

Reports of Societies

CONGENITAL ABNORMALITIES

The Cavendish Lecture of the West London Medico-Chirurgical Society was delivered at Kensington Town Hall on June 9 by Professor J. B. S. HALDANE. The president of the Society, Dr. MAURICE SHAW, was in the chair. Professor Haldane's subject was "Congenital Disease," and his lecture covered very similar ground to his Lloyd Roberts Lecture before the Royal College of Physicians, fully reported in these columns at the time (*Journal*, November 26, 1938, p. 1100). He expounded with many examples, as he had done in his former lecture, the theory of genes and the occurrence of mutation, also some of the curious facts of sex-linked inheritance.

Professor Haldane went on to make some remarks about congenital diseases which were not mainly due to genes, and took as an example congenital pyloric stenosis. It was not known why this occurred, but it was much more frequent in firstborn than in later children. It was not due to the age of the mother, and so far as could be ascertained the primipara of 30 was as likely to produce a child with pyloric stenosis as the primipara of 17. In the same way a number of grosser abnormalities, such as absence of brain, were far more common among first-born children. All that could be suggested was that the pre-natal environment was not quite so good for the first-born as for subsequent offspring.

A condition in which the age of the mother did appear to count was mongoloid imbecility. In the statistics of 217 families which included one or more such imbeciles a very large proportion of the mothers were in the late forties. Evidently the mother's age contributed to the frequency of such imbecility, but it was also shown that the condition was not a result of the exhaustion of frequent pregnancies. That there was a genetic element in this case was evidenced by the fact that if in one family a woman had a mongol among her children, her sister was much more likely to have such a child than the average.

Inheritance of Mental Defect

The lecturer added a few words about the inheritance of mental defect. Little was known about mental defect until Penrose at Colchester recently published an analysis of the causes of the defect in a large group of affected persons. He found, for example, that in 4 per cent. of the defectives the cause was syphilis, in 2 per cent. injury at birth or afterwards, in 2 per cent. inflammation—meningitis or encephalitis—in 7 per cent. some abnormality of the ductless glands, in 5 per cent. mongolism, and so on, but in 24 per cent. he could find nothing wrong, except the extraordinary stupidity. Only 8 per cent. of the parents were registered mental defectives, so that even if the mentally defective population in one generation was sterilized it would only prevent a fraction of the next generation of mental defectives from being born. There was evidence of a good deal of consanguinity among the parents. While it was true that there were a certain number of well-defined conditions which were inherited in a straightforward way, in something like 90 per cent. of the cases the mechanism of inheritance was not clearly known. Until it was possible to classify mental defect it would not be possible to say in detail how it was inherited.

He also mentioned some studies which were being undertaken in University College laboratories on congenital disease in mice and rats. It was believed that the study of these diseases in animals could do two things: it could furnish a kind of background against which to consider human diseases, and it could demonstrate that congenital diseases might be completely cured. Rats

suffering from congenital dwarfism, on being injected with anterior pituitary extract, grew to a normal size. Quite a number of animal congenital diseases were as a matter of fact curable. In principle congenital diseases in the human were as curable as infectious diseases, and it was up to the medical profession to find out how these diseases could be prevented by eugenic measures, and how they could be cured by therapeutic methods.

Local News

INDIA

Plague Prophylaxis in India

The report of the Haffkine Institute for 1937 states that, as in previous years, the limited resources available have been almost entirely devoted to the routine production of prophylactic vaccines. An increase in the incidence of plague in India, 33,460 attacks as against 23,873 in 1936, demanded correspondingly large quantities of plague vaccine, and 3,973,011 c.cm. were issued during the year. Cholera, typhoid, and meningococcal vaccines were also issued in large quantities, the last-named employed as an experimental measure with a view to collecting data which might throw light on its value. The examination of rats and other rodents of Bombay city is another routine procedure which must make heavy demands on the Institute. During the year 703,850 rats were received, and 186,987 dead rats were examined. None was found to be infected, and no deaths from human plague are recorded in Bombay during the period under review. In addition to this formidable programme of routine work sixteen original papers were published during the year, and more than twenty pages of the report are devoted to research work. In the continued study of the natural resistance of rats to plague infection a number of rats were obtained from Dharmasala, a hill-station in the Punjab, where no plague epidemic has been known to have occurred during the present pandemic. It was found that an appreciable percentage of these animals resisted experimental plague infection. In other batches of rats (*Rattus rattus*) from Simla in the Punjab and Berhampur in Bengal, two stations where little or no plague epidemic has been recorded, more than 30 per cent. of the animals resisted experimental infection. Further support is thus lent to the hypothesis that the resistance shown by rats in places where plague epidemics, and therefore plague epizootics, have occurred is due to the fact that plague epizootics destroy strains of rats susceptible to plague infection, leaving behind naturally resistant strains.

