

the identity of similar-sexed twins one generally employed nowadays the resemblance diagnosis, the reliability of which had been checked by parallel serological investigations. Only from the observations of a single chorion could the identity of twins be determined; twins with separate choria might or might not be identical. Identical twins were genetically identical persons. All differences between them were not hereditary.

Some interesting details of this twin research were illustrated in slides, showing the application of this method. Investigations on tuberculous twins were then described covering some ten years' researches with Diehl. An equal or approximately equal reaction to tuberculosis was shown by fifty-two out of eighty identical twin pairs, but by only thirty-one out of 125 ordinary twin pairs. In several cases identical twins, in spite of greatly different environment and years of separation, sickened and died simultaneously of the same form of tuberculosis. There could, therefore, be no doubt of the existence of an inherited disposition to tuberculosis, involving an abnormally great tendency to the disease and a lowered resistance during its course. Other extensive investigations on twins were being carried out in the author's institute of hereditary biology and eugenics. Unselected series of twins were compiled by extracting out of the clinical histories names and birth dates of patients suffering from a particular disease, and inquiring from the registry offices whether or not the affected person was a twin. A very large amount of material, however, was required to obtain a satisfactory twin series. Another way of arriving at an unselected series of twins was the compilation of all twins in a definite period and district. Such investigations had already cleared up the hereditary nature of numerous diseases and given new information on the development of man.

The Association of Industrial Medical Officers held its annual provincial meeting in York on May 19 and 20, at the invitation of Messrs. Rowntree and Co. Ltd. Miss E. P. Stevenson described how all prospective employees were examined by means of performance or written tests in order to determine their suitability for various jobs. The performance tests measured such abilities as hand and eye co-ordination, muscle control and co-ordination, speed and accuracy of perception, and finger dexterity. The written tests measured, among other things, the candidate's powers of comprehension, reasoning, and deduction. For apprenticeship to trades certain assembly tests were given in addition. Her department was not only concerned in vocational guidance, but took an active part in the selection and training of teachers and other supervisory staff, advising the management on problems concerned with labour, and undertaking a great deal of research work. Among the subjects being investigated, in co-operation with the Works Medical Department and the Industrial Health Research Board, was the question of "accident-proneness."

At the scientific meeting of the Zoological Society of London on Tuesday, June 13, at 5.30 p.m., there will be a symposium on modes of analysis of animal behaviour. A. F. Rawdon-Smith will discuss insect communication, the physiological approach to a problem in behaviour; J. Z. Young, the function of the central nervous system in animal motivation; J. A. Loeser, the non-existence of instinct; G. C. Drew, the function of punishment in learning; and S. Zuckerman, delayed reaction and memory in animal behaviour.

The Association of French Medical Motorists is celebrating this year its tenth anniversary. Its distinctive badge is already well known to the police and will shortly, it is hoped, receive official recognition. The association gives its members the benefits of legal advice, insurance, and purchasing facilities on special terms.

Local News

SCOTLAND

Glasgow Postgraduate Courses

A summer session for postgraduate teaching has again been arranged under the auspices of the Glasgow Post-Graduate Medical Association. The facilities will fall chiefly into three divisions: (a) general medical and surgical course, (b) intensive courses, and (c) clinical assistantships. At the end of June and in the middle of August whole-time courses, for which inclusive fees are charged, will be conducted in some of the general and special hospitals. The courses will include most of the subjects of interest to the general practitioner—the mornings being occupied with general medicine and surgical diagnosis and minor surgery, and the afternoons with special subjects in the special hospitals or departments of the general hospitals, two subjects being dealt with each afternoon. In a number of the institutions taking part in the work of the association clinical assistantships are available in the summer months as well as at other times. Full particulars may be had from the secretary, Glasgow Post-Graduate Medical Association, The University, Glasgow.

