of modern diagnostic methods, diseases of the blood, endocrinology, diseases of the nervous system, modern methods in anaesthesia, x-ray physics and electrotechnics, ultra-violet radiations and their uses, ophthalmoscopy, urology, urological surgery, treatment of fractures and orthopaedics, neurological surgery, diseases of the ear, nose, and throat, venereal diseases, surgical pathology, orthopaedic surgery, etc., may be taken by graduates specially interested. The syllabus may be obtained from the secretary of postgraduate courses in medicine, University New Buildings, Edinburgh.

### Scottish Hospitals in War-time

The casualty hospitals in Scotland in the event of war will be organized in three groups. The first group will be restricted largely to giving emergency treatment; the second will treat any casualties in their immediate vicinity and will also give continued treatment to cases transferred from the first group; and the third will deal with patients whose treatment would not require special facilities. In addition to these hospitals mansion houses in country districts capable of providing auxiliary accommodation have been made available. The Department of Health for

Scotland, which has been entrusted with the task of preparing and developing the necessary plans, has divided the country into five areas—western, south-eastern, eastern, north-eastern, and northern—each under the charge of a hospital officer. Hospital authorities, voluntary and statutory, will, however, retain full responsibility for the management of their hospitals in an emergency. Except where special circumstances arise the majority of hospitals will be expected to carry on the essential minimum of their normal work. It is not proposed to abandon any hospital. The maximum use is to be made of available accommodation by restricting admission to urgent cases, by erecting beds which hospitals normally maintain in reserve, by sending patients home, by introducing additional beds in the wards, by converting spare rooms into wards, by transferring patients from the first two groups to the third, and by erecting temporary buildings at certain hospitals. Hospital authorities are urged to maintain reserves of consumable stores, and a minimum of at least a month's normal supply is mentioned. Seventy-five buses would be converted into ambulances to transport patients from hospitals in the first and second groups to those in the third.

### PERSONNEL

As regards personnel, the aim will be to staff hospitals in the most dangerous areas on a "casualty" basis, the senior and more experienced consultants and specialists being assigned to the outlying hospitals to the extent that it was found possible to arrange for major treatment to be carried out there. Arrangements are being made for the organization of surgical teams to serve hospitals: some of the teams will be specially constituted to deal with certain types of injury—for example, head wounds—while others will be mobile, so as to be available at any point where exceptional pressure occurs. A register of all medical men and women who would be available in an emergency is kept by the Scottish Central Emergency Committee, British Medical Association House, 7, Drumsheugh Gardens, and a similar register of trained and assistant nurses by the Scottish Branch of the College of Nursing. Each hospital authority in war-time will submit daily reports to the hospital officer, and in every period of raiding they will inform him every two hours of the bed state of the hospital and warn him whenever the balance of available beds threatened to become exhausted.

### TEMPORARY HOSPITALS

The Department of Health for Scotland has also announced that it is considering the erection of hutted hospitals in selected districts for use in the event of war. There will be five of these hospitals, each accommodating 600 beds and allowing for a possible expansion to double that number. They will be additional to the hutted annexes to existing institutions, about which announcements have already been made, and will be independent units. The sites of these hospitals have been discussed with the railway companies with a view to obtaining direct railway access, and the Department's representatives have also consulted the Association for the Preservation of Rural Scotland with a view to ensuring the preservation, so far as possible, of existing amenities.