Health Training in the United Provinces

The latest annual report of the Director of Public Health of the United Provinces devotes much attention to the ways in which the knowledge of the principles of health and the prevention of diseases is being diffused through the population of the United Provinces. Thus the Education Department has included the teaching of hygiene in the curriculum for training colleges, normal schools, high schools, Anglo-vernacular and vernacular schools, one to two hours each week being devoted to this subject in the schools, and the lectures being given by trained teachers; in the schools as well as in the training colleges the school health officers are required to deliver special lectures to the teachers about infectious and general diseases. Extra-curricular courses are also held for the certificates of the St. John Ambulance courses in first aid, home nursing, home hygiene, and the Mackenzie school course in first aid and sanitation for boys and girls up to Standard VIII. Many of these lectures are illustrated by lantern slides and films provided by the hygiene

publicity bureau. The school health officers organize divisional and provincial ambulance competitions in conjunction with the officers of the Education Department. In certain places refresher courses in hygiene are organized by the school health officers for teachers. There is no fixed curriculum for the teaching of boys in primary schools, but by co-operation of the staffs of the district medical officers of health and the Junior Red Cross groups much interest in public health work has been aroused among them. Propaganda material relating to the prevention of blindness is being distributed among the pupil teachers in the training schools, and various health pamphlets and posters are supplied free to all the groups. A book, *The Nutritive Value of Indian Foods*, was supplied in 1937 to all school health officers, and lectures on this subject have been given. The number of Junior Red Cross groups rose in that year from 4,576 to 5,025, and the United Provinces Branch of the Indian Red Cross Society provided a large number of village-aid medicine chests. The annual competitions of both the Indian Red Cross Society and the St. John Ambulance Brigade were well supported. In addition to this training of school children, adult education in health measures is proceeding intensively. Exhibitions are being held in various centres. Literature on the prevention of disease is supplied to the Lucknow University, the Engineering College at Roorkee, and is distributed also by the Chief Inspector of Factories in the United Provinces. Arrangements were made for the instruction in health measures of prisoners in jails. A special leaflet on beriberi was distributed in Benares and Allahabad, where the disease was then prevalent. The hygiene publicity bureau continued its active supervision of village-aid work and the medical inspection of school children. The United Provinces branch of the Red Cross Society uses a special van to organize training in the more isolated areas. Voluntary grants for these various forms of health education are made by local authorities.

ENGLAND AND WALES

King Edward's Hospital Fund

The Duke of Kent, presiding at the council meeting on June 9 of King Edward's Hospital Fund for London, announced that several grants outside the ordinary distribution had been made to certain hospitals to assist them to recover their financial equilibrium. He referred particularly to a grant of £15,000 towards the amalgamation of the two throat hospitals in London. As regards finances of the hospitals as a whole, the aggregate deficits in 1938, he said, exceeded the surpluses by about £150,000. Since the annual turnover of the hospitals was nearly five millions, a deficit of £150,000 could not be considered large, especially as it was only the third deficit since 1921. Despite the present tension, competing appeals for new objects, and higher taxation, the total income showed a small increase, but the expenditure had increased rather more rapidly. "This evidence of the stability of the voluntary system," he said, "is one of the facts that make it so widely recognized as being well worth preserving." The Duke also referred to the special services which the King's Fund is increasingly undertaking on behalf of the hospitals. The emergency bed service has been working for nearly a year and has already arranged admittance to hospital for some 8,000 patients. On the suggestion of the Voluntary Hospitals Committee for London and in conjunction with the College of Nursing a central bureau for the recruitment of nurses is being established. It is hoped thereby to increase the number of recruits to the nursing profession and to assist girls who wish to become nurses to find which hospital is most likely to suit their requirements. The Duke also announced that a committee of the King's Fund, under the chairmanship of Mr. Bernard Docker, has put forward

proposals for a provident scheme which will insure in the case of people of moderate means against the financial hardships imposed by serious illness. Some details of this scheme are given in our *Supplement* columns this week.