Civil Nursing Reserve

The establishment of a Civil Nursing Reserve in Scotland to function in the event of war is described in a circular recently issued by the Department of Health. The circular points out that in the event of war an additional 10,000 hospital beds will be brought into use in Scotland, 300 first-aid posts will be established, and about 400,000 people will be evacuated from dangerous to receiving areas. A large number of persons will therefore be needed to supplement the nursing staffs of hospitals, provide suitable trained persons for first-aid posts, and to supplement the district nursing service under the evacuation scheme. The Central Emergency Committee for the Nursing Profession has made arrangements for the recruitment, training, and organization of a civil nursing reserve for these purposes. This reserve will be divided into three groups: (1) trained nurses who have volunteered for service in war time; (2) assistant nurses who have volunteered for similar service; and (3) nursing auxiliaries. The Central Emergency Committee has arranged that the College of Nursing will maintain a register of all trained and assistant nurses in Scotland, which will give particulars of those who have volunteered and are available for service in war time. This register will be kept at the office of the College of Nursing, 40, Melville Street, Edinburgh, and in addition local registers of trained and assistant nurses will be kept by the local branches of the college. Trained and assistant nurses who are prepared to serve outside their own district will be registered as "mobile," and those who are able to volunteer only for a particular district will be registered as "immobile." The majority, however, of the civil nursing reserve will consist of nursing auxiliaries who are to be recruited and specially trained. These auxiliaries will be recruited in part from members of the St. Andrew's Ambulance Association and Red Cross detachments, but there will also be a large number of persons at present untrained who offer to undertake a course of training for the work. Such persons may, if they desire, join the St. Andrew's Ambulance Association or the British Red Cross Society, making their offer of service direct to the local branch of the association or of the society. Others will receive a course of training in first aid and nursing provided by the local committee set up by each local authority. For the latter purpose applications should be made to the local medical officer of health, the Central Emergency Committee, or the Women's Voluntary Services for Civil Defence. Each local authority will arrange

through the medical officer of health for a small selection committee to examine the women offering themselves for work as nursing auxiliaries when the forms of application have been completed. The age limits are 18 to 55, and the organization in counties or large burghs will be effected by the medical officer of health. Local authorities will in the first place pay the expenses incurred by local committees, and will recover these from the Exchequer grant under the Air Raid Precautions Act, 1937.

Edinburgh Sick Children's Hospital

At the annual meeting of contributors to the Royal Edinburgh Hospital for Sick Children it was stated that the ordinary expenditure had exceeded the ordinary income by £6,244, but this deficit had been met by legacies and special contributions. Lord Keith, in commending the claims of the hospital to the public, said no one would deny that the personal atmosphere of the voluntary system, with its voluntary support and voluntary administration, was very difficult if not impossible to attain in a State or municipal institution. He saw no reason why local authorities should not exercise more largely the powers they had to contribute to institutions which performed a great public service without management and control being vested in them. This, however, was a matter for the local authorities themselves. The report of the hospital shows that there was a deficit on the Muirfield Convalescent Home but a surplus of income on the Forteviot Convalescent Home. During the year the Medical Research Council established a unit for research in surgery, and Mr. W. C. Wilson has been appointed a whole-time member of the staff of the Council, the directors of the hospital retaining him in charge of twenty-five cots, an arrangement which is working satisfactorily. Additional accommodation has been obtained for the hospital's nurses, so as to allow a reduction in their working hours to forty-eight a week.

ENGLAND AND WALES

Joint Tuberculosis Council

At a meeting of the Joint Tuberculosis Council, held at the London School of Hygiene and Tropical Medicine on May 20, it was announced that Dr. R. R. Trail had been appointed by the British Medical Association to fill the vacancy on the Council occasioned by the death of Dr. F. W. Goodbody, and Sir Percival Hartley was welcomed as the representative of the National Association for the Prevention of Tuberculosis in place of Dr. F. J. C. Coutts, resigned. The Faculty of Radiologists accepted representation on the Council. A memorandum prepared by the secretary-general of the National Association for the Prevention of Tuberculosis, indicating a number of ways in which closer co-operation between the National Association, the Tuberculosis Association, and the Joint Council was possible, was considered, and it was agreed to appoint the chairman (Dr. S. Vere Pearson), Sir W. W. Jameson, Dr. E. Ward, Dr. G. Jessel (hon. treasurer), and Dr. J. B. McDougall (hon. secretary) to meet members of the other two organizations to discuss the matter further and report back. A discussion followed on the presentation of a memorandum on fellowships, grants, scholarships, etc., for investigation of problems concerning tuberculosis, presented by the honorary secretary. It was decided that the memorandum be referred to the Finance and Publicity Committee and that representation be made to the Medical Research Council, that it would be of assistance to research in tuberculosis if the membership of its Tuberculosis Committee had a larger representation of clinicians and of the tuberculosis service maintained by local authorities. Dr. G. Lissant Cox, in moving "That consideration be given to the recent report on tuberculosis in Wales," outlined some of the findings of the report and raised two questions in particular—whether certain of the defects found