G. Ravalico (*Minerva med.*, 1939, **30**, 362) found intramuscular injections of bismuth in the form of "bicanfol" a valuable adjuvant of antitoxin in the treatment of severe diphtheria. Among 100 cases in which the treatment was employed a single dose was given in fifty-seven, two doses in forty, and three in three. The effect of the drug was to lessen the toxæmia, lower the temperature, clear up the necrotic lesions, and reduce the fatality rate. The death rate among cases so treated was only 3 per cent., as compared with a rate of 8 per cent. among 168 controls. No ill effects were observed.

girl of 20, had never menstruated, though she had suffered from menstrual pains. No trace of vaginal orifice could be seen nor uterus palpated in its normal position. At the patient's urgent wish we operated. The abdomen was opened and a small infantile bicornuate uterus found. No cervical orifice or canal could be demonstrated. A vaginal canal was established from the perineum, starting from its normal situation, and the uterus was sutured to the upper end of this canal. An impression of the artefact vagina was next obtained with stent on a metal mould; this was covered with Thiersch grafts obtained from both arms and secured to the stent with fine catgut ligatures. The whole was then reinserted into the vagina, and the latter closed entirely by suturing the lower end together. The stent was removed in ten days, leaving the Thiersch graft beautifully lining the vagina. The lower end—which had previously been sutured—remained to be grafted. This was done by cutting flaps from the well-developed labia minora on each side and swinging them backwards round the vaginal walls to meet in the mid-line posteriorly. These grafts also were quite successful. The patient now has an excellent and satisfactory vagina, though it remains to be seen whether the uterus will ever become functional."

Hence, I do not think it is quite fair to refer to the operation as "Counsellor's operation." Moreover, my method of utilizing parts of the labia minora for lining the lower end of the canal is a very distinct advantage, and is not realized apparently by Dr. Counsellor.—I am, etc.,

Wellington, New Zealand,  
March 28.

H. P. PICKERILL.

### Yaws and Syphilis

SIR,—Further to Professor D. B. Blacklock's letter on this subject in the *Journal* of May 13 (p. 1004) the following facts may be of interest. When I was district medical officer at Salem, South India, the inhabitants of a certain village were reported to be suffering from yaws. I visited it with my assistant surgeon and we found a very large number of the people had multiple limpet-shaped scabs. I had in hospital at the same time an undoubted case of syphilis, and the patient had similar scabs, but they were far more numerous and flatter and there was more inflammation. The inhabitants of the village refused treatment of any kind at our hands. Later two of them went to gaol, and I was then able to treat them with salvarsan with good results. The patient with syphilis was a very sick man; patients with yaws did not appear to be sick. This was the only village in which I saw or heard of such cases. It is many years ago, but my impression is that the majority of the people had some of these typical limpet-shaped piles of cells. It seems rather unlikely that one village should suffer from endemic syphilis while this condition was rarely seen elsewhere.—I am, etc.,

London, W.1, May 18.

W. GUYON RICHARDS.

### Disease of the Lung in Industry

SIR,—My address to the Advisory Medical Committee of the Industrial Welfare Society on industrial diseases of the lung made special reference to those trades where the possibility of a specific occupational lung hazard might exist. Silicosis, anthraco-silicosis, sidero-silicosis, and asbestosis were specially noted. The prevention and early detection of tuberculosis in industry also received some attention.

In my actual address I stated: "As a preventive measure all large factories should have on their staff a medical

officer with adequate facilities, including x-ray facilities." With the first part of this statement Dr. D. Stewart (*Journal*, May 20, p. 1059) agrees, and he will, I feel sure, agree also that, where the possibility of pulmonary disease in dusty trades is concerned, x-ray investigation of the chest must necessarily be included among the facilities. Where a specific occupational lung hazard is concerned it would obviously prove to be an economic proposition to have such facilities on the spot. I quite recognize, however, that every factory engaged in a dusty trade cannot have x-ray facilities on the premises. Such a question is purely a matter for the individual factory management.

Dr. Stewart concedes that a very proper place in the prevention and detection of lung tuberculosis in industry does belong to the industrial medical officer, and he agrees, moreover, with the policy of extension of medical services in the factory. I hold the view that the medical officer in such cases has adequate facilities, including those for x-ray examination, if he is able to refer his cases to chest clinics and hospitals in close proximity to the factory. Dr. Stewart and I are therefore, I feel, in substantial agreement.—I am, etc.,

London, W.1, May 22.