Harveian Society

The Buckston Browne Annual Banquet of the Harveian Society of London was held on June 8, with Dr. A. D. Morris, the president, in the chair. In proposing "The Society," Mr. Justice Humphreys remarked that according to the booklet he had received with his invitation the society was founded in 1831, and seemed to have taken the name of Harvey for advertisement, as it was first called the "West London Medical Society." He noted that among the founders of the society was Dr. Marshall Hall—a name that was of great interest to him. Dr. Hall was one of the first medical men to deprecate the practice of bleeding. The president read to the company the text of a telegram of congratulation to the King on his birthday. At least once a year, he said, the majority of the members had an opportunity of meeting each other, due to the generosity of Sir Buckston Browne, who they all hoped would be spared for many years to come. They had read with pleasure in the medical press about the reception of Sir Alfred Webb-Johnson's Syme Oration in Australia, and they were glad to see with them their Harveian Lecturer, Mr. Tudor Edwards. The toast of "The Guests" was proposed in an elegant speech by Dr. H. L. Glyn Hughes. In reply, His Eminence the Cardinal Archbishop of Westminster said he thought there was something very mysterious about the profession of doctors; it must mean that doctors had the wisdom of the serpent, which was their symbol. Referring to connexions between Medicine and the Church, Cardinal Hinsley said that he had been president for ten years of the college in Rome to which Thomas Linacre had acted as warden. Linacre had founded the Royal College of Physicians and the Chairs of Medicine and Physic at Oxford and Cambridge, and ended his life as a priest. Mr. G. D. Roberts, K.C., also replied for the guests, and in a very witty speech said that they of the Old Bailey liked to think they stood between the Church on the one hand and Medicine on the other, situated as they were almost half-way between St. Paul's and St. Bartholomew's Hospital. In the novels of that great Londoner, Dickens, he remarked, there was not one decent lawyer or doctor. Ending on a more solemn note, he said they must learn the lessons common to the two professions of Law and Medicine—respect and honour for the great tradition they inherited, the spirit of loyalty and comradeship, and the virtue of kindness and understanding of their fellow creatures.

Health of School Children

The annual report of the Board of Education for 1938 (Cmd. 6013, H.M. Stationery Office, 3s. 6d.) states that one of the weakest spots in the School Medical Service—the percentage of children accepting dental treatment—shows an improvement attributable to some extent to the health campaign of 1937–8. The percentage of children found to require dental treatment who were in fact treated rose from 62.6 in 1937 to 65.5 in 1938. The Board is at present surveying the adequacy of the provision of free meals in all areas in England and Wales, and it is hoped that this survey, when complete, will result in a substantial increase in the number of necessitous undernourished children whose nutrition is being restored by means of free meals or milk. The number of public elementary school children receiving free meals or milk, or both, increased from 206,182 in 1931–2 to 614,806 in 1937–8. The number of bottles of milk distributed free increased from 17 million in 1931–2 to 97 million in 1937–8. Great importance is also attached by the Board to the provision of school canteens, especially in rural areas, at which children may receive nourishing dinners on payment of a moderate charge, and necessitous undernourished children may receive free meals. Since January, 1936,

over 10,000 acres have been acquired for playing fields for children in elementary or secondary schools, and proposals for 486 new gymnasiums have been approved. At the end of 1938 the medical staff employed by local education authorities was equivalent to 728 whole-time medical officers, an increase of sixteen over the previous year. The school dental staff represented the equivalent of 783 whole-time dentists, compared with 747 in 1937. The number of authorities who have approved schemes for providing orthopaedic treatment has increased during the last five years from 233 to 270, and these authorities now cover nearly 90 per cent. of the public elementary school population. All authorities, with the exception of the Isles of Scilly, now provide school clinics.

National Radium Trust

The National Radium Trust met in London on June 8 at the Privy Council Office, with Viscount Runciman, Lord President of the Council, in the chair. In addition to subjects related to their normal business, the trustees had under consideration questions arising out of Section 3 of the Cancer Act of this year. This section provides that the Minister of Health may lend money to the Trust, on such conditions as the Treasury may determine, to enable the Trust to purchase not only radium but also other radio-active substances and apparatus and appliances required for radiotherapeutic treatment; and that the principal of and interest on any sums so lent shall be charged on the undertaking and all the revenues of the Trust. The Trust, £150,000 of whose funds was contributed by public subscription in 1929, welcomes gifts and bequests of all kinds in furtherance of its objects, including trusts subject to special conditions; it is expressly authorized to accept these under the Royal Charter granted by King George V in 1929.

New Hospital for Nervous Disorders at Oxford

The Park Hospital for Functional Nervous Disorders, Old Road, Headington, Oxford, which was opened on June 1 by Sir Farquhar Buzzard, Regius Professor of Medicine in the University, represents a new departure in the provision of hospital facilities in Oxford and district. The hospital, formerly known as Highfield Park House, has now been adapted for the treatment of twenty-six patients suffering from functional nervous disorders. No provision has hitherto existed in Oxford and district for the in-patient treatment of psychoneuroses, and the new hospital will, therefore, help to fill a serious gap in the health services of the city. The Park Hospital is owned by the authorities of the Warneford Hospital, and will be administered as a separate unit. It is not under the Lunacy or Mental Treatment Acts, however, and will be run on similar lines to those of a general hospital or nursing home. No formalities regarding admission will be required. The fees are moderate, and special concessions are being made to a limited number of cases from the Neurological Clinic of the Radcliffe Infirmary. The committee of the Warneford, which has been responsible for the opening of the new hospital, has been advised throughout its deliberations by Dr. R. G. McInnes, who will be the medical director of the new hospital.