in Wales were not in fact repeated elsewhere in England, Scotland, and Ireland, and whether action should not have been taken by the Ministry of Health as the result of survey reports. Dr. D. A. Powell (Welsh National Memorial Association) gave a survey of the sequence of events leading up to the inquiry and detailed many of the difficulties confronting a number of local authorities in Wales in undertaking their legitimate responsibilities in prevention. The Council appointed Dr. D. A. Powell and Dr. Lissant Cox to consider the Welsh report in detail and report how far the lessons emanating from the inquiry may be applied to the country as a whole. The Council next gave attention to a motion by Dr. F. R. G. Heaf asking for a review of the definition of the term "quiescence" in tuberculosis. A general desire was expressed by members that other terms should also be re-defined, and a committee, with Dr. Heaf as convener, was appointed to revise the definition of a number of terms in common use.

Emergency Ambulance Service

The Minister of Health has in recent weeks been receiving from scheme-making authorities under the Air Raid Precautions Act their proposals for an emergency ambulance service to pick up casualties other than walking wounded and take them to hospitals or depots. There are 151 such authorities in England and Wales; 100 authorities had submitted their proposals by June 5, and forty-two schemes have already been approved. These schemes show where the ambulances will be stationed and how the vehicles and drivers and attendants will be allocated between the several posts, and include operational plans embracing arrangements for co-operation with neighbouring authorities. In general, ambulance posts and stretcher party depots are identical or close to each other, both services coming under the control of the medical officer of health. The vehicles used will be mainly adapted small vans of the commercial type. Simple stretcher-carrying fittings have been designed which the authorities will store in central depots. There is an adequate supply of suitable vans in most parts of the country. In a few areas a shortage has hitherto been experienced, but arrangements have now been made through the Ministry of Transport to meet this difficulty by the release of vans allocated for other emergency purposes.

The New Westminster Hospital

The new building of Westminster Hospital, to which in-patients were transferred on June 4, continues to excite a great deal of curiosity and admiration. Some hundreds of contributors have been entertained at the hospital in batches, and have inspected the various departments. The *Times Weekly Edition* of May 24 was largely devoted to an illustrated account of the hospital, in which the chairman of the Building Committee, the senior surgeon, the director of the laboratories, the resident medical officer of the radium department, and the dean of the school described their hopes and plans. The secretary of the hospital, Mr. C. M. Power, mentioned one or two matters of administration which would not occur to the casual visitor.

Every operation commands the services of at least twelve individuals—surgeons, nurses, dressers, and orderlies—not counting the engineering staff who feed the theatre with air, heat, light, oxygen, anaesthetics, and sterilizing steam, or the scrubbers who clean up afterwards. The director of laboratories, Dr. R. J. V. Pulvertaft, emphasized the vital importance of the laboratory in the working of the modern hospital. Within the experience of several still at work at Westminster a single small room sufficed for this purpose. But within the last ten years the number of tests has quadrupled and a new department of chemical pathology has been formed. The small hot cupboards used as bacteriological incubators are now a large hot room lined with shelves; the small ice-boxes are replaced by a refrigerator room. The primitive microscopes of early years have been replaced by

binoculars capable of critical magnification to the very limit permitted by the physical nature of light. In the x-ray diagnostic department at Westminster there are four examination suites, respectively for gastro-intestinal work, chest, bone and skull, urological and ante-natal, and small bone. The apparatus serving the gastro-intestinal room has a maximum output of 500 mA at 70,000 volts, and the unit provided for the chest room will deliver up to 1,000 mA, and can be used at voltages of from 40,000 to 115,000. For deep x-ray therapy the existing facilities have been greatly extended. Four tubes are available, two of them of the recently developed high output type designed to operate continuously at 30 mA each. The Chaoul therapy unit will operate at 4 mA, 60,000 volts. A detail or two may be added about the physiotherapy department. For treatment by diathermy the 6-metre short-wave generator has been adopted. Medical electricity in general is provided by three combined treatment tables for galvanism, ionization, faradism, and the sinusoidal current. Infra-red treatment is given by a five-element (230 watts each) apparatus, two infra-red tunnel baths, and other applicators. The ultra-violet section is also well furnished with five lamps, the majority being of the electronic discharge tube type. Abundant provision is made for various baths in the hydrotherapy section, and some novel mechanical devices for the movement of joints and muscles are to be found in the gymnastic section. It may be added that the whole of the physiotherapy equipment is British-made. There is much else of interest in the hospital, including the replanned radium unit.

realize the truth of what I saw—so opposed was it to all ordinary surgical canons."