PHILIP ELLMAN.

## The Services

### DEATHS IN THE SERVICES

Lieutenant-Colonel ROBERT GEORGE GIBSON CROLY, I.M.S. (ret.), died at Pyrford Heath, Surrey, on April 25, aged 57. He was born on September 26, 1881, and was educated at Queen's College, Cork, graduating M.B., B.Ch., B.A.O. of the Royal University of Ireland in 1904. Subsequently he took the D.T.M. and H. of the London Colleges in 1920 and the F.R.C.S.Ed. in 1924. He entered the Indian Medical Service as lieutenant on February 1, 1906, became lieutenant-colonel on August 1, 1925, and retired, owing to ill-health, on February 4, 1935. He was on active service from 1914 to 1921, and was mentioned in dispatches in the *London Gazette* of July 23, 1920. After the war he entered civil employ in the Madras Presidency, being appointed district medical officer of Kistna District in January, 1924. He became surgeon of the 4th District of Madras City and superintendent of Royapettah Hospital in February, 1926, and subsequently first surgeon of the Madras General Hospital and professor of surgery in the Madras Medical College. He had been a member of the British Medical Association since 1921.

Lieutenant-Colonel DAVID WATERS SUTHERLAND, C.I.E., Bengal Medical Service (ret.), died at Dunbar on April 18, aged 67. He was born on December 18, 1871, in Grenville County, Victoria, the son of the late Mr. John Sutherland, and was educated at the Universities of Melbourne and Edinburgh, graduating at the latter as M.B., C.M., with first-class honours, in 1893. He proceeded M.D., with commendation for his thesis, in 1902. He also took the M.R.C.P.Lond. in 1902 and in 1923 was elected a Fellow. He entered the Army as surgeon lieutenant on July 28, 1894, became lieutenant-colonel on January 28, 1914, and retired on December 12, 1926. He served on the North-West Frontier of India in the Chitral campaign of 1895, when he was present in the action of the Malakand Pass and the relief of Chitral, was mentioned in dispatches in G.G.O. No. 998 of 1895, and received the medal with a clasp, and in the Afghan Field Force in 1920, as consulting physician to the force. Most of his service was spent in civil employ in the Punjab, where he was appointed professor of materia medica and pathology in the Lahore Medical College in 1897, professor of medicine in April, 1903, and principal in June, 1909. He received the C.I.E. in June, 1917. He was the author of a work on the *Differential Diagnosis of Fevers* (1909). He had been a member of the British Medical Association for twenty-four years.

air education, in which he retained a life-long interest. Other innovations introduced by him at Sheffield were a school clinic for minor ailments and school shower baths, as well as a residential school for children with surgical tuberculosis. The teaching of hygiene was also one of his major interests. From 1907 to 1914 he was Professor of Public Health in the University of Sheffield, and later in life, in 1927, he became the lecturer on public health at King's College Hospital, and in 1934 Chief Examiner in Hygiene to the Board of Education. In 1914 he left Sheffield to join the medical staff at the Board under Sir George Newman at Whitehall.

During the war Dr. Williams saw much service in the Dardanelles, in Egypt, and in France with the R.A.M.C., but early in 1918 he was recalled to England and given the administrative charge of the medical arrangements of all flying stations in the United Kingdom with the rank of lieutenant-colonel R.A.F. Returning to the Board of Education in 1919, he was a divisional medical officer, and contributed many papers on open-air education, mental deficiency, and other school medical service subjects, alike to medical journals and to the reports of the Chief Medical Officer. The comparative pathology of man and the lower animals always greatly interested him, and as a Fellow of the Zoological Society he was a constant visitor to their laboratories. He was a vice-president of the International Committee for Open Air Education and had represented Great Britain and read papers at two international congresses. Equally at home in any society and well informed upon almost every subject, Dr. Williams had the advantage of an innate kindness and cheerfulness which, together with his great professional ability, rendered him a most acceptable representative of the Board and equally well liked by his students and the numerous representatives of the medical and educational services with so many of whom his diverse duties brought him in contact.