Port Health Conference

The National Association of Port Health Authorities held its conference in Middlesbrough last week. In his presidential address Alderman S. A. Sadler declared that the association was doing a vital service, and since its formation in 1898 had contributed effectively to the strengthening of health services at the ports. The medical committee of the association in its report drew attention to the unsatisfactory conditions of coasting vessels and recommended that investigations be continued into conditions of comfort and hygiene on these craft, which compared unfavourably with vessels in the foreign-going trade. Dr. J. Greenwood Wilson, honorary secretary, said

that a meeting of his committee with shipowners and seamen had been held, and the report when published would be of tremendous help, quite apart from the question of any change in the construction of coastwise vessels. Mr. M. T. Morgan (Port of London) referred to difficulties that had arisen in connexion with the importation of livers for the manufacture of therapeutic extracts. These animal products, or organs of animals, were not intended for human consumption as foodstuffs, and did not come within the scope of imported food regulations. His authority believed that these should be certified as foods; otherwise there was no method of control. Other speakers stressed the importance of securing Government action to ensure that all livers and other animal products imported for the manufacture of drugs should be certified as fit for human consumption. The conference decided to enter into further negotiations with the Ministry of Health and to support the protest of the City of London Port Sanitary Authority.

IRELAND

Tuberculosis Conference in Belfast

Lord Craigavon, Prime Minister of Northern Ireland, will open the twenty-fifth annual conference of the National Association for the Prevention of Tuberculosis, which is being held in the College of Technology, Belfast, from June 29 to July 1, under the presidency of the Marchioness of Titchfield. The Lord Mayor and the Lady Mayoress are giving a reception for the delegates in the Belfast City Hall, and a Government reception will be held in Parliament Buildings, Stormont. The following subjects have been arranged for discussion: I, Problems of organization and local administration of tuberculosis schemes—(a) general administration; (b) arrangements for the induction of artificial pneumothorax and the after-care of patients so treated. II, Tuberculosis in the adolescent—(a) medical, (b) sociological. III, Architectural problems in connexion with tuberculosis institutions—(a) hospitals and sanatoria, (b) dispensaries and clinics. The third day will be devoted to demonstrations and tours, including a clinical x-ray and pathological demonstration by Dr. James Shaw, Chief Tuberculosis Officer of the Belfast Corporation, at the Central Tuberculosis Institute, and visits to Graymount Hospital, to White-abbey Sanatorium, and to Foster Green Sanatorium, near Belfast, where demonstrations on collapse therapy and culturing tubercle bacilli will be given. An opportunity will also be provided for a visit to Dublin and the Cappagh Sanatorium, Finglass. Doctors who desire to attend the conference may obtain cards of invitation on applying to the Secretary-General of the N.A.P.T., Tavistock House North, Tavistock Square, London, W.C.1.

SCOTLAND

Princess Margaret Rose Hospital, Edinburgh

The Lord High Commissioner and Lady Gilmour visited the Princess Margaret Rose Hospital for Crippled Children, Edinburgh, on May 30, where they spent some time chatting to the children on the treatment balconies and watching treatment in the swimming pond.

Mr. W. A. Cochrane, speaking, at a luncheon, on the care and cure of the crippled child in the south-east of Scotland, said that this hospital with its associated clinics was now looking after upwards of 1,500 cases in that area. It was estimated to-day that nearly 80 per cent. of crippled children could be rendered moderately or even completely fit to earn their living. The secret of success was to have a system of units in country areas

and small towns surrounding the hospital, to which cases could be sent at an early stage of departure from normal growth. Through the assistance of county councils a series of units of this kind had been formed at which a specialist could be consulted and at which orthopaedic nurses worked. The Princess Margaret Rose Hospital with its clinics provided this system, and also provided for a long stay with education of the child where this was necessary. It still remained in Scotland to secure a centre for vocational training for certain types of children.

Gray's Hospital, Elgin

A new annexe to Gray's Hospital, Elgin, erected at a cost of £20,000, was opened on May 31 by Dr. John Taylor, honorary surgeon to the hospital. The extension includes a new out-patient department with departments for x-ray examination and electrotherapy, and the cost has been defrayed by public subscription. The building is of two storeys and connected by passages to the main hospital.

Correspondence

Treatment of Gunshot Fractures of Lower Extremity

SIR,—I was much interested in Mr. A. Tudor Hart's articles on war surgery in Spain (May 27, p. 1099, and June 3, p. 1146). He produces important evidence and gives excellent advice on the conservative treatment of war injuries. In your issue of June 3, however, under the heading of the treatment of lower limb injuries, he made some statements in regard to which I should like to register a mild protest.