In view of the more recent treatment of wounds by maggots, of the Winnett-Orr treatment, and of the plaster-of-Paris method lately employed in Spain, the bipp method cannot now be suspect on the ground of its being novel and heterodox; indeed, it may be considered by some to be out of date because reliance is placed on the use of an antiseptic. The following points, to which Professor Morison drew attention, should be noted (p. 55):

"It is obvious that my method of treatment should not be used as an emergency one at the front, and there are several reasons for this. The first, to which my attention was specially drawn by Surgeon General Sir George Makins, is the danger of gas gangrene following closure of fresh wounds. The second is that the technique must be carried out with such careful attention to detail as to take considerable time."

It is, however, stated on a later page (p. 65): "In civil cases I have had opportunities for using bipp in serious and large fresh wounds."

The bipp method was simple; it was clean and in-offensive; it was efficacious; wound closure was carried out in wounds which were more than twenty-four hours old; compound fractures were converted into closed fractures; dressings were infrequent; the patients were comfortable.—I am, etc.,

Newcastle-on-Tyne, May 29.

WILLIAM MACKENZIE.

BIBLIOGRAPHY

- Morison, R. (1917). *British Medical Journal*, 2, 503.
— (1918). *J. R.A.M.C.*, 30, 306.

Correspondence

Bipp Treatment of Wounds

SIR,—In some recent descriptions of, and recommendations concerning, the treatment of war wounds (such as those appearing in the *Journal*, April 15 and May 27, 1939) no reference is made to the bipp treatment of wounds, which was developed and advocated by the late Professor Rutherford Morison. I think that this is an omission to which attention should be directed.

While attached to the Northumberland War Hospital I had the opportunity of seeing Professor Morison carry out this method, and was associated with him in the treatment of a number of cases of severe war wounds. I remember quite vividly that I was strongly prejudiced against what at that time seemed (and was) a startling innovation, and I recall equally distinctly that Professor Morison's results convinced me that he was justified beyond all cavil in his advocacy of the technique which he had devised.

The method was adopted by Professor Morison's colleagues at the Northumberland War Hospital, and did receive some support elsewhere. I can recall that a memorandum on the bipp treatment was circulated in France in 1917. I cannot claim that I had special opportunity for wide observation of the practice followed in wound treatment, but from my experience, such as it was, I formed and still retain the impression that the bipp method did not at that time obtain the attention and recognition which it deserved. I am inclined to think that in the absence of actual demonstration, such as that given by Professor Morison himself, conversion to the use of such a procedure could, in 1917, have been possible only for surgeons of exceptionally open minds. In the preface to his little book *The Bipp Treatment of War Wounds* (1918) Professor Morison wrote:

"A long surgical experience may be of the greatest value, but in my case it was a handicap, for it took me a long time to

Anaesthesia in War Time

SIR,—It is natural, I suppose, for anaesthetists just now to put forward schemes for war-time practice in their own specialty. Not much advantage, however, will accrue to anyone unless those who publish their ideas bear clearly in mind the distinction between what would be wanted in the forward and what in the rear zones of a battle area. In the latter there would presumably be little departure from good civil hospital practice. In the former, simplicity and portability of anaesthetic apparatus must be the guiding principle. The surgery to be catered for is limited to that necessary for enabling the patient to be safely transported further to the rear. Hypodermic injections and intravenous barbiturates, as suggested by Dr. Ronald Jarman (*Journal*, April 29, p. 896), would probably be the chief anaesthetic measures needed.

Dr. T. B. Jobson's apparatus described in your issue of May 27 (p. 1109) appears to me to be particularly adapted neither for the work of the field dressing station and the like nor for that of the base hospital. One cannot admit the merit of simplicity where valves, tubes, throat tubes, and packing play a part, and in a base hospital the apparatus would be in competition with more familiar and equally efficient means of giving ether. I tremble lest in the kindness of your heart by publishing Mr. Jobson's letter you may have let us in for a flood of descriptions of ingenious but irrelevant apparatus. Anaesthetists are more prone to invention than to judgment. Every anaesthetist (myself, alas! excepted) has invented a bit of apparatus, or has modified someone else's bit. Will you please encourage the authors of these things to add them to the collection of anaesthetic apparatus in the Royal College of Surgeons Museum, rather than try to foist them on their fellows or the R.A.M.C. authorities? To the former place Dr. Jobson's 2½-lb. contraption, tubes, packing, and all, would, I am sure, be a welcome addition.—I am, etc.,

London, W.1, June 2.