In 1901 Dr. Williams married Mabel Grace, the daughter of Mr. J. J. Wheat of Sheffield, who survives him with a son and two daughters. His home life, like his medical career, was a most happy one. His unselfish pleasure in the achievements of others was a striking feature of a busy life lived in many different spheres in each of which he showed the same invariable kindness, geniality, and courtesy.

#### C. T. SAMMAN, M.R.C.S.

Past Master of the Society of Apothecaries

Lieutenant-Colonel Charles Thomas Samman, R.A.M.C., died on May 17 at his house in Ventnor. He was the son of Mr. Alban Samman of Deddington, and was born in 1865. He received his medical education at the London Hospital and obtained the qualifications of M.R.C.S., L.S.A. in 1888 and then entered the R.A.M.C. He retired from the Service with the rank of lieutenant-colonel and began practice as a barrister, having been called to the Bar by the Middle Temple. Samman was made free of the Society of Apothecaries in 1888, and was promoted to the livery in 1891. In 1921 he was elected to the Court of Assistants, and thereafter devoted much of his time and energy to the affairs of the Society. He was elected to the private Court in 1926 and became Master in 1928; he was re-elected to this office in the two succeeding years, and thus occupied the chair for a term which had not been equalled by a predecessor since 1620. To commemorate the event his portrait, painted by Mr. F. W. Elwell, A.R.A., was presented to the Society by his friends and colleagues. Samman had a big frame and a marked

personality; his interest was devoted more to the dispensation of hospitality and charity and to the civic associations of the Society than to the academic matters with which it has to deal as a medical licensing corporation, but he was always willing to support the proposals of his progressive colleagues. He expressed his opinions forcibly, sometimes more forcibly than was appreciated by those who differed from him, but he seemed to be actuated by motives which rightly or wrongly appeared to him to be in the interest of the Society.

In 1893 he married the daughter of Mr. James Galloway, and by her had a son and a daughter; in 1931 he married again Louisa Harriet Pfander-Swinborne, who survives him.

Professor STÉPHANE LEDUC of the School of Medicine of Nantes, who has died at the age of 86, was the senior corresponding member in the section of biology of the French Academy of Medicine. He was a prodigious worker whose discoveries in biology and physics created mild sensations from time to time. About the beginning of this century he took an enthusiastic interest in his so-called "electrical sleep" and in the electrophysiology of the central nervous system. Though he did indeed succeed in inducing sleep in himself and in certain experimental animals by means of a low-tension galvanic current which came to be known as Leduc's current, hopes of achieving surgical anaesthesia by this means were dissipated in 1907 by investigations at the Beaujon Hospital, where the dividing line between "electrical sleep" and convulsions or coma was found to be very frail. Leduc also did apparently promising work on the electrolysis of various ions in the therapeutic field.

*Correction.*—In the obituary notice of Dr. E. W. Twining (May 20, p. 1060) two or three small errors need correction. His grandfather practised in Walthamstow; his father, Alfred Twining, practised at Salcombe, and so did his uncle, Vincent Wing Twining.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The following awards have been made to members of the will shortly proceed to appoint two University Demonstrators in Anatomy. Full particulars may be obtained from Dr. F. J. W. Roughton, Department of Physiology, Cambridge, to whom applications should be addressed by June 17.

The E. G. Fearnside's Scholarship for clinical research on organic diseases of the nervous system is open to members of the University or of Girton College or Newnham College who are graduates or titular graduates in medicine, or to graduates or titular graduates in arts who have passed Part II of the Natural Sciences Tripos. Applications must be sent to the Registry before June 24.

Two Frank Edward Elmore studentships for research in medicine are now open to male graduates of any university who were born in any country within the British Empire other than Scotland. The students appointed will work in the Department of Medicine of the University of Cambridge under the direction of the Regius Professor of Physic. Commencing salary £300 a year; appointment for two years in the first instance.