The Braun-Böhler splint, I agree, is very useful for treating fractures below the knee, but I am by no means convinced that it is always superior to the Thomas splint in treating compound fractures of the femur. Even the Hodgen splint may, I think, be found useful when handling a fracture of this bone complicated by a wound high up on the dorsal aspect. I do not wish to be dogmatic on what type of splint should be employed for these injuries, and anybody who understands the mechanical problem of these fractures can achieve his end with diverse and often quite simple apparatus. I think, however, that the suspension of one or both legs in some type of skeleton splint may simplify nursing of difficult open fractures of the thigh. When it comes to classifying splints as museum pieces and the like, I would note that the Braun splint is a direct descendant of the double inclined plane, which dates well back into the nineteenth century! Though the Thomas splint also originated in that prehistoric era, its use in various forms for fractures of the femur was not generally developed till 1915 or later.

In regard to the use of skeletal traction for fractures of the femur, its utility is unquestioned as a general principle, and the Kirschner wire appears to be the best form of skeletal traction available at the moment. In my experience, however, transfixion of the condyles of the femur, which Mr. Hart advocates, though mechanically satisfactory, has one grave drawback, and that is that in a good proportion of the cases so treated the presence of the transfixion pin or wire at this level gives rise to the development of adhesions, either within the knee or between the quadriceps and the bone. It may even give rise to infection of the joint. These complications

lead subsequently to varying degrees of stiffness of the knee-joint. Limitation of movement caused in this way is extremely difficult to correct by any later treatment. I am quite convinced of the truth of this statement both from my experience of six years at a pensions hospital after the war and from my experience of the treatment of fractures in civil life.

Traction exerted through the crest of the tibia on a fracture of the femur does not strain the knee-joint until union is commencing. Traction applied to the tibia in the presence of an ununited fracture of the femur exerts its pull on the quadriceps and hamstring muscles, which are inserted near the level of pin transfixion. At this stage the lower fragment of the femur is for practical purposes floating, and no strain is imposed on the mechanism of the knee-joint. When union commences to occur in the fracture the skeletal traction can be replaced by an adhesive one in most cases, the amount of pull required to maintain alignment being at this stage negligible.

Mr. Hart says that the degree of traction should amount to 10 kg. at first. I do not think this should be accepted as sound for all conditions. If there is acute or progressive infection of the thigh the inflammatory exudate increases the tension within the aponeurotic sheath. This tension is further increased by long axis traction, and if that traction amounts to as much as 20 lb. I think it may have a deleterious action on the local defence mechanism. Further, I am sure that skeletal traction has resulted in overpulling of a good many fractures and led to delayed union.

I trust these observations on Mr. Hart's views will not be taken as in any way depreciating the very excellent results he quotes and the useful advice he gives on many practical problems of war surgery.—I am, etc.,

London, W.1, June 5.

C. MAX PAGE.

Anaesthesia in War Time

SIR,—I am surprised that no mention has been made of cyclopropane for emergency anaesthesia in war time. A cylinder holding 75 gallons occupies very little space and will last approximately fifty hours. The apparatus required is not elaborate, and consists of a double yoke for cyclopropane and oxygen plus two flowmeters: it is made complete with carrying handle by Messrs. A. Charles King. With the addition of a Waters's carbon dioxide filter and rebreathing bag it is both practical and portable. The high percentage of oxygen administered with cyclopropane makes it an almost ideal anaesthetic for badly shocked patients. Personally I cannot imagine any more dangerous anaesthetic for badly injured persons than intravenous drugs or spinal anaesthesia, especially as war injuries are likely to be associated with considerable haemorrhage, with the result that the patient's oxygen reserve will be greatly diminished.

I expect the wrath of Olympus will descend upon me for making these suggestions, but I feel sure that anaesthetists who use cyclopropane regularly will testify to its value for more or less moribund patients. Moreover, it can be administered by the most simple technique and under all sorts of adverse conditions.—I am, etc.,

Newcastle-upon-Tyne, June 12.

PHILIP AYRE.

Vinesthene Anaesthetic Mixture

SIR,—I was interested to read the article by Dr. F. F. Cartwright in your issue of May 27 (p. 1081).

About eighteen months ago I suggested to Messrs. May and Baker that they should lay more stress in their litera-

glass. Repairs will be out of the question. The supply of joiners and glaziers is limited, as well as the supply of glass. The uselessness of glued paper strips has been sufficiently demonstrated in Barcelona. The cutting of water, electricity, and gas supplies will be an ever-present danger.

To provide a hospital with adequate air raid shelters is almost impossible. Roofs, of course, can be made splinter-proof and the structure fire-proof economically enough, in new buildings. Windows might conceivably be rendered blast-proof by the use of special frames and bullet-proof glass. Against a direct hit, however, only deep shelters are of any use, and for a large crowded building these would have to be on a very big scale.