J. BLOMFIELD.

helped to train a field ambulance, and went with it to France. Until 1917 I remained with a division, being medical officer in charge of stretcher bearers in several battles. I acted temporarily as M.O. to infantry battalions, to a brigade of field artillery, to the regimental train A.S.C., and while I was transport officer of a field ambulance I built several stables, dug-outs, and one road, and ran a laundry—not as an aid post, as Dr. Colin Cameron (*Journal*, May 27, p. 1107) appears to imagine, but as a laundry. Though I was commended for the efficient way in which this laundry was run, surely Dr. Cameron will agree that my occupation of such a post was rather wasting a doctor.

In 1917 I transferred to a C.C.S., and as a member of a mobile surgical team had ample opportunity for studying casualty clearing stations, and found, as most of us did, that the new army was more efficient than the Territorial—the reason being that the senior Territorial medical officers were not, as a rule, the type of men to be in command. The more efficient men, regarded as leaders by their colleagues, as a rule find with their uncertain hours and constant calls, and absence of any free time, that it is almost impossible to hold a responsible post in the medical service of the Territorial Army in peace time.

Turning to the letters in detail, I congratulate Dr. E. M. R. Frazer (May 27, p. 1109) on being the only correspondent to stick to the point. He has more or less converted me by his excellent letter. At the time I wrote it was expected that doctors would have to leave their practices for four months. It was announced shortly afterwards that they would only be called up for a month, so the hardship is not so great as we feared. Dr. Vincent Norman (p. 1109) rather missed my point. "What of the others?" leaves me cold. It does not impress me as common sense to call up a doctor unless he is going to receive or give training, and who is practising his profession with the Army, just because it has been found necessary to call up a lawyer who is going to practise gunnery and not law.

Major W. A. Ball (p. 1108) refers to a compact battalion and not to a formation composed of scattered groups. The doctor I have in mind is going to be stationed in the Isle of Wight, but most of his gun teams will be on the Hampshire coast. I think he has a better chance of meeting the men when they are not mobilized! Dr. Cameron assumes I am a general practitioner, which is incorrect, but I am glad to think I express their views. Most of his letter is not applicable to anti-aircraft units. In reply to Colonel J. B. Scott (p. 1107) I would be loath to be so cynical as to express agreement with the logical conclusion suggested, but pre-war medical training was not very impressive during the last war.

The medical officers of A.A. units certainly contemplated an annual training of a fortnight, but not four months, as was suggested when I wrote my letter. Had it been known that the training was to be one month only I would not have started this correspondence.—I am, etc.,

Hove, Sussex, May 31.

H. J. McCURRICH.

Chronic Mastitis

SIR,—Dr. Reginald S. Murley, in the *Journal* of May 20 (p. 1056), expresses disbelief in the view that nodular breasts can be due to chronic intestinal stasis. Dr. Murley should go to the trouble to inform himself of the facts. Obviously he has given no thought or study to the subject of stasis or he would not have fallen into so elementary a blunder as to deny that "constipation" can give rise to nodular breasts, or that mammary cancer can result from stasis because the breasts are "so distant" from the colon! At the risk of giving offence by ex-

pounding a very simple truth, let me explain that the evils of stasis are due, not directly to the constipation which is often one of its prominent features, but to the toxæmia which results from the multiplication of harmful microbes in the stagnant contents of the intestines. Thus the general circulation is vitiated and no organ or tissue, indeed no cell, however remote from the bowel, can possibly escape from the evil effects of the circulating poisons.

As regards the proof that the nodular condition of the breast is due to the toxæmia of stasis, it is a matter of everyday observation that one of the first indications of improvement procured by the successful treatment of stasis is the conversion of nodular breasts into smooth breasts. Before Dr. Murley again denies this, I beseech him to make the necessary study of stasis and to take careful notes of the effects of correct treatment.—I am, etc.,

London, W.1, May 30.

ALFRED C. JORDAN.