### UNIVERSITY OF LONDON

At a meeting of the Senate, held on May 17, Dr. Samuel Nevin was appointed to the University Chair of the Pathology of Mental Disease tenable at the Maudsley Hospital. He will take up his duties in September.

Patrick D. F. Murray, D.Sc., was appointed to the University Readership in Biology tenable at St. Bartholomew's Hospital Medical College, as from October 1.

The title of Professor Emeritus of Medicine in the University was conferred on Dr. T. R. Elliott, C.B.E., D.S.O., F.R.S., on his retirement from the Professorship of Medicine and the Directorship of the Medical Unit at University College Hospital Medical School.

Professor W. E. Le Gros Clark, D.Sc., F.R.C.S., F.R.S., has been appointed to the University Chair of Anatomy tenable at University College, as from October 1.

Two lectures entitled (1) "The Present Status of our Views on Human Evolution" and (2) "The Racial Fallacies and Realities of European Peoples" will be given by Dr. A. Hrdlicka, curator of the Division of Physical Anthropology at the National Museum, Washington, at University College, Gower Street, W.C., on May 31 and June 1, at 5 p.m. The lectures, which will be illustrated with lantern slides, are addressed to students of the University and to others interested in the subject. Admission is free, without ticket. Dr. Hrdlicka was prevented by illness from giving the lectures in April.

#### LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following awards have been made to members of the classes in tropical medicine and hygiene:

*Balfour Studentships:* Dr. P. E. C. Manson-Bahr, Dr. C. McT. Hopkins. *Duncan Medal:* Dr. L. M. Sanghvi. *Lalcaca Medal:* Dr. A. C. E. Cole.

#### SOCIETY OF APOTHECARIES OF LONDON

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

**MASTER OF MIDWIFERY.**—Kenneth Arthur Evans, L.R.C.P. and S.I., Miriam Kathleen McCallum, M.B., Ch.B., Harold Mitchell Rees, M.B., B.S., Charles Victor Salisbury, F.R.C.S.Ed.

#### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on May 15, with Mr. W. J. Stuart, President, in the chair, the following, having passed the requisite examinations, were admitted Fellows:

S. S. Peikoff, R. S. Garden, A. H. R. Champion, H. A. Cowan, C. W. Furner, R. J. M. Galloway, R. Gowans, A. B. Hamer, S. Hazra, E. Henderson, S. J. Hoffman, P. Hogan, F. E. Ingle, W. G. McDavid, C. A. McDermott, J. P. Middlebro', I. C. Middleton, I. Norwich, J. O'Brien, B. N. Purandare, B. Reeves, H. T. Richmond, C. S. Russell, S. R. N. Smith, S. Sutton, G. C. V. Thomson, B. L. Wilson.

The Henry Arthur Dalziel Ferns Bursary and the Iverson Macadam Memorial Prize were awarded, after competitive examinations in organic chemistry in its application to medicine, and in inorganic and organic chemistry in its application to medicine, respectively, to A. Helfman.

The Bathgate Memorial Prize was awarded, after a competitive examination in materia medica and therapeutics, to T. Tuller.

## Medico-Legal

### USE OF TITLE "DOCTOR"

In order that the public may be able to distinguish between a qualified and an unqualified practitioner, the Medical Act, 1858, s. 40, enacted a penalty for any person who wilfully and falsely pretends to be, or uses the name or title of, "a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name, title, addition or description implying that he is registered under this Act, or that he is recognized by law as a physician or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine or an apothecary." The question whether a practitioner whose name is not on the *Register* may use the word "doctor" is still unsettled.