The solution to the problem is not far to seek. Our hospitals must be moved to the outskirts of the towns. The moving out of the hospitals would only be part of the general scheme. So that each hospital could continue to serve its historic district casualty clearing stations would have to be erected on the present sites. Here again some more co-operation might be required, as the present arrangement involves overlapping in places. These casualty clearing stations should be built underground and be made actually bomb-proof. The site above ground could be sold or leased, and its value would in many cases compensate for much of the expense. The structure below ground would include a garage for the fleet of ambulances. The actual station would comprise the whole out-patient department of the hospital and a generous first-aid and reception suite, with operating theatres and x-ray plant. Patients for the hospital could either be received here or be taken direct from their homes by ambulance. In cases of urgency the operation could be performed in the building, and the patient kept until fit enough to stand the transfer. Each station would require to be completely self-contained, air-conditioned, and gasproof. If possible, water should be obtained from an artesian well; if not, large reservoir tanks would have to be installed. A reserve plant would be necessary for electricity lest the main supply should be cut. Wherever the site made it practicable an entrance could be made from the nearest tube station, although this would not necessarily be used during peace time.

Properly planned and constructed, working conditions in these buildings would be vastly superior to those in the majority of out-patient departments in our present hospitals. In time of war their value would be incalculable. During air raids they would form a complete system of casualty clearing stations, where the staff could work under the best conditions. The out-patient department would be quickly and easily transformed into a surgical hospital, the waiting rooms becoming wards and the examination rooms operating theatres. It is then that the value of an entrance from the underground railway would be most appreciated. The hospitals would, as stated, be rebuilt on the outskirts of the town. The benefit to the inmates would be enormous. Of course there are disadvantages. There would be complaints that the receipts from charity would go down when people no longer could see the actual hospital before their eyes. The greatest hardship, however, would be the inconvenience to the medical staff. Our voluntary hospital could never exist were it not for the generous work freely given by the medical profession. The distances they would have to cover when visiting would, especially in London, be enormous.

If war comes these hospitals would be able to continue working knowing that the chance of being damaged was relatively small. If war does not come we would have the finest system of hospitals in the world.—I am, etc.,

Broxbourne, June 8.

LESLIE HILL, A.R.I.B.A.

Women on the G.M.C.

SIR,—As a constant observer of the General Medical Council I think it would be improved if it included women members. Apart from the instances which Dame Janet Campbell gives, a considerable number of the

complaints against doctors into which the Council inquires concern sexual irregularity, and in such inquiries a woman practitioner might make a special and valuable contribution to the Council's decision. The best type of woman representative would probably be a married woman of early middle age who had considerable experience in general or consulting practice. Such a practitioner would be more likely to be a candidate for direct representation than for nomination by a licensing body. The Medical Women's Federation are probably right in their estimate of the obstacles to the choice of a woman as a member of the Council. While wishing them success in their task of persuading the profession to elect at least one woman member this year as a direct representative, I think that any statutory amendment of the constitution of the Council should provide that a certain proportion of its members should be women. I confess I do not quite see what form this provision could take. It would be impracticable to force any licensing body to appoint a woman representative, and it would not be fair to enact that some of the (at present) few direct representatives should be women. The best arrangement might be, as Sir Henry Brackenbury has suggested, to group the licensing bodies for purposes of representation and to increase the direct representation to about half the strength of the Council. It would then not be unfair to direct that some of this larger body of direct representatives should be women.—I am, etc.,

D. HARCOURT KITCHIN,

Barrister-at-Law.

London, S.W.19, June 5.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a Congregation on June 6 the honorary degree of Sc.D. was conferred on Sir Henry Dale, M.D., F.R.C.P., F.R.S., Director of the National Institute for Medical Research.

At a Congregation held on June 9 the following medical degrees were conferred:

M.D.—C. H. D. Bartley, W. B. Evans, L. C. Martin, C. G. Roberts.

M.B., B.Chir.—A. W. Stewart.

Dr. C. S. Myers, F.R.S., will represent the University at the celebration in Paris on June 22 of the centenary of the birth of Théodule Ribot.

Dr. W. J. Turrell has been appointed an examiner for the Diploma in Medical Radiology and Electrolgy in place of the late Dr. E. P. Cumberbatch.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on June 9, Dr. R. W. John was appointed to the post of Honorary Demonstrator in Pathology.