** This discussion cannot be prolonged here.—ED., *B.M.J.*

Universities and Colleges

UNIVERSITY OF OXFORD

In convocation on June 3 the degree of Doctor of Medicine (D.M.) was conferred on G. E. Godber of New College.

UNIVERSITY OF CAMBRIDGE

At a Congregation held on May 28 the degrees of M.B., B.Ch. were conferred (by proxy) on R. D. S. Jack.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*Old Regulations*: ¹J. A. S. Green, ¹F. W. Gunz, ¹G. R. Handy, ¹R. D. C. Johnstone, ¹R. S. Lawrie (University Medal), ¹P. S. Murley, ¹P. G. Todd. *Revised Regulations*: ¹Eva G. Seaton. *Old Regulations*: S. C. Appleton, F. I. C. Apter, L. D. Arden, D. C. Arnott, G. N. Arthurs, D. W. R. Ashby, E. A. Atkinson, Mary Baker, T. H. Bassett, J. R. Belcher, J. M. C. Birt, A. N. Blades, T. P. Blanshard, F. M. Braines, W. E. W. Bridger, Margaret Brodigan, A. E. W. Brookier, Amelia E. Burch, K. A. Butler, Mercy S. Cam, Ruth C. Cassell, R. N. Cates, A. A. G. Clarke, R. P. Coldrey, G. B. Collyer, H. J. Cornelius, J. V. Crawford, H. D. Crosswell, A. P. Dale-Bussell, Peggy M. Dash, D. L. Davies, H. S. Davies, H. E. de Wardener, N. J. Dhondy, Ursula M. Dick, J. E. Dickson, D. M. Dunn, Marjorie O. Dunster, E. M. Elmhirst-Baxter, C. J. Evans, E. O. Evans, C. N. Faith, K. H. P. Flew, P. Forgacs, W. A. J. Fox, Gwenda M. Francis, P. A. Gardiner, J. W. Garraway, H. Greenburgh, S. Grossmark, L. B. Gunn, J. T. A. Hackett, L. A. T. Hamilton, D. H. Harrison, W. M. R. Henderson, J. Herbert-Burns, Rose Hertz, C. J. C. G. Hodson, F. G. Hollands, Mary C. Hopper, C. W. Horncastle, N. C. Horne, R. E. Horton, Beryl C. James, S. T. H. Jenkins, S. J. Johnson, R. G. H. Jones, J. A. Kennedy, C. W. Kesson, J. R. Kilpatrick, H. Kopelman, H. G. Langley, R. P. Lawson, H. A. Lee, V. D. Logue, N. L. McNeil, R. E. D. Markillie, I. J. Mathias, R. W. Maxwell, D. E. Meredith, J. R. Miles, Mary L. Mittell, P. W. Nathan, C. D. Needham, J. H. F. Norbury, S. P. S. Oswald, Stella A. Parikh, A. C. D. Parsons, Dorothy K. Paterson, J. H. Paterson, M. V. P. Peiris, Nancy Perry, G. L. Pett, A. B. Pollard, F. Post, C. E. Quin, M. Radzan, H. M. Rice, N. C. Rogers, R. Rubie, L. Saunders, R. S. Savidge, S. Shaw, D. G. Sheffield, Barbara J. Shorting, V. S. Shuttleworth, J. D. Sidey, J. H. Slayter, P. Smith, J. Sondheimer, D. Stafford-Clark, C. J. Stewart, P. D. Swinstead, W. N. Taylor, D. Tumrasvin, P. M. Ward, G. R. Waterman, J. Watkins-Pitchford, F. Whitwell, Edgeworth H. Williams, Edward H. Williams, B. D. R. Wilson, Elsie N. K. Wilson, H. Wolfsohn. *Revised Regulations*: Diana E. Barbour, Patience E. Barclay, Mary B. Bensusan-Butt, H. E. Bentley, R. A. Blair, Elizabeth Broadhead, T. H. W. Clarke, P. J. Cutler, J. V. Davies, A. R. Dearlove, W. Donkin, R. G. Evans, E. L. Fränkel, P. Fränkel, Kathleen M. French, L. V. Gimson, G. L. Haine, V. W. J. Hetreed, C. A. Jackson, G. M. Killpack, R. A. King, P. D. C. Kinmont, Dorothy M. S. Knott, Joan V. Laughlin, G. D. Lumb, L. Nancekieveill, S. Oram, Catherine F. Pimm, R. G. Robinson, A. F. Russell, T. D. Spencer, W. M. Stephens, Katharine W. Stuart, W. F. T. Tatlow, Norah G. Taylor, J. L. Temple, Elsie M. Terry, R. D. Tonkin, Elizabeth Topley, F. G. Tucker, A. J. Walker,