The London and Counties Medical Protection Society recently<sup>1</sup> prosecuted before the Worthing Bench one Francis D. Deacon, who described himself as an osteopath and biopsychologist, of Cambridge Road, Worthing, for using the description "doctor" although he was not on the *Medical Register*. Mr. J. Amphlett, who appeared for the society, said that Deacon practised at Worthing and at Brighton, and last autumn had flooded Worthing with leaflets which contained an article in which he attempted to set out that he had nothing to do with anything under the Medical Act. Deacon stated on another page that he held diplomas of the British School of Osteopathy and the Taylor School of Biopsychology. In copies of letters from patients and in the captions of photographs he was styled "Dr." Mr. Amphlett

submitted that by the use of the word "Dr." Deacon wilfully and falsely pretended to be registered. Mr. V. H. O. Jackson submitted that there was no case to answer in law: a doctor was not necessarily a practitioner of medicine, and the use of that title did not infringe the Medical Act. The Bench upheld this submission, and refused to state a case for the Divisional Court.

A few years ago the Brighton Bench, on a prosecution by the Medical Defence Union, convicted a defendant who used the title "Dr. Deacon" on a plate outside his premises. There is thus obviously a conflict of opinion among magistrates, and the sooner the point is pronounced on by the High Court the better.

### AUTHORITY'S LIABILITY FOR SCHOOL CLINIC

The question arose at Manchester Assizes in March whether a local education authority is liable for the negligence of the medical staff of one of its school clinics. A schoolboy, through his father, sued the Manchester Corporation<sup>1</sup> for damages, alleging negligence in the treatment of a fractured arm, and saying that the doctors and nurses of the clinic were servants or agents of the corporation. He complained, among other things, that he had suffered dermatitis from the application of an ointment. A dermatologist, giving evidence for the boy, said that the condition was probably due to an idiosyncrasy. The learned judge did not hear the evidence of the corporation, for he allowed a submission by its counsel that the corporation was not liable in law for the negligence of its clinic staff, its only duty being to appoint efficient medical officers and nurses. Counsel for the boy said that there had been no decision at all by the courts under the Education Act, 1921, s. 80. This section lays on the local education authority a duty to make or otherwise to secure arrangements for attending to the health and physical condition of its children, and to provide for their medical inspection at certain times. He contended that the negligence alleged had been committed in the performance not of a matter of professional skill but of a ministerial or administrative duty, in the sense of *Hillyer v. St. Bartholomew's Hospital* (1908, 2 K.B. 820), and that the council were therefore liable if negligence were established. The doctors, he said, had failed not to diagnose the condition but to use the facilities placed at their disposal by the authority. Mr. Justice Croom-Johnson, however, did not agree that the alleged negligence was purely administrative. He construed the Education Act as throwing a duty on the education authority to provide for medical inspection, not to give it. The liability of an authority providing such a service is merely to appoint competent persons. Although he considered very anxiously whether he ought to hear the whole case and see whether the negligence on which the action was based had really been committed, he decided to allow the submission of the authority that it was not in any event liable in law. He therefore gave judgment for the corporation, who did not ask for costs.

### IRREGULAR DETENTION IN MENTAL WARD

An unemployed ship's steward was sent to the Whiston Institution, near Liverpool, by a relieving officer on a three-days detention order. The medical officer, acting as he thought in the man's own interests, detained him for eleven days, although he was not certified. The man sued the Lancashire County Council, the medical officer, and the chief attendant for unlawful detention, and the Council was unable to deny that its servants had acted unlawfully. Mr. Justice Stable said in his summing-up<sup>2</sup> that it was of the utmost importance to the public that these institutions should be properly conducted. He remarked also that the jury might think it significant that the medical officer had destroyed his notes, and might think that the doctor had never examined the man or formed any judgment about his condition. The jury awarded £1,500 damages, with costs.

<sup>1</sup> *Ball v. Manchester Corporation*. *Manchester Guardian*, March 17, 1939.

<sup>2</sup> *Times*, February 25, 1939.

<sup>1</sup> *Daily Telegraph*, May 4.