UNIVERSITY OF WALES

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

TUBERCULOUS DISEASES DIPLOMA.—H. R. Ackermann, V. N. Ananda Theertha, B. K. Banerjee, R. N. Chaudhuri, Elizabeth M. R. Clarke, S. K. Das Gupta, M. D. Deshmukh, M. A. J. Faridi, N. V. Gokhale, A. C. Guha, E. A. M. Halsted, R. M. Patel, F. R. Peters, M. U. Rao, P. Ramakrishna, D. D. Verma.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on June 8, with the President, Mr. Hugh Lett, in the chair. Professor R. E. Kelly was congratulated on the appearance of his name as a knight in the Honours List. A resolution of condolence was passed on the death of Mr. C. H. Fagge, a past Vice-President of the College.

Mr. Seymour Barling was admitted as a member of the Court of Examiners.

The following examiners were appointed for the ensuing year:

Dental Surgery (Surgical Section).—C. P. G. Wakeley, E. G. Slesinger, R. M. Vick, J. B. Hume, L. E. C. Norbury, A. C. MacLeod.

Fellowship.—Anatomy: R. B. Green, E. P. Stibbe, F. W. Jones, A. M. A. Moore. *Physiology:* J. Mellanby, D. T. Harris, A. St. G. J. McC. Huggett, H. P. Gilding.

Under the Conjoint Examining Board.—Elementary Biology: A. E. Ellis, S. R. B. Pask, W. Rushton, E. I. Jones. *Anatomy:* A. J. E. Cave, W. J. Hamilton, A. B. Appleton. *Physiology:* D. T. Harris, H. Hartridge. *Midwifery:* T. B. Davies, J. St. G. Wilson, L. H. W. Williams, G. F. Gibberd. *Pathology:* W. G. Barnard, B. W. Williams, D. H. Patey, W. D. Newcomb. *Diploma in Public Health:* Part I, H. M. J. Perry. Part II, C. Porter. *Diploma in Tropical Medicine and Hygiene:* Pathology and Tropical Hygiene, Sir William P. Macarthur; Tropical Medicine and Surgery, N. H. Fairley. *Diploma in Ophthalmic Medicine and Surgery:* Part I, D. L. Davies, R. A. Greeves; Part II, A. Caddy. *Diploma in Psychological Medicine:* F. L. Golla. *Diploma in Laryngology and Otology:* Part I, N. A. Jory, T. E. Cawthorne; Part II, E. Carew-Shaw. *Diploma in Medical Radiology:* Part I, H. T. Flint; Part II, H. W. Davies. *Diploma in Anaesthetics:* A. S. Daly. *Diploma in Child Health:* A. G. Maitland-Jones.

Professor Ernest W. Hey Groves was appointed to give a Moynihan Lecture in the current year. The John Tomes Prize for the years 1936–8 was awarded to Arthur Bulleid, M.R.C.S., L.D.S., for his researches into the bacteriology of the mouth. Mr. W. Sampson Handley was reappointed as the representative of the College on the Court of Governors of the University of Sheffield, and Sir James Walton was appointed representative of the College on the managing committee of the Schiff Home of Recovery in the place of the late Mr. C. H. Fagge.

Diplomas of Fellowship were granted to the following:

E. R. Smith, E. H. C. Harper, A. B. King, G. W. Blomfield, H. G. Hanley, C. C. Jeffery, H. C. Hugh, F. G. St. C. Strange, B. McN. Truscott, Venkiteswarier Sankarambal, F. A. Simmonds, C. G. Ward, Eugénie L. Willis, L. R. Leask, G. C. L. Pile, E. G. Tuckwell, A. Gourevitch, J. S. Ellis, J. M. Small, T. J. Fairbank, C. G. Rob, D. M. Wallace, A. E. Dreosti, A. H. Barber, J. M. P. Clark, C. McG. Gardner, A. J. Innes, D. F. Lawson, T. M. Pemberton, D. G. Phillips, P. W. S. Riley, A. Rose, K. R. Thomas, E. B. H. Trehair, A. K. Tulloch, A. S. A. Zikry.

Diplomas of Membership were granted to Paul Henderson Davison and Earle Patrick de Silva.

Diplomas in Anaesthetics were granted, jointly with the Royal College of Physicians of London, to the following:

B. J. E. Anson, H. Barat, D. J. T. Brinkworth, J. C. Constable, D. G. Cracknell, J. Crawford, F. W. Crook, D. A. A. Davis, M. S. El Hakeem, G. E. Ennis, W. E. F. Evans, S. M. Geffen, R. P. Harbord, J. N. H. Howell, T. B. Kenderdine, D. A. Knight, B. G. B. Lucas, J. J. McNery, R. R. Macintosh, Lucy G. MacMahon, Audrey Marsden, J. Montgomerie, Kathleen O'Donnell, W. E. Owens, H. E. Pooler, Breda B. Pratt, Margaret S. Riddell, Shelagh M. Streatfeild, B. I. Taft, N. G. G. Talbot, S. G. Talwalkar, A. M. Williams, L. J. Wolfson, R. Ll. Wynne.