A. F. Wallace, E. B. Wild. *Group 1 (Old Regulations)*: I. H. Baum, G. Behr, J. A. Bowen-Jones, E. K. Brownrigg, M. M. A. Cader, J. R. Caldwell, P. T. Chopping, Patricia G. Cooper, G. S. Cross, A. R. Darlow, M. Dean, H. H. Dickson, A. J. Drew, G. R. Fearnley, Betty Fox, O. Garrod, Kathleen M. Harding, R. J. Harrison, W. R. L. Harrison, G. C. Haywood, W. H. James, M. A. K. Javid, F. H. Lee, G. Levy, G. C. Mackay, J. B. Mitchell, J. R. Odell, M. J. Pleydell, H. Pomerantz, H. I. H. Porcher, T. M. Ll. Price, H. V. Reeves, C. H. J. Rey, J. D. Rochford, Constance M. B. Shaw, H. D. Smith, M. R. J. Snelling, I. MacD. G. Stewart, R. A. R. Topping, L. H. Turner, H. D. Venning, E. Williams. *Group II (Old Regulations)*: D. L. Bennett, Anna M. Berry, H. J. Bliss, A. D. Bone, A. G. N. Calder, J. Colover, C. McK. Craig, D. A. Ferguson, H. R. W. Franklin, J. B. Franklin, A. L. Frazer, R. C. Fuller, J. R. Hudson, J. F. Hughes, J. C. A. Innes, J. P. Irwin, G. C. A. Jackson, H. H. W. Jackson, D. C. R. R. Jenkins, J. B. Kershaw, A. H. Knight, B. Levin, J. S. Lillicrap, I. D. MacDonald, L. A. H. McShine, M. L. Mason, A. D. Newsholme, J. Ll. Penistan, F. L. Potter, J. R. E. Richardson, P. B. Riley, P. R. Stringer, C. K. Warrick, N. N. Wilson, C. W. B. Woodham. *Part I (Revised Regulations)*: J. J. Ll. Ablett, R. H. Anthony, Ruth P. Armstrong, Elizabeth K. Baker, P. B. Banaji, Eileen Bayley, Margaret Bennett, G. Beven, R. F. Braithwaite, Winifred C. M. Bulkeley, Jean R. C. Burton-Brown, Isabella S. Chalmers, R. P. Crick, I. R. Davies, N. H. Desai, S. W. Dunkin, F. L. Dyson, P. McA. Elder, S. D. Elck, Enid J. Fair, G. R. Fisk, Liliat M. P. Gairdner, S. S. E. Gilder, F. J. Gillingham, C. W. Griffiths, Jean M. Holtzmann, R. V. Jones, R. R. Klein, D. C. Lewin, F. Luckett, H. F. Lunn, A. Mackler, B. U. Meyer, E. W. Miles, D. A. Miln, Margaretta D. Morrell, D. Munro-Ashman, C. W. Peck, A. S. S. Playfair, Constance J. Pollard, P. Pringle, Mary L. Rae, J. D. Randall, J. E. Richardson, E. Rosenbaum, R. J. Russell, P. T. Savage, J. C. Scott-Baker, D. W. Shields, G. F. Smart, B. J. D. Smith, S. C. F. Stephenson, Edith Taylor, Gwendolen M. G. Thomas, Helen P. Wainwright, Marguerite Watts, May D. Westerman, Elizabeth Whatley, J. F. Williams, B. W. Wood, H. Wormald, Helen M. Wright, Muriel C. Yates, W. J. Zorab. *Part II (Revised Regulations)*: H. Auger, Rosalind S. Barclay, A. C. Bingold, M. W. Harvey, Jean M. Holtzmann, S. H. Lucas, A. S. Oscier, G. A. Robinson, E. Rosenbaum, R. W. B. Scutt, Margaret M. Shrubbsall, Joyce R. Simmons, F. M. S. Smith, Alice Yates. *Part III (Revised Regulations)*: Jean M. Drury-White, D. J. Paddison.

¹ With honours. ² Distinguished in Pathology. ³ Distinguished in Forensic Medicine and Hygiene. ⁴ Distinguished in Medicine. ⁵ Distinguished in Applied Pharmacology and Therapeutics. ⁶ Distinguished in Surgery. ⁷ Distinguished in Obstetrics and Gynaecology.

UNIVERSITY OF EDINBURGH

Mr. W. C. Wilson, M.B., F.R.C.S.Ed., has been appointed deputy director of the Wilkie Surgical Research Laboratory.

Medical Notes in Parliament

In the House of Lords on June 6 the access to Mountains Bill and the Charities (Fuel Allotments) Bill passed through Committee. The Water Undertakings Bill, which consolidates and amends certain enactments relating to water undertakings, was read a second time and referred to a Joint Committee of both Houses of Parliament.

Unemployment, Colonial Office administration, and the proposed Ministry of Supply were discussed in the House of Commons this week.

Mr. W. W. Wakefield gave notice to ask Sir Samuel Hoare on June 8 whether his attention had been drawn to a case heard in Dublin police court on May 25 indicating that a company with offices in London and Dublin had taken advantage of the provisions of the poisons legislation of Eire to sell freely to the public of Great Britain dangerous drugs, the sale of which was strictly controlled in this country. Mr. Wakefield also desired to ask what steps Sir Samuel proposed to deal with this abuse.

Amendments have been tabled by medical M.P.s and others for the deletion or amendment of Clause 7 in the Finance Bill, whereby the Medicine Stamp Duty is repealed. A conference of the M.P.s responsible for these amendments was proposed for June 7, with the object of concentrating on one proposal. The subject cannot be debated in the House of Commons until the committee stage of the Finance Bill, which may not be taken for three weeks. Meanwhile many requests for continuance of the duty are received by M.P.s from constituents who are pharmacists.

Obituary

F. W. ELLIS, M.D., F.R.C.S.

Dr. Frederick William Ellis of Edgbaston, who died on May 27 at the age of 63, had been medical superintendent of the Dudley Road Hospital, Birmingham, for the past twenty-six years. A native of Hayle, Cornwall, he was educated at Newton College and the University of Aberdeen, where he graduated M.B., Ch.B. in 1898 and proceeded to the M.D., with commendation, in 1907, having already taken the diploma of F.R.C.S.Eng. In 1909 he went to Birmingham as superintendent of Selly Oak Hospital, and in 1913 was appointed chief medical officer to the Birmingham Union. At that time the Dudley Road Hospital was known as the Birmingham Workhouse Infirmary. During the war the institution was taken over for military purposes, and Dr. Ellis served as commanding officer, with the title of Administrator, of the 2/1st Southern General Hospital R.A.M.C.T. After the hospital had reverted to civil status Dr. Ellis resumed his classification scheme for treating the chronic sick and providing for the accommodation of the acutely ill poor, and under his administration, with the active support of the Board of Guardians, "Dudley Road" became a model on which municipal hospitals were established throughout the country. Dr. Ellis had been a member of the Birmingham Central Division of the British Medical Association for the past twenty-eight years, and had filled the presidential chair of the Medical Superintendents' Society and of the clinical and pathological section of the Birmingham Branch of the B.M.A.



By the death of Dr. F. W. Ellis (writes a colleague) the municipal hospital and public assistance medical service loses its most outstanding personality and his numerous friends mourn the loss of one whose kindness and sympathy, courage and determination were always an inspiration. To Dr. Ellis, Birmingham owes the present position of its municipal hospital services. It was his vision that first established in Dudley Road Hospital the method of staffing acute general municipal hospitals with whole-time physicians and surgeons of consultant rank. He entered the Poor Law Service in 1904, and in 1909 was appointed medical officer to Selly Oak Infirmary (now Selly Oak Hospital) and Selly Oak House (now Selly Oak Infirmary). It is here that Dr. Ellis's organizing ability really became recognized. These institutions were calling out for revolutionary changes, and, due to his untiring efforts, slowly but surely these were made. His devoted enthusiasm for his work and his extraordinary patience overcame all obstacles. On the formation of the Birmingham Union, Dr. Ellis, at the age of 37, was the natural choice from a distinguished list of highly qualified candidates in 1913 for the appointment of chief medical officer to the Birmingham Union and chief medical officer at Dudley Road Hospital and Birmingham Infirmary. Dudley Road Hospital is an example of his planning and foresight, and it is sad