The recognition granted to July 31, 1939, to the following hospitals under the conditions of paragraphs 21 and 23 of the regulations for the Fellowship was confirmed: District and General Hospital, Harrogate (house-surgeon); Warneford, Leamington, and South Warwickshire General Hospital, Leamington Spa (resident house-surgeon). The Radcliffe Infirmary and County Hospital, Oxford, was recognized in respect of the posts of resident surgical officer (while acting as a house-surgeon) and three general house-surgeons.

The Services

DEATHS IN THE SERVICES

Major-General STUART MACDONALD, C.B., C.M.G., late R.A.M.C., died at Elgin on May 19, aged 78. He was born at Elgin on April 14, 1861, the son of the late William Macdonald, and was educated at Elgin Academy and at Aberdeen University, where he graduated M.B., C.M. in 1884. He entered the Army as surgeon on February 5, 1887, became lieutenant-colonel on July 29, 1911, colonel in the long war promotion list of March 1, 1915, major-general on April 7, 1918, and retired on June 18, 1920. He served on the North-West Frontier of India in the Tirah campaign of 1897–8, receiving the Frontier medal with two clasps; in the South African War in 1902, gaining the King's medal with two clasps; and in the war of 1914–18 as an A.M.O. in France and Flanders, when he was five times mentioned in dispatches, in the *London Gazette* of February 17, 1915, January 1, 1916, January 4, 1917, December 24, 1917, and May 25, 1918. He received the C.M.G. in 1916, the C.B. in 1918, in which year he was appointed Honorary Physician to the King, and the Croix de Guerre in 1917. He had been a member of the British Medical Association for thirty-two years.

Obituary

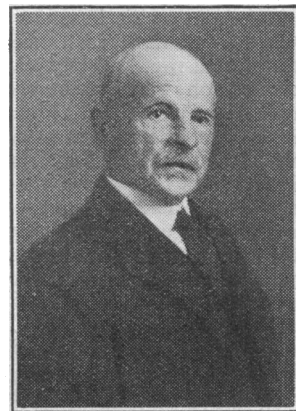
A. LOGAN TURNER, M.D., LL.D.

F.R.C.S.Ed., Hon. F.R.C.P.Ed.

Consulting Surgeon to the Ear, Nose, and Throat Department, Royal Infirmary, Edinburgh

The death took place on June 6 at his residence in Walker Street, Edinburgh, after a cardiac attack, of Dr. A. Logan Turner, who for many years was one of the best-known consultants in Scotland on diseases of the ear, nose, and throat.

Arthur Logan Turner was born at Edinburgh in 1865, being the second son of the late Sir William Turner, who was professor of anatomy and later principal of the University of Edinburgh. He was educated at Fettes College, Edinburgh, and afterwards, having taken a medical course at Edinburgh University, graduated M.B., C.M. in 1889. Having served as house-surgeon and clinical tutor to the late Professor Annandale in the Edinburgh Royal Infirmary, Dr. Turner decided to devote himself to general surgery.



A career as a general surgeon, however, appeared to be unsuitable after he had sustained an injury to his hand, and he accordingly resolved to specialize in diseases of the ear, nose, and throat. He joined the Royal College of Surgeons of Edinburgh as a Fellow in 1891, and took the M.D. degree of Edinburgh University in 1894. Dr. Turner's first appointment in the specialty which he afterwards followed with great success was that of surgeon for diseases of the ear, nose, and throat to the Deaconess Hospital, Edinburgh. He was appointed surgeon for diseases of the ear, nose, and throat to the Royal Infirmary of Edinburgh in 1906, and held this position for the exceptionally long period of eighteen years till 1924, when he was appointed consulting surgeon in this department to the Royal Infirmary. During the war from 1914 to 1919 he acted, with the rank of captain in the R.A.M.C., as laryngologist to the Second Scottish General Hospital. He joined the British Medical Association in 1895 and attended its annual meetings with great regularity. He was secretary of the Section of Laryngology and Otology at the Edinburgh Meeting in 1898, vice-president of the same Section at Swansea in 1903, and president at the Edinburgh Meeting of 1927. For the latter meeting he edited the Lister centenary volume entitled *Joseph, Baron Lister: A Centenary Volume, 1827–1927*. He was also vice-president of the Section of Oto-laryngology at the Centenary Meeting of the Association in 1932.

In the course of his long career many honours came to Logan Turner, especially in connexion with his specialty. In 1925 he was elected President of the Royal College of Surgeons of Edinburgh, and during his tenure of this post the University of Edinburgh conferred upon him its degree of LL.D. in 1926, while in the following year the Royal College of Physicians of Edinburgh made him an honorary F.R.C.P. He was president of the Medico-Chirurgical Society of Edinburgh in 1927. At various times he held the following offices: President of the